**Organisation**  
Embassy of the Kingdom of The Netherlands, Maputo, Mozambique  

**Date**  
May 2019  

**Reporting period**  
reports received between 15 sept 2017- 15 sept 2018

<table>
<thead>
<tr>
<th>Result area</th>
<th>OUTCOME/OUTPUT</th>
<th>RESULT AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRHR</td>
<td>B. % of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception a5</td>
<td>Better information and greater freedom of choice for young people about their sexuality</td>
</tr>
</tbody>
</table>

**To what extent have the outcomes of this result area been achieved?**

The UNFPA MoBIZ programme reached its targets with regard to reaching young people and training of peer-educators. Knowledge of young people has increased in Mozambique. In the regional SRHR and HIV/AIDS programme, two activities contribute to this objective:

1. READY+ is a programme of the International HIV/AIDS Alliance (IHAA) that provides sexuality education enabling HIV+ young people to make informed choices about their sexuality, reproductive health care and commodities. The programme is being implemented in Mozambique, Swaziland, Tanzania and Zimbabwe.
2. IOM’s programme SRHR-HIV Knows no Borders contributes to improved sexual and reproductive health and HIV (SRH-HIV) related outcomes amongst migrants, adolescents and young people as well as sex workers and others, living in migration-affected communities in six countries in the Southern African Development Community (SADC), namely; Lesotho, Malawi, Mozambique, South Africa, Swaziland and Zambia.

Overall the outcomes have been achieved. Young people have increased their knowledge on sexuality, HIV and contraceptives. However, progress is not even in all countries. In Zimbabwe for example, READY+ mobilised most young people. In Tanzania, the start of the programme faced delays due to the lengthy approval process of the Ministry of Health. Change agents and peer-educators proved to play a crucial role in enhancing people’s knowledge on sexuality and reproductive health.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline + year</th>
<th>Target</th>
<th>Result</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. % of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception a5</td>
<td>22.3% in 2017</td>
<td>98% in 2017</td>
<td>99.9 % in 2017</td>
<td>UNFPA MoBIZ, MINBUZA-2017.1219621 (<a href="http://sophia/hprmwebclientclassic/?uri=4793633&amp;t=record&amp;lang=ln_dutch&amp;mbd=false">http://sophia/hprmwebclientclassic/?uri=4793633&amp;t=record&amp;lang=ln_dutch&amp;mbd=false</a>)</td>
</tr>
</tbody>
</table>

**To what extent have the outputs of this result area been achieved?**

The specific objectives of UNFPA’s MoBIZ programme have been largely achieved as measured by the results at output level. The targets for increasing access to and demand for sexual and reproductive health, information, services and products among adolescent youth in intervention areas have been realised. The number of youth reached through face-to-face MoBIZ peer education sessions has surpassed the target, indicating that the target for increased SRH information has been reached. Even though the activity level of peer educators and Troca Aki agents were not consistently met, the targets set throughout the three years of implementation, it is undeniable that the availability of these services alone has contributed to increased access and demand for SRH services and products. Some parts of the programme faced challenges, for example, the ICT-system experienced several technical problems.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline + year</th>
<th>Target</th>
<th>Result</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Condom use by young people at last high-risk sex</td>
<td>no baseline</td>
<td>0.5 (fifty percent)</td>
<td>70%</td>
<td>MINBUZA-2017.1219621 (<a href="http://sophia/hprmwebclientclassic/?uri=4793633&amp;t=record&amp;lang=ln_dutch&amp;mbd=false">http://sophia/hprmwebclientclassic/?uri=4793633&amp;t=record&amp;lang=ln_dutch&amp;mbd=false</a>)</td>
</tr>
<tr>
<td>B. % of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception a5</td>
<td>0 in 2016</td>
<td>70-400 in 2017</td>
<td>97.235</td>
<td>Annual Narrative Report 1 October 2016 – 31 December 2017 IHAA; IDR ME Data reporting IDR narrative report 1/05/2016 - 31/12/2017</td>
</tr>
</tbody>
</table>
Assessment of the results achieved across the entire result area 1

Assess achieved results compared to planning:  

