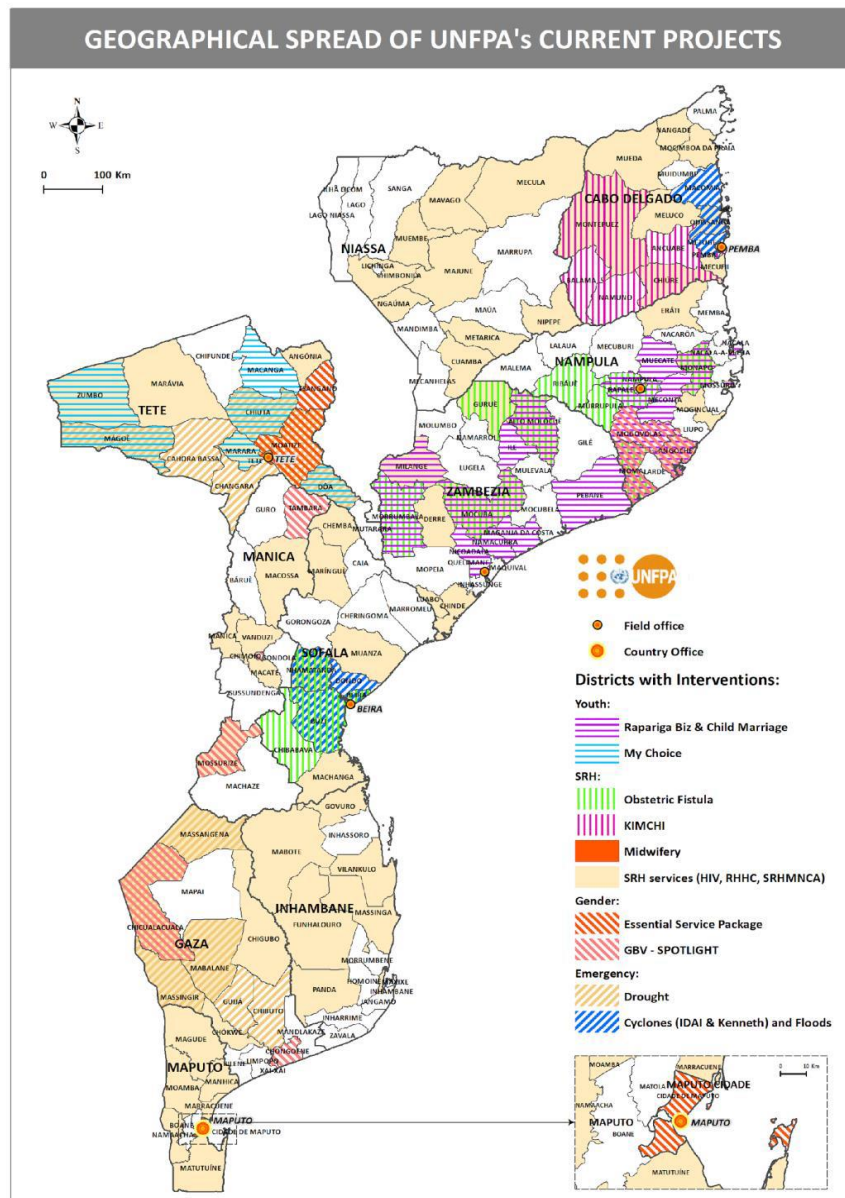


**GoM/UNFPA 9th Country Programme Evaluation:
Mozambique
Period covered: Jan 2017- 2020**



**End Evaluation Report
8 June 2021**

Map of Mozambique indicating UNFPA Focal Provinces



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Abbreviations and Acronyms

ABYM	Adolescent Boys and Young Men	MAIS	Malaria and AIDS Indicator Survey
AGYW	Adolescent Girls and Young Women	MEF	Ministry of Economy and Finance
AIDS	Acquired Immune Deficiency Syndrome	MMR	Maternal Mortality Rate
ART	Antiretroviral Therapy	MoCIA	Ministry of Cooperation and International Affairs
ARVs	Antiretrovirals	MoGCSA	Ministry of Gender, Children and Social Actions
ASRH	Adolescent Sexual and Reproductive Health	MoH	Ministry of Health
AWP	Annual Work Plan	MoIF	Ministry of Internal Affairs
AY	Adolescents and youth	MoJRCA	Ministry of Justice and Religious and Cultural Affairs
CAI	Integrated Service Center	MPTF	Multi-Partner Trust Fund
CBF	Common Budgetary Framework	MTP	Medium Term Plan
CBO	Community Based Organisation	MTR	Mid Term Review
CCA	Common Country Assessment	NAC	National AIDS Council
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women	NBS	National Bureau of Statistics
CO	Country Office	NGO	Non-Governmental Organisation
COAR	Country Office Annual Report	NWOW	New Way of Working
CP	Country Programme	ODA	Official Development Assistance
CPD	Country Programme Document	OECD	Organisation for Economic and Cultural Development
CPE	Country Programme Evaluation	PMTCT	Prevention of Mother to Child HIV Transmission
CPR	Contraceptive Prevalence Rate	RB	Rapariga Biz
CSO	Civil Society Organisation	PD	Population Dynamics
DD	Demographic Dividend	RCO	Resident Coordinator's Office
DHS	Demographic Health Survey	RHR	Reproductive Health and Rights
EM	Evaluation Manager	RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
EQA	Evaluation Quality Assessment	RRF	Results and Resources Framework
ERG	Evaluation Reference Group	SAAJ	Adolescent and Youth Friendly Services
ESARO	East and Southern Africa Regional Office (UNFPA)	SDGs	Sustainable Development Goals
ET	Evaluation Team	SEJE	Secretary of State for Youth and Employment
FGI	Focus Group Interview	SEN	National Statistical System
FP	Family Planning	SLI	Spotlight Initiative
FSW	Female Sex Worker	SRHR	Sexual and Reproductive Health and Rights
GBV	Gender Based Violence	TFR	Total Fertility Rate
GDP	Gross Domestic Product	ToC	Theory of Change
GEWE	Gender Equality and Women Empowerment	ToR	Terms of Reference
GNI	Gross National Income	TWG	Technical Working Group
GPI	Gender Parity Index	UN Women	United Nations Entity for Equality and the Empowerment of Women
GoM	Government of Mozambique	UNAIDS	United Nations Joint Programme on AIDS
HCT	Humanitarian Country Team	UNCF	United Nations Cooperation Framework
HIV	Human Immunodeficiency Virus	UNCT	United Nations Country Team
ICPD	International Conference on Population and Development	UNDAF	United Nations Development Assistance Framework
ILO	International Labour Organization	UNDP	United Nations Development Programme
IMF	International Monetary Fund	UNEG	United Nations Evaluation Group
INE	National Institute of Statistics	UNESCO	United Nations Educational, Scientific and Cultural Organization
IMR	Infant Mortality Rate	UNFPA	United Nations Population Fund
INS	National Health Institute	UNICEF	United Nations Children Fund
IP	Implementing Partner	UNJT	United Nations Joint Team on AIDS
KII	Key Informant Interview	WB	World Bank
MDHS	Mozambique Demographic & Health Survey	WHO	World Health Organization
MMATHUV	Multisectoral Mechanism to an Integrated Response to Women Victims of Violence		
MSM	Men who have Sex with Men		

Structure of the Country Programme Evaluation (CPE) Report

Starter pages introduce the consultants and include the map of Mozambique with UNFPA project support areas marked, and include acknowledgments, the table of contents, abbreviations and acronyms, list of table and figures, the key facts table and executive summary. The main report consists of six chapters. Chapter 1 introduces the purpose and objectives of the CPE, the scope of the evaluation, and the methodology and process. Chapter 2 summarises the country context, including main development challenges and national strategies, and the role of external assistance. Chapter 3 presents the UN and UNFPA responses and programme strategies, the UNFPA strategic response and the response through the country programme, outlines the previous and current programme cycles, and presents the financial structure of the programme. Chapter 4 is the most extensive chapter, addressing the findings at the strategic level and in thematic programme areas relating to relevance and responsiveness, effectiveness and coverage, efficiency, sustainability, and coordination, cohesion. Chapter 5 presents the conclusions drawn from the findings, and Chapter 6 the linked recommendations and lessons learned. Several annexes are included: the terms of reference; list of institutions and persons met; documents consulted; evaluation matrix; and main tools; and thematic theories of change.

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Key Facts Table

Land	
Geographical location	Southern Africa
Land area	799.380 sq. km ¹
People	
Population (2020)	30.1 million (PHC 2017) ²
Urban /Rural Population	33.4%/66.6 (PHC 2017)
Population growth rate	2.5% (PHC 2017)
Government	
Type	Republic
Key political events	Independence from colonial power in 1975 Promulgation of the Constitution 2018
Economy	
GDP per capita USD (2019)	522 ³
GDP growth rate (2019)	2.3% ⁴
Main Economic Activity	Agriculture
Social Indicators	
Human development index, rank	0.446, 180 ⁵
Unemployment (Total 15-24 years) (2015)	7.4% ⁶
Life expectancy and birth, Male/Female (years)	52.1/57.8 ⁷
Under 5 mortality (per 1000 live births)	74.0 (2019) ⁸
Maternal mortality (deaths of women per 100,000 live births)	452 (2017) ⁹
Births attended by skilled health personnel (%)	73% (AIS 2015) ¹⁰
Health Expenditure (as a % of GDP)	4.94 (2017) ¹¹
Total Fertility Rate	5.4 per woman (2018) ¹²
Contraceptive prevalence rate (modern methods)	35.6% (2019) ¹³
Unmet need for family planning (% of currently married women, 15-49 years)	22.8% (2019) ¹⁴
Literacy (% aged 15 – 49 years) M/F	69.9% (DHS 2011)/50.5% (MIS 2018)
Proportion of women aged 15-19 years who have already begun childbearing	46.4% (AIS 2018) ¹⁵
People living with HIV, 15-49 years (2019)	1.8 million ¹⁶
HIV Prevalence rate, 15-49 years (%)	12.6% ¹⁷
Circumcision prevalence rate	62.8% (AIS 2015)
Gender Based Violence Prevalence rate (Physical or sexual or emotional violence committed by husband/partner in last 12 months)	19.5% (AIS 2015)

¹ National Institute of Statistics (INE), 2013. Panorama Sócio-Demográfico de Moçambique, Maputo.

² INE, 2020. Projeções Anuais da População Total, Rural e Urbana, 2017 – 2050, Maputo.

³ INE, 2020. Informação Rápida. <http://www.ine.gov.mz/>. Accessed 06 November 2020.

⁴ Ibid.

⁵ UNDP, 2020. Human Development Report 2019.

⁶ ILO, 2020. Country profile – ILOSTAT.

https://www.ilo.org/shinyapps/bulkexplorer58/?lang=en&segment=indicator&id=UNE_DEAP_SEX_AGE_RT_A. Accessed 06 November 2020.

⁷ INE, 2020. Projeções Anuais da População Total, Rural e Urbana, 2017 – 2050, Maputo.

⁸ UN Inter-agency Group for Child Mortality Estimation, 2020. Levels and trends in Child mortality, Report 2020.

⁹ INE, 2020. Progresso dos Objectivos de Desenvolvimento Sustentável- Revisão Nacional Voluntária 2020. Maputo.

¹⁰ MISAU, INE & ICF Internacional. 2016. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA) 2015. Maputo, Moçambique. Rockville, Maryland, EUA: Instituto Nacional de Saude, Instituto Nacional de Estatística & ICF International.

¹¹ World Bank, 2020. Online database. <https://data.worldbank.org/indicador/SH.XPD.CHEX.GD.ZS?locations=MZ/>. Accessed 06 November 2020

¹² MISAU, INE & ICF Internacional. 2018.

¹³ Track20, 2020. Mozambique FP2020 2019 Core Indicators 1-9 Country Fact Sheet.

¹⁴ Ibid.

¹⁵ ICF, 2018. The DHS Program STATcompiler. Funded by USAID. <http://www.statcompiler.com>. November 5 2020.

¹⁶ AIDSinfo, 2020. <http://aidsinfo.unaids.org/#>. Accessed 05 November 2020.

¹⁷ <https://www.cdc.gov/globalhivtb/where-we-work/mozambique/mozambique.html>.

Sustainable Development Goals (SDGs) Status	Indicator and source	Status
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture	Proportion of children under 5 years who are underweight	14.5% (DHS 2011)
	Proportion of under 5 years severely underweight	4.1% (DHS 2011)
Goal 3. Ensure healthy lives and promote well-being for all at all ages	Maternal mortality ratio (per 100,000 live births)	452 (2017)
	Births attended by skilled health personnel	73% (AIS, 2015)
	Antenatal care coverage (MIS 2018)	94.0%
	Infant mortality rate (per 1,000 live births)	67.4 (PHC, 2017)
	Under 5 years mortality rate (per 1,000 live births)	74 (2019)
	HIV prevalence among general population	13.2% (AIS 2015)
	HIV prevalence among 15-24 years old	7.0% (AIS 2015)
	Level of comprehensive knowledge about HIV among 15-24 years old (M/F)	30.2%/30.8% (AIS 2015)
	Proportion of adult population infected with HIV accessing ARVs	59% (2019) ¹⁸
	Proportion of children under 5 years who slept under ITN ¹⁹	72.7% (MIS 2018)
	Proportion of pregnant women who slept under ITN	76.4% (MIS 2018)
	TB incidence rate (per 100,000)	361 (2019) ²⁰
	TB case detection and treatment (under DOTS Strategy)	88% (2019) ²¹
	Contraceptive prevalence rate	35.6% (2019)
	Unmet need for family planning	22.8% (2019)
Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all	Primary school net enrolment rate (NER)	94 % (2018) ²²
	Proportion of pupils completing primary school	52% (2018)
	Primary to secondary transition rate	81.3% (2019) ²³
	Secondary school NER	19% (2015) ²⁴
	Ratio of girls to boys in primary school	0.93 (2019) ²⁵

¹⁸ MISAU, 2020. Relatório Anual das Actividades Relacionadas ao HIV/SIDA 2019.

¹⁹ Insecticide Treated Mosquito Net

²⁰ WHO, 2020. Mozambique TB profile. https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&lan=%22EN%22&iso2=%22MZ%22. November 6 2020.

²¹ Ibid.

²² World Bank, 2020. Mozambique Education statistics. <https://datatopics.worldbank.org/education/country/mozambique>. November 6 2020.

²³ MINEDH, 2020. Taxas de transição do Ensino Primário para o Ensino Secundário, 2017-2019.

²⁴ World Bank, 2020. Mozambique Education statistics. <https://datatopics.worldbank.org/education/country/mozambique>. November 6 2020.

²⁵ INE, 2020. Progresso dos Objectivos de Desenvolvimento Sustentável- Revisão Nacional Voluntária 2020. Maputo.

Executive Summary

1. Purpose and Objectives of the Mozambique 9CPE and Intended Audience

The UNFPA Country Office (CO) of Mozambique commissioned the 9th Country Programme Evaluation (9CPE) in line with the 2019 UNFPA Evaluation Policy²⁶ in order to: demonstrate to all stakeholders²⁷ the accountability of the 9CP) 2016 – 2021; support evidence-based decision-making; contribute key lessons learned regarding accelerating the implementation of the ICPD 1994 Programme of Action; and to inform and broaden the evidence base to design the next programme cycle. The objectives to address the purpose were independently to assess: i) the relevance, effectiveness, efficiency, sustainability and coordination of UNFPA support, and progress towards the expected outputs and outcomes; ii) the coverage of UNFPA humanitarian action and capacity to contribute to both short-term humanitarian and longer-term development objectives; iii) the UNFPA CO role in UNCT and HCT²⁸ coordination mechanisms; iv) to draw key conclusions from past and current cooperation to provide clear, forward-looking and actionable recommendations for the next programme cycle.

The intended audience is the Mozambique UNFPA CO, all partners and stakeholders, the UNFPA regional office and headquarters, and the UNFPA Executive Board, with the report and the evaluation quality assessment available on the UNFPA website to reach a wider interested audience.

2. Country Programme (CP) Outline

The CP has four thematic areas, sexual and reproductive health and rights (SRHR), adolescents and youth (AY), gender equality and women's empowerment (GEWE), and population dynamics, and addresses gender mainstreaming and human rights. The emphasis at outcome level for SRHR is to increase the availability and use of gender-responsive, quality SRH services. For AY the focus is on strengthening young people's capacity for active participation in overall development and to raise the demand for quality, adolescent friendly SRH and HIV prevention services. Within the gender thematic area the focus is on integrated assistance to women and girl survivors of gender based violence, and population dynamics addresses national capacity to collect, analyse and use quality data for development, with a particular focus on harnessing the demographic dividend. To achieve the outputs, the CP has employed all five modes of engagement: advocacy and policy dialogue; capacity development; knowledge management; partnership and coordination, as well as service delivery.

3. Methodology

The CPE had five phases, preparation, design, field, reporting, and facilitation of use and dissemination. The *preparatory phase* involved the evaluation manager setting up the evaluation reference group (ERG), jointly developing terms of reference, and recruiting one international and three national consultants. The consultants then *designed the evaluation* and drafted a design report for approval by the ERG, undertook the *field* phase of qualitative and some quantitative data capture and analysis, and *reported and presented* their findings, conclusions and recommendations to the CO and the ERG, incorporating feedback after evaluation quality assurance (EQA). The *facilitation of use and dissemination phase* involved presentation to stakeholders, final incorporation of comments, and the CO implementing the full communication plan to share the report, the management response and, finally, publication of the report on the UNFPA website.

The evaluation process and structuring of the design and final reports are guided throughout by the UNFPA Handbook 2019²⁹ and UN ethical standards as well as following UNFPA Covid-19 guidelines. The design report described the evaluation purpose, objectives, overall process and methods (including evaluation matrix, overarching questions, evaluation criteria and main tools), and provided a brief country situation overview and overview of the present and previous UNFPA country programming. Final stakeholder selection and review of the thematic theories of change, developed by the CO at the end of the design phase, took place during field work. Data capture involved extensive document review and virtual semi-structured interviews with wide ranging stakeholders. Where possible, the evaluators also joined calls of consultants engaged concurrently with other UN agency evaluations, and mutually assured confidentiality. Field visits to two provinces enabled focus group interviews with primary and secondary beneficiaries. Analysis and triangulation of data informed the drafting of the evaluation report, and the consultants are confident about the reliability of data from both documentation and interviews. The evaluation was as participatory as possible in the circumstances, and full confidentiality was assured. The consultants developed the draft and final evaluation reports and powerpoint presentations, incorporating feedback from the CO and ERG, and the EQA. The purpose and main objectives of the CPE were fully met despite the challenging situation of conducting the CPE at year end and during the Covid-19 restrictions, with the office closed throughout and the lead consultant based outside the country.

²⁶ ToR for UNFPA CPE 2020

²⁷ UNFPA ESARO and Headquarters, the Government of Mozambique, IPs (NGOs and CSOs) and programme beneficiaries

²⁸ Humanitarian Country Team

²⁹ Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA, 2019

4. Main Conclusions

The 9CP is **fully aligned** with international frameworks and agreements and with UNFPA global strategic direction and objectives and, with national priorities in all its thematic areas, addresses the needs of diverse populations. However, there are gaps in reaching the most vulnerable and marginalized sub-population groups, for instance in relation to HIV prevention, harmful practices such as child marriage, in adolescents and survivors of gender based violence (GBV) in more remote areas and in relation to LGBTI³⁰ populations. Nonetheless, provinces for programming were appropriately selected on the basis of poorer SRH and GBV indicators and UNFPA has supported the expansion of mobile services for outreach. **Responsiveness** to partner requests and changing population needs has been well demonstrated, particularly with regards to the humanitarian situations arising from climate extremes and the insurgency in Cabo Delgado. UNFPA was also responsive in expanding and revising office capacity in line with greatly increased funding and the operational and technical requirements to support government and civil society. Also, key informants appreciated the flexible UNFPA Covid-19 response, despite increased challenges in communications and efficiencies.

Overall, despite noting some areas for improvement, the evaluators conclude that UNFPA has performed well over all areas of its mandate, with extensive programming, and is highly appreciated by stakeholders. The performance of UNFPA for **SRHR** is positive and broad based, including responding to country priorities to reduce maternal morbidity and mortality and strengthening the Ministry of Health capacity for SRH services including for obstetric fistula repair. There is marked improvement in uptake of family planning, institutional deliveries, and availability of skilled human resources for SRH, although quality assurance is insufficiently addressed and supply chain management of commodities and last mile distribution are still challenging. Regarding HIV, prevention of mother to child transmission appears far stronger than prevention of sexual transmission, for which UNFPA has designated lead in the UNAIDS Division of Labour, and efforts to date have been insufficient in the context of the exceptionally high HIV burden in Mozambique. With regards to **humanitarian situations**, the rapid response of UNFPA, placing staff on the ground, was appreciated, and support for emergency kits and mobile brigades has contributed to meeting SRH needs. However, much more is needed, and UNFPA does not yet have a comprehensive strategy and appropriate staffing structure to address both immediate and long-term needs. Most outputs of the **adolescent and youth** programme were achieved, with targets exceeded, including high numbers of trained mentors reaching adolescent girls and young women to empower them in relation to SRHR, HIV and GBV. Lack of coordination and synergies between youth programmes has been a challenge for which UNFPA is well positioned to support action through the Youth Partners Group. Performance for gender equality and women empowerment, **GEWE** is also on track, with extensive support for existing and new Integrated Assistance Centres and strengthening of service provider capacity for integrated services and the use of the single reporting form, *ficha única*. However, community support for survivors of GBV is insufficient, uptake of services is too low, and approaches to service provider training are not sufficiently transformative in addressing the underlying patriarchal norms and values that perpetuate GBV. Also, coordination by the leading ministry³¹ under the integrated mechanism is relatively weak in some provinces. Regarding **population dynamics**, UNFPA has contributed effectively to strengthening country capacity to produce, disseminate and use population statistics for policy development and planning, most importantly in relation to the 2017 census. UNFPA has also supported the adoption of a gender mainstreaming approach for the production of sex disaggregated data and gender statistics, several online data dissemination platforms, and in-depth analysis of population data and policy dialogues on the impact of population dynamics for development. However, a roadmap developed to address the demographic dividend has not yet been extensively implemented. Also, inadequate articulation and coordination of the implementation of the activity plans with implementing partners, some bureaucratic issues, and insufficient funding and low institutional capacity of the National Institute of Statistics, remain challenges, as well as insufficient engagement of high-level policy makers in government.

Throughout the areas of its mandate UNFPA has mainstreamed a **human right-based approach**, strengthening both duty bearers and rights holders, and working with gate keepers in the community in relation to gender-based needs. Gender is in effect mainstreamed within the human rights approach and priorities, although a gender perspective could be more clearly articulated, and is evidenced in the strengthening of sex disaggregated data and gender statistics. The needs of people with disabilities are beginning to be more systematically addressed, after formative research.

Rapid office expansion in response to greatly increased funding, has stressed the **efficiency** of operations, however, exacerbated by challenges in recruiting staff at the level needed. Nonetheless, overall planning, reporting, monitoring and evaluation appear to be on track, financial systems are essentially compliant, and appropriate policies, tools and procedures are in place. The national UNFPA response to Covid-19 has been appropriate within international guidelines, including to address case management, surveillance and duty of care among staff. However, the epidemic has further stressed communications and

³⁰ Lesbian, gay, bisexual, transgender and intersex

³¹ The Ministry of Gender, Children and Social Action, MGCSA

efficiencies, while exacerbating needs in the population, which UNFPA has sought to mitigate where possible through adaptations in programming.

Regarding **sustainability**, UNFPA has contributed extensively across the thematic areas to promote an enabling legal and policy environment, contributing to increased government integration of SRHR, HIV and GBV into policy, planning and joint programming. However, government ownership with respect to budgetary allocation and coordination and technical capacity still needs to be strengthened. Throughout its thematic areas UNFPA has strengthened partner and beneficiary capacity and has contributed to various mechanisms, such as strengthened data capture, leading a multisectoral youth group, and development of integrated GBV centres, to contribute to durability of effects. However, many challenges remain.

With respect to **coordination, connectedness and coherence**, and delivering as one UN, UNFPA has taken on extensive convening and coordination roles in the UNCT, regarding UNDAF, in HCT coordination mechanisms, and in relation to the UNJT on AIDS. In all the areas of its mandate, UNFPA is engaged in extensive joint programming with other UN partners (except in population dynamics) and with multisectoral government ministries and departments, but the coherence of joint programmes needs to be strengthened.

5. Main recommendations

With extensive expansion of funding, programming and staff recruitment, office operational and technical capacity has expanded significantly but needs to be strengthened further. Communications need to be more systematic and streamlined across teams to improve efficiencies, and consideration is needed as to how best to streamline programming with respect to potential partners or to narrow geographical coverage. In preparing the next CP, UNFPA needs to develop an overarching theory of change to link thematic ones and ensure more robust results chains that measure strategic output results. Continuing to use all five modes of engagement, UNFPA needs to review gaps and strengthen efforts to leave no-one behind in all thematic areas. In particular, as convenor within the UN Division of Labour on prevention of sexual transmission of HIV, UNFPA needs to ensure there is, at a minimum, one full-time programme officer with capacity to contribute effectively to HIV prevention, including with sex workers, and with vulnerable adolescent girls and young women in humanitarian and other situations. UNFPA needs to provide consistent support for the implementation of the new HIV and AIDS policy, PEN V. Despite playing strong and valued roles in UNCT coordination, there is room for strengthened coordination, connectedness and cohesion within UNDAF, and UNFPA needs to play a stronger role in convening and programming for HIV prevention within the UNJT on AIDS. Likewise, the complementarity and connectedness of joint programmes need to be strengthened, particularly between youth and GEWE programming. UNFPA should consider the feasibility of taking on the lead UN role with regards to GBV.

With respect to humanitarian situations, UNFPA needs to develop a cohesive nexus strategy, with an appropriate staffing complement and structure that cuts across all thematic areas, and multi-year funding to address both humanitarian emergencies and long-term recovery and development. There is also need to support mechanisms for rapid reporting of obstetric emergencies and GBV in humanitarian situations, as mobile brigades are inadequate for this task.

Within SRHR, quality assurance needs to be prioritised across all future support (for EmONC, training, and other service provision) and, in particular, UNFPA needs to continue to strengthen commodity supply chain management, particularly at health unit level, and to support last mile community distribution. With regards to emergency obstetric and neonatal care, UNFPA should advocate for and support a sustainable and strategic approach to building capacity in facilities with the highest utilization, strengthen referral systems, and emphasise in-service training and mentoring. Obstetric fistula should be addressed by an increasingly institutionalised approach to reduce dependence on campaigns, which are unsustainable, and linkages between prevention and treatment need to be strengthened.

In relation to adolescents and youth, UNFPA should continue to convene and strengthen the Youth Partners Group and its technical working groups to address the need for coordinated and complementary programming between multiple partners and programmes. UNFPA should also continue its programme Rapariga Biz in the next phase, adopting the recommendations of the Phase 1 evaluation, beginning to include boys and young men and ensuring stronger reach to the most vulnerable.

In programming for GEWE, UNFPA should continue to support Integrated Assistance Centres and explore community possibilities for transitional safe spaces for GBV survivors. Training for service providers should continue with a more transformative curriculum to address the underlying patriarchal norms and values that disempower women and justify GBV, including against LGBTI populations. UNFPA should also continue to support the coordination efforts of the relevant ministry under an integrated mechanism, creating opportunities to share good practice, and exploring potential means to motivate ministry staff. Introducing Rapariga Biz mentors into the Spotlight Initiative is a strategic approach to contributing to information sharing and increased uptake of services by adolescent girls and young women.

UNFPA should continue its support to strengthening country capacity to produce, analyse and widely disseminate high quality population statistics and evidence-based policy development, including the formatting of data in readily accessible formats for

diverse users at different levels and the strengthening of gender statistics. In addition, UNFPA should provide continued support to build capacity in data analysis, interpretation and use among implementing partners, including through engaging local academic institutions. There is a need for UNFPA to engage actively with high-ranking national political figures to build their understanding of and commitment to realising the demographic dividend through addressing high fertility and population growth as well as securing the empowerment, education and employment of young people.

Lessons learned:

Strategic level

Despite ongoing realignment and office expansion, including setting up sub-offices, extensive programming commitment in response to greatly increased funding is leading to sub-optimal efficiencies in operations that need to be addressed with greater collaboration between teams, and exploration of options for streamlining and increasing synergies across programmes.

An overarching theory of change linking strengthened thematic theories of change can contribute to more robust results chains and strategic output indicators in each thematic area, and help to clarify key areas requiring collaboration.

Sexual and reproductive health and rights

Without effective quality assurance in place, and appropriate deployment of beneficiaries, the cost benefit of extensive investment in training to strengthen SRHR services is not guaranteed.

Adolescents and youth

UNFPA leadership to convene around the multiple youth programmes, which contribute to the government priority of addressing the demographic dividend and meeting the needs of young people, is a strategic opportunity to strengthen joint programming for more holistic and transformative results.

Gender equality and women empowerment

UNFPA is strategically positioned to consider being the lead in UN support to address gender based violence and to incorporate experiences from different joint programmes to strengthen holistic and gender-transformative outcomes.

Population dynamics

For strategic use of population data for development, an effective dissemination strategy to reach all relevant stakeholders and engagement of high ranking political leadership are both crucial.

Humanitarian situations

To contribute to addressing the recurrent emergencies and long-term humanitarian needs requires an integrated strategy and core staffing capacity and positioning that cuts across all thematic areas.

General lessons learned in the CPE

Conducting a CPE at a time of high CO and partner work pressures, such as year end, is challenging, and timing should take into account likely staff and stakeholder workloads and availability in future scheduling.

It would be advisable to schedule a mid-term or end of term CPE at least every programme cycle to promote learning and reflection.

Chapter One: Introduction

1.1 Purpose and Objectives of the Country Programme Evaluation

The UNFPA Country Office of Mozambique commissioned the 9th Country Programme Evaluation (9CPE) in line with the 2019 UNFPA Evaluation Policy in order to:³² demonstrate to all stakeholders³³ the accountability of the UNFPA Mozambique 9th Country Programme (CP) 2016 – 2021; support evidence-based decision-making; and to contribute key lessons learned regarding accelerating the implementation of the ICPD 1994 Programme of Action and inform and broaden the evidence base to design the next programme cycle.

To achieve its purpose, the terms of reference for the evaluation state four objectives. These are to:

- i) Provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and coordination of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- ii) Provide an assessment of the geographic and demographic coverage of UNFPA humanitarian action and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iii) Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the UNCT and HCT (Humanitarian Country Team) with a view to enhancing the United Nations collective contribution to national development results.
- iv) Draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

1.2 Scope of the Evaluation

Covering the period from 2017 to 2020, the evaluation addressed the four 9CP thematic areas of sexual and reproductive health, and rights, adolescents and youth, gender equality and women empowerment, and population dynamics. It included the cross-cutting areas of a human-rights based approach, mainstreaming gender and disability, and a focus on internal displacement as part of a deeper dive into the response of UNFPA to the humanitarian crises during the 9CP. The CPE also addressed coordination, monitoring and evaluation (M&E), and strategic positioning and partnerships. Geographically, it covered programming in all seven provinces supported by UNFPA, (see map), including field visits to Cabo Delgado and Nampula. The evaluation team also liaised to the limited extent possible with concurrent evaluations being undertaken for UNDAF, UNAIDS and UNICEF.

1.3 Methodology and Process

1.3.1. Evaluation Criteria

The evaluation was undertaken in the context of the UNFPA global mandate, the United Nations coordination framework within Mozambique, and the overall country context including the Covid-19 pandemic.³⁴ It followed the standard evaluation criteria of the United Nations Evaluation Group and the Organisation for Economic Cooperation and Development as stated in the UNFPA Handbook³⁵ on CPEs, and as required by the evaluation terms of reference (Annex 1). The overarching criteria relate to: a) relevance and responsiveness, b) effectiveness and coverage, c) efficiency, d) sustainability and e) coordination, connectedness and cohesion of the UNFPA CP; the cross-cutting issues of mainstreaming gender and a human rights approach; programme synergies; the coordination role and strategic positioning of the UNFPA CO, and its responsiveness to the humanitarian crisis. The issue of added value by the UNFPA CP is also reflected where appropriate, e.g. regarding effectiveness and sustainability of results, and in joint programming.

The intention had been to test the programme theory of change (ToC), but the CO did not have a ToC prior to the evaluation and developed new ToCs for each thematic area at the end of the design phase. Within the framework of the same strategic outcomes and outputs, these ToCs reflect revised thinking of the CO on intervention activities for the next CP, rather than the existing activities of the 9CP. The evaluators reviewed them and proposed adding the overarching goal and transformative goals of UNFPA,³⁶ and making explicit the modes of engagement within each thematic area. They also reviewed the assumptions,

³² ToR for UNFPA CPE 2020

³³ UNFPA ESARO and Headquarters, the Government of Mozambique, IPs (NGOs and CSOs) and programme beneficiaries

³⁴ Utilising notes developed by UNFPA for functioning during the Covid-19 pandemic.

³⁵ UNFPA Evaluation Handbook 2019: How to Design and Conduct a Country Programme Evaluation

³⁶ Draft overarching UNFPA goal for Strategic Plan 2022-2025: to achieve universal access to sexual and reproductive health and fulfillment of reproductive rights of young people and women, especially the most vulnerable populations; through the transformative goals of ending preventable maternal deaths,

enablers and risks and made a number of recommendations. It appears inappropriate to cite ‘no humanitarian crises’ as an enabler in the context of the escalating insurgency in Cabo Delgado and the high likelihood of continued climatic crises; this should, instead, be noted as a risk factor within all thematic areas. In general, enablers should reflect factors such as a supportive legal and policy environment and political will (as they do), and alignment to international commitments such as the SDGs, ICPD and CEDAW, while risks include continuing limited government financial and technical capacity to scale up and sustain programmes, and therefore continued donor dependence. With respect to the likely continued availability of donor funding, this is potentially a programme enabler, but carries the risk of over-commitment and overstretching capacity to expend funds efficiently. With regards to the politicisation of issues, under SRHR this is noted as both an enabler and a risk. Given that the enabling policy environment is already cited, the politicisation of issues like abortion and adolescent access to contraception should be mentioned as risks that might impede the implementation of policy. In a cohesive theory of change that includes all thematic areas, as well as within individual theories of change, the possibility of working in silos without sufficiently collaborative and coordinated programming should be identified as a risk, given that this was a finding in the CPE, but if synergies are achieved this would become an important enabler of effective and efficient programming. In population and development, to cite high fertility and dependency ratio is inappropriate as a risk – this is the existing demographic situation that the road map aims to address. The teams need individually and collectively to rethink the enablers and risk factors more strategically when undertaking the planning process, as these will also affect the rationale for assumptions.

The CO still needs to revise the outputs of the next CP against new outcomes and will therefore need to develop further the interventions and other aspects of the ToCs in line with them. The ToCs across all thematic areas appear more robust than those of the current programme, and the evaluators propose that, in the process of finalising them, the CO also develop an overarching ToC that indicates the essential synergies between the thematic areas to ensure that these do not become lost. All four draft ToCs are attached as annexes, and the results chain logic of the current 9CP outcomes, outputs and interventions, including the indicators, is reviewed within each thematic area in EQ 4 of Chapter Four.

1.3.2 Evaluation Questions

The evaluation team utilised the following overarching questions. The questions were developed in discussion with the evaluation manager, drawing from the draft questions in the ToR and the UNFPA Handbook guidance. Only minor changes have been made to those agreed in the design report, essentially streamlining, and the addition of the UN Joint Team on AIDS to EQ5 given that UNFPA is a member.

1. Relevance and responsiveness

1.a To what extent is the country programme aligned to: Priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, the New Way of Working and the Grand Bargain; the strategic direction and objectives of UNFPA; national development strategies and policies; and the needs of diverse populations, including the needs of marginalized and vulnerable groups; and how far has programming demonstrated responsiveness to changing population needs and priorities, or to urgent requests of country counterparts?

2. Effectiveness and coverage

2.a To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) and coverage of the country programme, and reduced barriers to access, with regards to: i) increased access to and use of integrated sexual and reproductive health and HIV prevention services, including systematically reaching the most vulnerable, marginalized and disadvantaged; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights, including the most disadvantaged; iii) advancement of gender equality and the empowerment of all women and girls through addressing GBV; iv) increased use of population data in the development of evidence-based national development policies, plans and programmes?

2.b How effectively has UNFPA contributed to improved emergency preparedness and response to humanitarian crises in Mozambique in the areas of its mandate, and to longer-term development goals and capacity development of local and national actors in the humanitarian /development nexus in Cabo Delgado?

2.c To what extent has the programme mainstreamed gender and human rights-based approaches including for people with disabilities?

ending the unmet need for family planning, and ending gender based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.

3. Efficiency

3.a To what extent has UNFPA made good use of its human, administrative and financial resources, and used appropriate policies, procedures and tools to pursue and measure the achievement of the intended outcomes of the country programme?

3.b How efficient has been the monitoring and evaluation system within the UNFPA CO with regards measurement of results to ensure accountability?

4. Sustainability

4.a To what extent in each of its thematic areas has UNFPA been able to promote national ownership (e.g. policies, budgetary allocation and increased capacity), and to integrate SRHR/HIV/GBV into government policy, planning and programming?

4.b To what extent in each of its thematic areas has UNFPA been able to support implementing partners and beneficiaries (especially women and adolescents and youth) in developing institutional capacities, and establishing mechanisms to ensure the durability of effects?

5. Coordination, connectedness and cohesion

5.a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT and HCT coordination mechanisms, and contributed to the UNJT on AIDS?

5.b. How far is the CP coherent with and engaged in joint interventions of the UN agencies and Government in relation to each thematic area?

The number of overarching questions was limited in line with Handbook guidance, with probing around each question to gain a more granular understanding. The robustness of the results chain logic in each thematic area was also reviewed.

The evaluation matrix (annexed) is the overarching analytical tool of the evaluation, providing the overarching questions, assumptions to be tested, related indicators, the sources of information (key documents for review, the relevant key informants and beneficiaries), and the methods and tools for data collection (document review, key informant interviews, focus group interviews, and site visits). The evaluation matrix links the evaluation questions and the main evaluation criteria and includes reference to the cross-cutting issues of human rights and gender. The matrix was reviewed and revised during the field work phase of the evaluation. Only minor changes were made to the original evaluation matrix as a result of field work.

1.3.3 Methods for Data Collection and Analysis

The evaluators followed the United Nations Evaluation Group (UNEG) Code of Conduct, Ethical Guidelines and Norms and Standards and maintained an objective, impartial and participatory approach throughout, ensuring informant confidentiality and a sound, gender sensitive, non-discriminatory approach. The Covid-19 epidemic meant that most key informant interviews (KIIs) had to be virtual, apart from face-to-face focus group interviews (FGIs) with primary and secondary beneficiaries³⁷ in which social distancing was observed and masks were worn, a small number of face-to-face KIIs in Nampula and Maputo, and most KIIs in Cabo Delgado. The right of informants not to participate or to answer any particular question was respected, and every effort was made to ensure that participants, particularly beneficiaries, were comfortable and did not find the interview intrusive. Discussions were held in safe and private spaces selected by participants, at a time of day convenient to them (e.g. facility-based interviews took place when there were few clients).³⁸ Additional information was sought through email request as needed, and an internal staff review was undertaken through a confidential questionnaire. The lead consultant held all interviews virtually in English, and the three national consultants held all interviews in the language requested by informants. The annexes provide the main tools, semi-structured schedules approved by the ERG, around which to probe according to the informant's organisation and position in relation to UNFPA, with specific schedules for different CO staff. A relatively wide range of representative informants was included for all thematic areas, and within the CO, including regional offices. Site check lists were used where it was possible to undertake visits as a supplementary source of information regarding service provisions.

³⁷ Primary beneficiaries being, for instance, adolescent girls who had benefitted with regards SRHR from UNFPA-supported programming, and secondary beneficiaries being implementing and government staff whose capacity had been built with UNFPA support in one of the thematic areas of UNFPA programming. That adolescent girls are potentially vulnerable and therefore need a highly sensitive approach was fully respected in the FGIs.

³⁸ One partial exception was the holding of one FGI under a tree in the absence of a private indoor space, but the adolescent participants indicated that they were comfortable with this arrangement, and care was taken that the discussion remained confidential and was not overheard.

Extensive document review (annexed) provided secondary data, and qualitative and quantitative findings from primary and secondary sources were assessed and triangulated to check complementarity and robustness. The consultants are confident in the reliability of written data sources and of information provided from primary sources, backed up by the methods of corroboration; however, where there was doubt, and information conflicted or was insufficient to reach robust conclusions and recommendations, this is reflected, with an explanation for any data gaps.

Part of the analysis was review of the results chain logic for each component area of the CP, with contribution analysis exploring how far the inputs and activities sufficed to achieve the intended outputs and contribute to designated outcomes. The linked trend analysis explored changes in results over time in the CP quantitative indicators, in order to draw conclusions and recommendations on the appropriateness of indicators, outputs and targets, noting any factors that may have impeded monitoring.

1.3.4 Sampling of Stakeholders

Stakeholders were purposely selected from the stakeholder maps that the CO provided and included government, UN partners, donors, civil society implementers, and both primary and secondary beneficiaries. Programme officers and the evaluation manager guided selection so that sampling followed the Handbook criteria on sampling.³⁹ The table below summarises the number of stakeholders interviewed, with the full list annexed.

Table 1.1: Stakeholders Interviewed

Type of Stakeholder	No. of People	Type of Stakeholder	No. of People
UNFPA CO & regional offices	28	GoM, national and provincial levels	28
UN partners	17	Civil society implementing partners	11
Donors	3	Beneficiaries, primary & secondary	66
Total number of stakeholders from all categories: 153			

1.3.5 Limitations Encountered in Undertaking the CPE

The major limitation was that the CPE took place during the Covid-19 epidemic restrictions, with the UNFPA and many other offices working virtually (from staff homes), government reportedly operating with only 50 percent staff in the office at a time, and limitations in site visits. In addition, owing to delays in the planned initiation of the CPE, field work began on 30th November and could not be completed by the planned end date of 18th December 2020. Many stakeholders, including the CO, faced high end of year workloads and availability was limited, and the CO found organising the required logistics for field work challenging. High workloads also contributed to other inefficiencies in CO support for the CPE, such as delays in the evaluators gaining access to some key documents and in obtaining stakeholder maps. Field work was delayed and continued into January because of the non-availability of some stakeholders. The lead evaluator had to work from her home base outside Mozambique, making team collaboration more complex. Finally, language was also a challenge, as the lead consultant is not lusophone, and some stakeholders and documents were not accessible to her. The national consultants had to interview some respondents in Portuguese and translate into English, and one consultant had to assist with some interviews and the beneficiary FGIs for the lead consultant. Despite these limitations, it is felt that sufficiently robust primary and secondary data collection was undertaken to validate the analysis of findings, conclusions and recommendations. Most planned key informant interviews did take place virtually, if not per original schedule, and in-person focus group interviews were held within Covid-19 regulations with primary and secondary beneficiaries in the two planned provinces.

1.3.6 Evaluation Process

The evaluation used a theoretical approach based on careful analysis of the intended outcomes and outputs, implementation of activities, and how contextual factors impact on the desired results within each thematic area. They explored the achievement of targets and assessed factors facilitating or hampering the achievement of results. They also explored linkages and synergies between the thematic areas, and the results chain logic in each thematic area. There was no theory of change for the consultants to review, but they reviewed new thematic theories of change provided at the start of field work, which reflected updated thinking by the CO with revised interventions under the same outcomes and outputs as for the 9CP. These revised theories of change are annexed. They reflect greatly strengthened results chains from those of the 9CP, which the consultants analysed for each thematic area (as discussed in Chapter Four). When new outcomes are jointly agreed, the outputs and interventions need to be refined with SMART⁴⁰ indicators to measure more strategic results than those in the present results chains.

³⁹ E.g. larger and smaller programmes and projects, stronger and weaker implementers, completed projects and ones that are beginning, sufficient geographical coverage, and direct and indirect partners.

⁴⁰ Specific, measurable, attainable, relevant and time bound

Qualitative data and some quantitative data were gathered and analysed from secondary sources (extensive document review) and through a participatory process of primary data collection involving semi-structured interview schedules and/or questionnaires administered to key stakeholders as noted in Table 1.1 above. Interviews were virtual/on line, because of Covid-19 restrictions, with focus group interviews (FGIs) conducted in adherence with UNFPA Covid-19 guidance.⁴¹ The full list of institutions and persons met is annexed.

