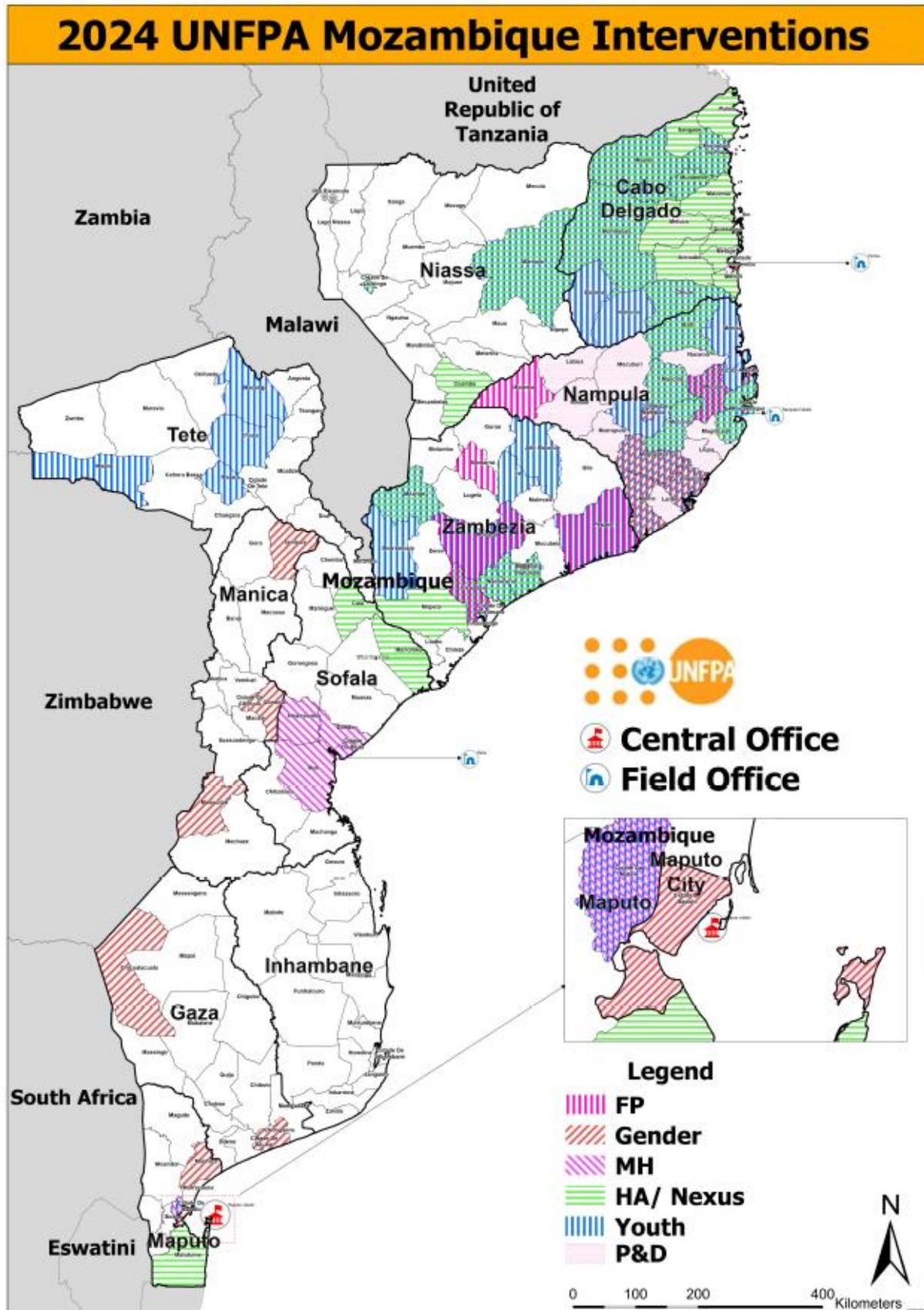


Country Programme Evaluation (CPE) of the United Nations Population Fund (UNFPA) Mozambique (2022-2026) 10<sup>th</sup> Country Programme

Evaluation Report – Final

23 October 2025

Country map indicating areas of UNFPA programme implementation



Note: 2024 interventions only.

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The analysis and recommendations of this evaluation do not necessarily reflect the views of the United Nations Population Fund.