**Reasons for result achieved.**

Several results have been achieved as planned. The programme (UNFPA MoBiZI) organised peer education sessions and promoted the use of condoms and the contraceptive pill by introducing a voucher system. As the first initiative using ICT in Mozambique, the project played a key role in introducing ICT and mobile platforms in SRHR- and family planning programmes. The programme’s reach has been significant: over the life of the programme almost 460,000 vouchers were redeemed for condoms or contraceptive pills. The programme also exceeded the goals in the number of peer educators trained and the number of peer education sessions held. Although the programme has been effective in meeting net targets, the ICT component and its technical failures undermined beneficiaries’ confidence in the system. With regard to the regional programme (IOM and READY+): Overall, the regional programme made good progress. All stakeholders show commitment and the reach of the activities has been significant. The consortium- and implementing partners of READY+: the CATS, the Ministries of Health and health providers strongly embrace the CATS model and how it supports Adolescents and Young People Living with HIV to play an active role in caring for their peers. Across the region, young people have engaged with the READY+ brand and youthful energy and the development of the CATS-APP has brought innovation to the project. The identification of Y+ focal points in each country and their advocacy for adolescents and young people living with HIV (AYPLHIV) has given the project visibility, enabling the programme to engage with other youth and SRHR programmes in the region and to drive the READY movement.

Factors contributing to the promising results of the IOM programme are:
- high demand among young people and community leaders for information and services;
- commitment of governments (some governments have asked IOM to extend the programme to other border areas);
- the strategy to train and educate gatekeepers at national and district levels has proven to be effective;
- involvement of international networks of religious leaders like INERELA+;
- well qualified and motivated staff of IOM and Save the Children and other partners;
- Factors causing delays: complex task to coordinate large numbers of implementing partners in different countries and the implementation of (base-line) studies which require ethical clearance at national level which is time-consuming procedures.

**Implications for planning.**

In 2017 an external evaluation was done of UNFPA MoBiZ programme. Based on the conclusions of the end-term evaluation it was decided not to continue the project. UNFPA also wanted to adapt its approach due to a policy change of the Ministry of Health. The Ministry decided to extend the provision of Family Planning services to school and community based health services. With regard to the regional programme (READY+ and IOM): Young people are in need for better information and SRHR/HIV/AIDS services but they also express the need for opportunities to access vocational training, life skills and employment. The implementing partners and the Embassy will explore the possibilities on how to extend young people’s economic perspectives.

More research is needed to compile baseline data and to help improve programme interventions and contribute to the body of knowledge on adolescent health, regionally and globally. It also turned out that in some border areas the distance to health providers is far and IOM considers to provide mobile clinic services.

**Result area 2**

ASSESSMENT OF RESULTS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline + year</th>
<th>Target</th>
<th>Result</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved access to contraceptives and medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline + year</th>
<th>Target</th>
<th>Result</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. # of couples protected by various contraceptives over a 1-year period (couple-years protection)</td>
<td>For 2015 51,970</td>
<td>183,2015 (2017)</td>
<td>382,000 (2017)</td>
<td>PSI Narrative report 2017</td>
</tr>
</tbody>
</table>

**To what extent have the outcomes of this result area been achieved?**

Population Services International (PSI) and UNFPA contributed to the national goal to increase the contraceptive prevalence rate from 25% to 34%. Their performance exceeded expectations. Almost 382,000 couples (CYP) obtained access to contraceptives and twice as much young people used their vouchers to get access to condoms. PSI is leader on Social Marketing of condoms in Mozambique. Availability of ARV drugs is still mostly dependent on external funding by the USA (USAID and PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). Sustained follow-up to treatment beyond the first year remains a challenge, as almost 50% of patients are lost within the first 2 years after initiating treatment.

The investments led to more outputs than expected. PSI delivered 376,000 contraceptive methods and sold over 20 million condoms generating 382,000 CYPs. This performance exceeded the targets for family planning (FP) services delivered and condoms sold. Contraceptives were primarily delivered via PSI’s TEM+ (Primary Health Care facilities) network, which ensures quality, youth-friendly Sexual and Reproductive Health counseling and services in 40 clinics and 40+ secondary schools. Additionally, PSI prevented a national stockout of IUDs by lending stock to the Ministry of Health ensuring continuation of Long-Acting Reversible Contraceptives (LARC) method delivery. Through their TEM+, Primary Health Care facilities, PSI reached 101,688 new users, of which 48,596 are adolescents <24 years old. PSI’s condom brand JETOTO maintained its market leadership position, leading in sales volume and brand preference, with sales rebounding from the 2016 economic crisis in Mozambique. Notably, JETOTO fortified a distribution partnership with Tropigalia, a leading fast-moving consumer goods distributor, enabling PSI to focus on high impact activities including demand creation and last mile distribution, while Tropigalia takes logistics, warehousing and distribution.