The triangulation of complementary approaches to data collection, in accordance with the ToR,⁴² ensured that the evaluation responded to the needs of users for credible information on the benefits for recipients and beneficiaries, and the intended use of the evaluation results. Also, the participatory and consultative approach, engaging with rights holders and duty bearers, upheld gender and human rights principles. The quantitative data complemented qualitative data to minimize bias, and was compiled through document review, websites and online databases, and through the CO monitoring and evaluation processes and reports. These provided financial data and data on key indicators measuring changes in the thematic results chains.

The evaluation process involved five phases: (i) preparation; (ii) design; (iii) field; (iv) analysis and reporting; and (v) facilitation of use and dissemination phase. Quality assurance measures were integrated throughout.

i) Preparatory Phase: led by the *evaluation manager (EM)*, this included: preparing and obtaining approval of the Terms of Reference (ToR); forming the Evaluation Reference Group (ERG); prequalification selection of the evaluation team; and collating key documents. Other activities intended for this phase occurred later because of heavy work pressures on the EM and other staff (stakeholder mapping, preparing a communication plan to share results, and availing a theory of change for review).

ii) Design Phase: the *evaluation team* led this phase, reviewing key documents, discussing purposive stakeholder sampling with the evaluation manager and programme staff to develop a CPE agenda, revised the evaluation questions, and developed the evaluation matrix, data collection and analysis strategy and field work plan. The team developed overarching tools for data collection and assessed evaluability, limitations and risks to the evaluation, proposing mitigation measures. The CO did not have an overarching theory of change for the consultants to review, as stipulated in the UNFPA Handbook for the CPE design phase, but they reviewed the activities of the results framework prior to the field phase to note the modes of engagement. The design phase ended with a powerpoint presentation to the ERG and CO, and submission and approval of the design report in accordance with Handbook stipulations. The report was accepted in English and translated into Portuguese without feedback.

iii) Field Phase: the *evaluation team* started the field phase by finalising the CPE agendas and undertaking primary data collection through virtual interviews with key informants⁴³ and some face-to-face focus group interviews with the agreed sample of stakeholders in two provinces, Cabo Delgado and Nampula. Emails were used to gain additional information where needed, and all UNFPA staff were emailed a short questionnaire to elucidate internal office functioning. Extensive document review continued to capture secondary data. During the field phase cleaning and preliminary data triangulation and analysis began, in order to identify any data gaps for follow up. In addition, where feasible, the team linked up with consultants evaluating UNAIDS and UNICEF and shared interviews and/or feedback. A field work briefing to the CO was planned, including the presentation of preliminary findings which, because the timing was problematic for the office, was delayed by one month and became a full presentation to the CO of conclusions and recommendations, as well as a brief field work review.

iv) Reporting Phase: the reporting phase involved the evaluation team, the evaluation manager, the CO and the ERG. The evaluation team continued data analysis and drafted the evaluation report for presentation to and review by the CO, and incorporated comments. The revised report was submitted to the CO and ERG, with a powerpoint presentation, and further comments were incorporated. The CO completed the Evaluation Quality Assessment Grid for the team to incorporate feedback from the draft EQA, although this was only provided to the evaluation team after three months. A much wider stakeholder group was invited to discuss the CPE as part of a virtual meeting to develop the new CP in June.

v) Facilitation of Use and Dissemination Phase: the evaluation manager and communications analyst implement the communication plan to share the report after presentation by the evaluation team to stakeholders and incorporation of final comments, followed by final EQA and CO units preparing the management response. The final evaluation report, the management response, and the final EQA are published on the UNFPA evaluation database, available to the Executive Board and on the CO website <https://Mozambique.unfpa.org/en/publications>. Potential readership includes stakeholders within Mozambique as well as UNFPA and others internationally.

⁴¹ UNFPA Evaluation Office (2020). Adapting Evaluations to the Covid-19 Pandemic, April 2020.

⁴² Terms of Reference for Mozambique CPE, 2020, p 18

⁴³ This was because of the prevailing Covid-19 epidemic, with most offices closed and the lead evaluator not in country.

Chapter Two: Country Context

2.1 Development Challenges and National Strategies

2.1.1 General Country Context

Mozambique lies on the east coast of southern Africa, bordering Eswatini, Malawi, South Africa, Zambia and Zimbabwe.⁴⁴ It has a land mass of 786 380 square kilometres and a population of around 30.1 million people,⁴⁵ of whom two-thirds live in rural areas.⁴⁶ The climate is tropical with a dry and a wet season, although altitude is a major factor for local climates, and some areas experience worsening droughts or cyclones and flooding leading to humanitarian emergencies. Mozambique is mostly coastal lowland, with inland highlands, extensive arable land, water and energy supply, mineral resources, and major natural gas reserves offshore.⁴⁷

Mozambique is divided politically into 11 provinces (including Maputo city), with 158 districts. After a peace accord ended the protracted civil war for independence in 1992, six multiparty presidential, legislative, and provincial elections have been held, the most recent on October 15, 2019. Frelimo,⁴⁸ the incumbent party, won landslide victories at all levels against the main opposition parties of Renamo and the Mozambique Democratic Movement, MDM. In gas-rich Cabo Delgado in the north an allegedly religious insurgency⁴⁹ has attacked multiple towns and districts, leading to over 1000 deaths and over 100,000 people displaced by July 2020.⁵⁰

Mozambique has four main ethnic groups with numerous subgroups with diverse languages, dialects, cultures, and histories, and Portuguese as the official language.⁵¹ The largest group are the Makua, estimated at 5.8 million,⁵² mainly in the north. Other major groups are the Sena and Ndau (Shona), and the Shangaan (Tsonga), largely in southern Mozambique, and several other smaller African ethnic groups, some people with Portuguese mixed ancestry, and a small number of primarily Indian Asiatics, and Chinese. Under half of Mozambicans speak Portuguese, the official language, and high schools increasingly use English.⁵³ The 2017 Mozambique Census reported that 26.2 percent of citizens are Roman Catholic, 18.3 percent Muslim, 15.1 percent Zionist Christian, 14.7 percent evangelical/ Pentecostal, 1.6 percent Anglican, and 4.7 percent Jewish, Hindu, and Baha'i. Some respondents belong to syncretic religions from across the continent, and 15.4 percent did not report religious affiliation.

On the Human Development Index Mozambique ranks as one of the poorest countries globally, at 180 out of 199 countries, with per capita gross domestic product (GDP) of less than USD 600.00.⁵⁴ GDP declined from a growth rate of 7.4 percent in 2011 to 3.4 percent in 2018. Section 2.1.2 elaborates further. For many years post-independence, Mozambique had sustained economic growth but when, in 2016, previously unreported extensive external borrowing and debt were uncovered, international confidence declined and the previous average rate of growth more than halved.⁵⁵ In 2019 Mozambique faced the further shocks of two cyclones, Idai and Kenneth, which severely damaged infrastructure and further hampered economic growth and population wellbeing. These were followed in 2020 by the Covid-19 pandemic, causing further hardship. The World Bank projects that growth in 2020 was declining to 1.3 percent, down from a forecast prior to Covid of 4.3 percent.⁵⁶ Thus Mozambique faces multiple development and humanitarian challenges,⁵⁷ including how to re-establish international confidence through strengthened economic governance and transparency, how best to assist the private sector, how to diversify the economy, and how to reduce poverty and inequality and widen population inclusion, improving social indicators such as through quality education and health service delivery. Extensive humanitarian needs must be addressed.

The Government of Mozambique (GoM) is committed to the Sustainable Development Goals (SDGs) 2030 Agenda, and to providing national reviews of progress, with an inclusive Constitution (2009). The Voluntary National Review 2020⁵⁸ stresses achieving sustainable economic growth to reduce poverty through oil and gas exploration, modernising agriculture and through

⁴⁴ The World Bank in Mozambique <https://www.worldbank.org/en/country/mozambique/overview> accessed Nov 2020.

⁴⁵ Mozambique Population and Housing Census 2017. <http://www.ine.gov.mz/iv-censo-2017>.

⁴⁶ The World Bank in Mozambique <https://www.worldbank.org/en/country/mozambique/overview> accessed Nov 2020.

⁴⁷ Ibid.

⁴⁸ Front for the Liberation of Mozambique

⁴⁹ <https://www.acaps.org/country/mozambique/crisis/violent-insurgency-in-cabo-delgado>

⁵⁰ The World Bank in Mozambique <https://www.worldbank.org/en/country/mozambique/overview> accessed Nov 2020.

⁵¹ https://en.wikipedia.org/wiki/Demographics_of_Mozambique#Ethnic_groups, accessed Oct 2020.

⁵² INE, 2019. IV Recenseamento Geral da População e Habitação. Resultados Definitivos.

⁵³ The World Bank in Mozambique <https://www.worldbank.org/en/country/mozambique/overview> accessed Nov 2020.

⁵⁴ UNDP (2019) <http://hdr.undp.org/en/countries/profiles/MOZ>

⁵⁵ The World Bank in Mozambique <https://www.worldbank.org/en/country/mozambique/overview> accessed Nov 2020.

⁵⁶ Ibid.

⁵⁷ Ibid.

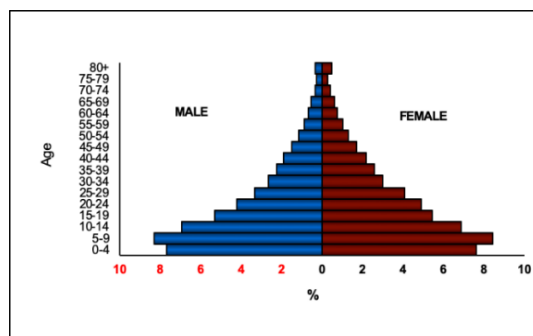
⁵⁸ High-Level Political Forum on Sustainable Development, Mozambique Voluntary National Review 2020, <https://sustainabledevelopment.un.org/memberstates/mozambique> accessed Nov 2020.

increased industrialisation, especially to create jobs for young people. The aim is also to strengthen basic social and health services and education, to improve access to safe water, and to continue to empower women and reduce gender inequality. The relevant sections below and the key facts table provide further elaboration. Further commitments of government are cited in the five-year development plans and multiple sectoral policies and strategies (see annexes, and sections below).

2.1.2 Challenges and National Strategies for Population and Development

Key challenges for population and development in Mozambique are high population growth, young age structure (Figure 2.1), and poor utilisation of available population data to design and implement national development policies and plans (extensive documentation in annex). The 2017 census estimated median age at 16.6 years. The projected population for 2020 is 30.1 million people, 33 percent in urban areas. Population growth rate is high at 2.5 percent annually and has increased during the last 50 years due to persistent high fertility and declining mortality. Growth is projected to reduce to 1.8 percent by 2050, at about 60 million people.⁵⁹ The census found that about half (46.6 percent) of the population is below 15 years, 53 per cent below 18 years and 66 per cent below 25 years of age. This youthful population is a major development challenge since it implies a high dependency ratio of 96.7 per cent in 2020,⁶⁰ with high demands on education services and employment opportunities. To reap the demographic dividend requires appropriate policies and investment in health, education, employment creation, effective leadership, and good governance.

Figure 2.1: Population Age Structure of Mozambique, 2020⁶¹



The total fertility rate (TFR) remained high at 5.4 children per woman in 2018, 3.9 percent in urban areas and 6.2 percent rural.⁶² This is a slight decline from the 2007 census which estimated TFR at 5.7. High fertility is partly due to early onset of childbearing: in 2018, 46.5 percent of adolescents aged 15 to 19 years had begun childbearing, similarly for the last 15 years. Mortality has declined: life expectancy at birth increased from 48.8 years in 2007 to 51.0 years in 2017 for males and from 52.9 to 56.5 years for females, respectively.⁶³ Under-five mortality was estimated at 74 per thousand live births for 2019,⁶⁴ a decline from 97.0 per thousand estimated in the 2011 Demographic and Health Survey (DHS).⁶⁵ The 2017 Census estimated an infant mortality rate of 67.4⁶⁶ per thousand live births compared to 64 estimated by the 2011 DHS.⁶⁷

High unemployment and poverty levels are also major challenges in Mozambique. The 2013 household survey estimated an unemployment rate of 22.5 percent (19.9 percent for males and 24.6 percent for females) representing an increase from 18.7 percent in 2005.⁶⁸ The fourth poverty assessment shows that the poverty index reduced from 69.7 per cent in 1996/97 to 46.1 per cent in 2014/15, but because of population growth the absolute number of poor people remained at 12 million. There has also been an increase in inequality, with the Gini index increasing from 0.40 to 0.47.⁶⁹ Gender inequalities, including employment, are addressed further in section 2.1.5.

⁵⁹ INE, 2020. Projeções Anuais da População Total, Rural e Urbana, 2017 – 2050, Maputo.

⁶⁰ INE, 2020. Projeções Anuais da População Total, Rural e Urbana, 2017 – 2050, Maputo

⁶¹ INE, 2020. Projeções Anuais da População Total, Rural e Urbana, 2017 – 2050, Maputo.

⁶² MISAU, INE & ICF Internacional. 2018.

⁶³ INE, 2019. Resultados do Censo 2017- Apresentação Final.

⁶⁴ UN Inter-agency Group for Child Mortality Estimation, 2020. Levels and trends in Child mortality, Report 2020.

⁶⁵ ICF, 2015. The DHS Program STATcompiler. Funded by USAID. <http://www.statcompiler.com>. November 5 2020.

⁶⁶ INE, 2020. Projeções Anuais da População Total, Rural e Urbana, 2017 – 2050, Maputo.

⁶⁷ ICF, 2015. The DHS Program STATcompiler. Funded by USAID. <http://www.statcompiler.com>. November 5 2020.

⁶⁸ NE. 2013a. “Inquérito Contínuo aos Agregados Familiares. Primeiro Ciclo 2012/13. Relatório do Primeiro Trimestre.”. Maputo: Instituto Nacional de Estatística.

⁶⁹ MEF. 2016. Pobreza e Bem-estar em Moçambique: Quarta Avaliação Nacional Inquérito ao Orçamento Familiar - IOF 2014/15.

Despite regular census and national surveys conduction, the utilisation of demographic data for planning and decision-making is still limited. Country capacity to generate in-depth further analysis of the existing data to inform and guide policy design and planning at different levels is limited and the country has no specific microdata dissemination policy or clear mechanisms through which datasets can be easily accessed. The recent creation of a national data archive (*Arquivo Nacional de Dados - MOZDATA*), an online platform assembling all INE and delegated organs' operations documents, including reports, questionnaires and datasets, may increase data accessibility and use, but policy on how microdata should be availed to researchers has not been approved.

In line with ICPD recommendations, the GoM approved a National Population Policy in 1999,⁷⁰ but it has not curbed high population growth, partly because its placement within the government structures was not clear.⁷¹ However, some strategic GoM documents, e.g. the National Development Strategy, the five-year government programme, and the annual economic and social plan, among others, incorporate population issues. Continued capacity development is needed to implement them, to utilise data effectively, and for evidence-based monitoring.

2.1.3 Challenges and National Strategies for Sexual and Reproductive Health

Mozambique has high fertility (as above), and estimates from 2019 indicated a 35.6 percent contraceptive prevalence rate (CPR) for all women and an unmet need of 22.8 percent for family planning (FP), a slight reduction from 24.9 percent in 2015.⁷² Injectable methods were used by 45.3 percent of women, 24.4 percent used pills and only 6.6 percent and 2.7 percent an implant or intrauterine device (IUD) respectively.

The maternal mortality rate (MMR)⁷³ remained high at 443 per 100,000 live births in the 2011 MDHS, despite an annual reduction rate of 4.4 percent since 2005,⁷⁴ and this is perhaps the most concerning SRHR issue. Facility based deliveries were estimated at 70 percent in 2019, (90 percent in urban areas and 62.7 percent in rural areas) with 73 percent attended by skilled health professionals. Approximately 2,500 new cases of obstetric fistula occur annually, including in adolescent girls.⁷⁵

Mozambique has high HIV prevalence, estimated at 12.6 percent among adults 15-49 in 2019⁷⁶ with an estimated 1.8 million people aged 15-49 living with HIV.⁷⁷ There are significant age, sex and geographical variations. A total of around two million people were estimated to be living with HIV (PLHIV) in 2019,⁷⁸ of whom 60 percent are women. According to Spectrum estimates in 2019,⁷⁹ prevalence was highest in Zambézia at 19.4 percent and in Maputo Province at 16.4 percent. Zambézia is estimated to have contributed 20.3 percent of HIV new infections in 2019, and Nampula 20.2 percent. New HIV infections among young women aged 15-24 years were nearly double those in young men: 39 000 new infections among young women, compared to about 20 000 among young men.⁸⁰ In key populations, integrated biological and behavioural surveys (IBBS)⁸¹ have estimated HIV prevalence at 22.4 percent in female sex workers (FSW), 8.3 percent in men who have sex with men (MSM), 45.8 percent in people who inject drugs (PWID), and 22.3 percent in Mozambican mine workers in South African mines. Among inmates, prevalence was estimated at 24 percent.⁸²

In 2019, 97 percent of 115,947 pregnant women attending antenatal care who tested HIV positive received ARVs to prevent mother to child HIV transmission (PMTCT),⁸³ and UNAIDS estimates a mother to child transmission rate of 15 percent.⁸⁴ By the end of 2019, the MoH reported 95 percent of health facilities in the country provided ARV treatment services and 1.33 million people were under ARV treatment, covering an estimated 59 percent of the adult and 66 percent of pediatric needs for HIV treatment. The national HIV strategic response seeks to prevent infection in all vulnerable populations, as well as to improve

⁷⁰ Conselho de Ministros. 1999. "Política de População." Resolução Nº 5/99 de 13 de Abril. pp. 27. Maputo, Moçambique.

⁷¹ Arnaldo, C; B. Cau & H. Maungue, 2018. Policy options for achieving demographic dividend in Mozambique.

⁷² Family Planning 2020, <http://www.familyplanning2020.org/mozambique>

⁷³ According to the UN Mozambique Common Country Assessment (CCA) 2022-2026, the main causes re post-partum hemorrhage (41%), hypertensive disorders of pregnancy (18%), indirect causes (17%), sepsis/infection (10%), and unsafe abortion (7%). At least 79% of these deaths were avoidable, and over two-thirds occurred during the first 24 hours among women who had been referred from another health unit.

⁷⁴ WHO, 2020, https://www.who.int/countries/moz/areas/health_system/en/index1.html

⁷⁵ Ibid.

⁷⁶ <https://www.cdc.gov/globalhivtb/where-we-work/mozambique/mozambique.html>.

⁷⁷ AIDSInfo, 2020. <http://aidsinfo.unaids.org/> accessed Nov 2020.

⁷⁸ UNAIDS, 2020, <https://www.unaids.org/en/regionscountries/countries/mozambique>

⁷⁹ SPECTRUM is software developed by UNAIDS and its partners to help countries map their HIV epidemic and determine the consequences of the epidemic. To access the projection data visit the website: <http://aidsinfo.unaids.org/>

⁸⁰ Ibid.

⁸¹ MISAU 2012, IBBS of FSW; 2013 IBBS of MSM; 2014 IBBS of PWID; 2012 IBBS of Mozambican Workers in South African mines.

⁸² Ministry of Justice 2013, Assessment of the Situation of HIV, STIs and TB and Health Needs in Prisons in Mozambique

⁸³ MISAU, Relatório Anual das Actividades Relacionadas ao HIV/SIDA Relatório Anual 2019,

⁸⁴ Spectrum 5.756 <http://aidsinfo.unaids.org/>

the linkage between testing and treatment initiation and retention, and a new national strategic plan on HIV and AIDS is under development.

Articles 89, 90 and 116 of the Constitution of the Republic of Mozambique guarantee the right to health for all citizens, including PLHIV and key populations. The HIV Law 19/2014⁸⁵ defends the rights of PLHIV, including in the workplace. Various health and related policies, strategies and guidelines are rights-based and protect and promote the rights of priority populations, including the National Guide for the Implementation of Health Counseling and Testing,⁸⁶ and the Sexual and Reproductive Health Policy 2011 which includes a strong focus on SRHR in young people. The following section elaborates further on SRH challenges for adolescents and youth, especially adolescent girls and young women, and briefly elucidates the national response.

2.1.4 Challenges and National Strategies for Adolescents and Youth⁸⁷

As documented in section 2.1.2, the population of Mozambique is young. Multi-dimensional⁸⁸ poverty is widespread, particularly in the north, and many young people struggle to access educational and employment opportunities. Young women also face: high rates of teen pregnancy and child bearing (noted above), often leading to school drop-out as well as risks for maternal morbidity and mortality and obstetric fistula; early/forced marriage; HIV; sexual and gender-based violence (SGBV) and other aspects of gender inequality as described in the section below. Needs vary with age and gender, with adolescent females particularly vulnerable. Median age of sexual debut is estimated at 16.7 years for females and 17.5 for males.⁸⁹

Various gender norms and practices (see below) contribute to high levels of teen pregnancy: the 2011 DHS found that 46.4 percent of adolescent girls aged 15-19 years⁹⁰ had one or more pregnancies and 48 percent of women aged 20-24 were married before they were 18, and 14 percent before they were 15.⁹¹ Mozambique has one of the highest rates in the world of child marriage driven by custom and the widely perceived need for families to marry off their daughters early for financial and social reasons. Gender based violence is described as widespread, with one-third of adolescent girls and young women (AGYW) reporting physical violence in the 2011 DHS, and UNFPA CO⁹² citing that over one-third of girls in primary and secondary school experience physical violence at school. Modern contraceptive use has increased but remains low, particularly among sexually active adolescents, rising from an estimated 1.3 percent in the 1997 DHS to 15.7 percent in the 2015 AIS.⁹³ Among women aged 20-25, estimated use rose from 4.6 percent to 31.7 percent in the same time frame.

Primary school female enrollment is high at 94 percent, but over half drop out by the fifth grade, and only 11 percent continue to secondary school. A mere 1 percent ever go to college (USAID 2020).⁹⁴ The ratio of girls to boys in tertiary institutions is 0.82 (2017)⁹⁵ with women the minority in both technical institutions and universities.

With regards to HIV, far more adolescent girls and young women are HIV positive than adolescent boys and young men (ABYM), as documented in 2.1.3, a combination of age-disparate sex and concurrent partnerships with low consistent condom use, and geographic HIV prevalence varies. In 2018, around 39,000 new infections were estimated in AGYW compared with around 20,000 in ABYM.⁹⁶ Only 30.55 percent of those aged 15-24 had correct knowledge regarding the sexual transmission of HIV,⁹⁷ despite long-term nation-wide programming among young people in Mozambique through Geracao Biz, a policy of comprehensive sexuality education, the expanded programme Rapariga Biz addressing adolescent SRHR, and other efforts.

Mozambique has supportive policies regarding the access of young people to family planning (FP) services.⁹⁸ There are no legal restrictions to access by age or spousal or parental consent, and service providers are required to provide FP services to young people without personal bias or discrimination.⁹⁹ Nonetheless, SRH service uptake remains too low as evidenced by the

⁸⁵ Lei 19/2014, Lei de protecção de pessoa candidata a emprego e trabalhador vivendo com HIV.

⁸⁶ MISAU, Directriz Nacional Para Implementação do Aconselhamento e Testagem em Moçambique.pdf.

⁸⁷ UN definitions of age cohorts are: adolescents age 10-19; young people age 10-24; youth age 15-24.

⁸⁸ Multi-dimensional poverty is measured in different ways, but can include a wide range of daily deprivations poor people face, such as limited finances, hunger, material deprivation, exclusion, social isolation, disempowerment, psychosocial and physical ill-health, hazardous environments.

⁸⁹ AIS, 2015.

⁹⁰ ICF, 2018. The DHS Program STATcompiler. Funded by USAID. <http://www.statcompiler.com>. November 5 2020.

⁹¹ DHS, 2011 <https://dhsprogram.com/publications/publication-fr266-dhs-final-reports.cfm>

⁹² UNFPA CO Mozambique (2020) UNFPA's Strategy on Youth, powerpoint presentation, 10 Nov.

⁹³ AIDS Indicator Survey, (AIS) 2015.

⁹⁴ <https://www.usaid.gov/mozambique/education>, accessed November 2020

⁹⁵ <https://www.mctestp.gov.mz/por/Ensino-Superior/Instituicoes-de-ES>, accessed November 2020.

⁹⁶ UNAIDS Data <https://www.unaids.org/en/regionscountries/countries/mozambique> accessed Nov 2020.

⁹⁷ Ibid.

⁹⁸ Adolescent Health Program in the Health Sector Strategic Plan 2014-2019.

⁹⁹ WHO RHR/HRP, 2019, Youth Family Planning Policy Scorecards. May 2019.

high teen pregnancy rates and the low reported use of any modern contraceptive method (15 percent of sexually active adolescents in the AIS 2015).¹⁰⁰ According to Mozambique 9CPD, 20 percent of maternal deaths are in adolescents.

Several laws and policies are in place to promote the agenda for adolescents and youth in line with the international commitments to ICPD plans of action and the SDGs. These include the 2019 Law to End Child Marriage and related strategy as part of the Global Programme on Child Marriage, the National Youth Policy, and the National Strategy on School, Adolescent and Youth Health. Various other laws and policies include young people together with older populations, and multisectoral ministries (e.g. for health, youth and employment, education, gender, and justice) are engaged in collaborative strategies to support young people, especially AGYW.¹⁰¹

2.1.5 Challenges and National Responses on Gender Equality and Women's Empowerment

Despite the efforts highlighted above, Mozambique ranks 146th among 152 UN Member States in the Gender Inequality Index. It has patriarchal social and cultural norms such as rites of initiation to induct girls and boys into gendered adulthood, lobolo or a form of bride price, polygyny and harmful practices such as early child marriage, and female genital mutilation/cutting (although this is illegal and data are scarce). Stereotyped beliefs limit women's roles and responsibilities, their right to education and health, and their access to positions of power in social, economic and political life, access to and control of resources, and to formal and dignified employment.¹⁰² The Gender Parity Index (GPI) shows that women are heavily concentrated in lower paid and lower status employment, as well as undertaking unpaid domestic work. Even in small-scale agriculture, where women play a central role, men dominate in leadership and more lucrative aspects of production¹⁰³ and usually own the land.

The percentage of women in decision-making positions has increased in most sectors, particularly in parliament at 42.4 percent by 2020.¹⁰⁴ Among provincial governors and vice ministers in 2017 only 18.2 and 17.2 percent respectively were women, however, and the GPI showed that in 2017 only 20 percent of provincial directors were women, and one-third of district leaders.¹⁰⁵

Gender stereotyping also influences most health-related decisions, with husbands usually making decisions about women's health care, and boys and men often having poor health seeking behaviour.¹⁰⁶ Sexual and gender based violence (SGBV) is widespread and cuts across class, race, ethnicity, religion and international borders.¹⁰⁷ Data show that 45.5 percent of women between the age of 15-49 suffered emotional or sexual or physical violence in the previous 12 months prior to the survey published in 2020.¹⁰⁸ Humanitarian contexts generate even greater vulnerability for women and children.¹⁰⁹

Civil society organisations (CSOs) are key in lobbying and advocacy for law reforms, building community awareness, and as duty bearers, and mechanisms exist to support women survivors of violence with free legal aid services and psychosocial support. However, challenges remain in terms of prevention, expansion and the quality of services available, and legal costs, traditional justice systems, illiteracy, geography and ignorance of their rights impede women's access to the justice system.¹¹⁰

Recognising the multiple challenges to the lives of girls and women, Mozambique is committed to gender equality and women's empowerment as manifested in international and regional frameworks such as CEDAW, the ICPD agenda and the Beijing Plan of Action, SDG Goal 5 on gender, the Maputo Protocol, and SADC Gender and Development Protocol (2008). The country has made significant law reforms on gender (e.g. Family Law, 2004, Domestic Violence Law, 2009, the National Gender Policy, 2018, and the Law to Prevent and Combat Premature Union, 2019). Multiple sectors have gender policies, and a multisectoral mechanism is in place to address sexual and gender based violence.

In addition, since 2015 Mozambique has decriminalised homosexuality (and had not legally prosecuted homosexuality for many years prior to that). However, data on lesbian, gay, bisexual, transgender and intersex (LGBTI) populations are lacking in the country, despite their known increased risk for violence, stigma and discrimination, as well as higher risk for HIV. A UN report

¹⁰⁰ AIDS Indicator Survey, (AIS) 2015.

¹⁰¹ UNFPA CO Mozambique (2020) UNFPA's Strategy on Youth, powerpoint presentation, 10 Nov.

¹⁰² MGEAS, 2016, Perfil de Género <https://www.ophenta.org.mz/wp-content/uploads/2019/01/Perfil-de-genero-mocambique.pdf> accessed Nov. 2020

¹⁰³ Ibid.

¹⁰⁴ INE, 2020. Progress Towards Sustainable Development – National Voluntary Review 2020 file:///Users/user/Downloads/ODS_Ingles%20-1.pdf accessed Nov. 2020

¹⁰⁵ INE, 2017, Mulheres e Homens < [file:///Users/user/Downloads/Mulheres%20e%20Homens%20Principal%20\(2\).pdf](file:///Users/user/Downloads/Mulheres%20e%20Homens%20Principal%20(2).pdf) accessed Nov. 2020

¹⁰⁶ MGEAS, 2016, Perfil de Género <https://www.ophenta.org.mz/wp-content/uploads/2019/01/Perfil-de-genero-mocambique.pdf> accessed Nov. 2020

¹⁰⁷ USAID, 2019, <https://www.usaid.gov/gbv> accessed Nov. 2020

¹⁰⁸ INE, 2020. Progress Towards Sustainable Development – National Voluntary Review 2020 file:///Users/user/Downloads/ODS_Ingles%20-1.pdf accessed Nov. 2020

¹⁰⁹ Inter-Agency Standing Committee, 2005, https://www.unfpa.org/sites/default/files/pub-pdf/gbv_emergencias.pdf accessed Nov. 2020

¹¹⁰ MGEAS, 2016, Perfil de Género <https://www.ophenta.org.mz/wp-content/uploads/2019/01/Perfil-de-genero-mocambique.pdf> accessed Nov. 2020

on Mozambique in 2018¹¹¹ found discrimination and violence against these populations at home, at school, in workplaces, in religious communities and in health care settings, and challenges when seeking police protection. The conclusion was that, despite the enabling legal environment, government needs to take intensified action to ensure the rights of LGBTI populations, including with respect to non-binary children who often face repressive ‘cures’ instead of support, and grow up at increased risk of poverty, violence and deep-seated psychosocial problems due to rejection and marginalisation.

2.1.6 Progress towards SDGs and ICPD

The Sustainable Development Goals (SDGs) of most relevance to UNFPA are Goals 3 and 5, with country achievements highlighted below and the Key Facts Table providing wider progress on SDG targets and indicators.

Table 2.1 Country Progress against SDGs 3 and 5 Relevant to UNFPA Mandate

SDG Goal 3: Ensure healthy lives and promote well-being for all at all ages	
Targets and indicators	Country Achievement
3.1.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	452 (2017) ¹¹²
3.1.2 Proportion of births attended by skilled personnel	73% (AIS 2015)
3.3 By 2030 end the epidemic of AIDS 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	6 (2015) ¹¹³
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	50.4% ¹¹⁴ 5.5 (10-14) 99.4 (15-19) ¹¹⁵
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	N/A
SDG Goal 5: Achieve gender equality and empower all women and girls	
5.1 End all forms of discrimination against all women and girls everywhere 5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex.	Signed CEDAW Frameworks in place
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	19.5% ¹¹⁶ 20.2% ¹¹⁷
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	16.8% (<15) ¹¹⁸ 52.9% (<18) N/A

¹¹¹ United Nations Human Rights Office of the High Commissioner(2018) End of Mission Report.

¹¹² INE, 2020. Progresso dos Objectivos de Desenvolvimento Sustentável- Revisão Nacional Voluntária 2020. Maputo.

¹¹³ INE, 2020. Progresso dos Objectivos de Desenvolvimento Sustentável- Revisão Nacional Voluntária 2020. Maputo.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ ICF, 2015. The DHS Program STATcompiler. Funded by USAID. <http://www.statcompiler.com>. November 5 2020.

¹¹⁷ INE, 2020. Progresso dos Objectivos de Desenvolvimento Sustentável- Revisão Nacional Voluntária 2020. Maputo.

¹¹⁸ ICF, 2018. The DHS Program STATcompiler. Funded by USAID. <http://www.statcompiler.com>. November 5 2020.

UNFPA globally, and within Mozambique, is making core contributions to the SDGs and ICPD agenda in addressing the transformative goals of ending preventable maternal deaths, ending the unmet need for family planning, and ending gender based violence (GBV) and harmful practices, although many challenges remain.

UNFPA globally, and within Mozambique, is making core contributions to the SDGs and ICPD agenda in addressing the transformative goals of ending preventable maternal deaths, ending the unmet need for family planning, and ending gender based violence (GBV) and harmful practices, although many challenges remain. With regards progress on core indicators for ICPD, Mozambique has achieved the following estimated results:¹¹⁹

- Unmet need for family planning declined from 28.7 percent in 2016 to 25.4 percent in 2020
- Additional users increased from per year from 711,600 in 2016 to 1,902,000 in 2020
- Contraceptive prevalence rate (modern methods) increased from 27.3 percent in 2016 to 36.4 percent in 2020
- Modern contraceptive use averted nearly 1500 maternal deaths in 2016 and around 2250 in 2020.

Modern contraception use has more than doubled since 2012, when it was estimated at 16 percent, and preventable maternal deaths are declining. Progress has continued to be made during the 9CP, but there is still far to go.¹²⁰ The sexual and reproductive health and rights thematic area presents the main strategies undertaken by UNFPA and analyses them further.

2.2 The Role of External Assistance

Official Development Assistance (ODA) to Mozambique has varied widely over the past 30 years, from a peak of 58.18 percent of gross national income (GNI) in 1992 to a low of 14.20 percent in 1999, and a second peak of 44.17 percent in 2002. From 2006 to 2018 it remained lower than 20 percent of GNI, varying slightly each year.¹²¹ As noted earlier, the discovery of undocumented debt led to a serious drop in international donor confidence and assistance. Nonetheless, 24 donor countries now contribute to overall aid to Mozambique,¹²² with a large proportion of total ODA going to public expenditure on the social sectors and forming the bulk of public investment (78.6 percent in 2019) in these sectors.¹²³ Of this, the highest shares went to education and social action/assistance (over 87 percent each), 76.9 percent to health, and 64.6 percent to the water sector. In addition, substantial ODA reaches the social sectors through the channels of non-government organisations (NGOs), philanthropic organisations and to funds implemented directly by development partners. For example, in 2019, USAID disbursed USD 110.4 million to religious and faith-based organisations, and PEPFAR was anticipated to contribute USD 418 million in 2020 for HIV and AIDS, and the Global Fund to contribute over USD 509 million for HIV programming from 2021 to 2023.¹²⁴

¹¹⁹ Family Planning 2020. <https://www.familyplanning2020.org/mozambique>

¹²⁰ Ibid.

¹²¹ <https://data.worldbank.org/indicator/DT.ODA.ODAT.GN.ZS?locations=MZ>

¹²² <http://www.odamoz.org.mz/>

¹²³ Mozambique UN Common Country Assessment, Draft November 2020.

¹²⁴ Ibid.

Chapter Three: United Nations/UNFPA Response and Programme Strategies

3.1 UNFPA Strategic Response

The UNFPA Strategic Plan 2014-2017 and the revised plan of 2018-2021 centralise sexual and reproductive health with women and young people as the key beneficiaries, with respect for human rights, gender equality, and population dynamics enabling achievement of the core objective. The principle is to reach the most vulnerable first and to leave nobody behind. The global approach mainstreams addressing gender and human rights, including for people with disabilities and all those left behind, in line with SDG principles and goals. The UN Division of Labour on HIV and AIDS also guides the UNFPA strategic response, and the Mozambique 9CP is strategically aligned to national priorities as indicated in the results framework in Section 3.2. The box shows the outcome areas of the UNFPA Strategic Plan 2018-2021 that guided 9CP development.

UNFPA Strategic Plan (2018-2020) Outcomes

Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

These build on the outcome areas of the previous UNFPA Strategic Plan 2014-2017 which addressed sexual and reproductive health and rights, adolescents and youth, especially young adolescent girls, gender equality and women's empowerment, and evidence-based analysis of population dynamics to inform sustainable development policies, SRHR, HIV and gender equality. The next CP needs to align to the upcoming UNFPA Strategic Plan 2022-2025.

3.2 UNFPA Response through the Country Programme

3.2.1 The Previous UNFPA Programme Strategy, Goals, Achievements and Challenges

The UNFPA 8CP (2012-2015, extended into 2016), supported both national and regional interventions (in four central and northern provinces), with three thematic areas: reproductive health and rights (RHR), which included adolescents and youth; gender equality; and population and development.¹²⁵ It was fully aligned to international, national and UNDAF priorities, and to the transformative goals of ending preventable maternal deaths, ending unmet need for family planning, and ending gender inequality and harmful cultural practices. The programme strategy involved all five modes of engagement, advocacy and policy dialogue, capacity development, knowledge management, partnership and coordination, and service delivery.

SRHR was the most extensive and highly funded programme area, with interventions that aimed to: increase the proportion of births in health facilities; provide MCH nurses with both in- and pre-service training; strengthen family planning (FP) by contributing to the availability of contraceptives through supporting the national multi-year forecast, funding the contraceptive gap and strengthening national, provincial and district level interventions to reach the last mile; support obstetric fistula repair; and strengthen the sexual and reproductive health (SRH) policy environment. In addition, UNFPA supported the humanitarian response for internally displaced people (IDPs) around SRH needs and gender based violence (GBV). The adolescent and youth objective was to increase adolescent and youth SRH knowledge, service access and rights, and to reduce child marriage. In gender, the programme aimed to support further ministries to integrate gender into sectoral plans, strengthen civil society capacity for SRHR and gender advocacy and to change social norms, and to support survivors of GBV. The population and development focus supported the National Statistics Office to analyse the 2007 census data and to conduct the 2011 Demographic and Health Survey, to revise the National Health Policy, to prepare for the 2017 census and to research how to harness the demographic dividend.

¹²⁵ There was no mid term or final evaluation of the previous CP (8CP), therefore the findings here are based on the 8CPD and 9CPD.

In all programme areas, UNFPA substantially achieved its objectives. For example, with regards to the policy environment, during the 8CP the government adopted the National Youth Policy, the costed National Strategy to Eliminate and Prevent Early Marriage, and integrated FP and SRHR into the National Health Sector Plan 2014-2019. In the focal areas, new users of FP increased from 9.65 percent in 2008 to 32 percent in 2015. Institutional births increased by 11 percent. Eighty multisectoral gender focal points, as well as community leaders and health care providers, were trained on the Minimum Initial Service Package for SRH in emergencies and GBV, and a multisectoral mechanism for follow up on GBV with integrated support for survivors was put in place.

Challenges identified in the 8CP included: the continued high levels of poverty and inequality, including severe gender inequality and entrenched patriarchal attitudes, norms and practices, and pervasive GBV; relatively low government and civil society capacity; high HIV incidence and prevalence and pervasive stigma; and the vulnerability of much of the population to humanitarian crises (in particular storms and cyclones). Disaggregated data availability and use was inadequate to address the population dimensions of development, and rapid population growth was not being effectively addressed. SRH knowledge and service uptake remained insufficient, including for family planning and HIV prevention and treatment, and maternal mortality had declined slowly but remained far too high.

3.2.2 The Current UNFPA Country Programme

The UNFPA country programme supports the Government of Mozambique (GoM) in line with national development plans, the Constitution, Vision 2030 and policies outlined in the previous chapter. UNFPA works in collaboration with UN partners as One UN, the country being a pioneer of UN collaboration to strengthen accountability, transparency and effectiveness. The 9CPD was developed in full alignment with international principles and strategies, including the Sustainable Development Goals, the International Conference on Population and Development, and with the global UNFPA Strategic Plan (see EQ 1 in Chapter Four).

Table 3.1 Mozambique UNFPA 9th Country Programme 2017-2021 Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and equitable service delivery. Communities are more resilient to the impact of climate change and disasters.

UNFPA Thematic Areas of Programming

I. Sexual and reproductive health and rights	II. Adolescents and Youth	III. Gender Equality and Women Empowerment	IV: Population Dynamics
UNFPA Strategic Plan Outcomes			
Outcome 1: Sexual reproductive health services: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender responsive and meet human rights standards for quality of care and equity in access	Outcome 2 Adolescents and youth: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality
UNFPA Mozambique 9th CP Outputs, Indicators and targets			
Output 1.1: Demand for high-quality integrated sexual reproductive and newborn health services is increased • Percentage of health facilities in four selected provinces with the capacity to	Output 2.1: Adolescent and youths' capacity strengthened to actively participate in economic, social, cultural and	Output 3.1: Multisectoral integrated assistance to women and girls affected	Output 4.1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy is strengthened

<p>provide basic emergency obstetric care services. Baseline: 21; Target: 60</p> <ul style="list-style-type: none"> • Number of obstetric fistula repairs supported by UNFPA Baseline: 1,737; Target: 3,200 • Percentage of new users in modern contraceptive methods in selected provinces. Baseline: 34; Target: 44 • Percentage of pregnant women being tested for HIV during antenatal care in selected provinces Baseline: 90; Target: 94% <p>Output 1.2: Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened</p> <ul style="list-style-type: none"> • Percentage of health facilities with no stock-out of contraceptives at any given time Baseline: 23; Target: 60 • Percentage of institutional maternal deaths with causes reported. Baseline: 5; Target: 90 <p>Output 1.3: Capacity of communities, government, and civil society to build resilience is strengthened</p> <ul style="list-style-type: none"> • Number of districts with gender-sensitive contingency plans in place Baseline: 0; Target: 20 	<p>political development</p> <ul style="list-style-type: none"> • Number of adolescents and youth organizations actively engaged on premature marriage and sexual abuse prevention at national level. Baseline: 4; Target: 20 • Implementation rate of the first Action Plan of United Nations Inter-Agency Network for Youth Development. Baseline: 0; Target: 75 • Implementation rate of the annual Action Plans for the Universal <p>Periodic Review recommendations on adolescent and reproductive health issues. Baseline: 0, Target: 50</p> <p>Output 2.2:</p> <p>Output 2.2 Increased demand for access to quality adolescent sexual and reproductive health and HIV prevention services</p> <ul style="list-style-type: none"> • Percentage of young people aged 15-24 who have comprehensive knowledge about sexual and reproductive health and HIV-AIDS prevention. 	<p>by gender-based violence enhanced</p> <ul style="list-style-type: none"> • Number of Integrated Assistance Centres with all four functions operational. Baseline: 2; Target: 7 • Percentage of reported cases of gender-based violence that are followed up through the multisectoral mechanism 'ficha única' Baseline: 10; Target: 100 	<ul style="list-style-type: none"> • Number of gender-sensitive social and economic plans at national ministry level available Baseline: 15; Target: 21 • 90 per cent of nationally selected SDG indicators are regularly updated. Baseline: No; Target: Yes • Number of thematic analyses that reflect key population dynamics for policy development Baseline: 1; Target: 3 <p>Output 4.2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced</p> <ul style="list-style-type: none"> • Implementation rate of the National Demographic Dividend Roadmap Baseline: 0 ; Target: 70
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UNFPA Mozambique 9 th CP Intervention Areas

<p>Interventions for output 1.1: (a) scaling up community-based health services and rights-based family planning; (b) rolling out social and behaviour change communication programmes engaging communities to address social norms and cultural practices that limit equitable access to sexual and reproductive health services and rights; (c) training health-care providers for effective planning, delivery and monitoring of high-quality integrated sexual reproductive health services, focusing on family planning, emergency obstetric care, fistula repair,</p> <p>HIV prevention and health-sector response to gender-based violence through multisectoral assistance.</p>	<p>Interventions for output 2.1: (a) training adolescent girls who are participating in safe spaces in selected provinces; and (b) supporting youth associations for strategic advocacy, policy analysis and social mobilization interventions, and facilitating participation of young people in development processes.</p> <p>Interventions for output 2.2:</p> <p>(a) supporting the development of a</p>	<p>Interventions for output 3.1: (a) improving services implementing pre- and in-service training programmes of integrated service providers from the Ministry of Justice, Ministry of Gender, Children and Social Actions, Ministry of Health and Ministry of Internal Affairs for prevention, treatment and rehabilitation of sexual and gender-based violence; (b)</p>	<p>Interventions for output 4.1: (a) strengthen capacity of the national statistical system to create a vibrant data ecosystem to undertake data generation, in-depth analysis and utilization of disaggregated data; (b) support the 2017 Population and Housing Census to meet international standards for data integrity; (c) promote evidence-based policy development by producing a set of vulnerability studies and thematic analyses; and (d) support the establishment of a national monitoring framework for the Sustainable Development Goals.</p> <p>Interventions for output 4.2:</p> <p>(a) facilitating a series of rights-based policy dialogues on youth and population dynamics; (b) devoting evidence-based</p>
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<p>Interventions for output 1.2:</p> <p>(a) supporting development of a national investment case for reproductive, maternal, newborn, child and adolescent health; (b) modernization of supply chain management information systems to improve reproductive health commodity security; (c) advocating for national resource allocation for family planning; (d) strengthening the maternal death surveillance and response system; and (e) reinforcing the quality of midwifery training systems in provinces with the lowest ratio of maternal and child health nurses.</p> <p>Intervention for output 1.3 (a) strengthening emergency operational capacity of health actors and community-based organizations to provide integrated sexual reproductive health services, including prevention of and response to gender-based violence, in emergency settings; (b) supporting the development of integrated gender responsive humanitarian contingency plans in vulnerable districts; and (c) promoting and supporting youth initiatives to play an active role in resilience building at community level.</p>	<p>National Adolescent Health Strategy;</p> <p>(b) promoting evidence-based social and behaviour change communication interventions to address social norm barriers to adolescent sexual and reproductive health and rights; (c) scaling up youth friendly integrated sexual and reproductive health services nationwide and peer-to-peer education targeting out-of-school adolescents; (d) monitoring implementation of sexual education curricula in primary and secondary schools; and (e) operationalizing a multisectoral coordination mechanism for implementation of the national strategy to prevent and eliminate early marriage.</p>	<p>improving the coordination mechanisms of DP/FPA/CPD/MOZ/ government agencies, including local authorities, and civil society on gender equality and gender-based violence response; and (c) providing support toward operationalization of integrated service centres for gender-based violence survivors and implementation of ‘ficha única’.</p>	<p>advocacy for integration of youth development issues in sector policies, programmes and budgets frameworks; (c) leading public awareness campaigns on population trends and demographic impact on national development; and (d) supporting the development and implementation of a national roadmap for the demographic dividend</p>
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The following table highlights the changes in the Mozambique 9CP from the 8CP.

Table 3.2: Mozambique 9CP and 8CP Outputs and Programme Component Areas

9 th Country Programme 2017-2020 Ext into 2021			8 th Country Programme 2012-2015 Ext into 2016	
Strategic Area	Outcome	Outputs	Strategic Outcome Area	Outputs
Sexual and Reproductive Health		<p>Output 1: Demand for high-quality integrated sexual, reproductive and newborn health services is increased</p> <p>Output 2: Health and financing policies, data generation and use, community and midwifery workforces and commodities security of the health system are strengthened</p> <p>Output 3: Capacity of communities, the Government and civil society to build resilience is strengthened</p>	Reproductive Health and Rights	<p>Under governance in UNDAF RRF</p> <p>Output 1: Increased political support for legislation and policies to realize the human rights of youth and women</p>

Adolescents and Youth	Output 1: Adolescent and youth's capacity strengthened to actively participate in economic, social, cultural and political developments Output 2: Increased demand for adequate access to adolescent sexual reproductive health and HIV prevention services	Not a separate thematic area, addressed in RHR	
Gender equality and women's empowerment	Output 1: Multisectoral integrated assistance to women and girls affected by gender based violence enhanced	Gender equality	Under governance in UNDAF RRF Output 2: Increased effectiveness of national systems to mainstream gender issues
Population Dynamics	Output 1: National capabilities to collect, analyse and use high-quality data in poverty, deprivation and inequalities to inform economic policy are strengthened Output 2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced	Population and Development	Output 3: Improved availability, analysis and use of disaggregated data for development planning, particularly to reduce disparities at the district level

The 9CP builds on the previous CP, the main overarching developments at output level being:

- i) The addition of adolescents and young people (AYP) as a separate thematic area from SRHR. Reproductive health and rights is reframed as sexual and reproductive health, with a rights focus integral throughout. HIV prevention is specifically mentioned in relation to AYP in the new CP.
- ii) The 8CP document explicitly places the UNFPA contribution within the UNDAF RRF, whereas the 9CP document does not (although the 9CP is fully aligned with UNDAF).
- iii) Gender equality has been renamed gender equality and women's empowerment, with a specific output on addressing gender based violence (GBV), whereas the 8CP had a broader gender focus.
- iv) Narrowing the population focus to population dynamics, with the main emphasis at output level on national capacity as opposed to reducing disparities between districts.

In addition, the geographic focus expanded with projects in seven provinces instead of four (see the map), and with the opening of further provincial offices. During the 9CP humanitarian crises required far greater attention, one of the reasons for expansion, and this will be strengthened further in the 10CP.

3.2.3 The Country Programme Financial Structure

The proposed assistance cited in the 9CP Country Programme Document of July 2016 is indicated below.

Table 3.3 Proposed Indicative Assistance in Millions of US\$

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	6.0	8.5	14.5
Outcome 2	Adolescents and youth	2.8	7.2	10.0
Outcome 3	Gender	1.4	3.0	4.4
Outcome 4	Population dynamics	4.0	6.0	10.0
Programme coordination and assistance		1.2	-	1.2
TOTAL		15.4	24.7	40.4

In February 2020, the programme was extended to 2021 to align with the extension of United Nations Development Assistance Framework (UNDAF)¹²⁶ and the new National Five-year Plan 2021-2025. UNFPA will utilise the extension period to adapt interventions in the context of Covid-19 and the humanitarian crises.¹²⁷ The extension requires additional regular resources of USD 3.18 million including USD 0.27 million for programme coordination and assistance, and programme resources from other resources totalling USD 15 million.

The indicative assistance for the 9CP was lower (at USD 40.1 million) than indicative assistance for the previous CP (at USD 44.0 million), with the main change being a reduction in other resources, which decreased by USD 3.3 million. Total expenditure by thematic area is provided in the figures below, SRH including humanitarian expenditures, followed by the evolution of expenditure over the course of the CP to end of 2019 by thematic area.¹²⁸ The actual budget and expenditures during the 9CP greatly exceeded the indicative assistance, and total expenditures against budget increased during the CP. While successful efforts to raise non-core funding were important, the huge increase in non-core funding related in part to donors ceasing direct government funding after the hidden debt finding (see Chapter Two). Overall, in 2019 alone, core expenditures amounted to around USD 3 million compared with non-core expenditures of over USD 20 million.¹²⁹

Figures 3.1 a and 3.1 b: Total Funding against Expenditure, and Evolution from 2017-2019

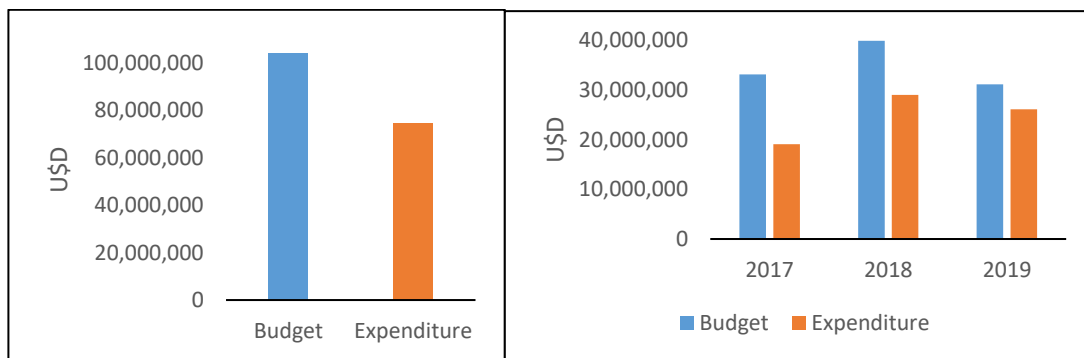
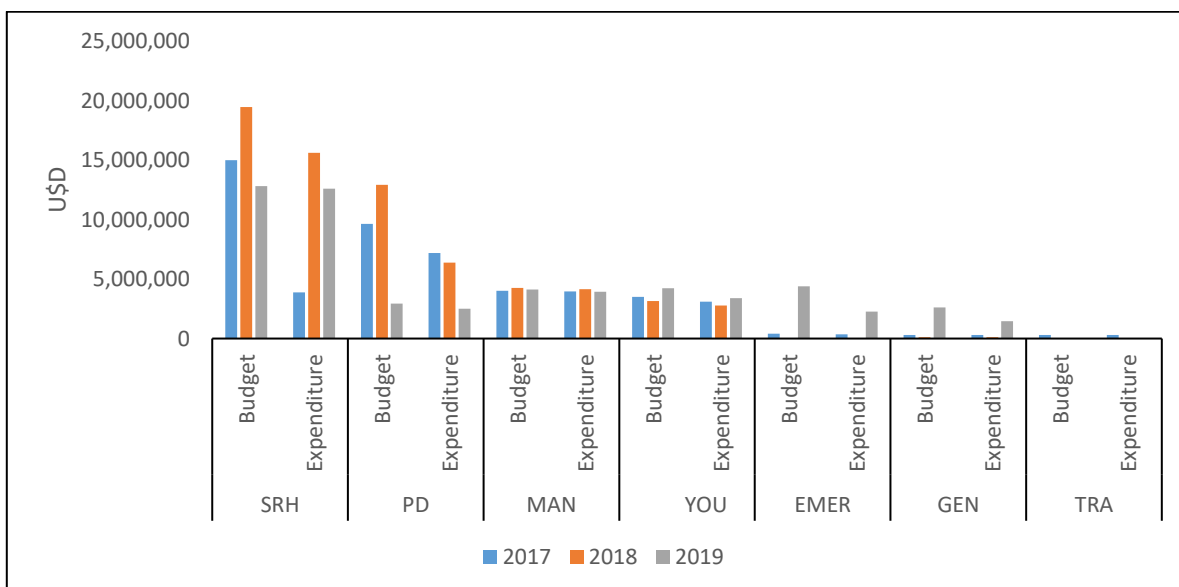


Figure 3.2.a Budget and Expenditure by Thematic Area and by Year 2017-2019



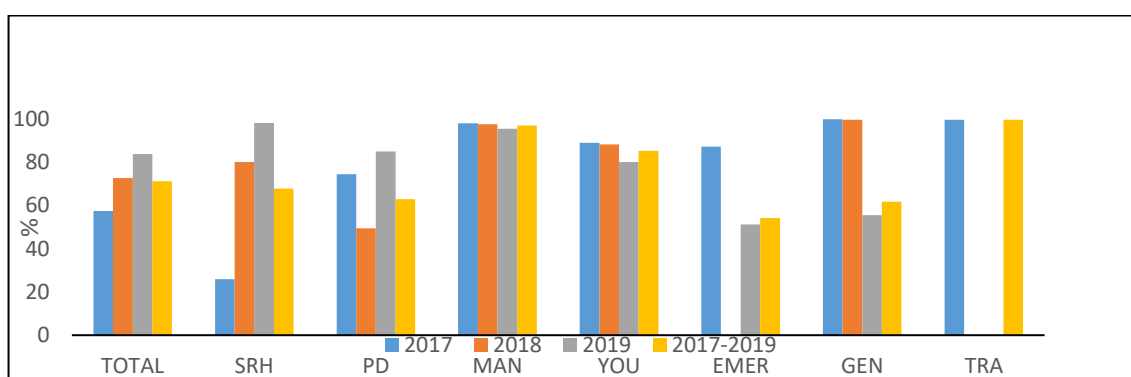
¹²⁶ Terms of Reference for Mozambique CPE 2020.

¹²⁷ UNFPA Submission Form for Country Programme Extensions, Annex II.

¹²⁸ Sexual and reproductive health, population dynamics, management, adolescents and youth, the humanitarian/emergency response, gender and transversal.

¹²⁹ <https://www.unfpa.org/data/transparency-portal/unfpa-mozambique> accessed 1 Feb 2021

Figure 3.2.b Evolution of percentage budget execution by thematic area from 2017-2019



The budget utilisation rates have steadily increased from a low of 58 percent in 2017 to 84 percent in 2019 (see annexes for details), with 2020 data not yet available to the consultants. Total expenditures on SRH are higher than on all other thematic areas combined, and include emergency spending. The apparent under-expenditure in 2017 against SRH reflects the Netherlands funding for the My Choice programme, which (KI informants) was provided up front for all procurement over a four-year period, with annual reporting, thus in fact reflecting high expenditure for the year. The under-expenditure on gender in 2019 reflects a massive increase in funding (from the EU for the Spotlight Initiative) compared with previous years, and insufficient staff complement prior to office realignment to expend the resources. The under-expenditure on the emergency situation was also attributed (KI interviews) to insufficient staff capacity until the Surge modality facilitated staff recruitment and a higher level of implementation and expenditure. Within population dynamics, under-expenditures were linked to delayed disbursement for census activities, with some activities also delayed because they were dependent on release of census results (which were not available). Activities stepped up in 2019 and 2020. Regarding emergencies, these mainly arose in 2017 and 2019, hence the lack of expenditure in 2018. Overall, the total expenditures can be considered fairly high given the huge increase in non-regular resources and need to expand the staffing complement to administer them. Financial data for 2020 were not yet available at the time of the CPE.

The UNFPA website (<https://www.unfpa.org/data/transparency-portal/unfpa-mozambique>) provides further detailed current and past information regarding relative expenditures on different programming areas and in relation to government and other agency financing regarding its areas of mandate.

Chapter Four: Findings

4.1. Relevance and Responsiveness

4.1 To what extent is the country programme aligned to: Priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, the New Way of Working and the Grand Bargain; the strategic direction and objectives of UNFPA; national development strategies and policies; and the needs of diverse populations, including the needs of marginalized and vulnerable groups; and how far has programming demonstrated responsiveness to changing population needs and priorities, or to urgent requests of country counterparts?

Summary

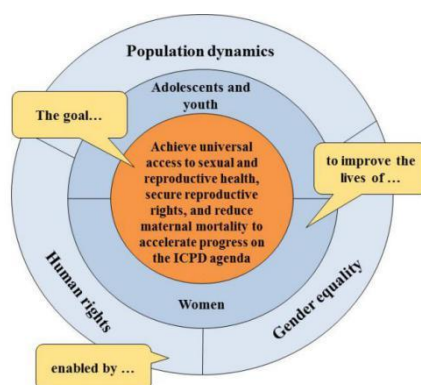
The 9CP is fully aligned with international frameworks and agreements and with UNFPA global strategic direction and objectives. It is also fully aligned with national priorities in all its thematic areas, and addresses the needs of diverse populations. However, there is a need to strengthen the reach to some of the most marginalised and vulnerable. Responsiveness to partner requests and changing population needs has been demonstrated across the programme, particularly with regards to the humanitarian situations arising from climate extremes, and the insurgency in Cabo Delgado. UNFPA was also responsive in expanding and revising office capacity in line with greatly increased funding and operational and technical needs to support government and civil society. Key informants appreciated the flexible UNFPA Covid-19 response, despite increased challenges in communications.

4.1.1 International Frameworks and Agreements and UNFPA Strategic Direction

The 9th Country Programme (9CP) of UNFPA in Mozambique is fully aligned with international frameworks, conventions and agreements in all areas of its mandate. The 9CPD is fully aligned with the International Conference on Population and Development (ICPD) Programme of Action, and the Sustainable Development Goals 2016-2030, especially SDG 3 on health and well-being and SDG 5 on gender equality and the empowerment of women and girls (see Chapter Two for achievements against these and wider goals). Although challenges remain in UNDAF,¹³⁰ UNFPA Mozambique works jointly with other UN partners as One UN, the country having been a pioneer of the UN delivering as one, that is, UN collaboration to strengthen accountability, transparency and effectiveness. The CO operates in line with the New Way of Working (NWow) in which each agency uses its comparative advantage to pursue common, long-term outcomes of reduced needs, risks and vulnerabilities, with extensive joint programming (see EQ 2 and EQ 5). The CO also espouses the Grand Bargain between major donors and development actors to empower people in need with greater access to resources.

The 9CP is also fully aligned with the strategic direction and objectives of the UNFPA Strategic Plan 2018-2021 highlighted in the bull's eye, with the transformative goals of ending preventable maternal deaths, unmet need for family planning, and harmful gender practices, and with the four UNFPA global strategic outcomes (Section 3.1).

Figure 4.1: UNFPA Bull's Eye



All UNFPA COARs¹³¹ identify which strategic outcome and output(s) the programme outputs support. The Strategic Plan endorses lower-income countries such as Mozambique to apply all five modes of engagement at the national and/or sub-national levels, and the 9CP utilises all five (see the results framework in Chapter Three). They are: (a) Advocacy and policy dialogue; (b) Capacity development; (c) Knowledge management; (d) Partnership and coordination, and (e) Service delivery. All are highly relevant in the context of Mozambique.

¹³⁰ United Nations Development Assistance Framework; see EQ 5 regarding challenges

¹³¹ Country Office Annual Reports

The 9CP is also fully aligned with the Constitution, Vision 2030, national development plans, laws, policies, plans and strategies regarding development priorities for health and welfare, young people, gender concerns and population data needs. These are addressed within the thematic areas below.

4.1.2 Responsiveness of the Programme

During the 9CP the emergence of hidden government debt in 2016, and the withdrawing of international aid on which the government is heavily dependent, led to donors channeling financial assistance through UN agencies and civil society to assist the government to achieve its development objectives. UNFPA (and others) have responded to the urgent need by expanding their institutional capacity to manage greatly increased funds, and being accountable to donors and providing financial as well as technical support to government and civil society for programme implementation. Several key informants and document review indicated that rapid office expansion and managing the greatly increased operational and technical responsibilities have remained challenging throughout the 9CP, however, as addressed in EQ 3 and in the previous chapter.

In all thematic areas, key informants and documentation indicate that UNFPA has demonstrated responsiveness to emerging requests, policies, plans and opportunities for strengthened engagement, including involvement in, for example, the multi-country programmes of the Spotlight Initiative (on gender based violence, GBV) and the international programme to end child marriage, as well as the joint programme Rapariga Biz for adolescent girls that has built on the lessons learned and achievements of previous programming. Most importantly, UNFPA showed a strong response to the emerging humanitarian situations in parts of the country, both the insurgency in Cabo Delgado and internally displaced populations (IDPs) affected by drought or the cyclones, contributing in its thematic areas to the overall response and using the Surge modality for rapid deployment. The agency was lauded in the CPE for its responsiveness in supporting local civil society organisations, providing minimal initial service packages, and contributing to coordination of the response through deploying staff in the humanitarian area and assisting the National Directorate of Public Health to coordinate the overall response.

Gaps remain, however, in the extent of the humanitarian response to GBV among IDPs, among whom girls and women are at heightened risk, and in addressing HIV prevention in IDPs. A challenge is that in humanitarian crises, addressing sexual and reproductive health and rights is not the first priority expressed by populations in need of food and shelter and other basic needs. More is needed, also, for a sustained, long-term response to humanitarian situations. EQ 2 elaborates further on the effectiveness of the contributions of UNFPA to the humanitarian crises, and EQ 4 on sustainability, given that the insurgency is a long-term and changing dynamic, and further climate-related crises are highly likely given global climate change.

In 2020, UNFPA had to adapt along with all partners to the exigencies of the Covid-19 pandemic, with staff operating from home and challenges to communications and outreach for mentor groups and other direct community service provisions. UNFPA HQ issued guidelines to follow, and UNFPA in Mozambique was commended by various key informants for its flexibility regarding community services and changing ways of operating. Respondents indicated also that UNFPA collaborated with WHO, UNICEF, the World Bank and CDC¹³² to develop the UN Mozambique Plan in support of the Health Sector Covid-19 Preparedness and Response. For example, UNFPA introduced an e-voucher system as part of a broader strategy to reach more vulnerable girls and women during Covid-19 as part of wider efforts to increase their access to critical SRH- and GBV-related support.

4.1.1.2 Sexual and Reproductive Health and Rights

The contribution of UNFPA to sexual and reproductive health and rights (SRHR) is fully relevant to government priorities to increase access to and uptake of family planning (FP), reduce the high rate of preventable maternal deaths, prevent the sexual transmission of HIV, achieve equitable access to quality SRH services, and prevent and repair obstetric fistula. It is highly relevant to the Mozambique commitment to the goals of FP2020 to increase the prevalence of modern FP methods in the country, including the uptake of FP among vulnerable adolescents. UNFPA 9CP has undertaken interventions in SRH in line with the Government five-year programme (Programa Quinquenal do Governo) 2015-2019 pillar on human capital development and Health Sector Strategic Plan (HSSP) 2014-2019. UNFPA was also an active player in supporting the policy and strategy development through technical and financial assistance during the 9CP supporting the development of the investment case for reproductive, maternal, neonatal, child and adolescent health (RMNCAH), the Strategic Plan for Prevention and Control of Sexually Transmitted Infections (2018-2021), Acceleration Plan for Elimination of Vertical transmission of HIV and Syphilis (2018-2020), and the Operational Expansion Plan for the use of Subcutaneous Injectable Contraceptive (DMPA, 2019). Of great importance, also, has been the responsiveness of UNFPA to the humanitarian crises caused by the insurgency in the north and the two cyclones, as addressed above.

¹³² The Centers for Disease Control of the USA

As well as supporting policy, strategy and guideline development, interventions for SRHR have included capacity development, service provision, data and knowledge management and coordination. Through its interventions UNFPA was highly relevant to and supportive of the needs of government and civil society partners to deliver on SRH services. For example, UNFPA supported technically and financially the pre-service training of MCH nurses, and training of doctors, general practitioners and MCH nurses in emergency obstetric and neonatal care (EmONC) to build staff capacity. To strengthen service provision, the agency procured 50 percent of contraceptive requirements as well as SRH equipment, and expanded service coverage for SRH, including in humanitarian contexts, and with adolescent girls and young women through the My Choice programme. UNFPA also contributed to knowledge management, for instance by providing technical assistance for the analysis and reporting on maternal mortality by the National Committee of Maternal Mortality and assisting the Maternal and Child Health (MCH) Department at the MoH to perform the SRH data analysis and elaboration of the annual report (KIs). Regarding coordination, UNFPA joined MoH in co-chairing the SRH/MCH Technical Working Group under the Sector Wide Approach (SWAP), also reported by KIs as a highly appreciated and relevant activity to promote effective planning and programming.

Nonetheless, in terms of leaving no-one behind, UNFPA needs to strengthen its focus on HIV prevention in SRH integration, particularly among the most vulnerable such as sex workers and LGBTI populations, and to support a sufficiently comprehensive response to GBV, particularly in IDPs where girls and women are at heightened risk.

4.1.1.3 Adolescents and Youth

Chapter Two highlights challenges facing the substantial youth cohort regarding education, capacity development, poverty and finding employment, and the risk of the country failing to reap the benefits of the demographic dividend of a young population structure. The UNFPA focus on strengthening young people's capacity for active engagement in economic, social, cultural and political life (Output 2.1) is highly relevant. Given high rates of teen pregnancy and of child marriage, and a serious HIV epidemic, it is of great importance to address increased demand for and access to adolescent sexual and reproductive (ASRH) services and HIV prevention services (Output 2.2). The needs of adolescent girls and young women (AGYW) are exacerbated by prevailing gender inequality and inequity in all spheres, and now worsened by Covid-19, making it essential to ensure gender mainstreaming in all areas of programming and to prioritise addressing their needs, including to reduce GBV.

The legal and policy environment in Mozambique endorses the rights of young people to access SRH information and services, through the 2013 National Youth Policy, although this needs to be updated in line with more recent strategic developments. The National Youth Health Strategy was developed in 2019 with UNFPA technical and financial support, to strengthen action for young people. The Ending Child Marriage Law was passed in July 2019, also with UNFPA support. Regarding education, during the 9CP government has decreed that the Ministry of Education allow pregnant girls to attend school during the day, whereas previously they had only been allowed to attend evening classes. Young mothers may return to school, and UNFPA helped mobilise civil society to make this an acceptable choice, which was an essential contribution to making the policy effective. As noted, policies support unrestricted access of young people to family planning and other SRH services,¹³³ but uptake remains low and it is highly relevant that UNFPA addresses both demand and access.

The approach of UNFPA to young people is thus highly relevant and in line with government and population priorities. However, with respect to reaching the most vulnerable, key informants, including mentors from Coalizao, indicated that young people with disabilities need to be reached to a greater extent (see EQ2) as they have not yet been effectively reached because of reasons of mobility and access, and the lack of materials in braille. The Rapariga Biz mentorship programme is reported by KIs to be primarily in urban and peri-urban areas rather than in remote areas of districts, and resources are needed to expand it more widely, including to reach more young women with disabilities with appropriately tailored approaches. Finally, documents and KIs indicated that UNFPA has not sufficiently addressed adolescents exploited in sex work, or as young men having sex with men,¹³⁴ transgender or non-binary young people (or older LGBTI¹³⁵ populations), despite UNFPA being the UNAIDS lead on prevention of sexual transmission of HIV. Also, there were indications from several KIs that HIV is not as fully addressed within GBV programming with young people as it could be, although Rapariga Biz does integrate HIV prevention.

4.1.1.4 Gender Equality and Women's Empowerment

The contributions of UNFPA towards gender equality and women empowerment (GEWE) have been highly relevant and responsive to government needs regarding capacity development and data management in the health, women, gender, social action and police sectors in support for GBV service provision. The Ministries of Women, Gender and Social Action (MGCAS) and Health (MISAU) are the core line ministries with which UNFPA works at both national and sub-national levels for GEWE. The GEWE focus of UNFPA is fully aligned and responsive to national policies (National Gender Policy, 2018, National Plan

¹³³ Adolescent Health Program in the Health Sector Strategic Plan 2014-2019.

¹³⁴ Men who have sex with men are at high risk for HIV if they engage in unprotected anal intercourse (as are heterosexual couples).

¹³⁵ Lesbian, gay, bisexual, transgender and intersex

to Prevent and Fight GBV, 2018-2021, National Action Plan to Respond to GBV in the Health Sector, 2019-2022, Multisectoral Mechanism of Integrated Care for Women Victims of Violence, 2012) and laws (Domestic Violence Law, 2009). UNFPA support includes technical, material and financial contributions to the GBV integrated response services.

In support of the implementation of the GoM Multisectoral Mechanism of Integrated Care for Women Victims of Violence, UNFPA has been funding the establishment and rehabilitation of the Center of Integrated Care (CAI) and training of service providers (document review, KI interviews). KI interviews and focus group interviews with primary beneficiaries, or rights holders (GBV survivors), and secondary beneficiaries (duty bearers who were trained) were unanimously positive about the relevance and importance of UNFPA support. In addition, UNFPA supported the creation of a GBV online platform, *Info violencia*, to compile GBV information into one instrument in line with the integrated mechanism and to strengthen efficiency in follow up. This is elaborated in EQ2.

In line with leaving nobody behind, UNFPA selected provinces and districts for support based on high indicators for GBV (KI interviews, document review). However, respondents indicated that more is needed to ensure access to and uptake of such services by some of the most vulnerable, such as people with disability, people in more remote locations, and female sex workers, all of whom may be at higher risk of GBV. The UNFPA focus is more on building service provider capacity than directly on building capacity in the most needy rights holders, although people with disabilities are reported to have priority when seeking treatment. The CPE did not explore how far awareness work prioritises the most marginalised populations.

4.1.1.5 Population Dynamics

The 9CP support for population dynamics is focused on the production and dissemination of high-quality demographic data and its use for policy-making and programming. This component is therefore aligned with the strategic plans for the National Statistical System (SEN) (20013-2017¹³⁶ and 2020-2024¹³⁷) through the strategic axis 3: governance and coordination of SEN, reinforcement of the capacity building of SEN, improvement of coverage and quality of the statistics production and improvement of dissemination and use of official statistics and promotion of statistical culture. UNFPA support for the census and other statistical operations, and the capacity building and development of the National Institute of Statistics (INE) and the Ministry of Economy and Finance (MEF), is also fully aligned with data needs and in-depth analysis of available data for evidence-based decision making and implementation of country strategic development documents, such as: the Population Policy¹³⁸ and its revision; national gender policies, plans and programmes (see section 4.1.1.4); and adolescent and youth policies, plans and strategies (e.g. the National Youth Policy¹³⁹ and the strategy on child marriage¹⁴⁰).

UNFPA technical and financial support for capacity building of human resources at central and provincial level and the production of desegregated statistics for the sub-national level are relevant for INE's priorities in provision of quality official data for development including the production of territorial statistics and to create capacity at the district level for local statistical production (document review and KI interviews with IPs). The support to generate geo-referenced census data and production and placement of population information boards at the provincial borders are highly relevant for local development planning, which is aligned with the country strategy to make the district the base for planning (KI interviews with IPs).

Finally, UNFPA responded to the data needs in humanitarian contexts in several respects, outlined in section 4.2.4.

¹³⁶ Plano Estratégico do Sistema Estatístico Nacional 2013-2017.

¹³⁷ República de Moçambique, 2019, Plano Estratégico do Sistema Estatístico Nacional 2020-2024.

¹³⁸ Conselho de Ministros, 1999, *Política de População, Resolução N° 5/99 de 13 de Abril*.

¹³⁹ Resolução n° 16/2013 de 31 de Dezembro Aprova a Política Nacional da Juventude e revoga a resolução 4/96, de 20 de Março

¹⁴⁰ Conselho de Ministros, 2015, *Estratégia Nacional de Prevenção e Combate dos Casamentos Prematuros em Moçambique (2016-2019)*.

EQ 2 Effectiveness and Coverage

Summary

UNFPA generally achieved a high level of coverage of its intended outputs across all thematic areas, though this was lower in the extensive programme on SRHR. The results chains across thematic areas were not entirely logical or robust in the alignment of outcomes and outputs and interventions, and between thematic areas, leading to some missed opportunities for synergies and lessons learned, given that thematic teams appear to work largely in silos. However, all interventions were relevant to the overall mandate of UNFPA and were appreciated by stakeholders. The response to the humanitarian situation was also appreciated and important, despite some limitations. It lacked a cohesive strategy and has not yet been strengthened to address longer-term needs.

4.2.1.a To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) and coverage of the country programme, and reduced barriers to access, with regards to increased access to and use of integrated sexual and reproductive health and HIV prevention services, including systematically reaching the most vulnerable, marginalized and disadvantaged? b. To what extent has UNFPA contributed to improved emergency preparedness and response to humanitarian crises in Mozambique in the areas of its mandate, and to longer-term development goals and capacity development of local and national actors in the humanitarian/development nexus in Cabo Delgado?¹⁴¹

Summary

Overall, the performance of UNFPA for SRHR is positive and extensive, including responding to country priorities to reduce maternal morbidity and mortality and strengthening the Ministry of Health's capacity for SRH services. There is marked improvement over time in uptake of family planning, institutional deliveries, and availability of skilled human resources for SRH, although quality assurance is insufficiently addressed. The rapid response to the humanitarian crisis was also appreciated but needs a coherent strategy and appropriate staffing structure.

4.2.1 Sexual and Reproductive Health and Rights

The 9CP aimed to achieve three outputs in the area of sexual and reproductive health and rights, SRHR, as identified in the table below.¹⁴² UNFPA has been a key actor supporting the Ministry of Health (MoH) to increase coverage and use of high-quality SRHR services across different areas of SRH need. The table summarizes the achievements against baselines and targets by year to the end of 2020. Although other limitations are noted regarding the implementation of the CP, as addressed below, the evaluators explored but did not find any evidence of unintended consequences of the SRHR programme at community, sub-national or national levels. On the contrary, primary and secondary beneficiary interviewees, in particular, commented favourably on UNFPA programming to address their needs.

A significant gap in the overall focus, however, is the very limited focus on HIV prevention with no specific focus on key populations, and the main focus being only on HIV testing in pregnant women in order to prevent vertical transmission. The adolescents and youth thematic area does go further regarding HIV prevention in young people, however, although young members of key populations are not specifically addressed.

¹⁴¹ These two questions are addressed together, because the humanitarian response is placed as the third output area of the thematic team on sexual and reproductive health and rights within the results framework of the 9CP.

¹⁴² UNFPA Country Programme Document for Mozambique, July 2016 and COARs.

Table 4.1: Outcomes and Output Achievements for Sexual and Reproductive Health and Rights

Outcome 1: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access							
Outcome Indicators	CPD Base-line	CPD Target	Achieved				Progress against targets
			2017	2018	2019	2020	
Institutional delivery coverage	74	80	N/A	84.9	84.8	N/A	Exceeded
Unmet need for family planning	28.5	18	24	23.3	22.8	N/A	Not on track
Percentage of national financing of family planning commodities budget	0	15					Data not availed¹⁴³
Modern contraceptive rate	11.3	34	30.4	33.5	35.6	N/A	Achieved
Output 1.1 Demand for high-quality integrated sexual, reproductive and newborn health services is increased							
Percentage of health facilities in four selected provinces with capacity to provide basic emergency obstetric care services	21	60	38	42.8	43.6	50	Not on track, target revised down from 80¹⁴⁴
# of obstetric fistula repairs supported by UNFPA	1,737	3,934	578	927	731	685	Total 2,921 Not on Track
Percentage of new users in modern contraceptive methods in selected provinces	34	44	39	43	40	42.6	Nearly achieved
Percentage of pregnant women being tested for HIV during antenatal care in selected provinces	90	94	95	94	95	98.9	Exceeded
Output 1.2 Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened							
Percentage of health facilities with no stock-out of contraceptives at any given time	23	60	41	41	35	35	Not on track
Percentage of institutional maternal deaths with causes reported	5	90	35	90	84	92	Achieved
Output 1.3 Capacity of communities, government, and civil society to build resilience is strengthened							
# of districts with gender-sensitive contingency plans in place	0	20	7	12	20	30	Exceeded

¹⁴³ Attempts by the evaluation team to secure these data were unsuccessful, and it was unclear whether they are available or not.

¹⁴⁴ Adjustments made in extension to 2021, (Appendix to CPD).

The SRHR thematic area has four outcome level indicators, for which data were available for three. Although the modern contraceptive rate is on track against the indicator, the unmet need for family planning is not sufficiently addressed. Family planning (FP) is a key component of UNFPA's support to MoH in adopting policies and strategies, as well as contraceptive procurement and logistics, but the output targets for FP were not achieved. Regarding the coverage of institutional births, the baseline was established from IMASIDA 2015 data, however the coverage reported here refers to data from the MISAU Health Information System (SISMA), and the delivery coverage exceeds the target set for the time frame. It is important for the next cycle to consider quality of service indicators in order to understand better the outcomes of pregnancy (morbidity and mortality). Reasons for achievement or non-achievement of targets are discussed in the following sections on the three outputs. In 2020, the Covid-19 epidemic made all activities more challenging. Data were not available on the outcome indicator on national financing of the contraceptive budget but, throughout the 9CP, UNFPA continued to procure 50 percent of national contraceptives. Notably, there is no specific output or output measure to address key populations regarding HIV prevention, despite the high HIV burden in the country and the mandate of UNFPA in the UNAIDS Division of Labour to address key populations. This is clearly a gap that needs to be addressed in the next CP.

The results chain logic is not sufficiently strong, although all outputs and indicators are relevant to the overall outcomes. For example, Output 1.1 refers to demand for high-quality services, but the first indicator measures service provision. The second output, which is very broad, is addressed by only two narrow indicators that do not substantially measure the output as stated. The indicator under Output 1.3 merely enumerates districts with gender-sensitive plans in place, which is a relevant but limited measure of community, government and civil society capacity for resilience, and the output itself should indicate resilience to what. Serious humanitarian crises have occurred during the CP and will continue, and the next CP should have a clearly articulated output and indicators to measure progress in addressing the needs. Notably, milestones measured in the annual reports do provide some more strategic indicators to consider in formulating the next CP results framework. Finally, just as there is inconsistent logic between the outputs and the indicators, inconsistencies also arise in the many interventions undertaken to address each output, for instance in relating to demand for services or to aspects of strengthened service provision. Collectively, however, all are relevant to the overarching outcome and to the combined outputs.

Output 1.1: Demand for high-quality integrated sexual, reproductive and newborn health services is increased

Although there is inconsistency in the interventions noted to address each output (as indicated above), the results framework includes three interventions to address Output 1.1. These are: scaling up community-based health services and rights-based family planning; rolling out social and behaviour change communication (SBCC) programmes engaging communities to address social norms and cultural practices that limit equitable access to SRHR; training health care providers for effective planning, delivery and monitoring of high-quality integrated SRH services, focusing on family planning, emergency obstetric care, fistula repair, HIV prevention and the health sector response to gender based violence through multisectoral assistance. Clearly the interventions are not all addressing demand, but strongly focused on improving the quality of health services (which might, indirectly, also contribute to raising demand), and three of the four output indicators do measure demand.

UNFPA supported the Government of Mozambique (GoM) participation in the 2017 Family Planning Summit in London, where the GoM re-affirmed its commitment to expand quality family planning and rights based community health services in line with FP2020 goals. Also in 2017, UNFPA supported the organisation of a national workshop on the integration of FP into other services, and on monitoring new approaches at community level.

The 9CP supported the implementation of two projects for community provision of contraceptives in Tete and Cabo Delgado provinces, My Choice and KIMCHI. The 2019 endline evaluation of KIMCHI, in Cabo Delgado, found significant achievements, increasing access to contraceptives at community level and the number of users. My Choice began in Tete and then expanded to Cabo Delgado (KI interviews, province reports and COARs). The My Choice programme, funded by the Netherlands Government, contributes to adolescent girls and young women's SRH by increasing the uptake and access to quality, youth-friendly and gender responsive SRH services and to build their knowledge and skills to exercise their rights in the programme areas in Tete. It also contributes to national contraceptive availability. In schools, UNFPA supported GoM with mobile school brigades to distribute oral and barrier contraceptives, reaching one-third of national secondary and technical schools in 2019 (COAR). Although the main targets were achieved at both national and provincial level, however, challenges remain (KIs, document review), such as identifying appropriate spaces in the schools to establish school health corners, drop out of mentors from the mentorship programme, and restrictions on the type of contraceptives availed within the school environment. An overall challenge has been insufficient supportive supervision and quality assurance of activities by lay community activists who had to assess eligibility for family planning methods and the possibility of adverse events. Challenges also arose in health facilities regarding limited capacity to forecast contraceptive demand, monitor availability of supplies, and avoid stocks outs. Strengthening supply chain management is essential in the next CP, particularly at health unit level (KI interviews). In addition, UNFPA will need to strengthen information sharing with the MoH at national level to build stronger ownership and likelihood

of scale up to other provinces (KI interviews). The target for new FP users has almost been fully reached at the end of 2020, but the target on reducing stock outs has not. One GoM commitment at the FP2020 summit in 2017 was the expansion of FP services into secondary schools to address adolescent needs. This has faced challenges, however, in low enrollment of girls at secondary level, and also negative perceptions of this intervention among caregivers (KI interviews, COARs).

Social and behavior change communication (SBCC) efforts during the 9CP, one of the planned interventions under the thematic area of SRH, barely features in the documents reviewed. It was indicated by the CO team not to have been significantly addressed within this thematic area beyond some online messaging through Twitter and Facebook, especially for adolescents. However, programmes under other thematic areas do address SBCC in adolescents and young people, and with survivors of gender based violence, GBV, have been considerable and are addressed within those areas.

In the 9CP, UNFPA undertook a variety of interventions to strengthen effective planning, delivery and monitoring of high-quality integrated SRH services. UNFPA supported 11 training institutions to provide pre- and in-service training of health care providers: more than 300 nurses from nine provinces in 13 courses, of which nine focused on initial maternal and child health (MCH) and four were more advanced MCH courses (KI, CO annual reports). UNFPA also supported training through the Tete Training Institute to improve the quality of midwifery in Tete, funded by the Government of Flanders with the technical assistance of Cuban health care providers. Technical and financial support was also provided for in-service training for MCH nurses and doctors in both basic and comprehensive emergency obstetric and neonatal care, EmONC. To minimize the impact of taking providers out of their work stations, UNFPA supported the MoH to revise and shorten EmONC training curricula with increased emphasis on practical training at work. In collaboration with WHO, the criteria for certification of preparedness for EmONC were finalized. To support RMNCAH¹⁴⁵ human resources for training, UNFPA upgraded the library, and also invested in creating an enabling and efficient learning environment by providing the 11 training institutions with anatomical models and IT equipment for their simulation labs. The MCH nurse curriculum was revised and updated with UNFPA support, and WHO standards to improve quality of services (KI, COARs).

Despite greatly increased training, deployment of newly graduated MCH nurses has been a challenge, however, due to the limited capacity of GoM to secure salaries to take on new staff. UNFPA needs to review possible complementary strategies to ensure value for money of its investments in human resources for SRH. Lack of post-training follow up has been another challenge, with inadequate quality assurance regarding how the performance of trained staff has improved (KI interviews). Training was reported to be viewed by some providers as more a source of additional income than an opportunity to improve their skills, a disappointing observation.

Progress on the indicator of the percentage of health facilities with maternity wards providing EmONC services has been slower than planned, with only 342 health facilities out of 784 facilities in the four priority provinces supported by UNFPA providing basic EmONC services by the end of 2019, 43.6 percent, and 50 percent by the end of 2020 (COARs). Services need to be available 24 hours a day, every day of the year, which is challenging for the national health system to achieve. Attention is needed as to whether better staffed health units with a larger catchment area can function as referral centres for remote populations where services are limited. UNFPA supported EmONC services further by being the main provider of EmONC kits at national level, acquiring 121 moto-ambulances in 2017 for emergency referral of pregnant women to health facilities (COAR) and, in 2018, and purchasing 51 ambulances for priority districts of RMNCAH. UNFPA has also procured around 50 percent of contraceptive commodities throughout the CP (COARS, KI interviews). Investments must also be directed towards improving the quality of services, and ensuring robust quality assurance measures.

UNFPA is the most active MoH partner regarding obstetric fistula (OF). Support has included training providers in OF repair and procuring fistula repair kits for hospitals. Between 2017 and the end of 2020, 2,921 women were treated for OF, over half through campaigns run by national and local providers. Despite this achievement, this was significantly below target because of lack of prioritization of elective OF surgery in the health facilities, possibly insufficient outreach work to reach stigmatized women in the community with existing OF for which they have never had treatment and, during 2020, fewer campaigns and numbers of surgeries per section because of Covid-19. A new development in 2020, however, supported by UNFPA, was to fund the main provincial surgeons to undertake OF surgery in the districts with on-the-job training of local surgeons. This approach will need further strengthening in the coming CP to ensure more OF surgery, reduce dependence on campaigns, reduce costs, and contribute to institutionalization and sustainability of OF (COAR, KIs). UNFPA has also successfully organised advocacy events to raise awareness of OF in the government agenda, including organising a national multi-sectoral OF meeting with more than 100 participants (pre-Covid-19), including civil society (KI Interviews, COARs). In addition, UNFPA supported

¹⁴⁵ Reproductive, maternal, neonatal, child and adolescent health

the development of Info-fistula, a real-time monitoring system to collect information on OF, with potential to be integrated into the HMIS¹⁴⁶ (COAR).

Three main challenges to the OF programme were identified by KIs and in documentation: the emphasis is primarily on repair, rather than integrating prevention and treatment; and the campaign approach is costly and unsustainable, and not conducive to effective post-surgical follow up with adherence to the technical guidelines. These issues need to be strategically addressed, with increased institutionalization of OF capacity in the health system, as well as greatly strengthened outreach and awareness generation around OF repair. The psychosocial needs of women with fistula need to continue to be addressed, as well as the medical ones, given that OF is a highly stigmatizing condition. Despite the challenges in scaling up OF programming, the benefits cannot be overstated, as indicated below.

‘I am very happy with my life, after having benefited from a fistula operation at the Montepuez Hospital. Before that I lived for almost a year losing urine without control, I lived sadly and away from people until one day in the hospital my cousin advised me to undergo treatment. I had a fistula operation, after the operation, following (the) doctor’s recommendation, I didn’t get pregnant for a year, but now I’m happy, I got pregnant again and I have my baby growing without any problems.

‘In my village, there are still other women who face this fistula problem. They are afraid to go to the hospital for fear of being operated on. I have been talking to them about my experience and some have already benefited from this treatment. I would like all women with this problem to be able to be treated.’

Beneficiary interviewed for CPE

With regards to HIV, the 9CP particularly emphasized antenatal HIV testing to prevent mother to child HIV transmission, PMTCT, and the target was exceeded. In general, HIV testing is widely available in health units. However, although UNFPA has the convening role within the UN on preventing sexual transmission of HIV, a wide range of KIs, including in the CO, acknowledged that insufficient attention was given to this during the 9CP, and that the next CP should address HIV prevention more strategically, with adequate staff dedicated to this. The adolescent and youth thematic area addresses this further, and also EQ5 with regards the UN Joint Team on AIDS.