**Assessment of the results achieved across the entire result area 2**

Assess achieved results compared to planning:

A. Results achieved better than planned
The expansion from 23 TEM+ sites (upgraded Primary Health Care facilities well managed and employing qualified and motivated nurses) in 2016 to 40 TEM+ sites in 2017. The additional TEM+ sites led to an increase in the number of services providers and clients. The full health impact of this expansion will not be realized until 2018.

2) The provision of 18,846 Intrauterine Contraceptive Devices (IUDs) to the Mozambican Health Authorities to prevent a national stock out. PSI donated IUDs to cover a gap generated by increased national demand for IUDs in 2017.

There is no need to change the planning of the programme, although there is an increasing need for advocacy for social marketing of condoms. The embassy will strategize with PSI to keep social marketing of condoms high on the agenda of the national health authorities and UN-agencies.

There is no need to change the planning of the programme, although there is an increasing need for advocacy for social marketing of condoms. The embassy will strategize with PSI to keep social marketing of condoms high on the agenda of the national health authorities and UN-agencies.

In Mozambique a lot of advocacy work has been done on rolling-out safe abortion. Unfortunately the outcomes are partly achieved. In Mozambiquan abortion is no longer criminalised, but very few people know this. Apart from the general public, health staff is often not aware of the recently adopted legislation and is reluctant to conduct and report abortion services. In general civil society organisations such as CESC and Nweti have been able to influence improvement of health services delivery through community monitoring. Organisations such as NAFEZA and MULEIDE have been engaged in providing care to victims of (gender based) violence especially to key populations and women. Through the political work of the ambassador, the embassy has put prevention of child marriage high in the agenda, at high level meetings with ministers and key civil society organisations. With regard to the regional programme, two activities contribute to this objective:

1) Hands off Sex Workers programme (2014-2019) is coordinated by the Aids Fonds and aims to reduce the violence against sex workers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe. Research is being undertaken by the sex workers themselves to map the violence, call for attention to the violence, draw recommendations and take action.

2) The objective of UNDP’s Linking Policy to Programming (LPP) project (2016-2021) is to strengthen HIV/SRHR related rights of young key populations in legislation, policies and strategies in 5 countries: Angola, Madagascar, Mozambique, Zambia and Zimbabwe. Programme indicators show that the both activities are on track to reach the expected results, although there are some delays especially due to language barriers in Mozambique and Angola. UNDP’s programme is well on its way to achieve the expected results. The programme follows a well-defined strategy, takes time for building local ownership and linking local, national and regional experiences. A remarkable result is the adoption of the regional SADC key population strategy by all Ministries of Health in the SADC-region. This is really an achievement in view of the often hostile environment towards young key populations in the region. In conclusion: Most of the results have been achieved as planned.

In Mozambique a lot of advocacy work has been done on rolling-out safe abortion. Unfortunately the outcomes are partly achieved. In Mozambiquan abortion is no longer criminalised, but very few people know this. Apart from the general public, health staff is often not aware of the recently adopted legislation and is reluctant to conduct and report abortion services. In general civil society organisations such as CESC and Nweti have been able to influence improvement of health services delivery through community monitoring. Organisations such as NAFEZA and MULEIDE have been engaged in providing care to victims of (gender based) violence especially to key populations and women. Through the political work of the ambassador, the embassy has put prevention of child marriage high in the agenda, at high level meetings with ministers and key civil society organisations. With regard to the regional programme, two activities contribute to this objective:

1) Hands off Sex Workers programme (2014-2019) is coordinated by the Aids Fonds and aims to reduce the violence against sex workers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe. Research is being undertaken by the sex workers themselves to map the violence, call for attention to the violence, draw recommendations and take action.