Output 1.2: Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened

Output 1.2 is addressed by five interventions as follows: supporting development of a national investment case for RMNCAH; modernization of supply chain management information systems to improve reproductive health commodity security; advocating for national resource allocation for family planning; strengthening the maternal death surveillance and response system; and reinforcing the quality of midwifery training systems in provinces with the lowest ratio of maternal and child health nurses.

During the 9CP UNFPA, along with other cooperation partners, supported the efforts of the MoH to develop the Neonatal and Adolescent Sexual and Reproductive Health Investment Case. UNFPA also participated actively in the implementation of the investment case through, for example, financing of training of maternal and child health nurses in districts that were poorly covered. The investment case has yet to be harmonized effectively with the internal planning of MoH, however.

UNFPA has supported the GoM regarding contraceptive quantification, forecasting and procurement of contraceptives, although key informants indicated that supply chain management remains weak. Only 35 percent of surveyed facilities reported no contraceptive stock outs during 2019 (KI interviews and COAR for 2019), although UNFPA has contributed significantly to the total availability of contraceptives at national level, procuring almost 50 percent of the total (KI informants, document review).

To increase availability of contraceptives and other SRH products, UNFPA strengthened the supply chain through developing a tracking system between health units and distribution warehouses to facilitate real-time knowledge of stocks levels, and inform management processes. This reportedly worked well during piloting, but was interrupted later (KIs and document review), and further provider training in forecasting and stock control is needed (KI interviews). UNFPA also supported the implementation of the electronic Logistic Management Information System (e-LMIS) and, by the end of 2018, a total of 850 health facilities were implementing this system. In 2020, a total of 1,114 facilities were reported to be using the e-LMIS (COAR). Currently, the major logistics focus of UNFPA is reported (KI interviews) as monitoring the availability of obstetric medicines and consumables in health facilities, as well as strengthening forecasting skills.

To strengthen the maternal death surveillance and response system, UNFPA supported the functioning of the National Maternal Death Committee as well as the process of analyzing maternal mortality data. The Maternal Deaths Committee monitors deaths through a direct and rapid notification process while, in parallel, health units report through the health information system, HIS,

¹⁴⁶ Health Management Information System

to MoH headquarters. These two systems have led to discrepant reporting, however, which has yet to be fully resolved (KI interviews, document review), so that accurate auditing of maternal morbidity and mortality remains an issue. Despite this concern regarding the accuracy of data, it does appear that considerable progress has been made in reducing maternal deaths, a critical outcome.

Output 1.3: Capacity of communities, government, and civil society to build resilience is strengthened

Output 1.3. is addressed by three interventions: strengthening emergency operational capacity of health actors and community-based organisations to provide integrated SRH services, including prevention of and response to gender-based violence, in emergency settings; supporting the development of integrated gender responsive humanitarian contingency plans in vulnerable districts; and promoting and supporting youth initiatives to play an active role in resilience building at community level. Thus, although the intended humanitarian interventions fall within the remit of the SRHR team, the responses have to relate also to the adolescent and youth and gender thematic areas. In the coming CP, it would make sense to acknowledge this overlapping mandate and ensure that a recognized cross-cutting team or structure is in place to coordinate the UNFPA humanitarian response.

At community level, UNFPA engages with local community based organisations (CBOs) such as Wiwanana. Their involvement is key to providing assistance to internally displaced persons, IDPs, in resettlement centers, where they collaborate with the health sector in community organising and providing care (KI interviews and FGIs). However, the CBOs' limited institutional capacity poses challenges regarding receiving and accounting for resources and effective implementation of activities in the field (KI interviews). With respect to youth initiatives to build resilience at community level, mentors from Rapariga Biz supported girls and young women displaced from Cabo Delgado in Nampula province, through the safe space model (COAR 2020). Further initiatives to build youth capacity and resilience are addressed within the adolescent and youth thematic area.

As a result of advocacy by UNFPA, the government's 2018 National Contingency Plan has integrated SRH and GBV, an important step to prioritise these concerns in the humanitarian response. For example, UNFPA provided technical support to the Nampula provincial government (Nampula is disaster prone), to integrate SRH and GBV in contingency plans of five districts.

UNFPA has played an important role as one of the first agencies to support MoH in responding to emergencies, with support that has gone beyond SRH and included support for coordination of the overall response. In the context of the emergency following cyclone IDAI, the support of UNFPA was key to organising safe spaces to receive IPDs, and the installation of infrastructure to respond to the health needs of women and children (KI interviews). However, according to KIs, the UNFPA response to humanitarian crises appears to be somewhat ad hoc, without a clear structure, and some procedures lead to delays. For example, in responding to cyclones Idai and Kenneth, emergency kits were received late to distribute to beneficiaries because of reportedly poor planning, and also the requirement of procuring the kits at global level rather than closer to home or in country (CO and IP KI interviews). Nonetheless, UNFPA played a key role establishing protection desks in tents in the IDP camps mainly in the areas affected by cyclones Idai and Kenneth as an entry point for reporting GBV, with an effort to bring together the medical team, the police, and a gender focal point. In Cabo Delgado, however, KIs reported that it was a challenge to identify GBV focal points within the resettlement areas.

The link of the Cabo Delgado office with government authorities, local community leaders and CBOs has contributed greatly to the coordination and implementation of activities on the ground (KI interviews). Two approaches have been developed. When IDPs first arrive, adolescent girls and young women needing dignity kits are identified and supported and, second, integrated mobile brigades are financed to provide health services in the camps. Increasing numbers of IDPs and resettlement sites pose a challenge for coverage, however, and the mobile brigades cannot address obstetric emergencies. Mechanisms are needed to guarantee quick communications with the nearest health units in case of clinical emergency, and perhaps also to identify and train focus points among IDPs who could assist in referral (KI informants, IDP FGIs, site visit).

Coordination of the response in Cabo Delgado with other UN agencies has also incurred challenges. For instance, sometimes needs assessments have been carried out, but without a coordinated distribution of tasks among the different agencies and IPs to address the needs (KI interviews). At the beginning of the emergency, the health cluster used the 4 W matrix to understand Who is working, Where, doing What, and When, but this aligned approach has been dropped, leading to uncoordinated activities. The concept of One UN in the local emergency response is not locally well known (KI interviews). Also, although joint training of activists was identified as good practice, the UNFPA team in Cabo Delgado is small and insufficient to coordinate this effectively, responding to all the demands of the escalating humanitarian crisis.¹⁴⁷ Also, the response needs to be strategic to prepare for the post-emergency period, going into long-term recovery and development with sustainable SRH and other systems in place. UNFPA needs to have a strategic plan in place that identifies core staffing needs, procurement, coordination modalities and other requirements to ensure both emergency preparedness and capacity to transition into a long-term response. An element of this must address keeping girls in school to the extent possible as a means to reduce their vulnerability to early marriage, GBV and other human rights violations over time.

¹⁴⁷ By early 2021, global news reports from the region reported over 500,000 IDPs in Cabo Delgado alone.

4.2.3. To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) and coverage of the country programme, and reduced barriers to access, with regards to empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights, including the most disadvantaged?

Summary

Most outputs of the adolescent and youth programme were achieved, with targets exceeded, including high numbers of trained mentors reaching adolescent girls and young women to empower them in relation to SRHR, HIV and GBV. Lack of coordination and synergies between youth programmes has been an issue on which UNFPA is well positioned to support action through the Youth Partners Group.

The following table provides the achievement of targets across the outcomes and outputs of the adolescent and youth thematic area. In addition, the focus of the SRHR thematic area includes extensive contributions to adolescents and youth, in educational settings in particular (see section 4.2.2 above). The SRHR focus included the My Choice programme, the provision of contraception in school settings through mobile school brigades, distributing the minimum reproductive health service package to 30 percent of national secondary and technical schools, ensuring safe school corners for girls in Tete, and extending programming for family planning into Cabo Delgado with reach that particularly focused on adolescent girls and young women, AGYW (My Choice, COARs). Also, the RMNCAH¹⁴⁸ Investment Case emphasized the need to reach young adolescents regarding SRH in order to promote self-esteem, increase knowledge, and reduce early marriage (COARs). These actions fell within the focus of the 2019 National School and Adolescent Health Strategy 2018-2022, to which UNFPA also contributed. In the gender thematic area, also, adolescent girls and young women are being empowered to exercise and demand their sexual and reproductive health and rights. Gender and social and cultural norms and beliefs are being challenged at the community level to enable them to exercise their rights, as well as their needs being addressed in relation to GBV. Thus, in the 9CP, UNFPA has programmed extensively for the SRHR needs of adolescent girls and young women. The evaluators investigated but found no unintended consequences during the 9CP in relation to the AY thematic component at any level.

Table 4.2: Outcomes and Output Achievements for Adolescents and Youth Thematic Area

Outcome 2: Adolescents and youth: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health							
Indicator	CPD Base-line	CPD Target	Achieved				Progress against targets
			2017	2018	2019	2020	
Law and policy that allow adolescents access to sexual and reproductive health services in place	No	Yes			Yes		Achieved
Percentage of women aged 20-24 married or in union before age 18	48	40					N/A
Output 2.1: Adolescent and youths' capacity strengthened to actively participate in economic, social, cultural and political development							
Number of adolescents and youth organizations actively engaged on premature marriage and sexual abuse prevention at national level	4	20	10	35	35	10 (met annual target)	Exceeded target
Implementation rate of the first Action Plan of United Nations Inter-Agency Network for Youth	0	75	20	60		100	Exceeded

¹⁴⁸ Reproductive, maternal, neonatal, child and adolescent health programme

Development							target
Implementation rate of the annual Action Plans for the Universal Periodic Review recommendations on adolescents and reproductive health issues.	0	50	0 ¹⁴⁹	20	30	19	Off track challenged by Covid- 19
Output 2.2 Increased demand for access to quality adolescent sexual and reproductive health and HIV prevention services							
Percentage of young people aged 15-24 who have comprehensive knowledge about sexual and reproductive health and HIV-AIDS prevention	70	85	50.65	73	79.6	84	Almost fully achieved

While all aspects are relevant and related, the results chain logic between the outcome, outputs and interventions regarding programming for young people,¹⁵⁰ and the selection of indicators, could be strengthened in a number of respects, including in relation to the outcome and outputs of the SRHR and gender thematic areas. Outcome 2 stresses the availability of comprehensive sexuality education (CSE) and of sexual and reproductive health (SRH), the latter presumed to imply SRH services rather than the impact result of improved sexual and reproductive health. However, the outcome indicators only measure legal access to adolescent sexual and reproductive health services and rights (ASRHR) and early marriage, but not wider availability of ASRHR services including for HIV prevention. The outputs focus not on service provision (which is addressed by the SRH thematic team) but on strengthening adolescent and youth capacity to participate in economic, social, cultural and political development (which correlates with the general emphasis on increased attention to adolescents and youth) and also in increased demand for ASRHR services. There is thus a mismatch between the outcome focussed on service strengthening and the outputs that reflect the capacity of young people and service demand. SRH service strengthening is the focus of Outcome 1, addressed by the SRH team in the CO, but the final intervention under Output 1.3 under SRH (on strengthened capacity of communities, government and civil society) is ‘promoting and supporting youth initiatives to play an active role in resilience building at community level’, an intervention that addresses Output 2.1. Outcome 3, on gender equality and women’s empowerment, specifies reaching ‘the most vulnerable and marginalized women, adolescents and youth’, and the output mentions support to women and girls affected by GBV. However, the interventions make no mention of addressing young women specifically. Finally, under Output 2.2, the output indicator is in fact an outcome measure of increased knowledge and, while likely to increase service demand, it does not directly measure this. Also, increased comprehensive knowledge does not necessarily indicate increased uptake of services, and a behavioural indicator would be more strategic. Increased knowledge might be a useful indicator to include for very young adolescents specifically, who are mentioned at outcome level and with whom programmes need to engage extensively.

Despite the inconsistencies within and between the results chains, as noted initially, all outcomes, outputs and interventions under the thematic areas are relevant and should in theory be mutually reinforcing. Also, despite the limitations to the results chain logic and the indicators in the results table, the UNFPA country annual reports (COARs) do measure some strategic results, for example, the adolescent fertility rate in girls reached by Rapariga Biz, an impact result, and rates of early marriage; and they do indicate progress. More strategic milestones could be selected to input into the results frames, and it might be useful to include UNFPA outcomes under the UNDAF ones. An overarching theory of change, linking the thematic areas, would usefully help to streamline what actions belong within the remit of each thematic team, and where the teams need to ensure that they coordinate effectively, building on each others’ core focus.

Output 2.1: Adolescent and youths’ capacity strengthened to actively participate in economic, social, cultural and political development

Output 2.1 is addressed by two interventions, ‘training adolescent girls who are participating in safe spaces in selected provinces,’ and ‘supporting youth associations for strategic advocacy, policy analysis and social mobilization interventions, and facilitating the participation of young people in development processes.’ Both interventions appear well aligned to the intended output, thus demonstrating sound results chain logic at this level. The contribution of UNFPA links with the contributions of other partners who address economic and other factors beyond the mandate of UNFPA.

¹⁴⁹ Formalisation of the plan took place in Feb 2018, after approval by Council of Minister in December 2017 (COAR 2017)

¹⁵⁰ UN age definitions are: adolescents 10-19; youth 15-24, young people 10-24

The Rapariga Biz programme (RB) is UNFPA's joint UN flagship SRHR programme to reach adolescent girls and young women in Mozambique, a programme led by UNFPA from mid 2016 to mid 2019 in collaboration with UNICEF, UN Women and UNESCO, and with multi-sectoral government ministries. Government includes the ministries of: Youth and Sports (now the Secretary of State for Youth and Employment (SEJE) in the lead; Health; Education and Human Development; Gender, Children and Social Affairs; and Justice, Constitutional and Religious Affairs. RB was developed based on findings from the Geracao Biz programme, a national ASRH programme focused on boys and girls, while RB has concentrated in the first phase on AGYW, empowering young women through a holistic approach with mentorship at its centre. It was designed with an ecological model that includes adolescent reproductive health services, economic empowerment, community mobilisation, comprehensive sexuality education, girls' education, advocacy and participation. Mentorship is implemented by trained female mentors from Coalizao,¹⁵¹ a youth organisation with a rights-based approach to youth sexuality. A second phase is planned to start in 2021 adopting wide ranging recommendations from the end of Phase 1 evaluation,¹⁵² including a focus on boys and young men in conjunction with HOPEM,¹⁵³ a network of NGOs working to transform gender relations, and with a more holistic approach to working on social and cultural norms in communities. Addressing male attitudes and behaviours is essential if RB is to contribute to transformational change in gender relations and the realization of the rights of women and girls to make decisions about sex, marriage, child bearing, and condom negotiation, for example, as well as to reduce GBV. A training manual was nearing completion (through Johns Hopkins) for piloting in selected districts of RB programming in 2021. RB has operated in two highly populated provinces,¹⁵⁴ Nampula and Zambezia, which were strategically selected in line with reaching more marginalized populations in Mozambique where SRHR indicators were particularly poor.¹⁵⁵ However, KI interviews and beneficiary FGIs indicated that the programme has been less strong in more remote rural areas, and also that AGYW with disabilities have not been sufficiently reached (let alone included in training as mentors). Issues arise regarding mobility of some people with disabilities, and the lack of materials and mentors competent in braille or sign language, but section 4.2.5 elaborates on how UNFPA is increasingly responding to the needs of people with disability.

The final evaluation of RB phase 1 in 2019¹⁵⁶ found strong outcome results of the first phase across different dimensions of the programme. In relation to the contribution of UNFPA, these included: almost 100 per cent of the target reached for training mentors, 5,799, and over 700,000 AGYW aged 10-24 mentored;¹⁵⁷ significantly increased uptake of family planning methods beyond condoms; and a significant drop in child marriage and teen pregnancy to which RB appeared to have contributed. The End Child Marriage programme was incorporated into RB, and was developed in line with the 2017 Coalition for the Prevention and Elimination of Child Marriages (CECAP), and given further impetus through the 2017 Global Programme on Child Marriage.

In addition to addressing Output 2.1, the RB mentorship programme clearly addresses two of the interventions identified in the results chain with respect to the second output: promoting evidence-based social and behavioural change communication interventions to address social norm barriers to adolescent SRHR, and peer-to-peer education targeting out-of-school adolescents.

Thus, the RB programme demonstrates an effective approach to raising the demand for SRH services among young women, and to strengthening their capacity to realize their sexual and reproductive rights, including for HIV prevention, but several key informants indicated that it was a challenge for Coalizao to meet the high numerical targets of the programme and to ensure sufficient quality assurance of mentorship contacts, as well as there being many challenges for the various partners in sustaining a multi-sectoral approach. Limited coordination of responses by different community service organisations identifying and referring girls in need, and by different government ministries on the ground operating mobile brigades for the same function, is reported to have led to inconsistencies in who is reached with what, as opposed to ensuring mutually supportive, linked approaches to awareness creation and service access, or to document follow up around GBV, for example, and ensure coordination between services for health and for human rights/justice.

With respect to engagement with and building capacity of youth associations, UNFPA greatly exceeded the number of associations to reach (35 by end of 2019 compared with a final target of 20), to involve them in developing a four-year Universal Periodic Review Action Plan. The plan was validated by government and civil society in November 2017, and was later approved

¹⁵¹ Choice for Youth and Sexuality, Coalizao capacitates young people regarding their rights and duties in relation to SRHR.

¹⁵² Action for Girls and Young Women's Sexual and Reproductive Health and rights in Mozambique: Rapariga Biz UN Joint Programme Mozambique Report 2019, 29.5.2020

¹⁵³ HOPEM is co-coordinating activities in Mozambique within the umbrella of MenEngageMozambique, part of a regional network.

¹⁵⁴ 38% of the country's population

¹⁵⁵ Action for Girls and Young Women's Sexual and Reproductive Health and rights in Mozambique: Rapariga Biz UN Joint Programme Mozambique Report 2019, 29.5.2020

¹⁵⁶ Ibid.

¹⁵⁷ Mentoring involves a series of focused group discussions following a developed and pre-tested programme with a consistent group over a period of weeks, much more than simple peer education, but the Covid-19 epidemic in 2020 precluded group activities.

by the Council of Ministers (COAR). UNFPA’s role in engaging with and strengthening youth capacity, and expanding their networking and integration into different platforms, was reported (COAR) to have been seen as good practice not only within the country (KIs), but by HQ. The measure of numbers of organisations engaged does not clarify numbers of youth whose skills were actually capacitated nor the extent to which different capacities were built, however, and achieving strong institutional capacity among youth and youth organisations remains identified as a major challenge (KIs and document review).

The 2017 COAR indicates that implementation of the first Action Plan of United Nations Inter-Agency Network for Youth Development exceeded the target for roll out, with appreciated UNFPA leadership, but with ongoing challenges within various agencies, and a recurrent challenge identified by many KIs was the lack of cohesion between multiple programmes for and with young people throughout the country. In response, mapping was undertaken to identify all the different initiatives and, most importantly, from mid 2020 UNFPA is leading a multi-sectoral youth group, the Youth Partners Group, a strategic advisory platform to support government to rationalize programming and contribute to much more cohesive, coordinated and mutually supportive programmes to address the demographic dividend, and the wide-ranging needs of young people, in a more holistic way. This appears to be a highly strategic way forward. The platform has wide participation, including nine UN agencies and six donors, and supports the State Secretariat of Youth and Employment (COAR 2020). Technical working groups are being established around employment, education, empowerment, and gender, with the aim of addressing data collection, analysis and sharing (for which the expertise of UNFPA will be particularly important); policy dialogue and advocacy, technical synergies and coordination. This is a positive and strategic contribution to the UN new way of working.

Output 2.2: Increased demand for access to quality adolescent sexual and reproductive health and HIV prevention services

The second output is addressed by five interventions, not all of which relate directly to the output, or are undertaken by UNFPA, although all interventions are relevant to the overall UNFPA mandate, and some relate to RB, as noted above. The first two interventions, supporting the development of the National School and Adolescent Health Strategy, and promoting evidence-based social and behaviour change communication interventions regarding ASRHR are strategic and logical contributions to the output, with the latter addressed by RB. UNFPA advocated for and provided both technical and financial support to the development of the strategy, which was promulgated in 2019. It enshrines the rights of adolescents to full sexual and reproductive health and rights, among wider legal and political commitments. Human rights and gender mainstreaming are addressed further in Section 4.2.6 below.

Part of the third intervention is scaling up ASRH services nationwide, which relates to the outcome but not the output, although peer-to-peer education for out-of-school adolescents logically belongs to this output. The ‘My Choice’ programme, operationalized through the SRH team, addressed strengthening youth friendly services in Tete province, aligned with the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) programme, and also aimed to strengthen health systems for FP commodities nationwide (see the previous section on SRHR). The youth team reported in the COAR 2019 on various platforms for girls’ participation, including provincial and national girls’ conferences supported by UNFPA and UNICEF jointly, but noted that the lack of decentralized services at community level, and poor access to services in more remote areas, inhibit service uptake even if services are more youth friendly. KIs also noted that training service providers does not necessarily change entrenched attitudes to ASRH, with continued sensitization needed.

‘I’m new here and I was in another district (Memba). The service is general (no SAAJ) in the maternity ward (there) and in order to use FP method it’s mandatory to do HIV, syphilis and gonorrhoea test before using the method, and here it is not mandatory. And if the person has a disease there is no confidentiality (in Memba). It is bad...; here they give the method, talk about the reactions, benefits, side effects....

‘The service is friendly and every day there are awareness raising sessions discussing FP/HIV and the need to prevent early pregnancies and STDs.’

Young woman beneficiary in FGI

A site visit to a SAAJ facility found that it was wheelchair accessible, had a private room for consultation, posters relating to SRH and to Covid-19 precautions, but nothing on HIV.

The fourth intervention is reported as monitoring the implementation of CSE curricula in primary and secondary schools, which has reportedly been undertaken by UNESCO not UNFPA (KI informants). The fifth intervention, operationalizing a multisectoral coordination mechanism regarding early marriage, the End Child Marriage programme, is reported by CO KIs not

to be the responsibility of UNFPA, although UNFPA contributes to the national strategy on child marriage, Girls not Brides,¹⁵⁸ in other ways. This includes collaborating with UNICEF and UN Women to support the Ministry of Gender, Children and Social Action regarding child marriage and in dissemination of the law banning child marriage, as well as addressing child marriage directly through RB as a role model for prevention, and playing a role as thought leader. Within the 9CP adolescent and youth focus, although extensive activities have been undertaken, parts of the original work plans were not implemented by the youth team, with some aspects falling under other UNFPA team responsibilities or those of other agencies.

In the next CP it is recommended that the areas of overlap between the thematic areas be given more strategic consideration to ensure a logical division of responsibilities between teams, while acknowledging that some overlap is likely to remain. This will require stronger collaboration between the thematic teams than was reported for the current CP.

4.2.4 To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) and coverage of the country programme, and reduced barriers to access, with regards to advancement of gender equality and the empowerment of all women and girls through addressing GBV?

Summary

UNFPA's performance for GEWE is on track, with extensive support to existing and new Integrated Assistance Centres (CAIs), and strengthening of service provider capacity for integrated services and the use of the single form (*ficha única*). However, community support to GBV survivors is insufficient, and there is need for more transformational approaches to service provider training and improved coordination under the integrated mechanism. Uptake of services also remains low and needs to be strengthened.

Under the 9CP, the UNFPA Gender Equality and Women Empowerment (GEWE) outcome is to advance gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.¹⁵⁹ The single output for UNFPA is to enhance the multisectoral integrated assistance to women and girls affected by gender based violence (GBV) by assisting the operationalization of Integrated Assistance Centres (CAI), and by ensuring that reported cases of gender based violence are followed up through the multisectoral mechanism *ficha única*, or single file, coordinated reporting. The interventions were implemented in partnership primarily with the Ministry of Gender, Children and Social Action (MGCASA) and Ministry of Health (MoH) under the Spotlight Initiative (SLI). The table below summarises the achievements against the 9CP outcome and output level indicators and, although data on the outcome indicator are not available, the output achievements are on track or achieved (UNFPA annual reports and IP KI informants). Also, the CPE did not find any unintended consequences of programming around GEWE at any level, although noting other limitations as below.

Table 4.3: Outcomes and Output Achievements for the Gender Thematic Area

Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth							
Indicator	CPD Baseline	CPD Target	Achieved				Progress against targets
			2017	2018	2019	2020	
Percentage of women aged 15-49 who think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances	38.7% rural and 30.7% urban	35% rural and 27% urban					Not available
Output 1: Multisectoral integrated assistance to women and girls affected by gender-based violence enhanced							
Number of Integrated Assistance Centres with all four functions operational (MGCAS,	2	7	3	7 above	7 above	4	On track

¹⁵⁸ This is the official national chapter, CECAP, of the global programme on ending child marriage.

¹⁵⁹ This addresses the UNDAF outcome *Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights*.

MISAU, MINT and MJCRA				target 5	target 5		
Percentage of reported cases of gender-based violence that are followed up through the multisectoral mechanism <i>ficha única</i>	10	100	20 below target 25	40 above target 35	100 above target 35	77 below target 90	On track

The results chain logic is insufficiently strong,¹⁶⁰ however, despite all interventions, outputs and outcomes being highly relevant and important in the Mozambique situation. The indicators do measure the output with respect to increased service provision and the use of the *ficha única*, both being results that should reflect that assistance to survivors of GBV has increased, and that follow up has improved – in this case, dramatically, indicating that the multisectoral system has worked well. Nonetheless, the results frame does not measure whether more women and girls are reporting GBV, nor what is the result of their reporting – merely that the services have increased and survivors of violence who do report are better tracked. Thus, the indicators do not provide an indication of whether the outcome result is being addressed, that is, a measure that women and girls’ acceptance of violence and capacity to address it has changed, nor do they adequately measure such change. Non-reporting of GBV is not only related to women’s perceptions and decision not to report violence, but to the lack of empowerment to remove themselves from abusive relationships (hence the need for holistic approaches, as KIs indicated). In addition, the outcome indicator is inadequate to measure empowerment and reproductive rights, particularly when there are no outputs or interventions under this thematic area regarding women and girls’ empowerment and SRH that are being addressed extensively in SRH and AY thematic areas.

In the next CP a more strategic results frame and theory of change should ensure more logical flow of interventions, outputs and outcomes and indicators, in conjunction with the other partners involved in joint programming. Also, through an overarching theory of change, the results frame should ensure that the contributions to gender programming are coherent with those of the adolescent and youth and SRHR teams (see comments on adolescents and youth results chain in 4.2.2).

Output 3.1: Multisectoral integrated assistance to women and girls affected by gender-based violence enhanced

To address this output, the 9CP results framework indicates three related interventions: to strengthen government capacity to address GBV across multiple sectoral ministries; to strengthen the multisectoral coordination mechanism; and to support the operationalization of integrated service centres for GBV survivors, including use of a single reporting format, *ficha única*.

The Spotlight Initiative (SLI) is a holistic joint UN programme on GBV (UNFPA, UNDP, UN Women and UNICEF), with six complementary pillars (UNDP supporting laws and policies, and strengthening institutions; UN Women addressing social norms and prevention of GBV, and strengthening the women’s movement and civil society organisations; and UNFPA addressing quality service provision, and data). Addressing all the pillars synergistically should contribute to the intended outcome of the programme, *every woman and girl lives a life free from all forms of sexual and gender based violence and harmful practices and is thus able to realize her sexual and reproductive health and rights* (SLI CPD, COARs and KIIs). Under its pillars, UNFPA has contributed to improve service delivery of integrated service providers from the Ministry of Justice, Ministry of Gender, Children and Social Actions, Ministry of Health and Ministry of Internal Affairs for prevention, treatment and rehabilitation of sexual and gender based violence; strengthened the coordination mechanisms of DP/FPA/CPD/MOZ government agencies, including local authorities, and civil society on gender equality and GBV responses, and the implementation of the *ficha única* (COAR and KIIs).

Under the SLI, UN Women is responsible to create demand, including through individual political and economic empowerment, while challenging social and cultural norms, attitudes and behaviours at the community level. However, the uptake of GBV services by victims/survivors in general, and especially in remote communities, is said to be low (UNFPA analysis of GBV data, CO and IP KI interviews). While this is outside the remit of UNFPA in the SLI, it is a major concern for all stakeholders, and UNFPA has also contributed to addressing demand. UNFPA has supported its IPs (government and CSO) to undertake prevention, sensitization, awareness and social mobilisation on GBV activities at the community level. Some IPs engaged/worked with initiation councillors, community and religious leaders because of their critical role and influence at community level. They were trained in basic gender concepts and laws (family, domestic, succession, etc.), on the CAI, referral mechanisms and on SRH/FP, among related issues.

¹⁶⁰ Spotlight also includes these indicators.

The MGCAS engages with associations that address GBV, using identified activists to work on prevention and combating violence. In turn, these groups support identification of cases, notification and reference to adequate services, an important strategy that UNFPA has supported. IPs also conducted community dialogues on how to avoid premature marriages and on GBV/SRHR. Health mobile brigades also disseminate information about GBV in some remote areas (IPs KIs). In addition, UNFPA is in the process of using the RB mentor approach to SLI particularly with regards to the political empowerment of girls and young women. These activities contribute to a more holistic approach than just service delivery, helping to transform community norms and beliefs with regards to GBV and aiming to increase the uptake of services.

With respect to integrated service centres for GBV survivors, UNFPA provided technical and financial support to existing Integrated Assistance Centres (CAIs) in Tete, Gaza, Sofala and Maputo provinces to enable them to become fully functional, also the establishment of two more CAIs (in Nampula city and Quelimane city), plus rehabilitation of Chongoene and Manica CAIs. This is ongoing to ensure that survivors receive several services in the same place. In addition, UNFPA supported the MGCAS to coordinate integrated services through developing capacities of other sectors, including service providers of 12 CAIs, health workers, social workers, justice and police on GBV. Involvement of paralegals in the GBV chain would also be beneficial. As one KI observed, ‘Spotlight brings the “litigation” perspective without which the GBV response is insufficient, particularly considering the cases whereby people are made aware of their rights (awareness raising) but there is no follow-up, case management.’ Substantive training was provided at the national level to various sectors, including government (gender, health, justice, and interior sectors) and community based organisations (CBOs) and other civil society organisations, on, for example, the implementation of the Family Law and Domestic Violence Law (health, police, justice and gender directorates); and on the Multisectoral Mechanism for Integrated Assistance to Victims of Violence and National Response Plan to GBV for health providers. Moreover, UNFPA supported the use in the CAI of the single form *ficha única*, which enables reporting of cases of violence on the same form, regardless of entry point, through training 60 service providers. *Ficha única* was piloted in Gaza/Xai-Xai and Nampula. Similarly, UNFPA supported the development of the CAI Operating Regulations, with provincial and civil society involvement, which was approved by the Council of Ministers (decree 75/2020), and is an important step in clarifying the roles and responsibilities of staff, among other issues crucial for their effective functioning.

Despite a significant level of progress and achievements, ensuring the quality of services remains a constraint. Three critical issues remain. First, there are too few transitional centres or safe places for victims/survivors¹⁶¹ of violence and at risk of early marriage (KIs and research¹⁶²), although some are currently being provided by MGCAS as well as CSOs such as Muleide, Associação Moçambicana de Mulheres na Carreira Jurídica Núcleo das Associações Femininas da Zambézia and Lemussica.

‘When we are beaten at night, we sleep in the secretary's house, but not all (secretaries) welcome us. Here we don't have a transit centre. For example, my husband beat me and I went to the neighbour's house for shelter. Since her house was made of straw he (husband) threatened to burn the house down, but she was strong and protected me but she could have been afraid and told me to leave. Often the violence happens at night when they are drunk and we have nowhere to go.’

FGI participant on the need for safe places

‘I (secretary) often get threatened by husbands because I let them (survivors) sleep in my house. My husband doesn't mind them sleeping there. I was threatened with death for filing a complaint against them.’

FGI participant from CSO

UNFPA is in the process of supporting CAI in Nampula to incorporate one and UN Women is working with Lemussica to strengthen its capacity to provide such support. An alternative might be the establishment of ‘watch dogs’ or host families in the community, and the viability of this and other approaches should be assessed, particularly in areas far from centres. Second, training of providers is more on operational issues for integrated support and less on the root causes of GBV. As a consequence, some providers still advise for reconciliation rather than reporting GBV as a crime, or advise separation/divorce with a focus on division of property and provision of child support (FGIs and IP KIs). Third, effective coordination across the provinces remains a challenge under the integrated mechanism. According to the CO and other KIs, there is still lack of commitment and/or capacity in the MGCAS at different levels to ensure consistency in coordinating meetings to ensure alignment and learning, as well as to address possible challenges. UNFPA is strategically positioned to support the MGCAS coordination role under the integrated

¹⁶¹ Common usage is to say ‘victims’ for children impacted by violence, and ‘survivors’ for adults

¹⁶² Medicus Mundi; Pesquisa Descritiva Sobre o Funcionamento Do Mecanismo Multisectorial De Atendimento Integrado Às Vítimas De Violência na Cidade de Maputo <https://www.medicusmundimozambique.org/files/2020/06/relatorio-de-pesquisa.pdf>

mechanism through strengthening the capacity of the four line ministries (social services, health, police and justice) to deliver as one.

UNFPA commissioned a needs assessment regarding essential services¹⁶³ that elucidates the levels and gaps in service delivery regarding violence across the four sectors (health, gender/children and social action, police and justice) in the 10 selected districts in Gaza, Manica and Nampula. The study provides additional extensive recommendations that should guide UNFPA expenditure allocation and strategic decisions in programme design and messaging.

The UN strives to reach the most vulnerable and marginalized women, adolescents and youth, hence locating the GBV programme in districts with high rates of GBV; however, the more remote areas in these districts, where people may be most vulnerable, are not well reached (CO and IP KIs). UNFPA has made efforts also to strengthen support for people with disabilities with respect to GBV and SRH, as documented in 4.2.5, but there are challenges.

‘GBV victims have priority and we have many groups with priority in response/care, but in terms of registration tools and primary collection of information they are not aligned. The GBV registry does not specify if it is people with disabilities, but is more general.

‘(Addressing) people with disabilities is difficult; we have a colleague who works and understands sign language, but there are other disabilities and CAI has to be organized to receive people with disabilities; technicians have to be trained for this.’

Implementing partner KI

4.2.4 To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) and coverage of the country programme, and reduced barriers to access, with regards to increased use of population data in the development of evidence-based national development policies, plans and programmes?

Summary

Population dynamics targets are on track. UNFPA has made critical contributions to population data capture, analysis and dissemination, particularly for the census, and has strengthened the capacity of the National Institute of Statistics. However, some coordination challenges have arisen, and there remains insufficient engagement of high political figures around population issues for development to ensure their full reflection in national development policies, plans and strategies.

The intended population dynamics outcome of the 9CP was strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality. The table below indicates the level of achievement of the 9CP outputs to contribute to these outcomes, undertaken in partnership with two main implementing partners, the National Institute of Statistics (INE) and the Ministry of Economy and Finance (MEF).

The table below summarises the achievements against the outcome and output indicators. The first outcome was achieved and key informants indicated a high possibility of fully achieving the second, although annual reports did not provide confirmatory data. At output level, all but the full implementation of the demographic roadmap were achieved. No unintended consequences of programming were discovered during the CPE at any level with regards population dynamics, although various limitations as well as achievements are addressed below.

Table 4.4: Outcomes and Output Achievements for the Population Dynamics Thematic Area

Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and

¹⁶³ Iniciativa Spotlight para Eliminar a violência contra as mulheres e raparigas, 2019. ‘Mozambique Essential Services Needs Assessment’

reproductive rights, HIV and gender equality							
Indicator	CPD Base-line	CPD Target	Achieved				Progress against targets
			2017	2018	2019	2020	
2017 Population and Housing Census data collected, processed and analysed, results published and disseminated	No	Yes			Yes		Achieved
# of national development plans and sector policies incorporating population dynamics	2	6					No data in annual reports
Output 4.1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy is strengthened							
# of gender-sensitive social and economic plans at national ministry level available	15	21	22	22	22	23	Achieved
90% of nationally selected SDG indicators are regularly updated	No	Yes	No	No	No	Yes	Achieved
# of thematic analyses that reflect key population dynamics for policy development	1	3	2	2	0	6	Achieved and likely to be exceeded
Output 4.2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced							
Implementation rate of the National Demographic Dividend Roadmap (%)	0	70	0	0	30	50	Partly achieved , but not fully implemented

The result chain logic between outcomes, outputs and interventions is fairly strong, coherent and clear, although support for the census should have featured as a key output towards achieving the census. Also, the indicators could be improved. The second outcome indicator (number of national development plans and sector policies incorporating population dynamics) should preferably measure just sector policies to avoid ambiguity in what is measured. The third indicator (number of thematic analyses that reflect key population dynamics for policy development) could mean a single overarching study or analysis of a set of studies, so it is also ambiguous. A significant gap is that no indicators in the results framework measure the interventions on policy dialogue and dissemination, and the high-level outcome indicator of development plans and sector policies was not tracked.

Output 1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy are strengthened

UNFPA implemented four interventions for Output 1 in partnership with INE: strengthening capacity for a vibrant data ecosystem; supporting the census; undertaking policy-related vulnerability studies and thematic analysis; and supporting a national monitoring framework regarding the Sustainable Development Goals (SDGs).

The first intervention in the RF for population dynamics is capacity strengthening of the national statistical system to create a vibrant data ecosystem to undertake data generation, in-depth analysis and utilisation of disaggregated data. During the 9CP UNFPA increased statistical literacy and use of disaggregated data for province and district level planning and programming by supporting capacity building in statistics literacy for 2,226 secondary school students and staff from Government Administration at Provincial and District levels to increase their skills in producing, analysing and using statistical information, which is particularly relevant in the current national context of decentralization (UNFPA and IP KI interviews and document review). The impact of these training and advocacy activities has not been assessed, but there has been an increase in the demand of disaggregated statistical data, which INE is not able to satisfy; and, with UNFPA support, for the first time, INE produced administrative post data which are relevant for local planning (IP KI interviews). UNFPA also supported the placement of information boards with population data at the borders between provinces: at least eight of the 11 provinces were covered in 2020 and it is planned to cover any remaining provinces in 2021 and expand to the districts (UNFPA and IP KI interviews). The

potential impact of such information for statistical literacy and local planning is enormous, but there is a need to keep the population numbers updated as the population size changes.

UNFPA supported the training of 25 INE cartography staff in census data geo-referencing. The training was used to produce geo-referenced maps based on the 2017 Census results of district, administrative posts and localities, displaying social infrastructure (schools, health facilities and water points, etc.) location in relation to population density. In Boane district, for instance, the maps showed that social infrastructure is concentrated in areas with high population density, close to the district headquarters, whereas in low density, sparse populations, social infrastructure facilities are far away and therefore difficult to access (document review and UNFPA and IP KI interviews). UNFPA also provided technical support for the implementation of the Geo-Referenced Infrastructure and Demographic Data for Development (GRID3) initiative to build capacity in the use and dissemination of geospatially referenced data, including the census. The support of UNFPA was through technical assistance and capacity building, facilitating or funding training and providing technical assistance for national partners. Between 2018 and 2019, UNFPA supported three technical missions and two training courses (Integrating Demographic and Remote Sensing Data into Advanced Analyses for Climate-Related Risk Analysis, and Geospatial Analysis Techniques for Digital Elevation Model and Remote Sensing Data). These were attended by 29 technical staff, with plans to continue to develop technical capacity to produce a high-quality socio-demographic Census Atlas for the country (document review and UNFPA KI interviews).

To strengthen INE capacity to generate improved gender statistics, UNFPA, in conjunction with International Labour Organisation (ILO) and UN Women, provided technical and financial support to train 160 INE and related government staff at central and provincial levels (document review, UNFPA and IP KI interviews). This led to a new framework for reporting gender statistics for use by both national and provincial multisectoral gender groups. These reports are expected to be published in 2021, and comprehensively to highlight gender challenges in the country (document review and IP KI interviews), a much-needed update. Continual technical assistance to these groups, in particular at the province level, is crucial to ensure continued generation of stronger gender statistics, and to advocate for the inclusion of gender questions in the census and INE surveys.

UNFPA increased the accessibility of population data by supporting financially and technically the development of user-friendly web based platforms for dissemination of census data such as PX-Web and REDATAN, but operationalising these platforms is still underway (document review and UNFPA KI interviews). UNFPA has provided technical and/or financial support to develop four real time monitoring systems through digital platforms: *InfoViolencia*, in relation to documenting cases of gender based violence; *InfoFistula*, to track interactions with obstetric fistula patients; *Kiribiz*, for monitoring mentoring sessions with girls in Rapariga Biz; and *Infobiz*, to monitor youth friendly services and school corners in the provinces of Nampula and Zambezia (document review and UNFPA KI interviews). The *InfoViolencia* platform, for which UNFPA also funded the acquisition of equipment, has been installed in the server of the Ministry of Interior and, at the time of the CPE, provincial level training was underway (UNFPA KI interviews).

The second intervention was to provide technical and financial support for all phases¹⁶⁴ of the 2017 Population and Housing Census to meet international standards for data integrity (document review; UNFPA KI interviews).¹⁶⁵ This was the most critical UNFPA activity under population dynamics. UNFPA successfully established and managed a Trust Fund of USD 24.5 million¹⁶⁶ for the census after donors withdrew from a common fund for INE after the discovery of hidden debt in 2016. UNFPA managed the Trust Fund and helped strengthen INE general financial management capacity to achieve unqualified financial audits in 2018 and 2019¹⁶⁷ (document review, UNFPA and IP KI interviews). However, various challenges led to delays in implementation of activities, such as in staffing capacity in UNFPA and INE (including changes in INE presidents and in implementing staff), INE absorptive capacity, bureaucratic UNFPA procurement processes, and poor coordination and monitoring mechanisms (UNFPA and IP KI interviews). Given the multiple challenges faced, the results were only released two years after the enumeration, however, and thus failed to meet international best practice standards. Also, the results were only published in table format, without the necessary narrative reports, making the census results less accessible to non-technical audiences.

UNFPA strengthened INE census data processing and analysis capacity by supporting, through the Trust Fund, the establishment of the INE Centro de Processamento de Dados, the Data Processing Centre, and hiring international consultants to run training sessions on CPro and STATA (document review and UNFPA and IP KI interviews). This support extends beyond data

¹⁶⁴ This includes preparation, enumeration, data processing and analysis, and dissemination.

¹⁶⁵ Questions were raised regarding data in Gaza province, but these were successfully resolved, so a quality census was achieved.

¹⁶⁶ Canada, Italy, Sweden, Norway, United Kingdom and UNFPA (document and KI feedback)

¹⁶⁷ UNFPA, 2020, Progress Report 2019. Support to Population and Evidence-Based Environments for Decision Making: Population & Housing Census 2017

processing for the census itself. However, logistical and coordination challenges cut the duration of the STATA training from 10 to five days which was too short to achieve in full the planned results (document review), there were challenges with hardware and training space, and participants came from diverse technical backgrounds with varying levels of competence (document review), and not all were consistently available for follow up courses. Continuous UNFPA support for human resources development is necessary for INE since new staff have joined the institution and need analytical skills training (IP KI interviews).

The third intervention is to promote evidence-based policy development by producing a set of vulnerability studies and thematic analyses. UNFPA funded six in-depth thematic analyses of population data, and the reports are available (document review). Under the Trust Fund UNFPA also aimed to support census based thematic studies in 2019, but the delay in the census data processing and release, time needed to explore and agree on implementation modalities by UNFPA and INE, and a long UNFPA bureaucratic procurement process have delayed their implementation (document review and KI interviews). In 2019, a technical committee comprising of INE, UNFPA and Eduardo Mondlane University was established to providing the technical leadership to conduct the thematic studies, which will cover 17 topics,¹⁶⁸ of which UNFPA plans to implement five, while the remaining 12 will be managed by INE through a firm contracted through international tender. A technical committee will provide scientific guidance. While involving international expertise should assure high-quality reports, it may not contribute to increasing local long-term capacity unless Mozambican researchers are also involved. The call for proposals is said to specify that participating institutions must hire national researchers and/or partner with local institutions to work with INE and relevant sectors.