2) The objective of UNDP’s Linking Policy to Programming (LPP) project (2016-2021) is to strengthen HIV/SRHR related rights of young key populations in legislation, policies and strategies in 5 countries: Angola, Madagascar, Mozambique, Zambia and Zimbabwe. Programme indicators show that the both activities are on track to reach the expected results, although there are some delays especially due to language barriers in Mozambique and Angola. UNDP’s programme is well on its way to achieve the expected results. The programme follows a well-defined strategy, takes time for building local ownership and linking local, national and regional experiences. A remarkable result is the adoption of the regional SADC key population strategy by all Ministries of Health in the SADC-region. This is really an achievement in view of the often hostile environment towards young key populations in the region. In conclusion: Most of the results have been achieved as planned.

In Mozambique a lot of advocacy work has been done on rolling-out safe abortion. Unfortunately the outcomes are partly achieved. In Mozambiquan abortion is no longer criminalised, but very few people know this. Apart from the general public, health staff is often not aware of the recently adopted legislation and is reluctant to conduct and report abortion services. In general civil society organisations such as CESC and Nweti have been able to influence improvement of health services delivery through community monitoring. Organisations such as NAFEZA and MULEIDE have been engaged in providing care to victims of (gender based) violence especially to key populations and women. Through the political work of the ambassador, the embassy has put prevention of child marriage high in the agenda, at high level meetings with ministers and key civil society organisations. With regard to the regional programme, two activities contribute to this objective:

1) Hands off Sex Workers programme (2014-2019) is coordinated by the Aids Fonds and aims to reduce the violence against sex workers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe. Research is being undertaken by the sex workers themselves to map the violence, call for attention to the violence, draw recommendations and take action.

2) The objective of UNDP’s Linking Policy to Programming (LPP) project (2016-2021) is to strengthen HIV/SRHR related rights of young key populations in legislation, policies and strategies in 5 countries: Angola, Madagascar, Mozambique, Zambia and Zimbabwe. Programme indicators show that the both activities are on track to reach the expected results, although there are some delays especially due to language barriers in Mozambique and Angola. UNDP’s programme is well on its way to achieve the expected results. The programme follows a well-defined strategy, takes time for building local ownership and linking local, national and regional experiences. A remarkable result is the adoption of the regional SADC key population strategy by all Ministries of Health in the SADC-region. This is really an achievement in view of the often hostile environment towards young key populations in the region. In conclusion: Most of the results have been achieved as planned.

In Mozambique a lot of advocacy work has been done on rolling-out safe abortion. Unfortunately the outcomes are partly achieved. In Mozambiquan abortion is no longer criminalised, but very few people know this. Apart from the general public, health staff is often not aware of the recently adopted legislation and is reluctant to conduct and report abortion services. In general civil society organisations such as CESC and Nweti have been able to influence improvement of health services delivery through community monitoring. Organisations such as NAFEZA and MULEIDE have been engaged in providing care to victims of (gender based) violence especially to key populations and women. Through the political work of the ambassador, the embassy has put prevention of child marriage high in the agenda, at high level meetings with ministers and key civil society organisations. With regard to the regional programme, two activities contribute to this objective:

1) Hands off Sex Workers programme (2014-2019) is coordinated by the Aids Fonds and aims to reduce the violence against sex workers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe. Research is being undertaken by the sex workers themselves to map the violence, call for attention to the violence, draw recommendations and take action.

2) The objective of UNDP’s Linking Policy to Programming (LPP) project (2016-2021) is to strengthen HIV/SRHR related rights of young key populations in legislation, policies and strategies in 5 countries: Angola, Madagascar, Mozambique, Zambia and Zimbabwe. Programme indicators show that the both activities are on track to reach the expected results, although there are some delays especially due to language barriers in Mozambique and Angola. UNDP’s programme is well on its way to achieve the expected results. The programme follows a well-defined strategy, takes time for building local ownership and linking local, national and regional experiences. A remarkable result is the adoption of the regional SADC key population strategy by all Ministries of Health in the SADC-region. This is really an achievement in view of the often hostile environment towards young key populations in the region. In conclusion: Most of the results have been achieved as planned. In all five countries of the Hands Off programme policy dialogues were held on for example Decriminalization of Sex Work and Same Sex Sexual Activities (Botswana). An increasing number of organisations lobby against violence against sex workers. There have been advocacy campaigns involving parliamentarians and policy makers. Also training has been provided to police officers to strengthen their responses to violence against sex workers. Successes have been achieved, but at the same time many sex workers still face high levels of violence, stigma, discrimination and other human rights violations. Conclusion: results are remarkable in the region, where violence is common and a surrounding which is often hostile towards sex workers.
A. Whether and how SRHR frameworks have been adopted and incorporated into national policies (current and observable changes)

Two substantial changes: abortion is no longer criminalised and family planning services have become available at secondary schools. Additionally, CSOs dialogue with the Ministry of Health has culminated in the provision of LGBT-friendly services in some health clinics. UNFPA Narrative Report 2017 and PSI narrative report 2017; DIAKONIA 2015-2017 report.

C. Description of types and evidence of effective usage of accountability mechanisms to address violation of rights

To what extent have the outputs of this result area been achieved?

With regard to UNDP’s programme, the overall outputs have been achieved, but the results are not even in every country. Programme outputs are on track; of the 16 identified outputs, 4 show progress beyond expectation. Partner organisations (key population groups) have been able to reach out to other partners such as women’s rights organisations, particularly in Mozambique and South Africa to strengthen their advocacy. The Dutch organisation COC was engaged in high level meetings in the SADC region. The regional sex workers network (ASWA) was officially registered which enables them to strengthen their cooperation with affiliated organisations. In Botswana BONELA (registered officially in 2016) has seen improvements in the working relations with the government. The programme is developing efficient systems to document cases of violence in the region and to provide the necessary support to sex workers who are victims of violence. In Mozambique a WhatsApp group has been created to denounce cases of violence, especially those perpetrated by the police. The WhatsApp group includes the person who is responsible in the police’s cabinet for the response towards the victims of violence. In 2017 the programme reached over 40,000 sex workers in the region.

Indicator | Baseline | Target | Result | Source
--- | --- | --- | --- | ---
No output indicator for this result area | n.a. | n.a. | n.a. | n.a.

Assessment of the results achieved across the entire result area

Reasons for result achieved.

At the end of the UNFPA programme Mobiz ‘Community-Based Family Planning Provision’ the Ministry of Health decided to start with family planning services at secondary schools and in communities. This is an important step forwards. Young people get easier access to information, contraceptives and sexual and reproductive health care. Although abortion is not criminalised anymore in Mozambique, the roll-out of safe abortion practices is slow. The local partner organisations supported under the AGIR programme (MULEIDE, AMMICJ, WLSA, Forum Mulher, HOPEM) have increasingly pressured the Ministry of Health to speed up the implementation of safe abortion services in all health units. With regard to the UNDP regional programme, one of their major achievements has been the finalization of the SADC key population strategy which was approved by the SADC Member States Ministers of Health in November 2017. The strategy is a significant milestone for HIV prevention and SRHR for key populations, as it will serve as a guide to SADC Member States in designing and implementing appropriate SRH and HIV prevention, treatment and care programmes for Key Populations.

Implications for planning.

After the decision of the Ministry of Health to roll-out sexual and reproductive health care services at secondary schools and communities, UNFPA and the Embassy updated their plans to support the government to provide high quality services to the students. A new UNFPA programme ‘My Choice’ was launched aimed at information dissemination and sexual and reproductive health services at schools. In view of the governmental policy on abortion, PSI with support of the embassy intensified their training for medical staff to perform safe abortion and to provide post-abortion care. With the re-introduction of the Mexico City Policy (USA administration), civil societies’ capacity to advocate for safe abortion has been shrinking. With regard to the regional UNDP programme, it is important now to implement the adopted SADC strategy on SRHR, health and rights for key populations.

Activity | Name | Actual expenditure in 2018 | Name organisation | Channel | Department/Embassy
--- | --- | --- | --- | --- | ---
Mobiz programme ‘Community-Based Family Planning Provision’ | 0 | UNFPA | multilateral organization | Maputo
Social Marketing for Health Programme | 4020384 | Population Services International (PSI) | NGO | Maputo
AGIR SRHR | 0 | Embassy of Sweden (Diakonia - implementing partner) | NGO | Maputo
Hands Off Sex Workers | 981011 | Aids Fonds | NGO | Maputo
HIV and Sexual Reproductive Health and Rights Know No Borders | 6043088 | IOM | multilateral organization | Maputo
READY+ (Resilient, Empowered Adolescents and Young People) | 3641500 | International HIV/AIDS Alliance (IHA) | NGO | Maputo
Linking policy and programming to reduce HIV for young key populations | 983549 | UNDP | multilateral organization | Maputo