The fourth intervention is support to establish a national monitoring framework for the Sustainable Development Goals, SDGs, and UNFPA supported a feasibility study to identify the most relevant SDG indicators for the country (UNFPA KI interviews). Of the 241 indicators assessed, 176 were considered relevant and aligned with the government programme for the period 2015-2019, but only 69 (39 percent) of these had been regularly monitored.¹⁶⁹ In 2020 UNFPA provided technical support for the production of the Mozambique National SDG Indicator Framework¹⁷⁰ as part of its first Voluntary National Review.¹⁷¹ The review noted that, despite significant progress towards inclusive sustainable development in recent decades, in particular the reduction in maternal and child mortality, poverty levels remain high and it will be challenging to achieve the potential benefits of the demographic dividend.¹⁷² Although the census indicators did contribute to some SDG indicators, such as for the maternal mortality rate and regarding water and sanitation, and provided base population for about 20 SDG indicators, some SDG indicators are unavailable or out of date, and continuous support and advocacy to increase the number of SDG indicators in the national monitoring system is essential.

Output 2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced

UNFPA interventions for Output 2 were mainly in partnership with the Ministry of Economy and Finance (MEF): to facilitate rights-based policy dialogue on youth and population dynamics; evidence-based advocacy for integration of youth development issues in sector policies, programmes and budgets frameworks; to lead public awareness campaigns on population trends and demographic impact on national development; and to support the development and implementation of the demographic dividend.

The first intervention under this output is to facilitate a series of rights-based policy dialogues on youth and population dynamics. Throughout the 9CP, UNFPA contributed to continuous dialogue with the government on population issues and development, especially the demographic dividend, by supporting Mozambican nationals to attend international population discussion forums and government sponsored events, meetings and forums (document review, IP KI interviews). Three particularly important events for which UNFPA provided technical and/or financial support were: an MEF conference, Population Growth and Sustainable Development: Paths Towards the Realization of the Demographic Dividend, in 2018, with international (e.g. IMF), ministerial and other key participants; the Second China-Africa Conference on Population and Development, South-South Cooperation and Achievement of Demographic Dividend in Africa, for which UNFPA supported delegates from Mozambique; and the 2019 Nairobi International Conference on Population and Development (ICPD) Summit. The latter strengthened GoM commitment to achieve universal access to SRH services. KI interviewees indicated that, although government awareness of the

¹⁶⁸ These are: 1) Evaluation of the 2017 census data, 2) population projections, 3) population dynamics, 4) fertility and nuptiality, 5) mortality, 6) maternal mortality, 7) migration and urbanization, 8) structure and characteristics of households and housing conditions; 9) labour force, 10) gender disparities, 11) education, 12) elderly population, 13) children and orphans, 14) young people, 15) disability, 16) financial inclusion and 17) language pattern.

¹⁶⁹ UNFPA, 2016, *Análise de Viabilidade dos Indicadores dos Objectivos de Desenvolvimento Sustentável em Moçambique*.

¹⁷⁰ INE, 2020, *Progresso dos Objectivos de Desenvolvimento Sustentável, Revisão Nacional Voluntária 2020*.

¹⁷¹ Republic of Mozambique, 2020, *National Voluntary Review of Agenda 2030 for Sustainable Development*.

¹⁷² *Ibid.*

relevance of population dynamics to development has increased, advocacy is needed for government action to change current population dynamics (high fertility and population growth) rather than simply to use high population growth to explain the slow positive change in development indicators (IP KI interviews).

Not much activity was reported under the second intervention, evidence-based advocacy for integration of youth development issues in sector policies, programmes and budgets frameworks. However, the 2018 annual report indicated the establishment of an Inter-Ministerial Working Group on the Demographic Dividend within the Comité Intersectorial de Apoio ao Desenvolvimento de Adolescentes e Jovens (CIADAJ), which is a multisectoral committee on youth issues. It was not possible to confirm the existence and functioning of the working group, however, from document review and UNFPA and IP KI interviews. A separate but important development in 2020 was the establishment of the Youth Partners Group, with a slightly different focus, youth empowerment, education and employment, rather than the demographic dividend (see the adolescent and youth section above and EQ 5). UNFPA convenes this group, and within UNFPA both the population dynamics and adolescent and youth teams are engaged to support SEJE (although government modalities were reported still to be operationalised).

The third intervention is leading public awareness campaigns on population trends and demographic impact on national development. UNFPA raised awareness about population issues by supporting and promoting the annual celebration of World Population Day, now institutionalised in all provinces with a budget (IP KI interviews), and training about 250 MEF staff on integrating population variables into planning (IP KI interviews). UNFPA contributed, too, to integrating population issues in the revised National Development Strategy, still to be submitted to Parliament (IP KI interviews). This presents an opportunity for discussion of population issues, particularly on the demographic dividend, at a high political level although, as the strategy is still draft, the consultants could not assess how effectively population issues are addressed.

Regarding the fourth intervention, in 2018 UNFPA supported the development of the Mozambique Roadmap for the Demographic Dividend.¹⁷³ This was disseminated in all provinces and discussions were held on how best to incorporate it into national development planning (document review). However, full implementation has not yet taken place owing largely to limited MEF capacity to support government departments to place the roadmap within their sectoral plans (IP KI interviews). Further, despite including responsibilities for every government department, the roadmap does not include a monitoring strategy, thus preventing the MEF, as coordinator of roadmap implementation, to keep track of sectoral actions; nor is the roadmap a reference document in government planning processes (IP KI interviews).

In addition to the above interventions, as the data keeper of the UN system, UNFPA responded to emerging data needs for humanitarian assistance following the Idai and Kenneth cyclones and COVID-19 in several ways. UNFPA supported INE to facilitate access to unreleased census data for the humanitarian response and the establishment of conditions for their use, and also used census data to estimate the size of the population most affected by the Idai cyclone to guide UN humanitarian planning and assistance. UNFPA adapted the MISP (Minimum Indicator Service Package) calculator to produce estimates of numbers in need of assistance through the UNFPA intervention package, and produced a technical note for INE on global best practice by national statistical offices in response to the Covid-19 pandemic to help INE position itself in relation to the epidemic in Mozambique (UNFPA KI interviews and documents review).

4.2.5. To what extent has the UNFPA 9CP mainstreamed gender and human rights-based approaches including for people with disabilities?

The focus of the UNFPA mandate¹⁷⁴ on integrated SRHR/ HIV/GBV is essentially premised on human rights and enhancing gender equality and equity, despite the CP not routinely adopting explicit rights-based language.¹⁷⁵ Sexual and reproductive health and rights, and gender based violence, are inherently affected by gender relationships, social and cultural norms that include values, beliefs, attitudes, behaviours and practices that can be explicit or implicit, formal or informal, and operate at multiple levels. Although Mozambique has ratified several international conventions on human rights and gender equality, such as CEDAW, profound gender and other inequalities remain,¹⁷⁶ with deeply entrenched power imbalances between men and

¹⁷³ MEF, 2018, Moçambique: Roteiro do Dividendo Demográfico, 2018

¹⁷⁴ See Chapter Three. As well as being enshrined in its mandate, UNFPA has guidelines for assessing the implementation of a human rights approach, <https://www.unfpa.org/human-rights-based-approach>

¹⁷⁵ Although training materials for Rapariga Biz are reported (KI) to utilise rights language.

¹⁷⁶ In 2018, the Human Development Index for Mozambique registered 0.39 for women and 0.44 for men, putting the country at 180 out of 189 countries and territories measured, and very low on the HDI, especially for women (information from CO).

women. Addressing gender imbalances requires action at all levels from the individual, in relationships, and throughout communities, to transform unequal and oppressive patriarchal social and cultural norms.

Within the 9CP, UNFPA has focused on strengthening both duty bearers, such as health providers, and rights holders, with particular focus on the sexual and reproductive health and rights of adolescent girls and young women, women of reproductive age, internally displaced people, women with obstetric fistula, and girls and women affected by GBV. For example, UNFPA has supported SEJE with SRH and GBV training, material provisions, to deliver services, and with AGYW to raise knowledge of their SRH rights. Within family planning, UNFPA has supported the national policy of maximizing the choice of methods, avoiding pressure for women or couples to opt for one or another. This rights-based approach is also stressed specifically in the My Choice programme. The 9CP has also focused on gate keepers at different levels in the community, for instance to change attitudes to child marriage. By advocating for and providing technical and financial support for legal and policy development (see EQ 1), UNFPA has contributed to a more enabling environment in which empowered rights bearers, particularly adolescent girls, can claim their rights. It has helped strengthen government ownership of and commitment to SRHR and to address GBV, within multi-sectoral joint programmes, although ministerial sectoral and financial capacity remain insufficient and continued support is needed at all levels. Despite the relatively enabling legal and policy environment for gender mainstreaming across multiple sectors, poverty and socio-economic insecurity, especially of women, contribute to GBV and to intimate partner violence especially, as well as to the sexual exploitation of girls, sex work, and early marriage as a form of economic coping. The Covid-19 epidemic in Mozambique is widely reported (KI interviews) to be worsening all of these at the same time as hampering effective responses.

While mainstreaming human rights-based approaches, with a primary focus on women and girls, there is room for a more transformational gender approach than seen in the 9CP and within joint programmes. For example, although programming in Rapariga Biz addresses empowerment of adolescents and youth, the focus appears to be more on training about available services, economic empowerment, sensitization and awareness raising, rather than processes that challenge the root causes of gender inequality and therefore provide opportunity for sustained changes (FGIs, KIs and document review). Also, the lack of involvement of boys and men means that patriarchal norms, attitudes and behaviours are not being directly challenged, although this is essential (and will be included in future programming of Rapariga Biz).

In addition, the most marginalized and excluded groups, whose realisation of their rights is most at risk, are not yet reached sufficiently across the thematic areas, although discussions are in place to overcome the current constraints (KIs and document review). For example, marginalised, impoverished girls and young women in more remote areas of programming districts are reported to be insufficiently reached, and UNFPA is not specifically addressing girls trafficked into sex work, female sex workers, and others at high risk for HIV and of GBV. The response in humanitarian situations is, however, focused on the SRH and GBV needs and rights of the particularly vulnerable cohort of internally displaced people. Also, the CO indicates that it has a policy of particularly supporting civil society organisations that include vulnerable people, although this finding could not be systematically assessed.

With regards to people with disabilities, UNFPA is gradually stepping up its programmatic response. For example, it is involved in 'We Decide', a programme under the gender team to support young people with disabilities in relation to GBV, through training health providers and building the capacity of young people with physical, hearing, visual and other disabilities. A proposal has reportedly also been submitted to Norway for funding work with young people with albinism. In Rapariga Biz, KIs and FGI participants indicated the need for far greater inclusion of people with disabilities and the lack of appropriate skills or materials to reach sensory-impaired beneficiaries. Within the CPE it was not possible specifically to hold and FGI with beneficiaries with disabilities, essentially because of the limited involvement to date, and the reduced site visits and FGIs because of COVID-19 restrictions.

Most important, in 2020 UNFPA commissioned research on the engagement of women and young people with disabilities¹⁷⁷ in Rapariga Biz and the Spotlight Initiative in Manica, Nampula and Zambezia provinces to inform programming with them in the next country programme. The study made extensive programmatic recommendations for UNFPA, civil society IPs, mentors and activists, and service provider units. In particular, it recommends that UNFPA: partner with organisations of and for people with disabilities to strengthen their capacity around SRHR and GBV; inform and train service providers on the rights and needs of people with disabilities, particularly the challenges faced by women and girls with disabilities in relation to SRHR and GBV; and strengthen wide stakeholder coordination between government sectors, civil society organisations and communities to change attitudes to disability and to the rights of women and girls with disabilities to access services and information. These and other recommendations should inform the way forward for the engagement of UNFPA with rights bearers in relation to disability,

¹⁷⁷ UNFPA 2020. Estudo para melhoria de Direitos de Saúde Sexual e Reprodutiva de raparigas adolescentes e jovens com deficiência, Uma análise do acesso e participação de mulheres e jovens com deficiência em programas de SSR e VBG nas Províncias de Manica, Zambézia e Nampula.

as well as recently published guidelines¹⁷⁸ which UNFPA is reported to have translated and disseminated. Particularly important is the active engagement with rights holders to strengthen their capacity to contribute directly to programming at all stages. The youth engagement principle ‘nothing for us without us’¹⁷⁹ should also apply to people with disabilities.

4.3: Efficiency

4.3.1 To what extent has UNFPA made good use of its human, administrative and financial resources, and used appropriate policies, procedures and tools to pursue and measure the achievement of the intended outcomes of the country programme?

Summary

Substantial increases in non-core funds have allowed the staff complement to increase substantially to address high levels of need in Mozambique, including emerging humanitarian crises, in the context of donor withdrawal of direct government funding and limited financial and technical government capacity to scale up programmes. The scale of UNFPA programming has greatly increased during the course of the 9CP. Rapid office and programme expansion has stressed the efficiency of operations, however, an unintended consequence, exacerbated by challenges in recruiting staff at the level needed. Nonetheless, overall planning, reporting, monitoring and evaluation appear to be on track, financial systems are essentially compliant, and appropriate policies, tools and procedures are in place. Office operational and technical capacity needs to be strengthened further, and communications need to be more systematic and streamlined to improve efficiencies. The UNFPA response to Covid-19 has been appropriate within international guidelines, but the epidemic has further stressed communications and efficiencies while exacerbating needs.

4.3.1.1 Human, Financial and Administrative Resources

The UNFPA CO has expanded greatly during the CP from a total complement of 36 in 2017 to 85 staff in post in late 2020, including 12 international posts, a resident representative and both deputy and assistant representatives, and sub-offices or staff posts in all provinces¹⁸⁰ where UNFPA has programmes, and in response to humanitarian emergencies.¹⁸¹ Only one sub-office was in place at the end of the previous CP, in Nampula, with staff also placed in Cabo Delgado. The capacity for and extent of programming has therefore greatly increased over the course of the 9CP. CO informants indicated that reasons for the expansion of staffing and programmes also include the poverty in Mozambique, with its large and fast-growing population and, because of the hidden debt burden, extensive funding that would have been earmarked for government budgetary support was instead channeled through UN agencies. This has incurred considerable administrative and operational costs, and challenged efficiencies of operation. Mozambique also has a strong policy commitment to health, gender and human rights, and to achieve the demographic dividend, making it a priority country for UNFPA and other agencies, and for donor support. The expansion of UNFPA programming is reflected across sexual and reproductive health, in programming with adolescents and young women, with regards gender and GBV, and to address the humanitarian situations that have arisen.

Instead of operating pilot programmes that government can take over, the emphasis has had to be supporting direct scale up of service delivery and capacity building (KI interviews, CO and IP reports), which requires extensive operational staffing and technical expertise. The humanitarian crises have precipitated the introduction of the Surge recruitment modality as well as the need to expand core posts. Surge allows rapid deployment of new personnel, a strategic response to emergency situations, and six experienced international staff were currently addressing SRH and GBV in the humanitarian context. However, these were reported to be very short-term posts (from one to maximum six months), so this approach does not increase long-term capacity in UNFPA, although the opening of new sub-offices with permanent posts, does. Both are appropriate and important responses to emerging needs.

The rapid office expansion has been challenging, however, regarding recruiting experienced and qualified staff (KI interviews). Limiting factors are reported to be the need for fluency in Portuguese (with respect to some international recruits), limits to the pool of experienced and qualified national staff, particularly in the provinces, and non-competitive UN salary scales compared

¹⁷⁸ Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities. (date and authorship not provided)

¹⁷⁹ A cornerstone of UNFPA global strategies in working with young people has long been their active engagement in policies and programmes that affect them.

¹⁸⁰ As well as in Maputo and Nampula, sub-offices in Tete from October 2018, Sofala from March 2019, Zambezia from March 2020 (with staff previously housed in Coalizao and World Vision), the Cabo Delgado complement increased in June 2019, and staff but no sub-office in Gaza and Manica from 2019 (CO informants)

¹⁸¹ See map

with international and national NGOs with donor funding. To address staffing challenges, KI informants indicate that the CO has tended to recruit less experienced staff and to provide extensive in-service training and mentoring. Several key posts were reported to be vacant at the time of the CPE across thematic areas¹⁸² and operations, including for monitoring and evaluation and finance, posing a burden on existing staff to act up. Thus an unintended consequence of major increases in funding and rapid scale up of programmes has been a negative impact on operational efficiencies.

Diverse KIs queried whether the staffing structure is sufficiently well aligned with both operational and technical needs, whether it could be more streamlined, and whether such a large staff complement is financially sustainable. Several suggested raising the level of various key posts in programming, finance and operations, and paying higher salaries to attract experienced staff, ensure the requisite skills, and enable streamlining of posts. Key informants also indicated that some confusion exists regarding roles and responsibilities, sometimes leading to delays in action, or actions ‘falling between the cracks.’ A realignment exercise started in early 2018, with external consultancy advice, has been complex and was still ongoing during the CPE, but should address some of the outstanding issues. During the CPE, all consultants found it challenging to obtain the required documents and feedback on specific questions from staff at different levels, also suggestive of high work loads and/or inefficiencies. The response rate to a short confidential staff questionnaire on office relations (annexed), emailed to all staff, received just under 10 percent response rate. Most of the few responses received noted the need to improve office communications, and for efficiencies to improve regarding IP reporting, and planning and prioritization of work, including more streamlined processes and greater delegation of decision making (between provincial offices and the CO and within the CO).¹⁸³ Multiple individual proposals were made to improve efficiencies, and it would appear useful to organize safe, perhaps confidential, opportunities for staff at all levels to raise them for consideration.

With respect to CO supervision, this is reported to have been working well overall (staff feedback)¹⁸⁴ and to have been sustained despite the Covid-19 epidemic with staff working from home. The supervision structure was revised from a highly vertical approach at the start of the CP, with excessive burden on senior management, to a more structured and manageable unit/team approach.¹⁸⁵ Within teams, programme officers undertake operational as well as technical tasks, and communication with implementing partners, other agencies and government is reported to vary according to specific needs. However, a reported challenge has been sustaining cooperation and communication between teams, and this has worsened during Covid-19, given that the pressures to sustain communications and work flow within teams and with partners have increased (KIs in UNFPA and in partners). Several KIs reported that this was particularly concerning with respect to joint and overlapping programmes.

With regards to administrative policies and office procedures and tools, the CO is reported to be essentially compliant, although staff shortages and skills gaps pose challenges. The Atlas system is reported to be working fairly well, despite major challenges initially (KI interviews). Implementing partners (IPs) had to submit reports through the GPS from 2018, requiring extensive staff training and good internet access, and an understanding of results based management and reporting. Within UNFPA, programme assistants were reported to need support to utilize Atlas fully, particularly regarding financial issues, placing a heavy burden on financial staff. Typically, reporting by IPs was said to be superficial, and considerable UNFPA staff time is needed through an iterative process for quality assurance of quarterly and annual reports. The thematic teams are said not to have a standardized approach to approving reports, but guidelines for IP reporting were developed by UNFPA HQ in 2019 that are being translated into Portuguese for IP use and to assist standardization of quality reporting and assessment. The high frequency of delays in submitting acceptable reports inevitably leads to delays in release of funding, and funding delays for this and other reasons have repeatedly delayed implementation of activities (KIs in UNFPA, donors and among IPs). Additionally, the government decision in 2019 to decentralize into the provinces and districts with two parallel structures, which appear to have overlapping mandates and competitive power structures, is reported to hamper implementation (KI interviews), including issues around changing signatories which has reportedly led to delays in government partners signing off reports.

Once a month there is a well-appreciated UNFPA all-staff virtual meeting primarily to touch base on staff well-being and to share information, e.g. on upcoming events or new regulations. This appears to be a useful commitment. In addition, each programme and operation team meets monthly to review progress, address bottlenecks, increase cohesiveness, and plan for the coming month. Ad hoc meetings also take place to trouble shoot. The weakest link in internal communications was reported (KI interviews) to be between some provincial offices and the central office, with communications said to depend more on personal commitment than on specific systematic requirements, so that effective oversight of day-to-day functioning is not guaranteed. Formalising a system of communication between the provincial offices and staff and the central/country office might be worth exploring, including with respect to information sharing to reduce reliance on meetings.

¹⁸² E.g. the Spotlight coordinator, gender NOB post, and programme leads for adolescents and youth, and for population dynamics

¹⁸³ It also applied (KI feedback) between the country representative and HQ, particularly in emergency situations

¹⁸⁴ Questionnaire sent to all staff on office functioning, efficiencies, atmosphere, workloads etc

¹⁸⁵ KI feedback and review of changing organograms during the CP

Although, overall, IPs were highly appreciative of UNFPA, various areas where efficiencies could be strengthened were raised by a number of IPs across the thematic areas and, in several aspects, were noted by UNFPA staff also. Challenges included: excessive bureaucracy in decision-making procedures in UNFPA, including from HQ, leading to delays in planned activities and budget execution but without commensurate changes in time lines for full implementation and expenditure; delays in disbursements and implementation for other reasons also (e.g. slow procurement, inadequate reporting); high expectations of some IPs' capacity to operationalize programmes, which were sometimes unrealistic and led to inefficient implementation and reporting; and unplanned (and sometimes unexplained) reductions in budget allocations to IPs or changes in plans without consultation with IPs, leading to multiple addendums (KIs and document review). These issues and challenges to effectiveness are addressed more specifically in the thematic areas in EQ2.

With respect to partnerships and coordination, UNFPA in Mozambique is highly connected and is also collaborating with multiple ministries (see EQ2 and EQ5), but the efficiency of the United Nations Development Assistance Framework (UNDAF) was reported by multiple KIs to be less than optimal, with consequences for all agencies. Also, across the joint programmes there was feedback from some KIs that the boundaries between actions undertaken by UNFPA and other UN partners were not sufficiently clear in practice, leading to some duplication of effort where different programmes operate in the same geographic area, and some missed opportunities for synergies. These issues are also addressed further elsewhere.

Regarding financial resources, CO successfully secured a huge increase in non-core resources during the 9CP (document review and KI interviews), including funding from nine bilaterals, several multilaterals, the Multi-Partner Trust Fund (of the European Union, Sweden, Canada and the UK), one foundation (Bill and Melinda Gates Foundation), and the Emergency Trust Fund. Rates of core and non-core budget utilization are presented in Chapter Three, and are fairly high across the programmes, with reasons for some lower expenditures against budgets also addressed.

The harmonized approach to cash transfers, HACT, (relating to UNFPA, UNDP and UNICEF) is reported (CO feedback) to be in place but not optimal, as UNFPA is reported to have a slightly different system from the other two agencies, and also uses the Global Programming System (GPS). Another area said generally to work well but that was sometimes challenging (KI interviews), is the flow through mechanism of funding, whereby international funds go to one lead agency to channel to partner agencies, with each being held accountable for their own expenditure. This was said sometimes to lead to delays and, as reported by some KIs, the potential for competition for funds between agencies. The findings on HACT and flow through funding were tentative, however, and it was not possible to elaborate on or quantify them, despite the consultants' efforts to seek further clarification.

An external management audit by the UN Board of Auditors took place in December 2019 and was reported (CO feedback) as unqualified. The UN Board of Auditors reached overall conclusions with which the findings of the CPE align well. These include that UNFPA had good financial health and sound financial processes and controls at the end of 2019, but that improvements could be made in managing procurement and in programme management. It also noted improvements needed in travel management, HACT, and the internal control framework. The November 2020 response addressing the overall conclusions, which was shared with the consultants, indicates how all six main recommendations had been or were being addressed. A further virtual audit by HQ took place in November 2020 without a field mission, the report to be finalized in 2021.

4.3.2 How efficient has been the monitoring and evaluation system within the UNFPA CO with regards measurement of results to ensure accountability?

The monitoring and evaluation (M&E) systems aim to adhere to full compliance with internal M&E (the strategic information system, SIS), external M&E (the GPS utilized by implementing partners), and to donor reporting requirements. The office is also engaging with UNInfo, a system that links all UN agencies. Various challenges have arisen during the course of the CP due to both internal and external factors (KI interviews) but, overall, the consistency of monitoring and reporting by the CO appears to have strengthened, particularly in the past year. For example: the SIS shows that of 13 donor reports in 2017, only seven were submitted on time; in 2018 of 10 donor reports, just five were submitted on time; in 2019, of 14 donor reports, nine were submitted on time, and in 2020, all 17 donor reports were submitted on time. Regarding the quality of reports, the CO estimate is that about 15 percent were of insufficient quality to be accepted without amendment, and both the CO and donors conclude that the quality of reporting needs to improve to ensure more strategic measurement of results that go beyond process and basic numeric indicators.

Table 4.5: Indication of Planning, Monitoring and Evaluation and Reporting by UNFPA CO

Type of Report/Activity	Frequency
Planning	
CPD and RRF	Every four years
CO Work Plans	Annual
SIS Planning matrix	Annual
CO retreats	Annual
Work Plans with IPs	Annual
Work plans for joint programmes with UN partners?	Depends on project
UNDAF work planning (if different from above)	Joint annual
Results Planning in SIS (integrates CP outputs and organisational effectiveness and efficiency)	Annual
Monitoring	
SIS Monitoring tool for milestones	Quarterly
Programme review of CP	Annual
IP work plan monitoring	Quarterly
Work plan Progress Reporting in GPS	Quarterly
e-FACE (IP) financial and narrative/programme reporting	Quarterly
SPOT checks with IPs	Quarterly
SPOT checks with IPs undertaken by an external accountancy firm?	Annual with all
IPs financial audits	Annual
Financial management dashboard in SIS	Weekly
Evaluation	
CPE to assess accountability in present CP and orient to next CP	Every 2 cycles (considering making it every cycle)
Reporting	
Country Office Annual Reports (COARs)	Annual
Workplan Progress Reports	Quarterly
Donor reports: Dashboard according to donor requirements, uploaded by UNFPA	Annual
One UN reports	Now annual, previously not
UBRAF reporting	Annual

Challenges to M&E noted by KIs (regarding IPs using the GPS and in the CO) include: the lack of an M&E specialist at the level required until late 2019, and non-availability of a cohesive M&E plan; increasing demand for robust M&E but insufficient staffing capacity in the provincial offices and CO teams to deliver fully; high numbers of milestones against which to report (indicated to have been over 200); and limited capacity for M&E in the IPs, but insufficient CO time to provide the level of training and mentoring needed to bring them up to speed. Relatively high levels of staff turnover were reported in IPs (KI interviews).

A key measure put in place to address the needs has been recruiting the present M&E officer at a higher level who could take strategic steps to rationalize the systems where possible, and undertake training and mentoring of UN staff and IPs to build their results based management (RBM) and reporting skills. In the long term, having a pool of competent staff both in the country office and the provincial offices is the way forward to sustain robust M&E. This goal is challenged, however, as noted above, by the difficulty in recruiting staff at the level required, and by staff turnover in IPs. Towards rationalizing the system, the number of milestone indicators has been reduced on the premise that it is preferable to have robust monitoring of strategic indicators as opposed to insufficient monitoring of multiple indicators, some of which are of lesser importance. This would appear to be a strategic approach and will be incorporated in the next CP results and resources framework.

Finally, the Covid-19 epidemic in Mozambique has caused considerable disruption in multiple ways, as noted above, and required that staff in multiple organisations work from home, leading to challenges for efficient communications and coordination, M&E, and in community outreach services in particular. At the same time, challenges to health and welfare have grown, including increased risks for SRHR, HIV acquisition and treatment adherence, and GBV. The response of UNFPA appears appropriate, is within international and national guidelines, and has included greatly strengthened use of multiple online media for communications, document sharing and other needs. EQ2 addresses specific responses to programmatic needs.

EQ 4: Sustainability

4.4.1 To what extent in each of its thematic areas has UNFPA been able to promote national ownership (e.g. policies, budgetary allocation and increased capacity, and to integrate SRHR/HIV/GBV into government policy, planning and programming?

Summary

UNFPA has contributed extensively across the thematic areas to promote an enabling legal and policy environment, with government increasingly integrating SRHR, HIV and GBV into policy, planning and joint programming. However, government ownership with respect to budgetary allocation and coordination and technical capacity still needs to be strengthened.

UNFPA has contributed extensively to national policies, plans, strategies and programming in the 9CP and previous country programmes across sexual and reproductive health including HIV, adolescents and youth, and with respect to gender and GBV (see EQ1 and EQ2). In this respect, the agency has significantly contributed to strengthened national ownership and sustainability and, on the whole, Mozambique has an enabling policy and legal environment across all thematic areas of the UNFPA mandate (see Chapter Three and EQ1). However, there is little government ownership with respect to budgetary allocation. Direct budgetary support to government was scaled back dramatically after the discovery of hidden debt.¹⁸⁶ Nonetheless, in 2019 the government allocated approximately USD 4.27 million to health (10.6 percent of the total budget), an increase of 5 percent against 2018 and of 32 percent against 2017 allocations, thus demonstrating increased commitment to health despite facing multiple competing budgetary demands.¹⁸⁷ It is challenging to measure the extent to which UNFPA and UN advocacy contributed to this result, although the UN, including UNFPA, did contribute technically and financially to legal, policy and strategy development. Mozambique remains classified as a least developed country (LDC) at the end of 2020,¹⁸⁸ and the government lacks the resources to allocate sufficiently high levels of funding to health and welfare despite the positive policies and commitments in place. Government financial stability has worsened in 2019 and 2020, facing the humanitarian crises of the two cyclones, the insurgency in the north, and now the Covid-19 epidemic restrictions. This makes it unlikely that government can sustain programmes currently financed and implemented by donors, UN agencies and civil society, even where legal and policy commitments have been strengthened. In 2020, the European Union began to provide some direct funding to government in relation to the Covid-19 epidemic, and key informants indicated that further direct government funding may increase, possibly reducing direct funding to UN agencies.

Government capacity in all the thematic areas is described as technically and financially challenged (KI interviews across government and non-government stakeholders), exacerbated by understaffing and high staff turnover particularly at provincial and district level.¹⁸⁹ Collaboration between government and community service organisations was also reported to be insufficiently strong to sustain effective programming (KI interviews). UNFPA acknowledges these challenges and the importance of supporting more joint planning and programming with provincial and district governments, civil society organisations and local leaders to support effective programme implementation, monitoring of results, sharing of information, and for capacity development. At national level, joint planning and implementation across ministries, the UN and non-government organisations is reported to be considerably stronger (multiple KI interviews), seen as a reflection of commitment to the policies in place, and it is to be hoped that this will be sustained and strengthened in the future.

With respect to adolescents and youth, the GoM is reported (KI interviews) to be committed to realising the demographic dividend afforded by a young population structure, including around education, employment, and youth empowerment (as articulated in national development plans). Potentially, the commitment could lead to sustainable results in development planning to incorporate these concerns. However, the extent to which the challenges incurred by a young population structure, high fertility and rapid population growth, and ever-increasing needs for educational and employment opportunities, are being systematically addressed in national plans is limited (document review, KI interviews). With the support of UNFPA, some important policy documents have been developed, including a road map to address the demographic dividend, and staff have been trained on population dynamics issues and how to incorporate these in planning processes (see EQ2). Despite this, the understanding of population dynamics among senior government leadership and policy makers (the Council of Ministers, members of parliament and party leaderships), and the implementation of the policies, including the road map, remain major challenges to sustainable outcomes.

¹⁸⁶ This is addressed further in Chapter Two

¹⁸⁷ Draft UN Common Country Assessment, December 2020.

¹⁸⁸ On the UN criteria of widespread poverty, low levels of human resources, and economic instability

¹⁸⁹ For example, a key informant cited one example of a multipurpose committee at district level established in 2019 which, after six months, had lost half of the initial participant staff.

4.4.2 To what extent in each of its thematic areas has UNFPA been able to support implementing partners and beneficiaries (especially women and adolescents and youth) in developing institutional capacities and establishing mechanisms to ensure durability of effects?

Summary

Throughout its thematic areas UNFPA has strengthened partner and beneficiary capacity and has contributed to various mechanisms, such as strengthened data capture, leading a multisectoral youth group, and development of integrated GBV centres, to contribute to durability of effects. However, many challenges remain.

Despite the challenges facing government, there is evidence of some durability of effects, or sustainable results, in terms of some key outcomes and outputs to which UNFPA has contributed in all its thematic areas. In sexual and reproductive health, the strategy of investing in skills transfer by promoting in service training especially for programme management, contributions to supply chain logistics, and training new health providers, has the potential to contribute to lasting effects. However, reported high staff turnover in the Ministry of Health is an issue for sustainability and, also, new staff deployment after training, given the ministry's limited budget. The continued reliance on UNFPA as the main purchaser of SRH commodities, including EmONC equipment and contraceptives, is not sustainable indefinitely, and further advocacy and strategies are needed to incorporate more of these expenditures within the state budget.

Another area of concern for effectiveness and sustainability rests with community activists. UNFPA currently supports last mile distribution of family planning through community activists who require monetary incentives, but who are not capacitated to become change agents within their communities (KI informants and FGIs). A more strategic intervention for lasting results would be to offer a training package to support their personal development as change agents, potentially increasing their long-term engagement, and enabling them to contribute more effectively to a lasting result of increased community uptake of family planning.

With regards SRH in general, especially adolescent SRH and gender programming, durability of effects could be strengthened by greater cohesion and complementarity between and within programmes. The new multi-sectoral youth group, led by UNFPA, is an important mechanism towards achieving this (see EQ2), building on recent mapping of youth programmes.

The long-lasting and widespread Geração Biz programme, initiated by UNFPA and the GoM in response to the ICPD Conference of 1994, was developed into the Rapariga Biz (RB) programme in 2016 to address the SRHR needs of adolescent girls and young women (AGYW). Outcome results associated with RB include a significant reduction in teen pregnancies in the two programming provinces, Nampula and Zambezia,¹⁹⁰ although whether this outcome will be sustained there, or be achieved in other provinces, is not certain. However, the mentorship approach of RB, operationalized by Coalizão, is reportedly (KIs and document review) being taken up by other programmes such as Spotlight, so it has contributed to wider programming geographically for a potentially sustainable result. A challenge to durability of effect is the low and uneven remuneration of Coalizão mentors and mentors in other programmes, and sometimes late remuneration, leading to reportedly high turnover and the need for continued training to sustain high levels of knowledge and mentoring skills. UNFPA currently provides payment for mentorship activities, but it is unlikely that government would be able to sustain this should UNFPA pull out, and various proposals were suggested (FGIs, IP KIs) for alternative means to provide incentives that could be sustainable (e.g. exemption from school enrolment fees and other forms of recognition for their work). An additional challenge to retaining trained mentors is reported (FGIs and KIs) to be their exposure to upsetting experiences of girls who have been raped or otherwise abused, and reportedly insufficient psychological support services being available to the mentors.

With respect to youth organisations, strengthening their technical capacity and helping them link with each other and with other institutions, including with government ministries and departments, are important ways to promote sustainability of their engagement in policy and economic empowerment. The extent to which sustainable results have been achieved so far will need to be assessed over time.

¹⁹⁰ Final Report of Rapariga Biz Programme, 2020

An important sustainable result for young people is the reported change in community attitudes (KIs and document review), including of religious and local leaders, towards sexual and reproductive health for young people. With respect to adolescents, comprehensive sexuality education (CSE) is reported to be widely accepted in diverse communities, particularly influenced by a major convention in 2019 for religious leaders. Likewise, the Parent-Teacher Association has reportedly come on board. These underlying changes in community attitudes, to which UNFPA has contributed, are essential for the sustained implementation of CSE in schools, which has been documented (KIs and document review) to have increased the awareness and knowledge of students. UNESCO leads on CSE in school, but UNFPA contributes to the school environment for ASRH, for instance through condom provision through the MoH mobile brigades, advocacy and through its community SBCC efforts.

However, although attitudes to ASRH information and services appear to have improved, it is not clear whether underlying patriarchal attitudes to gender norms, to gender based violence and the rights of women and girls, have significantly changed. Although there are as yet no systematic comparative data on this (the last extensive survey on gender and GBV took place in 2004, and gender-related data are insufficiently captured in the census and other surveys),¹⁹¹ multiple KIs and FGIs with adolescent girls note the need for more transformative approaches. Rapariga Biz and Spotlight do not currently address males sufficiently to achieve transformative gender results. Nonetheless, empowering women and girls, providing integrated services and training rights bearers across different sectors are important contributions. The financial contribution of UNFPA to setting up the integrated centres regarding GBV (CAI) has been important, too, but it is unlikely that government could take over full maintenance and recurrent costs of the centres without continued financial support. UNFPA continues to meet some recurrent costs, but maintenance of the centres and of systems such as the *Infoviolência* platform, which requires not just the functioning hardware, but also internet access and power supply, might not be fully guaranteed by government without continued donor funding. Another challenge for sustainability is reportedly high turnover of service providers in Spotlight, or staff being moved to new places, so that training is a continuous need, and this is unlikely to be sustainable by government.

Regarding population dynamics, data collection has largely depended on donor support and will continue to do so while the country is unable to fully fund its statistical operations through the state budget. The support for the territorial statistics for province, district and administrative post levels, the production of geo-referenced data and the production and placement of population data on information boards have increased the skills of local staff in data generation and use in local planning, as well as increasing statistical literacy, but the consolidation of these exercises, in particular the yearly update of population numbers on the information boards, may not be sustainable without the support of donors. An additional concern is whether trained staff can be retained long term to ensure that institutional capacity is not lost.

4.5: Coordination, Connectedness and Cohesion

4.5.1: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT and HCT coordination mechanisms and contributed to the UNJT on AIDS?

Summary

UNFPA has taken on extensive convening and coordination roles in the UNCT, regarding UNDAF, in HCT coordination mechanisms, and in relation to the UNJT on AIDS. However, there is room for strengthened coordination, connectedness and cohesion within UNDAF, and UNFPA needs to play a stronger role in convening and programming for HIV prevention within the UNJT on AIDS.

From 2007, Mozambique was a pilot country for the UN delivering as one (One UN), with the four priorities of having one leader, one overarching programme to which all agencies would contribute, one budgetary framework and UN fund, and one management system.¹⁹² However, multiple KIs indicated that the UN Development Assistance Framework (UNDAF) for delivering as one has not functioned optimally. An independent evaluation of UNDAF was taking place at the time of the UNFPA CPE, and preliminary results indicated that the UNDAF was doing some of the right things in the right way, but challenges had arisen for various reasons. Also, several changes of resident coordinator required repeated adaptation by agencies.¹⁹³ Since 2019 the Resident Coordinator's Office (RCO) has led the United Nations Country Team (UNCT) and the UNDAF, in line with global UN reform, with leadership no longer under UNDP. Issues were also reported in duplication of mandates between the UNCT and the Humanitarian Country Team (HCT), and also because the HCT terms of reference have not yet reflected the move to a nexus approach going beyond immediate humanitarian concerns. This will require engagement of some agencies not yet involved in the HCT to address long-term responses for peace and development (KI feedback).

¹⁹¹ See inputs on population dynamics.

¹⁹²¹⁹² <http://mptf.undp.org/factsheet/fund/MZ100> accessed Jan 2021

¹⁹³ Feedback from the UNDAF evaluation and from KIIs in the UNFPA CPE

Recognising these reported limitations, the engagement of UNFPA in UNCT, UNDAF and HCT coordination has nonetheless been extensive considering its relative size. Key informants indicated that UNFPA was chairing or co-chairing three UNDAF outcome working groups: for Outcome 3 on health; Outcome 4 on gender; and Outcome 7 on adolescents and youth, with the Deputy Representative sitting on the Programme Management Team. UNFPA is also active in the Operations Management Team and the UN Communications Group. KI interviews indicated that UNFPA also plays several key roles in the UNCT, and the CPE found that UNFPA is highly respected by both sister agencies and by government. UNFPA co-chairs with UNICEF the People Group, which prepares inputs to the Common Country Assessment (CCA), reportedly the largest group, and also contributes to other groups providing analytical inputs, and chairs the Monitoring and Evaluation working group. Particularly important has been the UNFPA role around data. UNFPA has two members in the Joint Support Team, including a population dynamics specialist who has chaired the M&E Reference Group (MERG) since July 2019.

Within the HCT UNFPA is also reported to have extensive roles, and to undertake information sharing, coordination, contributing to joint planning of the emergency response, resource mobilization, joint implementation and joint assessments. The agency participates in several sectoral groups (e.g. social protection, health, human rights and GBV, socio-economic impact), and chairs the GBV sub-group under the Social Protection Cluster and the Sexual and Reproductive Health Working Group under the Health Cluster. Key informants indicated that UNFPA coordinates with other agencies and with civil society organisations on priorities and actions on the ground, as well as being engaged in the HCT at national level.

With regards collaboration in the UN Joint Team (UNJT) led by UNAIDS, UNFPA is named in almost every area of the division of labour and is convenor for prevention of sexual transmission of HIV, leading on the pillars of adolescent girls and young women (AGYW) and their partners, for condom programming, and in the key and vulnerable populations of female sex workers (FSW), men who have sex with men (MSM), and in migrant or mobile populations (including internally displaced persons, IDPs). WHO leads on the prevention pillars of pre-exposure prophylaxis (PrEP) and with PEPFAR on voluntary male circumcision (VMMC), and UNODC leads on HIV prevention in people who inject drugs. However, the role that UNFPA has played was considered by many KIs (and acknowledged by KIs within UNFPA) to need strengthening, both at convening/leadership levels and on the ground, particularly given that Mozambique has the second highest burden of HIV globally and has not succeeded in curbing the epidemic. In terms of leaving no-one behind, it is critical, for example, to reach female sex workers effectively, including adolescents exploited into sex work and other marginalised and at risk young people in more remote districts and, in particular, in humanitarian settings. There, the risks of gender based violence and of HIV acquisition increase, and access to SRHR and HIV prevention services, including for adolescents, are interrupted. In addition, alignment of indicators with UNAIDS was considered important for future programming.

With respect to UBRAF,¹⁹⁴ key informants indicated that operational costs were high in relation to the scale of funding, with heavy reporting requirements and complex approval processes that have led to delays in implementation and consequent underspending. However, a strategic use of UBRAF funds could be staff recruitment¹⁹⁵ to focus on HIV prevention, rather than using UBRAF for programming expenditures, an initiative reportedly underway in 2021. The new HIV and AIDS policy, PEN V 2021-2024, places strong emphasis on HIV prevention, with a national combination prevention package that includes condom access and promotion, services for adolescent girls and young women, and addressing the enablers of reducing stigma and discrimination, realising human rights, creating social and behaviour change, and community engagement.¹⁹⁶ With the right staff on board, UNFPA would be in a key position to play a prominent co-ordination and joint implementing role in PEN V within the UNJT, with government, and other key stakeholders, although with respect to PEN V development, UNFPA engagement was reported to have been limited. An area on which UNFPA should also have capacity to contribute, would be with regards developing a gender and HIV plan, the lack of which was noted in the UNAIDS evaluation.¹⁹⁷

4.5.2: How far is the CP coherent with and engaged in joint interventions of the UN agencies and Government in relation to each thematic area?

Summary

In all the areas of its mandate, UNFPA is engaged in extensive joint programming with other UN partners (except in population dynamics) and with multisectoral government ministries and departments, but the coherence of joint programmes needs to be strengthened.

¹⁹⁴ The Unified Budget, Results and Accountability Framework of UNAIDS cosponsors.

¹⁹⁵ UNAIDS indicates that this is an acceptable use of UBRAF.

¹⁹⁶ UNAIDS reports that these points were stated in November 2019 at the Nairobi Global Prevention Coalition and helped guide the development of PEN V.

¹⁹⁷ Evaluation taking place over a similar time frame as that of UNFPA CPE.

In the 9CP, UNFPA has several joint programmes with other UN agencies (mainly UNICEF, UN Women, UNDP, WHO, UNESCO, UNAIDS, the Resident Coordinator's Office, and also with IOM and others in humanitarian situations). However, one key informant indicated that only about 3 percent of total UN programming in Mozambique is 'delivering as one'. Although the consultants could not independently verify this estimate, and whether it referred specifically to past budgeting and joint programming as suggested by one reviewer,¹⁹⁸ it reinforces a finding from several key informants that UNFPA is one of the stronger agencies in terms of joint UN programming. UNFPA also works jointly with multiple government and civil society implementing partners across sexual and reproductive health, adolescents and youth, and in gender, such as Rapariga Biz with adolescent girls, the Spotlight Initiative to end gender based violence, the My Choice programme on family planning, the former KIMCHI programme, the midwifery training programme, and engagement in programming against child marriage. Thus, within these programmes there is clear demonstration of the New Way of Working (NWOW) whereby different agencies combine their respective competencies to contribute to agreed outcome results. UNFPA works in collaboration with multiple ministries, notably the ministries of: Health; Justice, Constitutional and Religious Affairs; Gender, Children and Social Actions; Cooperation and International Affairs; Internal Affairs, Economy and Finance; and the Secretary of State for Youth (previously designated a ministry). UNFPA also supports the National Institute of Statistics and the National Health Institute. The relevance of programming across the thematic areas is addressed in EQ1, their effectiveness in EQ2, and the potential for sustainable results in EQ4. UNFPA is the only UN agency with the mandate for population dynamics, however. Nonetheless, different agencies contribute to population data gathering and use within their respective mandates.

In some joint programmes roles and responsibilities are clearly elucidated and complementary: for instance, the Spotlight Initiative has six pillars, with designated responsible agencies among which UNFPA contributes to the pillars on services and on data. However, key informants indicated that there is less coherence between some programmes on the ground, including where they overlap in geographical areas, and reports of some missed opportunities for complementarity and learning. Examples are the overlap of Rapariga Biz and Spotlight in certain districts, and of the child marriage programme and RB. The three programmes have overlapping geographic areas, objectives, and results areas of implementation and, at times, diverse KIs reported that it was unclear what was being done under which programme. This has led to duplication of effort on the one hand and, on the other, the risk of leaving more vulnerable and hard-to-reach populations behind. It also makes it challenging to enumerate the achievement of results per programme. This is a particular problem within Spotlight, in any case, with a huge target of reaching six million beneficiaries, but, with lack of coherence in monitoring between the pillars, double counting is inevitable. The introduction of Rapariga Biz/Coalizão mentors into Spotlight will mean that, in effect, UNFPA will be contributing to the UN Women pillar of strengthening community and beneficiary awareness and capacity in relation to adolescent girls and young women, while UN Women continues to address women older than this cohort. While this is clearly a very positive example of synergy between the two programmes, and a good demonstration of NWOW, it may further muddy the waters in terms of accountability and the overlap of mandates. Coordination of the programme by the RCO was widely reported to be inadequate, although RCO coordination is mandated within the NWOW for joint UN programmes. UN Women was also reportedly struggling to provide adequate day to day leadership and cohesion between pillars, and several KIs raised whether UNFPA might become lead UN entity for GBV. To avoid duplication and/or lack of alignment, communications, coordination and monitoring between joint partners in general need to be strengthened, roles and responsibilities clarified, and different approaches synchronised, especially in joint adolescent and youth and gender programmes.

A linked issue raised by several KIs was that there is some competition between agencies for recognition for their contributions to programmes, particularly where there is a degree of overlap of mandates or the boundaries are unclear. One issue is that agencies are responsible to report to their respective headquarters and to existing and potential donors, and therefore need to be visible. For instance, in Spotlight, key informants reported that there was marked competitiveness between agencies and reluctance to publish reports and articles under a joint UN logo rather than agency specific logos, a complex issue reported to be linked to joint resource mobilisation. This apparent competition was also commented on by KIs regarding the humanitarian response in Cabo Delgado, with assertions that if one agency visits a site on its own, it will tend to take credit for results, and there is little use of a joint UN flag or logo. It was not possible for the consultants to quantify the extent of this issue, however, so this is presented as only a tentative finding.

¹⁹⁸ One reviewer suggested that this might be the case, in which case it was a plausible estimate as 'Delivering as One' funding has reportedly dried up.

Chapter 5: Conclusions

5.1. Strategic Level

Conclusion 1.1: Despite a commendably high level of achievement through extensive programming (which expanded greatly over the course of the CP), high relevance and strong responsiveness to country needs, various factors contribute to inefficiencies in how UNFPA is functioning, including insufficient operational and technical capacity to deliver more strategically on the 9CP expanded budget and programmes, and delays caused by bureaucratic processes.

Origin: Evaluation questions: 2, 3; **Evaluation criteria:** effectiveness and efficiency

Associated recommendations: 1.1a, 1.1b, 1.1c

The budget and programmes of UNFPA have expanded significantly during the 9CP and contributed to important results across its mandate but, despite considerable and ongoing efforts to strengthen the staff structure and expand staffing capacity by further recruitment, opening sub-offices, and in-house training for operational and technical staff, uncompetitive salary scales and post designation have been serious impediments. High adherence was observed to appropriate online systems for reporting, accounting and monitoring, but inefficiencies were observed in communications, with teams reported to work largely in silos, insufficiently systematised information sharing, high workloads, inadequate delegation of authority to ensure rapid responses, and insufficient time for planning, reflection, support for implementing partners, and other concerns. The response to Covid-19 appears highly appropriate, with strongly enhanced virtual communication structures, but working virtually has inevitably incurred further challenges in communications and work flow.

Conclusion 1.2: The 9CP lacked an overarching theory of change, and the results chain logic both within and between the results frameworks of thematic areas was insufficiently strong; some output indicators were not strategic enough to measure transformative, sustainable results, which UNFPA aims to address.

Origin: Evaluation question 2; **Evaluation criterion:** effectiveness

Associated recommendation: 1.2

The limited results chain logic and lack of an overarching theory of change have led to some inconsistencies between team responsibilities and interventions, likely worsened by the finding that communications between teams are not optimal. Because of this, opportunities for lessons learned and synergies between programmes are being missed. In addition, the output indicators in the results framework are not always strategic enough to measure transformational results, allowing programmes in some cases to focus on lower level achievements (such as numbers reached) rather than addressing the quality of interventions and how they lead to sustainable outcomes. Nonetheless, although not always apparent in the results frameworks, some transformative changes are being measured and achieved in the milestones of the annual reports and are documented in programme evaluations.

Conclusion 1.3: In the 9CP UNFPA has demonstrated high responsiveness to emerging humanitarian crises, but without a holistic, nexus strategy, a core staffing complement and multi-year funding, and there is need to strengthen the response to address both changing immediate needs and long-term recovery development in a nexus approach.

Origin: Evaluation questions 1,2,3; **Evaluation criteria:** relevance and responsiveness, effectiveness, efficiency

Associated recommendation: 1.3

UNFPA responded rapidly to the need to secure sexual and reproductive health and rights, and to address gender based violence among internally displaced people, both at the level of contributing to the Humanitarian Country Team and by rapidly recruiting staff on the ground in the humanitarian areas (through the Surge modality). The response of the CO was highly appreciated, although many challenges remain as the insurgency in Cabo Delgado worsens, further climatic disasters are arising, and there is need to move also into long-term recovery and development mode (a nexus approach). Currently, the CO lacks an overarching strategy to address humanitarian crises, addressing all required pillars, nor is there an integrated and dedicated core staff complement to address humanitarian needs holistically, and the partnerships developed with civil society and government implementing partners, and with partner agencies, need to be strengthened. Also, the lack of a preparedness strategy and operational plan including forecasting needs for emergency kits, as well as their pre-positioning in areas at risk of emergency, led to delays in responding to the needs SRH needs of adolescents, young women, antenatal women and newborns. Further, responses were more focused on health specifically, rather than integrating gender concerns around gender based violence, and the particular needs of adolescent girls.

Conclusion 1.4: While including HIV prevention in various areas of programming, UNFPA is not contributing sufficiently strongly to HIV prevention across all thematic areas, particularly with vulnerable adolescent girls and young women and other key and vulnerable populations, to leave no-one behind.

Origin: Evaluation questions 1, 2; **Evaluation criteria:** Relevance and responsiveness, effectiveness

Associated recommendation: 1.4

Despite strong contributions to sexual and reproductive health programming, including with adolescent girls and young women, and with the gender based violence programme in place, UNFPA does not deliver sufficiently on its mandate as UN lead on preventing sexual transmission of HIV. This is particularly concerning given that Mozambique has an extremely high HIV burden, and the government is placing higher priority on prevention in the upcoming HIV policy. To remain relevant and effective, there needs to be sufficient staff capacity and dedication to HIV prevention throughout sexual and reproductive health services, in awareness creation, with key populations, with adolescents and youth, and in connection with gender based violence which both contributes to HIV transmission and is aggravated by stigma and discrimination against people with HIV.

Conclusion 1.5: Fully aligned with key international commitments and to national priorities and policies, including responding to shifts in the national context and priority needs, UNFPA could nonetheless go further in addressing the SRHR and gender needs of the most vulnerable populations.

Origin: Evaluation questions: 1,2; **Evaluation criteria:** relevance and responsiveness, effectiveness

Associated recommendation: 1.5

UNFPA is highly valued by its partners in the UN, government, among donors, and civil society implementing partners, with effective application of all five modes of engagement as appropriate in a low income country. Across all areas of its mandate, the 9CP has been highly relevant to international commitments, to the UN delivering as one, and to government and population priorities in Mozambique. This includes responding appropriately to donor withdrawal of direct government funding and the demands of the humanitarian emergencies and, at the time of the evaluation, the Covid-19 epidemic. Despite many challenges, the agency has largely achieved or exceeded its targets and is widely seen as a reliable and responsive partner, with a people-centred, human rights based approach. However, the programme has only partially succeeded in addressing the principle of leaving no-one behind. This is apparent, for instance, in gaps in HIV prevention programming (e.g. for sex workers), in reaching adolescents or addressing GBV in more remote areas, and in reaching people with disabilities sufficiently. Nonetheless, efforts to address the latter are being strengthened.

Conclusion 1.6: The 9CP has demonstrated strong commitment to UNCT coordination and to One UN, including in relation to the Humanitarian Country Team (HCT) and the UN Joint Team on AIDS, although contributions to UNJT coordination and programming commitments could be strengthened.

Origin: Evaluation question 1,2,5; **Evaluation criteria:** relevance, effectiveness, coordination

Associated recommendation: 1.6

UNFPA has performed a range of convening and technical support roles in the UNCT, in relation to UNDAF, and in the HCT, although it lacks a coherent strategy to address humanitarian situations. The agency is highly valued by partners within the UNCT and UNDAF as responsive and reliable.

5.2 Programme Level: Sexual and Reproductive Health and Rights

Conclusion 2.1. UNFPA contributed significantly to strengthening sexual and reproductive health programming, increasing the coverage of maternal health care, and SRH including family planning, and supporting coordination, but quality assurance is insufficient.

Origin: Evaluation questions: 1,2; **Evaluation criteria:** relevance, effectiveness

Associated recommendation: 2.1

Throughout the 9CP, UNFPA provided technical support for the development and implementation of national policies and guidelines on SRH, including supporting the acquisition of commodities, the implementation of SRH projects by implementing

partners, and co-chairing with the Ministry of Health both SRH and the neonatal and adolescent subgroup under the SWAP approach. Effective quality assurance is a widely identified gap, however, throughout the implementation of health services.

Conclusion 2.2: Despite extensive UNFPA support to MoH for national contraceptive procurement and for last mile delivery in selected provinces, stock outs in health units remain a serious challenge and there is insufficient community distribution of contraceptives nationally despite considerable UNFPA achievements in its focal provinces from which lessons could be learned.

Origin: Evaluation questions: 1,2; **Evaluation criteria:** relevance, effectiveness

Associated recommendation: 2.2

UNFPA has procured about 50 percent of national contraceptive needs and supported extensive community delivery through KIMCHI and My Choice in selected provinces, in line with the national strategy and international commitments. Community contraceptive distribution through KIMCHI and My Choice appears to be efficient, including in reaching people in more remote areas and displaced populations, and the experience and lessons learned can assist the country to achieve greater coverage and uptake of family planning nationwide. However, there are no national guidelines on community distribution and also, despite the valued engagement of UNFPA in strengthening supply chains for health commodities, health unit management capacity for forecasting and other activities remains inadequate to ensure consistent contraceptive availability.

Conclusion 2.3. UNFPA provided valued support for obstetric fistula repair but, although this needs expansion, the campaign approach is unsustainable and integration of prevention and treatment is needed through a more institutionalised approach.

Origin: Evaluation questions: 2,4; **Evaluation criteria:** Effectiveness, sustainability

Associated recommendation 2.3

Although targets were not reached, UNFPA advocacy and support for MoH to treat obstetric fistula is highly valued and considerable numbers of women with fistula have been treated. However, after several years of implementation, there are still too few qualified surgeons. The campaign approach raises problems of cost, sustainability, and lack of post-treatment follow-up, but government has not yet endorsed moving to an institutionalized approach to fistula.

Conclusion 2.4: The health sector mobile brigades that UNFPA supports in humanitarian settings, while providing useful basic SRH services in the resettlement camps, cannot effectively respond to obstetric emergencies or the immediate needs of survivors of GBV and further interventions are needed.

Origin: Evaluation questions: 1,2; **Evaluation criteria:** Effectiveness and coverage

Associated recommendation: 2.4

Financing and supporting the implementation of mobile brigades is an important but insufficient response to addressing SRH needs in humanitarian situations. After Idai, UNFPA also supported the development of protection desks as an entry point to respond to GBV, although this was not replicated in Cabo Delgado.

Conclusion 2.5: UNFPA plays an essential role in the efforts to scale up the availability and use of EmONC throughout the country, but quality of care and sustainability of achievements are of concern.

Origin: Evaluation questions: 2,4; **Evaluation criteria:** Effectiveness and coverage, and sustainability

Associated recommendation: 2.5

UNFPA has supported MoH regarding EmONC in several ways, including for initial training and in-service training of health professionals (MCH nurses and doctors), and acquiring equipment and ambulances. However, operational challenges persist, with insufficient basic and comprehensive EmONC functions in place, and inadequate quality assurance, and lack of government financial capacity fully to deploy trained staff and to sustain services.

5.3 Programme Level: Adolescents and Youth

Conclusion 3.1 Convening and strengthening the Youth Partners Group is a strategic engagement towards implementation of the National School and Adolescent Health Strategy, which UNFPA supported, and to address the demographic dividend.

Origin: Evaluation questions 1, 2, 4; **Evaluation criteria:** Relevance, effectiveness, sustainability

Associated recommendation: 3.2

Fully to implement the strategy requires effective coordination and synergies between multiple stakeholders and programmes. UNFPA has built capacity of multiple youth organisations around SRHR and GBV, and strengthened SRHR services for adolescents (My Choice under the SRH thematic team), but many challenges remain in the full implementation of the strategy and in youth empowerment.

Extensive programming is underway through several programmes relating to adolescent girls and young women, regarding SRH and GBV, but there are missed opportunities for synergies and lessons learned between programmes, with overlap of activities and duplication of effort. In other areas there are gaps in programming that could be addressed using experience from these and other programmes. The 2020 Youth Partner Group, which UNFPA convenes, is a strategic mechanism to support government in planning and implementing more coherent and coordinated programming on all youth initiatives, utilizing the youth programme mapping that has been undertaken. It exemplifies a multisectoral and One UN/new way of working approach to strengthen coordination and effectiveness of diverse youth-related programmes to address the demographic dividend.

Conclusion 3.2: The strong programming of Rapariga Biz, with the mentorship approach, has demonstrated significant results for the sexual and reproductive health and rights of adolescent girls and young women, and reaching adolescent boys and young men in the next phase should contribute to more transformative results.

Origin: Evaluation questions 1, 2, 4; **Evaluation criteria:** Relevance, effectiveness, sustainability

Associated recommendation: 3.2

The Rapariga Biz programme, with trained mentors involved from Coalizao, has reached large numbers of adolescent girls and young women, demonstrably increasing SRH knowledge and service uptake, and contributing to reducing child marriage in the areas of operation. However, the programme is described as too ambitious, with some risks for sustained quality, and a more granular understanding of what has worked in RB (and what has not) would enable the programme to become more strategic and streamlined. Including males in the programme is an appropriate development to help achieve more transformational results, and extending the involvement of mentors in Spotlight is a constructive synergy between programmes. The most vulnerable, including young people with disabilities, are not yet sufficiently reached, but progress is being made, especially with respect to the latter.

5.4 Programme Level: Gender and Women's Equality

Conclusion 4.1: By strengthening existing integrated assistance centres (CAIs) and supporting the establishment of new ones, UNFPA contributed effectively to essential integrated service provision for survivors of gender based violence, although a gap remains regarding transitional safe places for survivors.

Origin: Evaluation questions: 1,2, 4; **Evaluation criteria:** relevance, effectiveness and sustainability

Associated recommendation 4.1

UNFPA support to strengthen CAIs to enable survivors to receive several services in the same place is highly appreciated by its partners and government, and has greatly improved service provider capacity to provide quality services under the integrated mechanism. However, the lack of transitional safe places for women survivors of violence remains a challenge and, although UNFPA is supporting one shelter in Nampula, developing shelters is not a financially sustainable strategy and can only assist women from nearby. Sustainable and viable community alternatives are needed that help women to report violence without fear of repercussions.

Conclusion 4.2: UNFPA strengthened the capacity of a wide range of service providers in relation to gender based violence, and on the use of the single form *ficha única*, but training does not sufficiently address changing patriarchal norms and values that underlie gender based violence.

Origin: Evaluation questions: 1,2, 4; **Evaluation criteria:** relevance, effectiveness and sustainability

Associated recommendation 4.2

UNFPA supported service providers of CAIs, health workers, social workers, justice and police, greatly improving their capacity to deliver quality services under the integrated mechanism, and their understanding of the law. However, without sufficiently addressing underlying cultural values that disempower women and girls and condone violence, service providers' perceptions and beliefs with regards to GBV may not change. This has implications for how they provide services, at times focusing on conciliation at the expense of a focus on rights, justice and restitution.

Conclusion 4.3: UNFPA supported the MGCAS to coordinate integrated services through consistently developing capacities of other sectors, but the integrated mechanism is not working sufficiently well in some provinces.

Origin: Evaluation questions: effectiveness, coordination; **Evaluation criteria:** 2,5

Associated recommendation 4.3

Coordination under the integrated mechanism remains a challenge in some provinces owing to perceived lack of commitment and/or capacity from the MGCAS at different levels to ensure consistency in coordination. Given that UNFPA is supporting the implementation of the integrated mechanism in different provinces, it is strategically positioned to draw from experience to support provinces struggling with coordination.

5.5 Programme Level: Population Dynamics

Conclusion 5.1: UNFPA undertook several critical activities to strengthen the National Institute of Statistics (INE) to produce and disseminate official population statistics and to promote its use in multisectoral policies and plans, but challenges arose in coordination between UNFPA and INE, the main implementing partner, and bureaucratic issues delayed some programme implementation.

Origin: Evaluation questions: 1,2; **Evaluation criteria:** relevance, effectiveness

Associated recommendation 5.1

UNFPA support to strengthen national capacity to collect, analyze and use population data is highly appreciated by its partners and government, and has reinforced INE capacity to produce and disseminate official statistics and promote statistical culture. A key contribution was the UNFPA mobilization of funds that made the 2017 census possible. UNFPA also supported online platforms for data dissemination and monitoring of GBV, youth and fistula information, and the adoption of a gender mainstreaming approach for production of gender statistics. The SEN Strategic Plan for 2020-2024 highlights the need to increase availability of official statistics for development and planning and most of the results achieved so far have been with the support of UNFPA.

However, bureaucracy within UNFPA posed challenges, delaying some activities, and issues arose in articulation, coordination and implementation of the activity plans with implementing partners. Insufficient funding and low institutional development of INE, the official statistics producer, also remain challenges.

Conclusion 5.2: UNFPA engaged in continuous dialogue with the government and other stakeholders on population issues, including the development of the roadmap to harness the demographic dividend, although the understanding of the impact of population dynamics for development is still insufficient among the leadership and the roadmap has yet to be fully implemented.

Origin: Evaluation questions: 2; **Evaluation criteria:** effectiveness

Associated recommendation 5.2

UNFPA has helped raise awareness on population dynamics through promoting and funding policy dialogues with government and a wide range of stakeholders, and contributed to the production of relevant policy documents such as the roadmap for the demographic dividend and the inclusion of population issues in the National Development Strategy. However, the political leadership is insufficiently engaged on population and development issues to ensure full implementation of the roadmap.

Conclusion 5.3: UNFPA contributed to strengthen evidence-based policy development and planning by supporting in-depth analysis of available population data, capacity building and production of disaggregated sub-national and geo-referenced population data, but in-country capacity on data analysis and use is still insufficiently strong.

Origin: Evaluation question: 2; **Evaluation criteria:** effectiveness

Associated recommendation: 5.3

In-depth analysis of available data is important for evidence-based policy development and more transparent decision-making. In Mozambique the capacity for effective use of data for planning is still insufficient because of limited data analytic capacity, statistical literacy and evidence-based culture. Providing continual support for capacity building in data analysis among IP and local academic institutions is a major challenge.

Chapter 6: Recommendations

6.1 Strategic level

Recommendation 1.1a: The office structure and realignment need to ensure capacity to deliver at high normative and programming levels, and with more streamlined operational processes.

Priority: High; **Target level:** HQ and Country Office; **Based on conclusion:** 1.1

Operational implications: The staffing complement needs to be strengthened and streamlined through more strategic post designation that could allow for more competitive salaries to attract and retain staff with the full technical and operational skills required. Communications need to be more systematised to reduce time spent in meetings (on line or face to face), to promote synergies and collaboration between teams, and to share strategic information more effectively. In addition, greater delegation of decision-making authority might facilitate faster action by the provincial offices and by the country office. This recommendation should begin to be addressed in the short term.

Recommendation 1.1b: There is need to systematize communications and ensure synergies between the thematic teams, the country office and provincial offices, and with collaborating and implementing partners to strengthen programme efficiency and coordination.

Priority: High; **Target level:** Country Office; **Based on conclusion:** 1.1

Operational implications: Sufficient time should be routinely ensured for collaboration between teams, and jointly to plan, monitor and provide support to implementing partners. An annual joint planning meeting bringing implementing partners together to explore synergies between programmes could also be a constructive way forward. Within the office, it might be useful to open up office-wide discussion to gain ideas from staff at different levels and in different locations on how to achieve more effective communications and to improve efficiencies, so that bottle necks and barriers to programming are collectively reviewed, as well as to increase synergies between programmes. This recommendation should be rapidly addressed.

Recommendation 1.1.c: UNFPA should explore whether it is feasible to seek stronger implementing partners with whom the office might engage to strengthen a holistic approach to achieving strategic results, and at the same time consider whether to narrow the number or geographical coverage of programmes to ensure more efficient programming.

Priority: High; **Target level:** Country Office; **Based on conclusion:** 1.1

Operational implications: The office could potentially benefit from more streamlined programming and avoiding spreading itself too thin, with stronger implementing partners, but operational costs might arise (e.g. in working with international NGOs). Widening geographic coverage could have considerable operational costs, such as the need for further sub-offices, whereas narrowing geographic coverage could help increase efficiencies within existing sub-offices. This recommendation should be addressed in the short-medium term.

Recommendation 1.2: The preliminary work undertaken to develop thematic theories of change should be continued in line with the revised outcomes and outputs of the 10CP, with strategic indicators and an overarching theory of change to link thematic ones and ensure measurement of transformative results.

Priority: High; **Target level:** Country office; **Based on conclusion:** 1.2

Operational implications: Developing robust thematic and overarching theories of change should form an integral part of the development process of the 10CP, with management assisting thematic teams and ensuring complementarity and synergies, as well as the development of SMART indicators that measure transformational and sustainable results against which to monitor progress. This recommendation should be addressed in the near future/short term.

Recommendation 1.3: UNFPA needs to develop a cohesive, nexus strategy to engage in humanitarian preparedness, and to coordinate responses across all areas of its mandate in support of government, and of stakeholders on the ground, with a designated humanitarian team to contribute to both emergency and long-term recovery and development phases.

Priority: High; **Target level:** HQ, Country office; **Based on conclusion:** 1.3

Operational implications: In addition to the Surge modality, UNFPA HQ needs to establish and fund core staff posts to implement a cohesive nexus strategy on humanitarian preparedness, addressing both emerging crises and post-emergency recovery and development processes with multi-year funding. A designated team for humanitarian issues needs to be integrated by the CO across all thematic areas to ensure a collaborative and holistic response, led by a humanitarian programme officer. Efforts are need to strengthen partnerships with all relevant stakeholders on the ground and at national level, and to address current gaps in coordination, service provision, primary and secondary beneficiary engagement, and monitoring and evaluation, with robust systems in place for commodity procurement, distribution and demand creation. In particular, advocacy and

collaboration are needed with the MoH jointly to prepare a preparedness strategy and operational plan to include forecasting emergency kit requirements for adolescent girls and young women, antenatal women and newborns, as well as pre-positioning them in areas at risk of emergency. This recommendation should be addressed in the short-medium term.

Recommendation 1.4: In the next CP, UNFPA should strengthen staffing capacity to give more priority to key and vulnerable populations regarding HIV prevention, including female sex workers and vulnerable adolescents and young women and their partners, and in relation to gender based violence, within support for the new HIV policy PEN V.

Priority: High; **Target level:** Country office, HQ; **Based on conclusion:** 1.4

Operational implications: A minimum of one full time programme lead is needed to address HIV prevention, with sufficient capacity to contribute effectively to coordination between sexual and reproductive health and gender programmes, and to results based programming with female sex workers and with vulnerable adolescent girls and young women, and with others at heightened risk for infection. This recommendation should be addressed in the short term.

Recommendation 1.5: UNFPA should continue to implement all five modes of engagement and should specifically review and address gaps in programming for the most vulnerable and marginalized across all areas of its mandate, including with respect to HIV prevention, marginalized adolescents, and gender based violence.

Priority: Medium; **Target Level:** Country Office

Based on conclusion 1.5

Operational implications: No major operational implications beyond ensuring that the gaps in responding to the needs of the most vulnerable and marginalized are better addressed. UNFPA should explore with implementing partners and beneficiaries what are the main barriers to reaching the most vulnerable, and how to strengthen outreach in an effective and sustainable way. This recommendation should be ongoing.

Recommendation 1.6: UNFPA should sustain its UNCT, UNDAF and HCT commitments and explore how to contribute more extensively to UNJT on AIDS coordination or convening in the areas of its mandate, as well as strengthening the complementarity and connectedness of joint programmes.

Priority: Medium; **Target level:** Country office; **Based on conclusion:** 1.6

Operational implications: No major operational implications regarding the UNCT, UNDAF and HCT, beyond the need to ensure strengthened commitment to the UNJT on AIDS through consistent senior staff engagement, as well as addressing the recommendations on humanitarian situations and exploring mechanisms to strengthen joint programming. In particular, UNFPA should consider taking on the lead entity role regarding gender based violence provided sufficient staffing capacity is in place. This recommendation should be ongoing.

6.2. Programme Level: Sexual and Reproductive Health and Rights

Recommendation 2.1: Ensure that the future programme will include effective quality assurance as a priority within all sexual and reproductive health interventions.

Priority: High; **Target level:** Country Office; **Based on conclusion:** 2.1

Operational implications: In the design phase of the next country programme, UNFPA should ensure that clear processes and indicators for quality assurance are included and that resources are allocated to operationalize this effectively. This may imply the need for training UNFPA staff and/or hiring expertise to strengthen technical capacity to deliver. This recommendation should be implemented in the short term, being relevant for the design of the next country programme.

Recommendation 2.2: UNFPA should continue its support to procure and distribute contraceptives, and to strengthen community distribution for family planning through supporting the development of national guidelines, as well as strengthening health unit capacity regarding supply chain management.

Priority: High; **Target level:** Country; **Based on conclusion:** 2.2

Operational implications: No major new operational implications arise from this recommendation. UNFPA can build on the lessons learned in current programming for community distribution in its advocacy with and support for MoH to develop national

guidelines on community distribution, and should give priority to strengthening health unit capacity on supply chain management, including for forecasting. This recommendation is ongoing.

Recommendation 2.3 UNFPA should continue to advocate for and support institutionalisation of obstetric fistula repair, for example in capacitated district hospitals with stronger referral centres used for training, and support the integration of a holistic approach to link prevention and treatment.

Priority: High; **Target level:** Country Office; **Based on conclusion:** 2.3

Operational implications: There are no major operational implications arising from this recommendation beyond the need for the UNFPA teams to collaborate to strengthen the linkage of medical and community responses to fistula prevention and treatment, with the empowerment of women with fistula (under an MGCAS grant) integrated with MoH service provision. This is an ongoing recommendation.

Recommendation 2.4: UNFPA should advocate for and support the strengthening of rapid reporting mechanisms and referral for obstetric and GBV emergencies in resettlement camps.

Priority: High; **Target level:** CO; **Based on conclusion:** 2.4

Operational implications: The operational implications are that UNFPA has sufficient and capacitated core staffing on the ground to provide the support required. There is need for dedicated focal points with whom to interact in the various stakeholders, strengthened partnerships with and between community stakeholders in settlement camps, and for providers beyond health providers to be involved in mobile brigades to provide more holistic support, as well as efficient communication systems between the mobile brigades and the nearest health facilities for rapid referral. The replication of protection desks should be considered in Cabo Delgado, based on experience in districts affected by cyclones. Given the escalating crisis in Cabo Delgado, this recommendation should be rapidly implemented, i.e. in the short term.

Recommendation 2.5: UNFPA should advocate for a sustainable and strategic approach to EmONC through prioritising facilities that have the highest utilization rates, supporting effective referral systems in obstetric emergencies, and promoting in-service training and mentoring.

Priority: Medium; **Target level:** Country Office; **Based on conclusion:** 2.5

Operational implications: There are no major operational implications arising from this recommendation, beyond ensuring that this approach will be elaborated to address the current gaps to achieve the UN recommended minimal coverage and standards of EmONC.¹⁹⁹ This approach would be a rational approach to achieving the greatest results given the constraints on the health system, and contribute to building capacity in the least disruptive manner, and it should be operationalized in the short term.

6.3 Programme Level: Adolescents and Youth

Recommendation 3.1: UNFPA should continue to convene and strengthen the Youth Partner Group, and assist relevant technical working groups, to strengthen the national response to address youth needs and the demographic dividend through a coordinated, coherent approach that ensures complementary programming.

Priority: High; **Target level:** Country Office; **Based on conclusion:** 3.1

Operational implications: No particular operational implications arise from this recommendation beyond ensuring that UNFPA sustains strong leadership of the youth group and streamlines programmatic engagement to areas of its expertise and mandate to avoid spreading itself too thin. Also, it will be essential to ensure effective communication and collaboration between the thematic teams within UNFPA so that all contribute from their areas of focus (around SRH service provisions for young people, gender mainstreaming and addressing violence, and with regards data requirements). This is an ongoing recommendation that should be implemented in the short-medium term.

Recommendation 3.2: Intensify Rapariga Biz programming for the second phase in the same geographical areas, adopting

¹⁹⁹ World Health Organization 2009, Monitoring emergency obstetric care: a handbook.

the RB evaluation recommendations, seeking more granular understanding of the facilitating and impeding factors for its success, and strengthening reach to the most vulnerable.

Priority: High; **Target level:** Country Office; **Based on conclusion:** 3.2

Operational implications: Sufficient staffing capacity is needed within both the country and provincial offices to achieve the improved efficiencies and coordination with other youth programmes, following a stronger theory of change and results chain logic with SMART indicators that include capturing reach to the most vulnerable. With better understanding of what has worked and what has not, UNFPA might consider writing a case study of the Rapariga Biz mentorship approach as good practice. This recommendation should be implemented in the short term as the second phase of Rapariga Biz is developed, and will be ongoing.

6.4 Programme Level: Gender Equality and Women's Empowerment

Recommendation 4.1: UNFPA should continue to provide technical and financial support to CAIs and the transitional safe space at the CAI in Nampula, while exploring more sustainable alternatives such as community watch dogs, and assessing the viability of host families supporting GBV survivors, ensuring confidentiality and their safety.

Priority: High; **Target level:** Country office; **Based on conclusion** 4.1

Operational implications: There are no new operational implications arising from this recommendation, beyond ensuring that sufficient human, technical and financial resources are available to continue this engagement. It is recommended that UNFPA discuss potential options for safe places with communities as well as with their operational partners in the Spotlight Initiative, and with beneficiaries. This recommendation should be implemented in the short term and will be ongoing.

Recommendation 4.2: UNFPA should continue to undertake service provider training for integrated services within the areas of its mandate, and should include within this training transformative approaches and tools to address providers' acceptance of the underlying cultural norms and values that disempower women and justify gender based violence.

Priority: High; **Target level:** Country office; **Based on conclusion** 4.2

Operational implications: There are no major operational implications arising from this recommendation, beyond ensuring that sufficient human, technical and financial resources are made available to provide training that includes a more transformational approach, and that results are closely monitored and evaluated. This recommendation should be implemented in the short-medium term.

Recommendation 4.3: UNFPA should continue providing support to strengthen MGCAS coordination under the integrated mechanism through creating opportunities for sharing good practice and considering staff motivation.

Priority: Medium; **Target level:** Country office; **Based on conclusion:** 4.3

Operational implications: No new operational implications arise from this recommendation, beyond ensuring the availability of sufficient human, technical and financial resources to continue the provision of support. One means of supporting CAIs where skills need building for effective coordination would be to fund exchange visits with the CAIs that have effective coordinators; another might be to document and share good practice case studies. Where lack of staff motivation appears to be an issue, reasons behind this should be explored to see how motivation might be improved. This is an ongoing recommendation.

6.5 Programme Level: Population Dynamics

Recommendation 5.1: UNFPA should continue to provide technical and financial support to: INE capacity to produce and disseminate official statistics; web based dissemination platforms for easy access to population data, and data dissemination in user-friendly formats; and the consolidation and full functioning of the national and provincial gender reference groups to produce, monitor and share gender statistics; and UNFPA needs to address the barriers causing delays in programme implementation.

Priority: High; **Target Level:** Country Office; **Based on conclusion** 5.1

Operational implications: Continual technical and financial support by UNFPA should play a major role in increasing INE capacity to deliver high quality statistics for country development. UNFPA needs to ensure it has sufficient qualified staff to address this recommendation effectively and efficiently, including efforts to streamline its support to implementing partners to avoid unnecessary delays. There is need to ensure ongoing communication and coordination between UNFPA and its

implementing partners to achieve the data required, and to ensure its wide and user-friendly dissemination to multisectoral partners. This recommendation should be implemented in the short-medium term, and be ongoing.

Recommendation 5.2: UNFPA should continue policy dialogue and advocacy for the implementation of the roadmap for the demographic dividend, particularly among political leaders, including considering the establishment of a Demographic Dividend Observatory.

Priority: High; **Target Level:** Country Office; **Based on conclusion 5.2**

Operational implications: No major operational implications arise beyond securing the funds to support advocacy and policy dialogues and that UNFPA has the staffing capacity for this. UNFPA should take advantage of the revision of the National Development Strategy which will be approved by the National Parliament to engage high ranked national political figures in the population dynamics and debate on the demographic dividend. UNFPA could also build alliances with high political figures to be pioneers or to become champions in using data for decision-making, and consider advocating for the observatory, which may include relevant government staff, prominent academics and civil society, to monitor the implementation of the roadmap. This is an ongoing recommendation.

Recommendation 5.3: UNFPA should continue to build capacity in data analysis by funding training of implementing partner staff, including at post-graduate level, training of data users, and increasing the involvement of local academic institutions to build sustainable long-term capacity.

Priority: Medium; **Target Level:** Country Office; **Based on conclusion 5.3**

Operational implications: Sufficient funds will be needed to build capacity for in-depth data processing and analysis, and the promotion of statistical culture, among implementing partners, academia and data users. Approaches might include short-term courses and data analysis workshops led by international experts and local academics, and analysis of census and survey data to produce high quality analytical reports for use by policy-makers. This is an ongoing recommendation that should be initiated in the short-medium term.

Lessons Learned

Strategic level

Despite ongoing realignment and office expansion, including setting up sub-offices, extensive programming commitment in response to greatly increased funding is leading to sub-optimal efficiencies in operations that need to be addressed with greater collaboration between teams, and exploration of options for streamlining and increasing synergies across programmes.

An overarching theory of change linking strengthened thematic theories of change can contribute to more robust results chains and strategic output indicators in each thematic area, and help to clarify key areas requiring collaboration.

Sexual and reproductive health and rights: Without effective quality assurance in place, and appropriate deployment of beneficiaries, the cost benefit of extensive investment in training to strengthen SRHR services is not guaranteed.

Adolescents and youth: UNFPA leadership to convene around the multiple youth programmes, which contribute to the government priority of addressing the demographic dividend and meeting the needs of young people, is a strategic opportunity to strengthen joint programming for more holistic and transformative results.

Gender equality and women empowerment: UNFPA is strategically positioned to consider being the lead in UN support to address gender based violence and to incorporate experiences from other joint programmes to strengthen holistic and gender-transformative outcomes.

Population dynamics: For strategic use of population data for development, an effective dissemination strategy to reach all relevant stakeholders and engagement of high-ranking political leadership are both crucial.

Humanitarian situations: To contribute to addressing the recurrent emergencies and long-term humanitarian needs requires an integrated nexus strategy and core staffing capacity and positioning that cuts across all thematic areas.

General lessons learned in the CPE

Conducting a CPE at a time of high CO and partner work pressures, such as year end, is challenging, and timing should take into account likely staff and stakeholder workloads and availability in future scheduling.

It would be advisable to schedule a mid-term or end of term CPE at least every programme cycle to promote learning and reflection.

Annexes

Annex 1: Terms of Reference



Terms of Reference

United Nations Population Fund (UNFPA) Mozambique 9th Country Programme

2017-2021

Country Programme Evaluation

September , 2020

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Acronyms

CO	Country Office
COVID-19	2019 Novel coronavirus disease
CP	Country Programme
CPE	Country Programme Evaluation
CSO	Civil Society Organizations
DHS	Demographic Health Survey
DSA	Daily Subsistence Allowance
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
ESARO	UNFPA Eastern and Southern Africa Regional Office
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
INS	National Health Institute
IMASIDA	Immunization, HIV and malaria survey
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MPTF	Multi-partner trust fund
NBS	National Bureau of Statistics
NGOs	Non-Government Organizations
RCO	Resident Coordinator Office
RO	Regional Office
SAA	Standard Administrative Agreement
SDGs	Sustainable Development Goals
SLI	Spotlight Initiative
SRHR	Sexual and reproductive health and rights
ToC	Theory of Change
ToR	Terms of Reference
UNCF	United Nations Cooperation Framework
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities of women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”.²⁰⁰

In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

UNFPA has been working in partnership with the Government of Mozambique since 1976 through technical advisory services and financial support. So far, UNFPA has completed eight country programme cycles, while it is currently carrying out its ninth country programme, 2017- 2020 (9th CP). In February 2020 the ninth country programme was extended one more year until 2021, to be aligned with the extended United Nations Development Assistance Framework (UNDAF).

The 9th CP of UNFPA is built on the experiences of earlier country programmes, reflects the ICPD agenda and the Beijing Plan of Action, and contributes directly to eight outputs and corresponding indicators of the UNDAF in response to the Government's national development goals including the Sustainable Development Goals. The programme has also taken into account the findings and recommendations of the 8th country programme and guided by UNFPA's Strategic Plans 2014-2017 and 2018-2021.

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated every two programme cycles, “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred”²⁰¹. The last evaluation of the Mozambique country programme was conducted in December 2010 (see key documents in section 14)

The evaluation will be implemented in line with the Handbook on How to Design and Conduct Country Programme Evaluations at UNFPA (UNFPA Evaluation Handbook), which is available at: <https://www.unfpa.org/EvaluationHandbook>. The handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.

The main audience and primary intended users of the evaluation are the UNFPA Mozambique Country Office (CO), the UNFPA Eastern and Southern Africa Regional Office (ESARO) and UNFPA Headquarter divisions, including UNFPA Board, which may all use the evaluation as an objective basis for decision-making. The evaluation will also benefit government, implementing partners, civil society, as well as other development partners (such as other UN agencies) in Mozambique, and beneficiaries of UNFPA support and the organizations that represent them (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology (see methodology in section 6.2)

²⁰⁰ UNFPA Strategic Plan 2018-2021.

²⁰¹ UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>

The evaluation will be managed by the Evaluation Manager within the UNFPA Mozambique CO (M&E specialist), with guidance and support from the Regional Monitoring and Evaluation (M&E) adviser at the ESARO, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

2. Country context

With per capita Gross Domestic Product (GDP) of less than US\$600, Mozambique is one of the poorest countries in the world, and it ranks 180th out of 199 countries in the Human Development Index (HDI)²⁰². Economic growth in the past few years has been weak, evidenced by a considerable decline in the GDP growth rate from 7.4% in 2011 to 3.4% in 2018²⁰³. The economy is not creating enough jobs to absorb the burgeoning youth population, which takes up nearly 60% of the 31 million people in Mozambique.

Poverty, both in terms of income poverty and multidimensional poverty is widespread in Mozambique. Approximately 62% of the people in Mozambique live on less than 1.9USD per day. 10 out of 14 million children experience poverty in one way or another, with almost 60 percent of children in the Northern provinces living in multidimensional poverty in the Northern provinces, as opposed to 15% in Maputo City.

Population in Mozambique continues to grow at a rapid pace. According to the latest census of 2017²⁰⁴, Mozambique has a population of 30.9 million inhabitants, from which 14 million are children below the age of 18. Annual population growth rate is 2.93 per cent with a high fertility rate at 4.89 child births per woman. This poses a huge challenge to the Government of Mozambique for provision of health and social services, as human and financial resources are limited. Efforts by the Government of Mozambique to spur sustainable development, and to reduce persistent poverty have been hampered by several factors. Most notably, natural disasters, macro-economic instability, and under-investment in critical social sectors - education, health, agriculture, and social protection.

In Mozambique the maternal mortality ratio is still high (408 per 100,000 live births) despite an annual reduction rate of 4.4 per cent since 2005.²⁰⁵ Approximately 2,500 new cases of obstetric fistula occur annually, according UNFPA estimates based on IMASIDA²⁰⁶. 2019 data estimates indicated a 35.6 per cent contraceptive prevalence rate for all women and an unmet need of 22.8 per cent for family planning²⁰⁷. Health system performance reveals unequitable distribution of skilled human resources, weak capacities for emergency obstetric care and inefficient supply-chain management with frequent stock-outs of reproductive health commodities. The commitment of the Government to allocate budget for family planning commodities has not been realized.

The national HIV prevalence rate is 12.4 per cent, with significant age, sex and geographical variations. More than two million people are estimated to live with HIV in Mozambique²⁰⁸. According UNAIDS²⁰⁹, women are disproportionately

²⁰² UNDP, 2019 <http://hdr.undp.org/en/countries/profiles/MOZ>

²⁰³ World Bank, 2020 <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=MZ>

²⁰⁴ <http://www.ine.gov.mz/iv-censo-2017>

²⁰⁵ WHO, 2020. https://www.who.int/countries/moz/areas/health_system/en/index1.html

²⁰⁶ Ministério da Saúde- MISAU, Instituto Nacional de Estatística - INE, and ICF. 2018. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique - IMASIDA, 2015. Maputo/Moçambique: MISAU/Moçambique, INE, and ICF. <https://dhsprogram.com/publications/publication-ais12-ais-final-reports.cfm>

²⁰⁷ <http://www.familyplanning2020.org/mozambique>

²⁰⁸ UNAIDS, 2020 <https://www.unaids.org/en/regionscountries/countries/mozambique>

²⁰⁹ UNAIDS, 2020 <https://www.unaids.org/en/regionscountries/countries/mozambique>

affected by HIV in Mozambique: of the 2 000 000 adults living with HIV, 1 200 000 (60%) were women. New HIV infections among young women aged 15–24 years were slightly less than double those among young men: 39 000 new infections among young women, compared to 20 000 among young men. Insufficient implementation of the National Youth Policy²¹⁰, limited access to integrated HIV-prevention services and localized cultural practices, such as initiation rites, continue to expose adolescents to sexually transmitted diseases.

Gender and sociocultural norms limit the capabilities of women to make informed decisions on sexual reproductive health, and inhibits their access to family planning and contraceptives. The 2011 DHS showed that a third of Mozambican girls and young women had been victims of physical violence since the age of 15²¹¹. MoH data (2020) shows that 75% of survivors of violence attended at health facility level suffered physical violence, and 13% sexual violence²¹². Over 14 per cent of females aged 20-24 were married before the age of 15, and 48 per cent were married before 18 years of age in 2011, according to the Demographic Health Survey (DHS) conducted that year. Consequently, 40.2 per cent of females were rearing children before they reached 18 years of age. This high rate of early pregnancy is one of the main causes of school dropouts among adolescents. More recent data²¹³ shows that four out of ten girls in 61% of northern region districts were already married.

Recurrent shortfalls in data management have undermined the quality of national investment decisions and the creation of an adequate and up-to-date understanding of a rapidly changing society. The availability of disaggregated data by sex and age has been a challenge due to limited capacity for data generation and in-depth analysis. The 2017 census was key to capture essential and disaggregated population data, and to inform the baselines of the national monitoring framework for the Sustainable Development Goals.

In 2019, Mozambique was hit by two catastrophic cyclones (Idai and Kenneth). The cyclones killed at least 648 people, injured nearly 1,700 and left an estimated 2.2 million people in need of urgent humanitarian assistance and protection. Women and girls were particularly vulnerable to gender-based violence in the wake of the two cyclones. A total of 64 districts were directly affected, but almost the entire country suffered from adverse socio-economic effects. Cyclone Idai is reported to have caused about \$1.4 billion in total damage, and \$1.39 billion in losses. The total cost of recovery and reconstruction from the cyclones is estimated at \$3.2 billion.²¹⁴

Mozambique's Northern province of Cabo Delgado (population of 2,2 million) has been hit by a wave of violence since October 2017. The violence has escalated significantly since May 2020, with an increase in attacks on villages by non-state armed actors and clashes between security forces and armed groups. This has resulted in an on-going humanitarian crisis with thousands of displaced people in the Northern region of the country.

The first case of the COVID-19 epidemic in Mozambique was reported in March, 22. The State of Emergency was declared by Presidential decree on 1st April 2020 and has been extended successively every 30 days. In September 4th, the President declared the state of public disaster from 0H00 on 7 September onwards. COVID-19 has disrupted the limited services available, such as elective surgeries, schools, and others, and has increased the urgency to meet the needs of vulnerable populations. As of September 7th, the outbreak has reached all the 11 provinces of the country, 4,557 cases have been reported and more than 100,000 tests have been conducted. 61% of the cases are among men, and lethality rate is 0.6%. All COVID19 related information in Mozambique can be found at the official website of the INS (National Health Institute) and MoH here: <https://www.misau.gov.mz/index.php/informacao-sobre-coronavirus-covid-19>

²¹⁰ Government of Mozambique, 2006.

<https://www.portaldogoverno.gov.mz/por/Governo/Documentos/Estrategias/Juventude-e-Desportos>

²¹¹ DHS, 2011 <https://dhsprogram.com/publications/publication-fr266-dhs-final-reports.cfm>

²¹² UNFPA, 2020 Relatório seminário sobre os dados administrativos de violência sexual e baseada no género

²¹³ UNFPA, 2020. Relatório seminário sobre os dados administrativos de violência sexual e baseada no género

²¹⁴ <https://www.unocha.org/southern-and-eastern-africa-rosea/cyclones-idai-and-kenneth>

3. UNFPA 9th country programme

UNFPA 9th country programme aims to improve sexual and reproductive health and rights of vulnerable groups; strengthen interventions for empowering youth; and enhance advocacy for social inclusion and equity in national development. Resources are targeted for interventions at national level and in provinces where key maternal health and social indicators are furthest behind. The UNFPA Mozambique CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iv) partnerships and coordination, and (v) service delivery.

The results and resource framework (RRF) of the 9thCP clearly identified the outcomes and outputs with relevant indicators and resource requirements. The programme is organized around four mutually re-enforcing programme components: i) Sexual and Reproductive Health (RH), ii) Adolescents and Youth, iii) Gender equality and women's empowerment, and iv) Population Dynamics.

The **Sexual Reproductive Health component** mainly aims at increasing demand for and access to high-quality integrated sexual reproductive and newborn health services and strengthening main health system components. This entails adequate health and financing policies, increased data generation and use, stronger community and midwifery workforce and greater commodities security, enhanced capacity of communities, government and civil society to build resilience.

The **Adolescents and Youth component** pursue two objectives: a) increasing demand for adequate access to ASRH and HIV-prevention services and b) the development of the adolescent and youth capacities to participate actively in economic, social, cultural and political developments.

The **Gender Equality and women's empowerment component** focuses on enhancing a multisectoral integrated assistance to women and girls affected by gender-based violence.

The **Population Dynamics component** is intended to support the implementation of the 2017 Population and Housing Census, strengthening national capabilities to collect, analyze and use high-quality data to inform economic policy and to implement evidence-based policies and strategies to harness demographic dividend.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is annexed (see annex 2). The theory of change is an essential building block of the evaluation methodology.

The programme is nationally executed with the Government, in close partnership with other United Nations agencies, and implementing partners (NGOs and CSOs). In 2020 more than 30 implementing partners are carrying out the activities to achieve the above outputs and contributing to the outcomes.

In addition to the country programmes, UNFPA Mozambique has had five joint programmes during the period under evaluation, such as Reducing the burden of maternal, neonatal and child mortality and morbidity (2015-2019, funded by KOICA); Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique (2015-2019, funded by Swedish Cooperation); Improving Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health In Mozambique (2017-2020, funded by DFID); Global Programme on Accelerating Action to End Child Marriage (2017-2019, global funding), and Accelerating the Prevention and Response to SGBV and Early Marriage for Adolescent Girls and Young Women in Mozambique (Spotlight initiative, 2019-2022, funded by European Union). All these projects have contributed to the country programme.

After the approval in 2017 of the UNFPA new global Strategic Plan 2018-2021²¹⁵, UNFPA Mozambique CO in 2018 went through an alignment check exercise with support from ESARO. This confirmed that the 9th CP was aligned with new UNFPA Strategic Plan.

²¹⁵ UNDAF Mozambique 2017-2020 https://www.unicef.org/about/execboard/files/Mozambique-UNDAF_2017-2020_Eng.pdf

The Country Programme is linked to the UNDAF Action Plan and contributing to five out of ten UNDAF outcomes. Major contributions are on the Outcome 6 (People equitably access and use quality health, water and sanitation services) and Outcome 7 (Adolescents and youth actively engaged in decisions that affect their lives, health, well-being and development opportunities).

In 2020, the Government and the United Nations Country Team (UNCT) agreed to extend the current United Nations Development Assistance Framework (UNDAF) 2017-2020 by one year to 2021, taking into account developments in the national context including humanitarian emergencies, which have impacted the UNDAF/UNSDCF formulation process, and the need to align with the Government's Five Year Plan (PQG).

Subsequently, UNFPA Board endorsed an extension of the 9th country programme until 2021. The UNCT and UNFPA are using this extension to support the Government of Mozambique to prepare the new five-year plan in line with the 2030 Agenda and the African Union Vision 2063, and continue to support humanitarian responses (northern violence crisis, COVID-19 epidemic) and reconstruction efforts in cyclone affected areas.

The 9th country programme set the target of a total of USD 40,1 million (USD 15,4 million from Regular Resources and USD 24,7 million to be mobilized from Other Resources) over the 4 years of 2017-2020. Additional 3,180,000 USD from programme regular resources and USD 12 million from other resources were targeted at the CP extension for the last year of implementation.

Monitoring of implementation status of planned activities is done quarterly. Additionally, two new field offices at provincial level were established to coordinate, support and monitor the targeted interventions in the respective provinces. A number of relevant baselines, evaluation and research studies were conducted during the 9th CP (see bibliography section) .

Mozambique UNFPA 9th Country Programme 2017-2021 Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal and neonatal mortality progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming

I. Sexual and reproductive health and rights	II. Adolescents and Youth	III. Gender Equality and Women Empowerment	IV: Population Dynamics
UNFPA Strategic Plan Outcomes			
Outcome 1: Sexual reproductive health services: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	Outcome 2 Adolescents and youth: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	Outcome 3: Gender equality and women’s empowerment Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality
UNFPA Mozambique 9th CP Outputs, Indicators and targets			
Output 1.1: Demand for high-quality integrated sexual reproductive and newborn health services is increased <ul style="list-style-type: none"> Percentage of health facilities in four selected provinces with the capacity to provide basic emergency obstetric care services. Baseline: 21; Target: 60 Number of obstetric fistula repairs supported by UNFPA Baseline: 1,737; Target: 3,200 Percentage of new users in modern contraceptive methods in selected provinces. Baseline: 34; Target: 44 Percentage of pregnant women being tested for HIV during antenatal 	Output 2.1: Adolescent and youths’ capacity strengthened to actively participate in economic, social, cultural and political development <ul style="list-style-type: none"> Number of adolescents and youth organizations actively engaged on premature marriage and sexual abuse prevention at national level. Baseline: 4; Target: 20 Implementation rate of the first Action Plan of United Nations Inter-Agency Network for Youth Development. Baseline: 0; Target: 75 Implementation rate of the annual Action Plans for the Universal Periodic Review recommendations on 	Output 3.1: Multisectoral integrated assistance to women and girls affected by gender-based violence enhanced <ul style="list-style-type: none"> Number of Integrated Assistance Centres with all four functions operational. <i>Baseline: 2; Target: 7</i> Percentage of reported cases of gender-based violence that are followed up through the multisectoral mechanism ‘ficha única’ <i>Baseline: 10; Target: 100</i> 	Output 4.1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy is strengthened <ul style="list-style-type: none"> Number of gender-sensitive social and economic plans at national ministry level available <i>Baseline: 15; Target: 21</i> 90 per cent of nationally selected SDG indicators are regularly updated. <i>Baseline: No; Target: Yes</i> Number of thematic analyses that reflect key population dynamics for policy development <i>Baseline: 1; Target: 3</i>

<p>care in selected provinces Baseline: 90; Target: 94%</p> <p>Output 1.2: Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened</p> <ul style="list-style-type: none"> Percentage of health facilities with no stock-out of contraceptives at any given time Baseline: 23; Target: 60 Percentage of institutional maternal deaths with causes reported. Baseline: 5; Target: 90 <p>Output 1.3: Capacity of communities, government, and civil society to build resilience is strengthened</p> <ul style="list-style-type: none"> Number of districts with gender-sensitive contingency plans in place Baseline: 0; Target: 20 	<p>adolescent and reproductive health issues. Baseline: 0, Target: 50</p> <p>Output 2.2: Increased demand for access to quality adolescent sexual and reproductive health and HIV-prevention services</p> <ul style="list-style-type: none"> Percentage of young people aged 15-24 who have comprehensive knowledge about sexual and reproductive health and HIV-AIDS prevention. 		<p>Output 4.2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced</p> <ul style="list-style-type: none"> Implementation rate of the National Demographic Dividend Roadmap Baseline: 0 ; Target: 70
<p>UNFPA Mozambique 9th CP Intervention Areas</p>			
<p>Interventions for output 1.1: (a) scaling up community-based health services and rights-based family planning; (b) rolling out social and behaviour change communication programmes engaging communities to address social norms and cultural practices that limit equitable access to sexual and reproductive health services and rights; (c) training health-care providers for effective planning, delivery and monitoring of high-quality integrated sexual reproductive health services, focusing on family planning, emergency obstetric care, fistula repair, HIV prevention and health-sector response to gender-based violence through multisectoral assistance.</p>	<p>Interventions for output 2.1: (a) training adolescent girls who are participating in safe spaces in selected provinces; and (b) supporting youth associations for strategic advocacy, policy analysis and social mobilization interventions, and facilitating participation of young people in development processes</p> <p>Interventions for output 2.2: (a) supporting the development of a National Adolescent Health Strategy; (b) promoting evidence-based social and behavioural change communication interventions to</p>	<p>Interventions for output 3.1: (a) improving services implementing pre- and in-service training programmes of integrated service providers from the Ministry of Justice, Ministry of Gender, Children and Social Actions, Ministry of Health and Ministry of Internal Affairs for prevention, treatment and rehabilitation of sexual and gender-based violence; (b) improving the coordination mechanisms of DP/FPA/CPD/MOZ/ government agencies, including local authorities, and civil society on gender equality and gender-based</p>	<p>Interventions for output 4.1: (a) strengthen capacity of the national statistical system to create a vibrant data ecosystem to undertake data generation, in-depth analysis and utilization of disaggregated data; (b) support the 2017 Population and Housing Census to meet international standards for data integrity; (c) promote evidence-based policy development by producing a set of vulnerability studies and thematic analyses; and (d) support the establishment of a national monitoring framework for the Sustainable Development Goals.</p> <p>Interventions for output 4.2: (a) facilitating a series of rights-based policy dialogues on youth and population dynamics; (b) devoting evidence-based advocacy for integration</p>

<p>Interventions for output 1.2: (a) supporting development of a national investment case for reproductive, maternal, newborn, child and adolescent health; (b) modernization of supply-chain management information systems to improve reproductive health commodity security; (c) advocating for national resource allocation for family planning; (d) strengthening the maternal death surveillance and response system; and (e) reinforcing the quality of midwifery training systems in provinces with the lowest ratio of maternal and child health nurses.</p> <p>Intervention for output 1.3 (a) strengthening emergency operational capacity of health actors and community-based organizations to provide integrated sexual reproductive health services, including prevention of and response to gender-based violence, in emergency settings; (b) supporting the development of integrated gender-responsive humanitarian contingency plans in vulnerable districts; and (c) promoting and supporting youth initiatives to play an active role in resilience building at community level.</p>	<p>address social norm barriers to adolescent sexual and reproductive health and rights; (c) scaling up youth friendly integrated sexual and reproductive health services nationwide and peer-to-peer education targeting out-of-school adolescents; (d) monitoring implementation of sexual education curricula in primary and secondary schools; and (e) operationalizing a multisectoral coordination mechanism for implementation of the national strategy to prevent and eliminate early marriage.</p>	<p>violence response; and (c) providing support toward operationalization of integrated service centres for gender-based violence survivors and implementation of ‘ficha única’.</p>	<p>of youth development issues in sector policies, programmes and budgets frameworks; (c) leading public awareness campaigns on population trends and demographic impact on national development; and (d) supporting the development and implementation of a national roadmap for the demographic dividend</p>
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4. Evaluation purpose, objectives and scope

4.1 Purpose

The CPE will serve the following three main purposes outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2 Objectives

The **specific purpose** of this CPE is:

- i. To provide the UNFPA CO in Mozambique, national stakeholders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience including the Government of Mozambique, implementing partners (NGOs and CSOs) and beneficiaries of UNFPA programmes with an independent assessment of the UNFPA Mozambique 9th CP (2016 – 2021).
- ii. To inform and broaden the evidence base for the design of the next programme cycle.

The **objectives** of this CPE are:

- Provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and coordination of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- Provide an assessment of the geographic and demographic coverage of UNFPA humanitarian action and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the UNCT and HCT (Humanitarian Country Team) with a view to enhancing the United Nations collective contribution to national development results.
- Draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3 Scope

Geographical Scope

The evaluation will cover all provinces with UNFPA presence (7), with a focus on those Provinces with field offices (5): Tete, Cabo Delgado, Nampula, Zambezia, and Sofala. Gaza and Manica provinces, where UNFPA programmes are also implemented, will be also covered by the evaluation. In annex 1, a map and list is provided with the provinces and districts showing the interventions supported.

Thematic Scope

The evaluation will cover the following thematic areas of the 9th CP: Sexual and Reproductive Health services; Adolescents and Youth; Gender Equality and women's empowerment component; and Population dynamics.

A “deep dive” will be conducted to analyze UNFPA response to the humanitarian crisis during the CP 9th period, and its nexus with development programmes. The inception report must detail how this “deep dive” is going to be conducted, ensuring that data collection from the province more affected for successive humanitarian crisis (Cabo Delgado) is included in the plan, and suggesting an analysis framework.

In addition, the evaluation will cover cross-cutting issues such as human rights and gender equality, disability, internal displacement, and transversal aspects of coordination; monitoring and evaluation (M&E); innovation; and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP 9th: 2016 – 2021, encompassing the period of data collection for the present evaluation

5. Evaluation criteria and preliminary evaluation questions

5.1 Evaluation criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability. It will also use the evaluation criterion of coordination to assess cooperation and partnerships of UNFPA within the UNCT and HCT.

As the UNFPA country office has been operating in humanitarian settings, the evaluation will also use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate to what extent UNFPA has been able to reach affected populations with life-saving services and work across the humanitarian-peace-development nexus and contribute to building resilience

Additionally, coherence will be assessed as per last OECD evaluation criteria²¹⁶.

5.2 Preliminary evaluation questions

The country programme evaluation is expected to provide answers to a number of evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the CPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the CPE.

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager at the UNFPA Mozambique CO and the Evaluation Reference Group (ERG).

Relevance

1.To what extent is the country programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, the New Way of Working and the Grand Bargain

2.To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by humanitarian crisis?

Effectiveness

3.To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme? In particular i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment

²¹⁶ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

Efficiency

4. To what extent has UNFPA made good use of its human, financial and administrative resources (including *value for money* and internal coordination mechanisms), and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme?

Sustainability

5. To what extent has UNFPA been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities (technical capacities, national ownership, financial self-reliance) and establishing mechanisms to ensure the durability of effects?

Coordination

6. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT and HCT coordination mechanisms?

Coverage

7. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women and adolescents and youth with disabilities; etc.), with a focus in Cabo Delgado?

Connectedness

8. To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme, with a focus on the humanitarian /development nexus in Cabo Delgado?

9. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

Coherence

10. To which extent is the CP coherent with other interventions from the UN Agencies and Government in both humanitarian and development contexts?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Methodology and approach

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA CO in Mozambique are expected to contribute to a series of results that lead to the overall goal of UNFPA. The theory of change also identifies the causal mechanisms, risks and contextual factors that support or hinder the achievement of desired changes.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Mozambique 9th CPE and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether

assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Mozambique was during the period of the 9th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Mozambique 9th CPE made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Mozambique country office will provide a stakeholders' map to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA Mozambique CO has established an ERG comprised of key stakeholders of the CP including Government, implementing partners, and the UNFPA ESARO M&E Adviser. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations through field visits, as appropriate and feasible according to the COVID19 epidemic context. The qualitative data will be complemented with quantitative data to triangulate findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries (women and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Mozambique CO, the evaluators acquire a solid knowledge of the handbook.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*²¹⁷, *Ethical Guidelines for Evaluation*²¹⁸, *Code of Conduct for Evaluation in the UN System*²¹⁹, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*²²⁰. When contracted by the UNFPA CO Mozambique, the evaluators will be requested to sign the *UNEG Code of Conduct* prior to starting their work.

²¹⁷ Document available at: <http://www.unevaluation.org/document/detail/1914>

²¹⁸ Document available at: <http://www.unevaluation.org/document/detail/102>

²¹⁹ Document available at: <http://www.unevaluation.org/document/detail/100>

²²⁰ Document available at: <http://www.unevaluation.org/document/detail/980>

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Mozambique. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a specific section on the limitations and mitigation measures to implement the evaluation in the context of COVID19 (v) and a detailed work plan.

The evaluation team is strongly encouraged to refer to the Handbook at all times and use the provided tools and templates at all stages of the evaluation process.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation. It contains the core elements of the evaluation: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods for each evaluation question and associated key assumptions). By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes to the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the CP. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur based on the theory of change of the CP. This will allow evaluators to assess whether the preconditions for contribution to results at output and, in particular, outcome levels are met. The data collection for each of the evaluation questions and assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Mozambique CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions (see map in annex 1). UNFPA will produce a stakeholder mapping to identify the whole range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP.

Based on information gathered through desk review and discussions with the CO staff, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholders map. From this stakeholders map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The current situation of the COVID-19 epidemic makes difficult to predict restrictions of movement and other limitations due to the COVID-19 response during the evaluation period. Thus, although the evaluation team shall also

select a sample of sites for data collection, in-person meetings or missions are likely to be impracticable, and other virtual means of data collection would need to be identified. Additional considerations are provided in the next section. The sample of sites selected should reflect the variety of interventions supported by UNFPA in terms of thematic focus of programming and context.

As the evaluation aims to conduct a “deep dive” into the humanitarian and development nexus during the implementation of the UNFPA 9th CP, the province of Cabo Delgado will need to be included in the sampling, and should be weighted accordingly.

The final sample of stakeholders to be consulted and sites to be assessed will be determined in consultation with the Evaluation Manager based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and beneficiaries (women and adolescents and youth), and direct observation when possible. Due to the travel and movement restrictions in the context of the COVID19 response, most interviews and FGDs will be conducted remotely using virtual means (i.e. using Zoom). See section 14 (bibliography) for further reference.

Secondary data will be collected through desk review, primarily focusing on annual and mid-year reviews of the CP, progress reports and monitoring data, evaluations and research studies (incl. previous CPEs, assessments of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA Mozambique CO and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Mozambique 9th country programme.

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions (e.g., disability status) to the extent possible, ensuring that equity, human rights and gender dimensions are analyzed.

The evaluation team is expected to dedicate a total of 2 weeks for data collection, either remotely or through field missions, according to the COVID-19 situation. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, a checklist for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions. Additional guidance can be found in the UNFPA Evaluation Handbook.

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data, including :

- Systematic triangulation of data sources and data collection methods
- Regular exchange with the Evaluation Manager at the CO;
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence; and

- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team present the preliminary findings and their supporting evidence.

Additional validation mechanisms may be established, as appropriate. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence). The validation mechanisms will be presented in the design report.

Adaptation of the methodology to COVID19

The Novel Coronavirus was designated a "public health emergency of international concern" on 30 January 2020 by the World Health Organization (WHO). It was later declared a pandemic under its official name - 'COVID-19' - on 11 March 2020. As of September 7th ²²¹, the Government of Mozambique has confirmed 4,557 positive cases of COVID-19 in the country, twenty-seven deaths, and 2,697 recovered cases. More than 100,000 individuals have been tested, and more than 35,000 are or have been under quarantine. The vast majority of cases are due to local transmission. The Government of Mozambique recognizes clusters of COVID-19 transmission in most Provinces, being Nampula, Cabo Delgado and Maputo City the only provinces with declared community transmission. The pandemic has been spreading across the country, with confirmed cases in all provinces and more than 70 districts affected. The State of Emergency was declared on the 1st of April 2020, which has been renewed every month since then.

Based on the scenario described above, it is likely that travel bans, total or partial lockdowns and restriction of movements, limitation of gatherings and other epidemic control measures are going to be in place the upcoming months, including the period of implementation of this evaluation. Thus, the methodology of the evaluation must be adapted to the context.

The inception report will have to include a section detailing those adaptations, including a description on how a remote document review will be conducted, as well as remote interviews and group discussions when necessary. The UNFPA principles on adapting evaluations to the COVID-19 epidemic should be followed²²². Additional resources on adapting the evaluation methodology during the COVID-19 epidemic can be found at betterevaluation.org (see bibliography, section 14). The inception report will also include a mitigation plan of COVID-19-related risks, and a clear analysis of pros and cons of the methodological approach selected based on feasibility and risks associated to COVID-19. It is expected that a realistic, flexible approach is chosen, combining remote approaches and limited, targeted field missions when feasible. The evaluation team leader will assign tasks and deliverables to each team member of the evaluation based on these principles, and in consultation with the evaluation manager.

Engagement with the UNDAF evaluation

The UN Development Group (UNDG) requires all UN country offices to undertake an evaluation of their Programme of Cooperation (UNDAFs) in the penultimate year of the programming cycle. In Mozambique, the UNDAF evaluation is going to be conducted between September and December 2020. Additionally, four other Agencies (UNICEF, UNWOMEN, WHO and UNAIDS) with in-country presence in Mozambique are going to conduct their own CPE during the same or similar periods.

The main purpose of the UNDAF evaluation is to support greater accountability of the UNCT to UNDAF stakeholders for the achievements (or lack thereof) of agreed results in support of the 5-years Government plan, and to support greater learning and improve planning and decision making.

In this context, the inception report of the UNFPA evaluation must include an analysis of the timeliness of these evaluations (a mapping of the evaluations will be provided by the Evaluation manager) and an analysis of the feasibility of synergies among the evaluations, how to avoid overlaps, as well as mechanisms to ensure the independence of the

²²¹ <https://experience.arcgis.com/experience/28d6725c51e545af8583f91c5494c624>

²²² https://www.unfpa.org/sites/default/files/admin-resource/FINAL_Covid19_and_Eval.pdf

evaluations. Potential synergies include joint data collection exercises (e.g., at the sites affected by humanitarian crisis), sharing data among evaluation teams, and even joint selection of consultants in agreement of UNFPA and the RCO.

7. Evaluation process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; data collection phase; reporting phase; and facilitation of use and dissemination phase.

The *preparatory phase*, which includes the development of ToRs, establishment of the ERG, compilation of background information and documentation, preparation of first stakeholder map and list of Atlas projects, and selection and recruitment of consultants, is conducted by the Evaluation manager.

The *design phase* is led by the evaluation team, in consultation with the Evaluation Manager and the ERG. This phase includes:

- Desk review of initial background information and documents on the country context and CP, as well as other relevant documentation.
- Review and refinement / development of the theory of change underlying the CP
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a comprehensive stakeholders' map and sampling strategy to select sites to be visited and stakeholders to be consulted in Mozambique through (remote) interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures (including those related to COVID-19).
- Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information).
- Development of a communications plan (led by the evaluation manager and the CO communications team)

At the end of the design phase, the evaluation team will develop a **design report** that includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager, the ERG and the ESARO M&E Adviser. The template for the design report is provided in Annex 3.

In the field phase, data will be collected remotely and/or through specific, pre-approved field missions. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings to be validated with the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. This phase includes a virtual meeting with the UNFPA Mozambique CO staff to launch the data collection; a meeting of evaluation team members with relevant programme officers; and data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the preliminary findings from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to refine the findings, finalize the conclusions and develop credible and relevant recommendations.

In the *reporting phase*, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

This draft evaluation report will be submitted to the Evaluation Manager for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (Annex F). The Evaluation Manager and the ESARO M&E Adviser will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (form and substance), the draft report will be circulated to the ERG for comments and feedback. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a new version.

The Evaluation Manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the Evaluation Manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem.

The evaluation report is considered final once it is formally approved by the Evaluation Manager at the UNFPA Mozambique CO.

In the *facilitation of use and dissemination phase*, the evaluation team will develop a **PowerPoint presentation for the dissemination of the evaluation results** that conveys the findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The Evaluation Manager, in collaboration with the Communication Officer at the UNFPA Mozambique CO will also implement the communications plan (including an evaluation brief) to share the evaluation results with relevant stakeholders.

The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office. The final evaluation report will also be made available to the UNFPA Executive Board and will be published on the UNFPA Mozambique CO website.

8. Expected deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) a stakeholders map and ToC ; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda for the field phase; (iv) and data collection tools and techniques (incl. interview and group discussion protocols); (v) outline of limitations and adaptations to the COVID-19 context. See Annex 3 for guidance on the outline of the design report.
- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase.
- **PowerPoint presentation for debriefing meeting with the CO and ERG.** The presentation provides an overview of key preliminary findings of the evaluation, at the end of the field phase.
- **Draft and final evaluation reports.** The final evaluation report (maximum 70 pages plus annexes) will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next programme cycle. A draft report precedes the final evaluation report and provide the basis for the review of

the CO, ERG members, the Evaluation Manager and the Regional M&E Adviser. The final evaluation report will address the comments and feedback provided. For guidance on the outline of the final evaluation report see Annex 6 .

- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions and recommendations to be used for dissemination purposes.

All the deliverables will be developed in English language. UNFPA country office will translate key deliverables to Portuguese for national audience.

9. Quality assurance and assessment

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F) which defines a set of criteria against which draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of the evaluation . The EQA criteria will be systematically applied to this CPE.

The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions and that the deliverables submitted to UNFPA comply with the quality assessment criteria outlined in the EQA grid.²²³ The evaluation quality assessment checklist (see below), which is based on the EQA grid, is used as an element of the quality assurance system for the draft and final versions of the evaluation report.

<p>1. Structure and Clarity of the Report</p> <p>To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards and following the editorial guidelines of the UNFPA Evaluation Office (Annex I).</p>
<p>2. Executive Summary</p> <p>To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.</p>
<p>3. Design and Methodology</p> <p>To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)</p>
<p>4. Reliability of Data</p> <p>To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established and limitations made explicit.</p>
<p>5. Findings and Analysis</p>

²²³ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.

6. Validity of Conclusions

To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include: summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions.

7. Usefulness and Clarity of Recommendations

To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Each recommendation includes: summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on).

8. SWAP - Gender

To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at <http://www.unevaluation.org/document/detail/1452> - UNEG guidance on integrating gender and human rights more broadly can be found here: <http://www.uneval.org/document/detail/980>).

10. Indicative timeframe and work-plan

The table below indicates the specific activities and deliverables and their timelines (dates) at all stages of the evaluation. It also indicates where guidance and relevant tools and templates can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column "Deliverables": Deliverables in *italic* are the responsibility of the CO/Evaluation Manager, while the deliverables in **bold** are the responsibility of the Evaluation team.

Evaluation Phases and Activities	Deliverables	Dates	Reference to the UNFPA evaluation handbook
Preparatory Phase			
Preparation of letter for government and other key stakeholders to inform them about the upcoming CPE	<i>Letter from the UNFPA Country Representative</i>	<i>End of August</i>	
Establishment of the Evaluation Reference Group (ERG)		<i>1st week of September</i>	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of background information and documentation for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i> <i>List of Atlas projects</i>	<i>End of August</i>	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254

			Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165
Development of a first stakeholders map	<i>Stakeholders map</i>	<i>2nd week of September</i>	Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 4: The Stakeholders Map, p. 255
Drafting the terms of reference (ToR) based on ready-to-use ToR produced by the Evaluation Office (in consultation with the Regional M&E Adviser and with input from the ERG)	<i>Draft ToR</i>	<i>End of August</i>	Evaluation Office Ready-to-Use ToR (and Template 1: The Terms of Reference for CPE, p.245)
Review and approval of the ToR by the Evaluation Office	<i>Final ToR</i>	<i>Second week of September</i>	
Selection of consultants by the CO	<i>Summary assessment table</i>	<i>Third week of September</i>	Template 2: Assessment of Consultant CVs, pp. 249-252
Pre-qualification of consultants by the Evaluation Office		<i>Third week of September</i>	
Recruitment of the evaluation team by the CO		<i>First week October</i>	
Design Phase			
Kick off meeting		<i>October 15st</i>	
Desk review of initial background information and documents on country context and the CP (incl. bibliography and resources in the ToR)		<i>October 15th – October 20th</i>	
Drafting of the design report (incl. articulation of evaluation methodology, finalization of evaluation questions, development of evaluation matrix, methods and tools and indicators, development of comprehensive stakeholders map and sampling strategy, and drafting the agenda for the field phase)	Draft design report	<i>20-23th October</i>	Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278 Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187

			<p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p>
Presentation of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the design report	<i>23th October</i>	
Review of the draft design report by the Evaluation Manager, ERG and the Regional M&E Adviser	<i>Consolidated feedback provided by Evaluation Manager to evaluation team leader</i>	<i>26th-30^h October</i>	
Revision of the draft design report and submission to the Evaluation Manager for approval	Final draft design report	<i>1st-2nd November</i>	
Field Phase			
Meeting of the evaluation team with CO staff to launch data collection	Meeting between evaluation team/CO staff	<i>3rd November</i>	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant programme officers at the CO	Meeting of evaluators/CO programme officers	<i>4th-5th November</i>	
Data collection (incl. interviews with key informants, site visits, direct observation, group discussions, desk review etc.)	Entering data/information into the evaluation matrix	<i>6th November -16th November</i>	<p>Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202</p> <p>Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205</p> <p>Template 9: Note of the Results of the Focus Group, p. 262</p>
Debriefing meeting with CO staff and the ERG to present preliminary findings and emerging conclusions from data collection	PowerPoint presentation for debriefing with the CO and the ERG	<i>17th November</i>	<p>Example of PowerPoint presentation (for a centralized evaluation undertaken by the Evaluation Office):</p> <p>https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf</p>
Reporting Phase			
Drafting of the evaluation report and submission to the Evaluation Manager	Draft evaluation report	<i>17th-30th November</i>	Template 10: The Structure of the Final Report, pp. 253-264

			<p>Template 11: Abstract of the Evaluation Report, p. 265</p> <p>Template 18: Basic Graphs and Tables in Excel, p. 288</p>
<p>Review of the draft evaluation report by the Evaluation Manager, the ERG and the Regional M&E Adviser</p> <p>Joint development of the EQA of the draft evaluation report by the Evaluation Manager and the Regional M&E Adviser</p>	<i>EQA of the draft evaluation report</i>	<i>30-7th December</i>	<p>Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276</p> <p>Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207</p> <p>Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209</p>
<p>Drafting of the final evaluation report (including annexes) and submission of the final evaluation report to the Evaluation Manager</p>	Final evaluation report (including annexes)	<i>7th December -18th December</i>	
Preparation of the management response by CO	<i>Management response</i>	<i>18th December- 3rd January</i>	Template 12: Management Response, pp. 266-267
Submission of the final evaluation report to the Evaluation Office and the management response to the Policy and Strategy Division		<i>4th January</i>	
Preparation of the independent EQA of the final evaluation report by the Evaluation Office	<i>Final EQA of the evaluation report</i>	<i>15th January</i>	
Dissemination and Facilitation of Use			
Development of the presentation for the dissemination of the evaluation results by evaluation team	PowerPoint presentation of the evaluation results	<i>16th January</i>	
Development of the evaluation brief by the Evaluation Manager, with support from the communications officer at CO	<i>Evaluation brief</i>	<i>5-15th January</i>	<p>Example of evaluation brief (for a centralized evaluation undertaken by the Evaluation Office):</p> <p>https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf</p>
Publication of the final evaluation report, the EQA and the management		<i>End of January</i>	

response on the UNFPA evaluation database			
Dissemination of the evaluation report and the evaluation brief to stakeholders	<i>Including (but not limited to): Communication via email; stakeholders meeting; workshops with implementing partners etc.</i>	<i>End of January</i>	

The exact dates can be modified and/or adapted based on the recruitment time and any other unforeseen circumstance.

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan in close consultation with the Evaluation Manager.

11. Management of the evaluation

The M&E specialist of the UNFPA Mozambique country office is the evaluation manager of the CPE. The **Evaluation Manager** is responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The Evaluation Manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of the use of the evaluation results. He will also coordinate the exchanges between the evaluation team and the ERG. The major task of the Evaluation Manager is to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The Evaluation Manager has the following roles and responsibilities:

- Compile a preliminary list of background information and documentation on both the country context and the UNFPA CP and file them in a Google drive to be shared with the evaluation team upon recruitment.
- Prepare a first stakeholders map and a list of Atlas projects and share them with the evaluation team.
- Prepare the ToR for the evaluation in line with the ready-to-use ToR from the Evaluation Office, with support from the Regional M&E Adviser, and submit the ToR to the Evaluation Office for approval.
- Establish and chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the Regional M&E Adviser.
- Identify potential candidates to conduct the evaluation, complete the consultant assessment scorecard to assess their qualifications, and propose a final selection of evaluators with support from the Regional M&E Adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Provide evaluators with logistical support in making arrangements for data collection (site visits, interviews, group discussions etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of the deliverables submitted by the evaluators throughout the evaluation process (notably the design report and draft and final evaluation reports) and approve final versions.
- Coordinate feedback and comments on the deliverables produced by the evaluation team throughout the evaluation process.
- Conduct an EQA (and complete the EQA grid) of the draft evaluation report.
- Develop a communication plan (in coordination with the CO communication officer) to guide the dissemination of the evaluation results, and update the plan as the evaluation process evolves.
- Lead and participate in the preparation of the management response.

- Submit the final evaluation report, EQA and management response to the Regional M&E Adviser and the UNFPA Evaluation Office and the Policy and Strategy Division at UNFPA HQ.

At all stages of the evaluation process, the Evaluation Manager will require support from staff of the UNFPA Mozambique CO. Specifically, the responsibilities of the Country Office staff are:

- Contribute to the preparation of the ToR, specifically: the theory of change, the stakeholder mapping and the compilation of background information and documentation on the context and the CP, and provide input to the evaluation questions.
- Be available for meetings with/interviews by the evaluation team.
- Provide support to the Evaluation Manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)** which is composed of relevant UNFPA staff from the Mozambique CO, ESARO, representatives of the national Government of Mozambique, non-governmental implementing partners, as well as other relevant key stakeholders. The ERG will serve as an entity to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities:

- Provide input to the ToRs, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation during the evaluation process.
- Participate in review meetings with the evaluation team as required.
- Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

The **Regional M&E Adviser** at UNFPA ESARO will provide guidance and backstopping support to the Evaluation Manager at all stages of the evaluation process. The roles and responsibilities of the ESARO M&E Adviser are:

- Provide feedback and comments on the draft ToR and submit the final draft version to the Evaluation Office for approval.
- Support the Evaluation Manager in identifying potential candidates and assessing the qualifications of consultants, to complete the consultant assessment scorecard.
- Review the design report and provide comments to the Evaluation Manager.
- Prepare jointly with the Evaluation Manager an EQA of the draft final evaluation report.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The roles and responsibilities of the Evaluation Office are as follows:

- Review and approve the final draft ToR
- Review and pre-qualification of the consultants who will constitute the evaluation team.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for the evaluation.
- Commission the independent, external EQA of the final evaluation report.
- Publish final evaluation report, EQA and management response in the evaluation database.

12. Composition of the evaluation team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader (international) with overall responsibility for carrying out the evaluation exercise, and (ii) 3 team members (either national or international) who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR, adolescents and youth, gender equality, and population dynamics). The team leader shall also perform the role of technical expert for one of the thematic areas of programming under the 9th UNFPA CP in Mozambique.

The evaluation team leader will be recruited internationally (incl. in the sub-region), as well as one of the evaluation team members, while two evaluation team members will be locally recruited to promote national evaluation capacity development and to ensure adequate knowledge of the country context. This mix of backgrounds and contextual knowledge is expected to sustain a well-contextualized analysis and sound recommendations. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development interventions and humanitarian action. In addition, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and be able to work in a multidisciplinary team in a multicultural environment.

12.1 Roles and responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The team leader will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the CO and ERG at the end of the field phase. The Team leader will also be responsible for liaising with the Evaluation Manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of programming of the CP described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated SRH services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, family planning, and midwifery. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Mozambique CO staff and the ERG. She/he will conduct remote or in-person interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescent and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation and youth empowerment. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Mozambique CO staff and the ERG. She/he will undertake a document review and conduct interviews and group discussions with stakeholders, as advised by the evaluation team leader.

Evaluation team member: Gender equality and women empowerment expert

The gender equality expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. She/he will also provide expertise on the empowerment and rights of young people, especially youth leadership and participation. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Mozambique CO staff and the ERG. She/he will conduct remote or in-person interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, population dynamics, the demographic dividend, and national statistical systems. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Mozambique CO staff and the ERG. She/he will conduct remote or in-person interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

The modality and participation of the evaluation team members in the evaluation process, including data collection analysis, provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

12.2 Qualifications and experience of the evaluation team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in Public Health, Social Sciences, Demography or Population Studies, Statistics, Development Studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian action.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of programming covered by the evaluation (see profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, including humanitarian and development nexus, policies, frameworks and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Experience working with a multidisciplinary team of experts.

- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources and formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Mozambique.
- Fluent in written and spoken English. For the team leader position, Portuguese or Spanish is not essential, but it is desirable.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in Public Health, Medicine, Health Economics and Financing, Epidemiology, Biostatistics or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.
- Substantive knowledge of sexual and reproductive health and rights, including access to sexual and reproductive health information and education for adolescents and youth.
- Preferred good knowledge of humanitarian strategies, policies, frameworks and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Mozambique
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English. Knowledge of Portuguese and/or Spanish is also essential.

Adolescent and youth and community expert

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
 - 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
 - Substantive knowledge of adolescent and youth issues, in particular sexual and reproductive health and rights of adolescents and youth.
 - Preferred good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Substantive knowledge on the rights of youth and adolescents and the promotion of youth and community participation and leadership in decision-making processes.
 - Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
 - Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
 - Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
 - Excellent analytical and problem-solving skills.

- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Fluent in written and spoken English. Knowledge of Portuguese and/or Spanish is also essential for team members. Good knowledge of the national development context of Mozambique
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage

Gender equality and women empowerment expert

The competencies, skills and experience of the gender equality expert should include:

- Master's degree in Women/Gender Studies, Human Rights Law, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Substantive knowledge on the rights of women and girls and the promotion of women and girls participation and leadership in decision-making processes.
- Preferred good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Mozambique
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English. Knowledge of Portuguese and/or Spanish is also essential for team members.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in Demography or Population Studies, Statistics, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action. Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms will be an advantage.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.

- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Mozambique
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English. Knowledge of Portuguese and/or Spanish is also essential for team members.

13. Budget and payment modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon satisfactory completion of the draft final evaluation report	40%
Upon approval of the final evaluation report and PowerPoint for dissemination of evaluation results	40%

In addition to the daily fees, if applicable the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team Leader (covering one area)	Team member (SRH)	Team member Youth	Team member Gender	Team member PD
Design phase	20	10	8	8	8
Field phase	23	12	11	11	7
Reporting phase	26	12	11	11	11
Dissemination and facilitation of use phase	2	1	1	1	1
TOTAL (days)	71	35	31	31	27

The exact number of workdays and distribution of the workload will be proposed by the evaluation team in the design report, subject to approval by UNFPA Evaluation Manager. The number of days of the team leader include those which she/he will be covering (Youth or gender)

14. Bibliography and resources

Initial list of documents and websites to be consulted by the evaluation team

Global UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
2. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
3. UNFPA Evaluation Policy (2019)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
4. Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019)
<https://www.unfpa.org/EvaluationHandbook>
5. Adapting evaluations to the COVID-19 pandemic: Guiding principles and their practical implications for evaluation (2020)
<https://www.unfpa.org/admin-resource/adapting-evaluations-covid-19-pandemic>
6. Evaluation Quality Assurance and Assessment: Tools and Guidance (2019)
<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>
7. Strategy to enhance evaluation use through communications and knowledge management (2018-2021)
<https://www.unfpa.org/admin-resource/strategy-enhance-evaluation-use-through-communications-and-knowledge-management-2018>
8. Choosing the most appropriate evaluation methods, processes and approaches (Better Evaluation, 2019)
<https://www.unfpa.org/admin-resource/choosing-most-appropriate-evaluation-methods-processes-and-approaches>
9. Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)
https://www.unfpa.org/sites/default/files/admin-resource/GBV_Report_FINAL_29_Nov.pdf

National strategies, policies and action plans

10. 5-years plan of the Government 2015-2019
<https://www.portaldogoverno.gov.mz/por/Governo/Documentos/Planos-e-Programas-de-Governacao/Plano-Quinquenal>
11. Health sector strategic plan 2015-2019
<https://www.misau.gov.mz/index.php/planos-estrategicos>
12. PEN IV: HIV national strategic plan 2015-2019
<https://webcache.googleusercontent.com/search?q=cache:1-Vqm1frgJMJ:https://www.misau.gov.mz/index.php/planos-estrategicos-do-hiv%3Fdownload%3D83:plano-estrategico-nacional-2015-2019-pdf+%&cd=1&hl=en&ct=clnk&gl=mz>
13. Youth strategy

<https://www.portaldogoverno.gov.mz/por/Governo/Documentos/Estrategias/Juventude-e-Desportos>

14. Strategic plan of state administration
<https://www.portaldogoverno.gov.mz/por/Governo/Documentos/Estrategias/Administracao-Estatal>
15. Statistics national system strategic plan 2003-2007
<https://www.portaldogoverno.gov.mz/por/Governo/Documentos/Estrategias/Plano-Desenvolvimento-e-Estatistica>
16. UNDAF Mozambique 2017-2020
https://drive.google.com/file/d/1-r4O4-rAbjk5n6HO_C2L5AWjwT_hM3cl/view?usp=sharing
17. Mozambique Global Financing Facility investment case
https://drive.google.com/file/d/1sGFQ1m7PzS_Dey5s1n5JuopM07dej5YI/view?usp=sharing

UNFPA CO programming documents

18. Mozambique spotlight prefunding Prodoc August 2018
<http://mptf.undp.org/factsheet/project/00111642>
19. Mozambique Spotlight Prefunding budget
<http://mptf.undp.org/factsheet/project/00111642>
20. Final SLI ProDoc Mozambique signed
<http://mptf.undp.org/factsheet/project/00111642>
21. Joint Programme Action for Girls and Young Women in Mozambique: key documents: Programme Document; Memorandum of Understanding; Standard Administrative Arrangement
<http://mptf.undp.org/factsheet/fund/JMZ00>
22. Joint Programme Action for Girls and Young Women in Mozambique: 2016-2019 reports (narrative and financial)
<http://mptf.undp.org/factsheet/fund/JMZ00>
23. Mozambique One UN Fund: MoU, SAA, annual reports 2017-2019
<http://mptf.undp.org/factsheet/fund/MZ100>
24. Improving Sexual, Reproductive, Maternal, New-born, Child and Adolescent Health in Mozambique Joint Programme 2017-2020
<https://drive.google.com/file/d/1qcRc787ObVJgzNf1Vp3bd9CZPZHRK3FE/view?usp=sharing>

UNFPA CO M&E documents

25. UNFPA country programme Evaluation 2007-2009
https://drive.google.com/file/d/16mGAb3FceEUOJJV_Jajb6K3JT7ta7esQ/view?usp=sharing
26. UNFPA Mozambique 2019 annual report
https://drive.google.com/file/d/1kyq4Ut2mV61O_BMj3q-3mdhE-sz0adDM/view?usp=sharing
27. UNFPA Mozambique Q4 2019 report
<https://drive.google.com/file/d/1AyFAo7GTmyU8t-fHl8w0YYfaQDpJ4XJF/view?usp=sharing>
28. 2017 UNDAF progress report
https://drive.google.com/file/d/1kyq4Ut2mV61O_BMj3q-3mdhE-sz0adDM/view?usp=sharing
29. KIMCHI evaluation report 2016-2020
<https://drive.google.com/file/d/1flfGkjSjDe-XbMpuigNziZPdTntnkGpp/view?usp=sharing>
30. Rapariga bizz programme final evaluation report
<https://drive.google.com/file/d/1X55sTsN-HIhrY7ICabqQBWVaLFQYAmSE/view?usp=sharing>

31. Spotlight initiative. Annual report 2018.
https://spotlightinitiative.org/sites/default/files/publication/Spotlight_Annual_Report_July_2017-March_2018.pdf
32. Annual Report Mozambique spotlight report, 2019
<http://mptf.undp.org/factsheet/project/00111642>

Other documents

33. MICS survey 2008
<https://www.portaldogoverno.gov.mz/por/Governo/Documentos/Estudos>
34. Monthly weekly health statics bulletins
<https://www.misau.gov.mz/index.php/anuarios-estatistico>
35. IMASIDA
<https://www.misau.gov.mz/index.php/inqueritos-de-saude#>
36. SARA
<https://www.misau.gov.mz/index.php/inqueritos-de-saude#>
37. Mozambique health accounts- policy implications report 2015
<https://www.misau.gov.mz/index.php/contas-nacionais-de-saude>

Annexes

Annex I: Map of current UNFPA interventions in Mozambique

[Map of UNFPA intervention areas.docx](#)

Annex 2: ToC for [Ensuring women and girls 'participation, security and rights in the context of inclusive and sustainable development](#)

[THEORY OF CHANGE.DOCX](#)

Annex 3 : Ethical Code of Conduct for UNEG/UNFPA Evaluations

[Ethical Code of Conduct for UNEG/UNFPA Evaluations](#)

Annex 4: Evaluation Quality Assessment Grid

[Evaluation Quality Assessment Grid.docx](#)

Annex 5: Management Response template

[Management Response template .docx](#)

Annex 6: Outline of final evaluation report

[Outline of final evaluation report.docx](#)

Annex 2: Institutions and Persons Met

Key Informant Individual and Group Interviews, Focus Group Interviews

Type of Stakeholder: UNCT Partners				
Organisation/ Agency	Person(s) Met	Position & Office Location	Consultant Initials²²⁴	
UNESCO	Paul Gomis	Country Representative, Maputo	HJ	
WHO	Tomas Valdez	Country Representative, Maputo	HJ	
UNAIDS	Eva Kiwango	Country Director, Maputo	HJ	
Type of Stakeholder: UNFPA				
		Country Office, Maputo		
Also virtual meetings with the thematic teams, and staff questionnaire distributed to all				
UNFPA	Andrea Wojnar	Resident Representative	HJ	
	Jenny Karlsen	Deputy Representative	HJ	
	Nadia Vaz	Assistant Representative	HJ	
	Eduardo Celares	M&E Specialist	HJ	
	Jose Junior	Finance Associate	HJ	
	Helene Christensen	Youth Specialist	HJ	
	Emidio Cuna	Programme Analyst Youth and Partnerships	HJ	
	Patricia Grundberg	JPO Programme Analyst ASHR and Special Assistant to Representative	HJ	
	Valeria Cardia	Programme Analyst, Maputo	UJ	
	Luisa Galvão	Gender Consultant, Maputo	UJ	
	Domenica Constantini	GBV Specialist, Maputo	UJ	
	Edvaldo Zimba	Infoviolence and Population Dynamics Consultant/ Maputo	UJ&CA	
	Alessio Cangiano	P&D Technical Advisor	CA	
	Simão Chatepa	Census Project Manager	CA	
	Licinia Gadaga	Finance Assistant	CA	
	Carlos Manhica	Admin Assistant	CA	
	Amir Modan	SRHR Programme Specialist	LC	
	Ausenda Domingos	Programme Analyst, SRHR	LC	
	Arsenia Nhacale	FP, HIV Officer	LC	
	Diana Restrepo	Programme Specialist SRHR	LC	
		Provincial Offices		
	Benjamim Cumiao	M&E Officer, Nampula	HJ	
	Roberto Manjate	Programme Coordinator, Nampula	UJ	
	Rosilawati Anggraini	Humanitarian Specialist, Sofala	LC	
	Sualei Juma Sualeri	NOP, Pemba	LC	
	Dinis Luis	M&E Officer, Tete	LC	
	Vidal Mahundla	Programme Coordinator, Tete	LC	
	Assane Macangira	Programme Coordinator, Zambezia	HJ	
Dan Onyango Maina	Humanitarian Advisor, Pemba	LC		
Type of Stakeholder: Government of Mozambique				
SPJT	Belarmina Jorge	PGB Coordinator, Nampula	UJ	
SPJT	Hortencio Zeca	Head of Youth and Labor Department, Nampula	UJ	
DPS	Rosimin Sacur	Provincial Head of Health, SRH Focal Point, Nampula	UJ	
MEF	Emilde Sarmiento	Director, National Economic and Development Policy Directorate	CA	
	Elísio Nhantumbo	National Economic and Development Policy Directorate	CA	
INE	Eliza Mónica Ana Magaua	President	CA	
	Alda Rocha	Advisor to the INE president	CA	
	Pedro Duce	Director, Demographic and Vital Statistics	CA	

²²⁴ HJ Helen Jackson; LC Leonardo Chavane; UJ Unaiti Jaime; CA Carlos Arnaldo

	Natércia Macuacua	Deputy-Director, Sectoral and Enterprise Statistics	CA
	Luís Cumbe	Administration and Human Resources Directorate	CA
MOH	Maria Benigna Matsinhe	Deputy National Director of Public Health	LC
MOH	Gizela Azambuja	Head of Maternal and Child Health Department	LC
MOH, Cabo Delgado	Kiriliana Mbule	Deputy Province Health Director	LC
MOH, Cabo Delgado	Leonilde Nhaposse	Province Medical Chief	LC
MOH, Cabo Delgado	Antonio Saide de Carvalho	Director of Pemba Province Hospital	LC
MOH, Cabo Delgado	Marvin Esperança	Head of Maternity Services at Pemba Province Hospital	LC
MOH, Cabo Delgado	João Andala	Director of Montepuez Health District Services	LC
MOH, Cabo Delgado	Ilunga Nkongolo	Clinical Director of Montepuez District Hospital	LC
MOH, Cabo Delgado	Judith Horácio José	MCH Supervisor at Montepuez Health District Services	LC
DPGCAS	Manuel Jorge	SLI Focal Point, Gaza	UJ
DPGCAS	Olga Nhalungo	GBV Focal Point, Manica	UJ
DPS	Loice Lumbadia	GBV Focal Point, Gaza	UJ
DPMGCAS	Ermenegilda Miguel	Head of Department/ GBV Focal Point, Nampula	UJ
DPS	Berta Caminete	GBV Focal Point/ SLI Focal Point, Nampula	UJ
DPS	Adija Bunana	GBV Focal Point Manica	UJ
MGCAS	Elisa Mutisse	Head of the Gender Department Department, Maputo	UJ
Type of Stakeholder: Donors, UN Technical Partners			
Embassy of Sweden	Luisa Fumo	Programme Officer for SRH, Gender and Social Protection, (including RB focal point) Maputo	HJ
Canadian High Commission	Catherine Berard	Rapariga Biz Focal Point, Ottawa	HJ
Embassy of Netherlands	Fatima Aly	Policy Officer for SRHR and HIV/AIDS (My Choice Focal Point), Maputo	HJ
UK Aid	Etelvina Mahanjane	Demographic Transition Advisor, Maputo	HJ
EU	Tima Suale	Programme Officer, Maputo	UJ
UNICEF	Benilde Soares	Health Specialist, Maputo	LC
UNICEF	Carlos Lone	Humanitarian Officer, Pemba	LC
IOM	Ruth Krcmarova	Coordinator Humanitarian Assistance, Pemba	LC
WHO	Alicia Carbonell	SRH Specialist, Maputo	LC
WHO	Faquir Calu	Humanitarian Coordinator (Rotative), Pemba	LC
UNHCR	Colleen Roberts	GBV Officer, Pemba	LC
UNICEF	Sabina Michiels	Adolescent Development Specialist, Maputo	HJ
UN Women	Fernanda Bernardo	RB then Spotlight Focal Point, Maputo	HJ
UN Women	Veja Boaventura	Programme Officer Rapariga Biz for Women's Empowerment and Coordination	HJ
Office of RC	Shirley Eng	Ex UN Coordinator for Spotlight	HJ
UNDP	Salmina Merique	Project Analyst Gender, HIV & Human Rights, Maputo	HJ
Participation in Joint Interviews from other UN evaluations with UN Staff			
UNESCO	Paul Gomis, Angelina Tivane,	Country Rep, Programme Officer, Maputo	HJ, LC
Type of Stakeholder: Non-Government Implementing Partners, Civil Society			
Forum Mulher	Maira Domingos	Head of Programmes, Maputo	UJ
Coalizão	Margarida Jeuambe	Programme Officer, Nampula	UJ
Coalizão	Mafalda Muianga	Provincial Delegate, Zambezia	UJ
Coalizão	Farouk Simango	General Coordinator, Maputo	UJ
FDC	Joaquim Oliveira	Director/ UNFPA Focal Point, Maputo	UJ
Wiwana Foundation	Ana David	Executive Director, Pemba	LC
AMODEFA	Agira Yaquite	Project Coordinator My Choice, Balama	LC
AMODEFA	Maria Manjate	SRH Programme Coordinator, Maputo	LC
PSI	Leopoldina Ferreira	Monitoring and Evaluation Director, Maputo	LC
PSI	Maria Machonissa	Community Interventions Director, Maputo	LC
Focus Fistulas	Igor Vaz	Executive Director, Maputo	LC
Type of Stakeholder: Primary and Secondary Beneficiaries, Focus Group Interviews			

		Nampula Province	
Coalizão	FGI (8 female)	RB Mentors	UJ
Coalizão	FGI (8 female)	RB Mentorship beneficiaries	UJ
Coalizão	FGI (6 female)	RB/Spotlight Mentors	UJ
PGB	FGI (4 males)	Activists	UJ
DPS	FGI (8 female)	SAAJ Beneficiaries	UJ
CAI	FGI (8 female)	GBV Survivors	UJ
CAI	FGI(3 female 1 male)	PRM/Justice, Health and Social Action	UJ
		Cabo Delgado Province	
Montepuez Health Center	Maria Augusta Gulamo	MCH Nurse	LC
Montepuez Health Center	Fidencia Jorge	MCH Nurse	LC
Montepuez Health Center	Filomena Feliz	MCH Nurse	LC
Montepuez Health Center	Olga Pedro	MCH Nurse	LC
Montepuez Health Center	Modesta Rafique	MCH Nurse	LC
Montepuez Health Center	Fátima Lagino	MCH Nurse	LC
Montepuez Health Center	Ana Bendita	MCH Nurse	LC
Montepuez IDP Camp	FGI (6 women)	IDPs	LC
IDPs Pemba City IDPs	FGI (8 women)	IDPs	LC
Fernanda Kirija	Fistula Survivor	Cabo Delgado Province, Pemba Hospital	LC
Site Observation²²⁵			
SAAJ		Nampula Province	UJ
CAI		Nampula Province	UJ
Montepuez Health Center		Cabo Delgado Province	LC
Montepuez District Hospital		Cabo Delgado Province	LC
Pemba Province Hospital		Cabo Delgado Province	LC

²²⁵ Severely limited because of Covid-19 restrictions and travel limitations

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Annex 4: Evaluation Matrix

EQ1: RELEVANCE AND RESPONSIVENESS			
1. To what extent is the country programme aligned to: Priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs, the New Way of Working and the Grand Bargain; the strategic direction and objectives of UNFPA; national development strategies and policies; and the needs of diverse populations, including the needs of marginalized and vulnerable groups; and how far has programming demonstrated responsiveness to changing population needs and priorities, or to urgent requests of country counterparts?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>Assumption 1: The CP is aligned with the ICPD, SDGs, New Way of Working and Grand Bargain, the core strategy of UNFPA and to national priorities and policies, and that it particularly takes into account the needs of vulnerable and marginalized populations.</p>	<ul style="list-style-type: none"> • CPD, AWP and COARs reflect ICPD, SDGs and UNFPA strategic direction and development priorities of the GoM • Chosen beneficiaries reflect priority populations in need in Mozambique • The CP contributes to building national capacity in relation to the areas of its mandate 	<ul style="list-style-type: none"> • ICPD POA and ICPD at 25; SDG reports • UNFPA Strategic Plan 2018 – 2021; 9CPD and AWP and COARs • Mozambique Constitution, national policy, strategy and guideline documents in all thematic areas • Key informant interviews • Beneficiary FGIs 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA CO and government staff and implementing partners • Focus Group Interviews (FGIs) with primary and secondary beneficiaries
<p>Assumption 2: The CO has been able to respond effectively to shifts in the national context and priority needs.</p>	<ul style="list-style-type: none"> • The speed and timeliness of response (response capacity) • Adequacy of the response (quality of the response) • Evidence of programmatic changes in line with emerging needs and priorities of GoM, key stakeholders and beneficiaries 	<ul style="list-style-type: none"> • AWP, COARs • Project evaluation reports • Implementing Partners (IP) APRs • CO staff • UNCT • GoM, key stakeholders and beneficiaries 	<ul style="list-style-type: none"> • Document analysis • Interviews with CO staff, IPs, UN agencies, GoM, donors • FGIs as appropriate
EQ2: EFFECTIVENESS AND COVERAGE			
2.a To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) and coverage of the country programme, and reduced barriers to access, with regards to: i) increased access to and use of integrated sexual and			

reproductive health and HIV prevention services, including systematically reaching the most vulnerable, marginalized and disadvantaged; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights, including the most disadvantaged; iii) advancement of gender equality and the empowerment of all women and girls through addressing GBV, including among the most vulnerable; and iv) increased use of population data in the development of evidence-based national development policies, plans and programmes?

2.b How effectively has UNFPA contributed to improved emergency preparedness and response to humanitarian crises in Mozambique in the areas of its mandate, and to longer-term development goals and capacity development of local and national actors in the humanitarian /development nexus in Cabo Delgado)?

2.c To what extent has the programme mainstreamed gender and human rights-based approaches?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Assumption 1: The UNFPA 9CP planned outputs were successfully achieved and contributed to the outcome results in all thematic areas, with a robust theory of change underlying the results chain logic and attention to the most disadvantaged.	<ul style="list-style-type: none"> • Extent to which M&E of programmes and projects indicate the achievements of outputs • The extent to which outputs in the CP and Results Framework are likely to have contributed to outcome results through a robust theory of change 	<ul style="list-style-type: none"> • AWP, APRs and M&E reports • Programme, project and institutional reports • CO staff • GoM, IPs and beneficiaries • Site visits 	<ul style="list-style-type: none"> • Document analysis • Key CO staff interviews • KI Interviews with GoM, IPs • FGIs with beneficiaries • Site visits and observation • Back-up questionnaires if needed
Assumption 2: The CO has been able to contribute effectively to the immediate and longer-term coordinated response to the humanitarian crises resulting from conflict as well as natural disasters	<ul style="list-style-type: none"> • The extent of provision of an emergency SRHR package and GBV support in crisis situations • Evidence of contribution to the longer-term response to the growing complexity of humanitarian crises in Cabo Delgado 	<ul style="list-style-type: none"> • CO staff and HCT staff • Key stakeholders including CBOs • FGI with beneficiaries • Site observation • Project Reports 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA CO and HCT staff • Interviews with CBO stakeholders • Site visits and observation • FGIs with beneficiaries using FGI tools

<p>Assumption 3: The cross-cutting issues of gender and a human rights-based approach are evident in the implementation of the CP</p>	<ul style="list-style-type: none"> • Evidence of increased incorporation during the 9CP of gender and a human rights approach in national policies, strategies and plans at national and sub-national levels developed during this period, and in IP programmes and projects • Evidence of the integration of gender, disability and a human rights-based approach within the planning, programme and project documents of UNFPA • Evidence of the integration of gender, disability and a human rights-based approach provided by KIs and beneficiaries 	<ul style="list-style-type: none"> • Key government policies, strategies and plans at national and sub-national levels • IP progress reports, evaluations and reviews • AWP and APRs • GOM and key partners • CO staff • Beneficiaries 	<ul style="list-style-type: none"> • Document analysis • Interviews with CO staff, GOM and key stakeholders • FGIs with beneficiaries
<p>Assumption 4: UNFPA contributed effectively to data generation and sustained increase in the use of disaggregated and evidence-based demographic and socio-economic data in policies, planning and programming</p>	<ul style="list-style-type: none"> • Evidence of UNFPA support for data generation • Evidence of UNFPA support for increased dissemination and use of data in policies, planning and programming at national and sub-national levels • Evidence of geo-referencing 	<ul style="list-style-type: none"> • Key government policies, strategies and plans at national and sub-national levels • AWP, APRs • CO staff, GoM, IPs • GoM and key stakeholders 	<ul style="list-style-type: none"> • Document analysis • Interviews with CO staff, GoM and key stakeholders
<p>EQ3: EFFICIENCY</p>			
<p>3.a To what extent has UNFPA made good use of its human, administrative and financial resources, and used appropriate policies, procedures and tools to pursue and measure the achievement of the intended outcomes of the country programme?</p>			
<p>3.b. How efficient has been the monitoring and evaluation system within the UNFPA CO with regards measurement of results to ensure accountability?</p>			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>Assumption 1: The CO has adequate human, financial and administrative resources for efficient programme implementation</p>	<ul style="list-style-type: none"> • CO organogram and human and financial resources and procedures • Programme implementation modalities to achieve intended results • IP selection 	<ul style="list-style-type: none"> • CO organogram • AWP, COARs • CO financial reports • CO, IP staff, GoM and key partners 	<ul style="list-style-type: none"> • Document analysis • Interviews with CO staff, GoM and IPs

Assumption 2: Implementing partners received UNFPA financial and technical support as planned and in a timely manner	<ul style="list-style-type: none"> Financial resources disbursement Technical assistance availed 	<ul style="list-style-type: none"> M&E and finance reports of CO IP reports IP and CO staff 	<ul style="list-style-type: none"> Document analysis Interviews with CO staff and IPs
Assumption 4: The CO has robust M&E systems in place which are efficiently utilised	<ul style="list-style-type: none"> Evidence of M&E system and robust documentation 	<ul style="list-style-type: none"> CO on line systems COARs IP and CO staff 	<ul style="list-style-type: none"> Sight of on line systems Document review Key CO staff interview
EQ4: SUSTAINABILITY			
4.a To what extent in each of its thematic areas has UNFPA been able to promote national ownership (e.g. policies, increased capacity and budgetary allocation) and to integrate SRHR/HIV/GBV into policy, planning and programming?			
4.b To what extent in each of its thematic areas has UNFPA been able to support implementing partners and beneficiaries (especially women and adolescents and youth) in developing institutional capacities, and in establishing mechanisms to ensure the durability of effects?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Assumption 1: UNFPA has succeeded in promoting national ownership in its thematic areas and to strengthen SRHR/HIV/GBV integration, including with regard to generation, dissemination and utilisation of disaggregated data	<ul style="list-style-type: none"> GoM funding for UNFPA programme areas GoM technical capacity in UNFPA programme areas Enabling policy environment and integrated planning and programming Disaggregated data available at national and sub-national levels and effectively utilised 	<ul style="list-style-type: none"> AWPs, COARs and APRs GoM policies and plans CO staff and GoM key informants GoM 	<ul style="list-style-type: none"> Document analysis Interviews with CO staff, GoM
Assumption 2: UNFPA partners have the technical capacity and the resources to contribute effectively to UNFPA supported interventions in all programme areas, in their policies, programmes and budgets	<ul style="list-style-type: none"> Policies, programmes and budgets of partners indicate capacity to promote continuity of programme results Evidence of ongoing benefits after the interventions have ended 	<ul style="list-style-type: none"> AWPs, APRs Programme and project evaluations CO staff Key partners Beneficiaries 	<ul style="list-style-type: none"> Document analysis Interviews with CO staff and key partners FGIs with beneficiaries
Assumption 3: UNFPA programme beneficiaries have increased knowledge and capacity regarding SRHR, HIV and GBV and greater access to and uptake of quality services	<ul style="list-style-type: none"> Knowledge and capacity of beneficiaries and levels of service uptake Evidence of expanded and integrated high-quality services for SRHR, HIV and GBV at all levels established and sustainable 	<ul style="list-style-type: none"> Project documents: IP AWPs and ARPs GoM and key partners 	<ul style="list-style-type: none"> Document review CO, GoM and IP interviews Beneficiary FGIs

EQ5: COORDINATION, CONNECTEDNESS AND COHESION

5.a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT and HCT coordination mechanisms and contributed to the UNJT on AIDS?

5.b. How far is the CP coherent with and engaged in joint interventions of the UN agencies and Government in relation to each thematic area?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Assumption 1: UNFPA CO has contributed effectively to UNCT and HCT coordination and to the UNJT on AIDS	<ul style="list-style-type: none"> Evidence of UNFPA active participation in UNCT, HCT and UNJT 	<ul style="list-style-type: none"> UNCT, HCT, UNAIDS UN programme officers UNFPA management Relevant reports 	<ul style="list-style-type: none"> Interviews with key CO staff, UNCT, HCT, UN programme officers Document analysis Back-up questionnaires if needed
Assumption 2: The CP has effectively engaged in joint interventions with UN agencies and GoM in each thematic area	<ul style="list-style-type: none"> Evidence of joint programming in each thematic area 	<ul style="list-style-type: none"> Joint programme reports, reviews and evaluations CO staff, UN partners 	<ul style="list-style-type: none"> Document review Interviews with CO staff, GoM, key UN partners Back-up questionnaires if needed

Annex 5: Main Evaluation Tools

Tool 1

Key informant interview guide for CPE stakeholders: GoM, IPs PD/SRH/AY/Gender

Interviewer:.....**Interview #**.....**Date**.....

Interviewee(s) Name(s):.....

Organisation**Location**

Position(s)

Semi-structured interview schedule with lead question areas to be adapted and probed according to KI and component area and focus of interview, and according to type of stakeholder.

Greeting and introduce self and purpose of interview as part of CPE, thank for time commitment and assure confidentiality. Seek any clarifications KI may have.

Indicate overarching focus (for orientation only, and as relevant to IP):

PD: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

SRH: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

AY: Increased priority of adolescents and youth, especially adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services and rights.

Gender equality and women's empowerment: Advanced gender equality, women and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

1. Confirm the main function of the stakeholder organisation in relation to UNFPA

2. Confirm how UNFPA supports this function (probe re finance/ TA/ capacity building etc over time)

3. Questions elaborated from the Evaluation Matrix. Probe as needed and relevant with respect to evaluation criteria: (indicative questions from which to select). Remember to focus on gender and human rights

Relevance, responsiveness

1. The relevance of UNFPA support. Probe, including possible gaps
2. How far UNFPA was able to respond to changing needs of the IP/partner/ context. Probe
3. Responsiveness specifically in humanitarian contexts

Effectiveness

1. Sufficiency of UNFPA contribution to the GoM/IP/Partner to achievement of planned programme results, and identification of any gaps or challenges. Probe
2. UNFPA support for challenges in the implementation of interventions to address outputs and outcomes
3. UNFPA support for programme integration of gender and a human-rights approach, including people with disabilities
4. Effectiveness of UNFPA contribution to short-term and longer-term humanitarian responses

5. UNFPA support for use of disaggregated demographic and socio-economic data for evidence-based planning and development
6. Added value of UNFPA contributions (compared with what would have been possible without UNFPA)
7. Effectiveness of UNFPA in contribution to joint programmes.

Efficiency

1. Expenditure of UNFPA funding. Probe re timeliness of dispersal of funds and re any challenges, e.g. re delayed dispersal in the absence of completed quarterly reports, challenges at year end?
2. Monitoring and evaluation systems in place and reporting by IP. Probe re any limitations, challenges, how far reporting is streamlined between UNFPA and other agencies/donors

Sustainability of results

1. Likelihood of continued UNFPA support. Probe re what support is most needed
2. Measures in place for programme continuity in the absence of continued UNFPA support. Probe e.g. re output/outcome areas integrated in institutional/government policies and plans
3. Other sources of technical and financial support. Probe
4. Likelihood of sustained benefits (e.g. through capacity building, improved M&E and other systems, population data availability, policy or strategy development and implementation, etc with or without continued UNFPA support). Probe

Coordination, connectedness and coherence (mostly in relation to UN agencies, UNDAF, One UN)

Overarching EQs:

To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT and HCT coordination mechanisms, including around the New Way of Working (NWOW) and the Grand Bargain?

How far is the CP coherent with and engaged in joint interventions of the UN agencies and Government in relation to each thematic area?

Probe re:

1. How active, relevant and effective is UNFPA in UNCT and in One UN approach, NWOW and in relation to the Grand Bargain
2. UNFPA contributions and particular responsibilities for coordination in UNCT and UNDAF
3. UNFPA contributions to HCT coordination
4. Connectedness, communication and coherence within joint projects, and regarding issues of overlapping mandates.

BRIEF SWOT re UNFPA contributions, if useful and appropriate:

Strengths, Weaknesses/limitations, Opportunities, Threats

Any further questions/probes?

Thank KI again for time and seek potential for further brief questions if required

Tool 2 FGI Guide (training, i.e. for secondary beneficiaries, adapt according to group)

Project/Site/location:.....

Interviewer **FGI #** **Date:**.....

Beneficiaries type

Number/Sex:.....

Circulate a list to record name and position

Semi-structured interview schedule with lead question areas to be adapted and probed according to KI and component area and focus of interview, and according to type of stakeholder.

Greeting and introduce self and purpose of interview as part of CPE, thank for time commitment and assure confidentiality. Seek any clarifications KI may have.

Indicate overarching focus (for orientation only, and as relevant to IP):

<p>PD: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.</p> <p>SRH: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.</p> <p>AY: Increased priority of adolescents and youth, especially adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services and rights.</p> <p>Gender equality and women’s empowerment: Advanced gender equality, women and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</p>

1. Probe re the training received/what does/did it consist of etc. If training, when, how long, any follow up/quality assurance; role of UNFPA and others (if appropriate)
2. Probe re quality of benefits. What are the most important benefits / learning / other benefits?
3. Probe around what is being done differently after the service/training (re service provision/re behaviour change etc). Are changes likely to be sustained/why/why not?
4. Probe re what quality assurance is in place to assess improved practice after training.
5. Probe re what aspects of the service/training did not work well
6. Suggestions for improvements
7. Further unmet needs (for services/ training etc in relation to the thematic area)
8. Invite any final questions or comments

Thank all participants again, and reconfirm confidentiality.

Tool 3 for Primary Beneficiary FGIs (adapt according to group)

FGI # Date

Primary Beneficiary Type:

Interviewer:.....

Project/site/services:.....

Beneficiary group (#, gender):.....

Adapt tool for SRH services in and out of school youth, for clients of SRH services or in relation to gender/GBV support. The session starts with introductions, purpose of the FGI, confirmation of confidentiality, thanking participants for their time, and asking if anyone has any questions before the start.

The guide provides broad questions around which to probe. After the FGI the interviewer will undertake thematic and content analysis and summarise the main findings, and draw provisional conclusions and recommendations. Translators will be utilised as needed.

1) a) Ask re the reasons people come to the facility/centre (if appropriate) and what is most important to the participants in the services provided.
b) Probe re relevance, effectiveness, efficiency of services (e.g. re waiting times, opening hours, ease of access) and overall satisfaction with the facility/centre and staff. Probe re how often beneficiaries come.
2) Probe re additional services or support that would be appreciated from the facility/centre (ie re gaps) and where else these services might be obtained, etc; and re barriers to access. How could the services be improved?
3) Probe re responsiveness of staff to needs, and regarding issues that may be difficult to discuss. Probe why staff may find it difficult to respond or beneficiaries find it difficult to raise issues (e.g. re privacy, judgemental values, embarrassment, confidentiality, gender insensitivity or insensitivity to youth etc)
4) Would participants recommend this facility to others? Why or why not?

Tool 4: Observation Guide for Site Visits, Mozambique 9CPE

(supplements FGIs, staff interviews and site document review, records etc)

Consultant Initials

Date of visit

Name/Type of Site

Location

External environment (brief description)
Ease of access (location, transport access, wheelchair friendly etc)
Sufficiency of facilities: size, rooms, overcrowding, equipment (space for relaxation as well as service provision, whether all equipment is working, what sort of condition the rooms and equipment are in, etc)

Range of services that can be accessed and are fully operational (ie supplement to documented services); indicate any that are not functioning
Availability of IEC/BCC materials, leaflets and posters etc (e.g. variety, numbers, documents to take away etc, language, attractiveness, relevance, range, cater to which client groups)
Male and female condoms – available, sufficient for clients to take all they want, privately obtainable e.g. in toilets or only through provider; are numbers taken recorded per named client
Interactions between staff and clients (friendly, relaxed, rushed?) ²²⁶
Queueing for services, streamlined flow of integrated service provision or multiple queueing required for different services/staff to client ratio
Extent of privacy for consultation/counseling, any lapses in privacy
Gaps in services/space/etc
Other observations/comments

Tool 5:

KI Stakeholders Interview Schedule (Gvt, NGO Implementing Partners) regarding AGYW programming in Nampula (and ABYM if appropriate)²²⁷

²²⁶ Only to be addressed in appropriate circumstances without infringement of privacy or service

²²⁷ Utilise the appropriate set of questions for the given stakeholder, i.e. one question set per stakeholder plus the question on One UN if appropriate.

Name(s)

Position/s and role/s.....

Organisation

Interviewer KII # Date

Primary Beneficiary Type: in/out of school; age range; number in group

Interviewer:.....

Project/site/services location:.....

The session starts with introductions, purpose of the interview, confirmation of confidentiality, thanking respondent/s for their time and asking if anyone has any questions before the start.

1. How effectively does UNFPA contribute to the **UNICEF joint programme on social change and behaviour communication (SCBC)? Question is for UNICEF staff in Nampula.** Probe re:
 - a. roles
 - b. collaboration
 - c. what has worked best in UNFPA contributions
 - d. any gaps or challenges/limitations in UNFPA contributions including whether UNFPA has sufficient capacity to deliver
 - e. What changes would be most useful in how UNFPA contributes/operates?
 - f. How responsive is UNFPA to changing needs of UNICEF or other partners?
 - g. How responsive is UNFPA to changing needs of beneficiaries/the prevailing context?
 - h. Do you see lasting effects of UNFPA's contributions in terms of increased knowledge and uptake of SRH/HIV services? (Also include SGBV here if preferred)

2. How effectively does UNFPA contribute to the **joint programme on child marriage? Question is for government, UN partners, implementing partners** Probe re:
 - a. roles
 - b. collaboration
 - c. what has worked best in UNFPA contributions/ (e.g. what aspects of UNFPA programming has been most influential/effective in changing attitudes/ influencing families/ assisting girls to stay in school/ vocational and other empowerment of AGYW)
 - d. any gaps or challenges/limitations in UNFPA contributions including whether UNFPA has sufficient capacity to deliver
 - e. What changes in how UNFPA contributes/operates would be most useful? Probe also re involvement of ABYM
 - f. What might be threats to the continuation of the programme?

3. With respect to the **UNFPA-led peer mentorship programme Coalicao, through safe spaces and RB, Question is for UNFPA Staff, government, UN partners, implementing partners,** probe re:
 - a. What do you think is working best?
 - b. What are the main limitations?
 - c. The turnover of trained mentors is reported to be high. What steps might be taken to change this?
 - d. What do you think should be the next steps/changes required to ensure continuity and increased results?
 - e. Probe around the inclusion of ABYM in the programme
 - f. What might be threats to the continuation of the programme?

4. How does UNFPA contribute to **One UN** in Nampula? Probe re:
 - a. roles
 - b. collaboration
 - c. what has worked best in UNFPA contributions
 - d. any gaps or challenges/limitations in UNFPA contributions

- e. what changes in how UNFPA operates/contributes would be most useful?

Thank the interviewee/s for their time, reassure re confidentiality and ask if they have any questions they would like to ask you.

Tool 6: CPE Questionnaire for UNFPA CR

Re UNCT and One UN

1. In UNCT and One UN: what do you think has worked best?
- 2.a. What have been the main challenges in UNCT and One UN?
- 2.b. How has UNFPA attempted to address these challenges?
- 2.c. Have issues arisen over duplication of mandates within the UNCT and HCT and, if so, how have UNFPA and UN partners attempted to resolve this?
- 2.d. Could the alignment of indicators for the UN and for specific agencies usefully be developed further in the next CPs?

Re UNJT on HIV and AIDS

3. Given heavy operational costs of UBRAF for relatively low funding, what would be your recommendation for the way forward?
- 4.a. UNFPA has a major role in HIV prevention particularly among AGYW. Should the agency be doing more to address HIV prevention in FSW, MSM, TG, IDPs, people with disabilities and other vulnerable and key populations?
- 4.b. If yes, do you have recommendations for how best to expand the role?

Re HCT

- 1.a. What are the most serious threats *to an effective response* to the humanitarian situations in Mozambique, including in areas of the mandate of UNFPA?
- 1.b. How do you see the role of UNFPA developing in the next CP in relation to the HCT and overall humanitarian response?

Re the CO and operations

- 1.a. Is the balance of modes of engagement about right? How do you think it should change in the next CP (and why)?
- 1.b. Is the large staffing component likely to be sustainable? Please elaborate.
- 1.c. How effectively are provincial offices functioning? Please indicate any challenges.
- 1.d. Is there risk that UNFPA is spreading itself too thin? If yes, what areas might be cut back?
- 1.e. What areas of work do you think UNFPA should expand as a priority in the next CP (and why)?
2. Are there any major challenges regarding financial arrangements, e.g. in relation to pass through funding, HACT or other areas? If yes, what would resolve them?

UNFPA Overall

Do you have any strategic recommendations (relevant to Mozambique and more broadly) for:

- a) ESARO?
 - b) HQ?
-

Tool 7:

CONFIDENTIAL

CPE Generic Questionnaire to UNFPA Mozambique Staff on Office Functioning

The purpose of this questionnaire is to help the evaluators to gain a sense of how everyone feels about how the UNFPA CO operates, whether skills are effectively utilized, people have job satisfaction, what challenges there may be and what changes you might wish to see. The responses will help the evaluation team to make appropriate recommendations for possible change.

All information is completely confidential to the lead evaluator, and no individuals will be identifiable as responses will be summarised. Please be as open and honest as you can.

Please mark your response with a yellow highlight where options are provided, and elaborate where requested and where you would like to. Equally, as this is a general questionnaire to all staff at every level, there will be some questions that are not relevant to you. In that case please mark them N/A.

Many thanks indeed for your time.

Location of your office (Maputo etc):

Which year did you join UNFPA CO Mozambique?

1. How EFFICIENT do you find the office systems overall: very fairly not very

Please elaborate briefly, if relevant, with respect to:

- a) Reporting systems
- b) M&E
- c) financial systems
- d) other areas you would like to comment on

2. Do interruptions/unanticipated requests arise frequently, and routinely disrupt your completion of planned tasks day to day? Yes No

If yes, briefly say the source(s) of most disruption and whether you think there is a way this could be changed.

3. How positive and supportive is the office atmosphere in general:

Very supportive fairly supportive Not supportive

Please elaborate if you would like to.

4. How would you describe the supervision you receive:

- a) supportive unduly critical
- b) frequent enough insufficientt

5. a) In normal times (pre-Covid), how effectively did your team communicate/collaborate?

Very well quite well not well

- c) How effective is the team communication during Covid? Very good good not good
6. How effective is collaboration between teams? Very good quite good poor
Please elaborate if need be
7. How strong is communication between your team and with the office management?

Very good quite good insufficient

If insufficient, why do you think this is the case?
8. During Covid and working from home, is your work:
much more stressful a little more stressful no more stressful

Please indicate the main reasons for increased stress (if appropriate)
9. Do you consider your responsibilities and workload: heavy about right too light?
How could this situation be improved (if this is needed)?
10. Are your skills effectively and efficiently utilized? Yes No If no, please elaborate.
11. Have your opportunities for training/capacity building been sufficient? Yes No
Please explain, and indicate areas you would like to have training in, if any.
12. If you joined the office during the 9CP, was your induction very good adequate poor
Please elaborate if you wish to.
13. Are there any particular changes you would like to see within the office management and systems during Covid and working from home, or for when the CO reopens?
14. Any other observations you would like to make?

Many thanks again for your time completing the questionnaire. Please email your response to helenj2001zw@yahoo.com by 4 December. Again, confidentiality is fully assured. All information will be summarised, and care will be taken to ensure that no individual can be identified.

Annex 6: Theory of Change for the 9CP Thematic Areas



UNFPA CPD Theory of Change

9th CPD 2017-2021



UNDAF OUTCOME 6: People equitably access and use quality health, water and sanitation services



OUTPUT 6.2; OUTPUT 6.6*

Enablers:

- national policy and legal framework
- political will and commitment on the issues (ICPD)
- aligned with adolescent strategy
- funding opportunities
- issues being a priority in line with country indicators/SDGs
- politicised issues (abortion, contraceptives etc)
- community involvement
- No major humanitarian crisis

Risks:

- social barriers (lack of knowledge, bias/stigma and gender norms, culture, poor quality of services)
- politicised issues (abortion, contraceptives etc) which might result in change for out agreement with government and/or donors.

UNFPA Outcome 1: Sexual reproductive health services. Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access

Output 1: Demand for high-quality integrated sexual reproductive and newborn health services is increased

Activity 1.1 Expand the supply offer of modern family planning methods	Activity 1.2 Expand the number of facilities offering EMOC services	Activity 1.3 Prevent and treat obstetric fistula	Activity 1.4 Increase awareness on safe abortion among health workers
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Assumptions (IF)

- Maternal and SRH remains a priority for the health sector

Output 2: Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened

Activity 2.1 Support midwifery capacity building at provincial and district level.	Activity 2.2 Enhance quality and use of SRH data	Activity 2.3 Strengthen commodities supply chain capacities
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Assumptions (IF)

- There are contraceptives available in the global market

Output 3: Capacity of communities, government, and civil society to build resilience is strengthened

Activity 3.1* Expand the demand of family planning methods at community level (including schools and informal ed. settings).	Activity 3.2 Integration of comprehensive HIV services as part of existing SRH practices.	Activity 3.3 Build and ensure MISP standards are in place in humanitarian settings.
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Assumptions (IF)

- Changes in attitudes and beliefs will result in changes in behaviors

OUTCOME 7: Adolescents and youth actively engaged in decisions that affect their lives, health, well-being and development opportunities
 (NOTE: UNFPA is convener of the Outcome Results working group)



OUTPUT 7.1; OUTPUT 7.2.*

- Enablers:**
- Donors interested in youth as a key priority
 - Youth as multi-sectoral issue continues to leverage resources and interest across sectors
 - Close links with Inter-ministerial body for Youth (CIADAJ) /National Youth Council
 - Cohesive and organised UNCT with systematised approaches
 - Social, political and economic stability

- Risks:**
- Lack of economic and livelihood opportunities for girls and young women, especially in rural areas (e.g., child marriage)
 - Resistance from beneficiaries due to social and cultural norms
 - Lack of sustainability of our programming

UNFPA Outcome 2: Adolescents and youth. Increased priority of adolescents and youth, especially adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services and rights

Output 1: Adolescent and youths' capacity strengthened to actively participate in economic, social, cultural and political development

Output 2: Increased demand for access to quality adolescent sexual and reproductive health, and HIV-prevention services

<p>Activity 1.1 Provide life skills to girls and young women through mentorship in safe spaces (e.g vocational training economic empowerment)</p>	<p>Activity 1.2 Provide capacity building support to girls, young women and mentors.</p>	<p>Activity 1.3 Establish community dialogues with community leaders, boys, girls and other influential community actors to galvanize support for girls and women empowerment</p>	<p>Activity 1.4 Advocacy work to strengthen legal frameworks on child marriage and to ensure smooth implementation through awareness raising in the community</p>	<p>Activity 1.5 Work to enhance civil rights of young women by facilitating civil registration (e.g. birth certificates and IDs)</p>
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<p>Activity 2.1* Expand the demand of family planning methods at community level (including schools and informal settings).</p>	<p>Activity 2.2 Promote behaviour change of girls and young women on SRH, including HIV</p>	<p>Activity 2.3 Invest in data generation on SRH young girls and women</p>	<p>Activity 2.4 Promote increased use of SRH services including HIV among girls (referral system)</p>
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Assumptions (IF)

- Youth continues to be a priority for the Government
- Community interested and receptive

Assumptions (IF)

- UNFPA continues to have the capacity to be the convener of Youth (e.g., UNFPA as leader of outcome 7 of UNDAF)
- UNFPA's Outcome 1 (SRH) and 2 (youth) are aligned

UNDAF OUTCOME 4:

Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights



OUTPUT 4.1; OUTPUT 4.2; OUTPUT 4.3: OUTPUT 4.4*

Enablers :

- legal and policy framework
- cohesive and organised UN team with systematised approaches
- Funding and interest from donors
- Social , political and economic stability
- No major humanitarian crisis

Risks:

- lack of willingness of Government
- lack of dedicated resources by Govt to this issue
- patriarchal institutions
- coordinating capacity of Government absorption capacity of programme funds
- programme sustainability

Outcome 3 Gender equality and women’s empowerment: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth .

Output 1: Multisectoral integrated assistance to women and girls affected by gender-based violence enhanced

1.1 Services/institutional support				1.2 Community engagement			1.3 Data	1.4 Advocacy/Law		
<p>Activity 1.1.1 Support multi-sectoral mechanism to respond and prevent GBV at national and sub-national level</p>	<p>Activity 1.1.2 Support the improvement of quality and accessibility of services for women and girls survivors of violence</p>	<p>Activity 1.1.3* Reinforce the health system to improve the availability of maternal and neonatal health</p>	<p>Activity 1.1.4 Strengthening of Gender Focal Points and service providers through training actions</p>	<p>Activity 1.1.5 Support with integration of gender across sectoral plans</p>	<p>Activity 1.2.1* Promote Behavioural CC of girls and communities towards</p>	<p>Activity 1.2.2 Work to improve social reintegration of fistula survivors</p>	<p>Activity 1.1.3 Ensure essential services for people with disabilities and women with disabilities</p>	<p>Activity 1.3.1 support the government to collect and manage GBV data</p>	<p>Activity 1.4.1 Support the Govt to pilot/implement Essential Services Package and approve guidelines</p>	<p>Activity 1.4.2* Support the alignment of SDG policies and strategies to include gender approach , access, community mobilization</p>

Assumptions (IF)

- that there will be demand for assistance
- An integrated/multi-pronged approach to prevention is effective to change social norms and attitudes
- Changes in attitudes and beliefs will result in changes in behaviors
- Men and boys and women and girls interested in understanding their rights and entitlements

UNDAF OUTCOMES 2 & 7:



OUTPUT 2.3, 4.4, 7.1

Enablers:

- Access to quality disaggregated demographic data
- funding and interest from donors
- Social, political, economic stability

Risks:

- High fertility rates leading to high dependency ratio
- Humanitarian crisis making data collection and accessing SRH services difficult

UNFPA Outcome 4 Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Output 1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy is strengthened

Output 2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced

- Activity 1.1**
Support the 2017 Population and Housing Census to meet international standards for data integrity
- Activity 1.2**
Strengthen capacity of the national statistical system to collect and analyse high quality population and gender data
- Activity 1.3**
Promote evidence-based policy development by producing a set of thematic analyses
- Activity 1.4**
Establishment of a national monitoring framework for the Sustainable Development Goals

- Activity 2.1**
Supporting the development and implementation of a national roadmap for the demographic dividend
- Activity 2.2**
Lead public awareness campaigns on population trends and demographic impact on national development
- Activity 2.3**
Support Mozambique's participation in international policy dialogues on population and development
- Activity 2.4**
Evidence-based advocacy for integration of population and development issues in national policies, programmes and budgets

Assumptions (IF)

- Existing capacity for data collection and analysis
-

Assumptions (IF)

- Having quality and up to date demographic data (Census)
- Community engagement is strong