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## Acronyms and abbreviations

<b>AADPD</b>	African Agenda on Population and Development
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>BCC</b>	Behaviour Change Communication
<b>CCA</b>	Common Country Assessment/Analysis
<b>CIADAJ</b>	Comité Intersectorial de Apoio ao Desenvolvimento de Adolescentes e Jovens
<b>CMAM</b>	Mozambique Central Medical Stores
<b>CO</b>	Country Office
<b>CPD</b>	Country programme document
<b>CPE</b>	Country programme evaluation
<b>DD</b>	Demographic Dividend
<b>DNRN</b>	Direcção Nacional de Registos e Notariado
<b>DPEC</b>	Province Directorate of Education and Culture
<b>DPJD</b>	Provincial Department of Youth and Sports
<b>DPJT</b>	Provincial Department of Justice and Labour
<b>eCRV</b>	Electronic Civil Registration and Vital Statistics system
<b>EQA</b>	Evaluation Quality Assessment
<b>EQAA</b>	Evaluation Quality Assurance and Assessment
<b>ERG</b>	Evaluation Reference Group
<b>ESARO</b>	East & Southern Africa Regional Office
<b>FDC</b>	Fundação para o Desenvolvimento da Comunidade
<b>FRELIMO</b>	Frente de Libertação Moçambique
<b>FTP</b>	Fast Track Procedures
<b>GBV</b>	Gender-Based Violence
<b>GDF</b>	Global Disability Fund
<b>HCT</b>	Humanitarian Country Team
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRP</b>	Humanitarian Response Plan
<b>ICPD</b>	International Conference on Population and Development
<b>ICT</b>	Information and Communication Technologies
<b>IEC</b>	Information, Education and Communication
<b>IEO</b>	Independent Evaluation Office
<b>IIASA</b>	International Institute for Applied Systems Analysis
<b>IPV</b>	Intimate Partner Violence
<b>KOICA</b>	Korea International Cooperation Agency
<b>LGBTQI+</b>	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic
<b>LNOB</b>	Leave No One Behind
<b>M&amp;E</b>	Monitoring and evaluation
<b>MPTF</b>	Multi-partner Trust Fund MPTF
<b>NTA</b>	National Transfer Accounts
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>ODA</b>	Official Development Assistance
<b>PEPFAR</b>	US President's Emergency Plan for AIDS Relief
<b>PGB</b>	Programa Geração Biz
<b>PiN</b>	People in Need
<b>PNAD</b>	National Plan for the Area of Disability
<b>PRM</b>	Polícia da República de Moçambique
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>RENAMO</b>	Resistência Nacional Moçambicana

SCMU	Supply Chain Management Unit
SDG(s)	Sustainable Development Goal(s)
SIGLUS	Sistema de Informação e Gestão de Logística para Unidades Sanitárias
SOP	Standard Operating Policies
SRHR	Sexual and Reproductive Health and Reproductive Rights
SYP	Safeguard Young People
ToR	Terms of Reference
TPP	Third-Party Procurer
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

## Key facts table

(a) basic geographical features (location, land mass, etc.)	<p><b>Area:</b> 799.380 sq. km<sup>1</sup></p> <p><b>Location:</b> Southeast coast of Africa</p> <p><b>Borders:</b> Eswatini to the south, South Africa to the southwest, Zimbabwe to the west, Zambia and Malawi to the northwest, Tanzania to the north and the Indian Ocean to the east.</p> <p><b>Coordinates:</b> Between latitudes 10° and 27° S, and longitudes 30° and 41° E</p>
(b) the government, key political events (e.g. year of independence)	<p><b>Independence date:</b> June 25, 1975</p> <p><b>Government:</b> Semi-presidential republic</p> <p><b>President:</b> Daniel Chapo</p> <p><b>Administrative:</b> Ten provinces (<i>provincias</i>) and one capital city (<i>cidade capital</i>) with provincial status. Provinces subdivided into 161 districts (<i>distritos</i>); there are 65 <i>municípios</i> (municipalities)</p>
(c) the economy (GDP, main economic sectors; unemployment (male/female/youth), health expenditure as % of national budget, inflation rate, Gini index)	<p><b>Gross Domestic Product (GDP):</b> 20.95 billion US dollars (2023)</p> <p><b>GDP per capita:</b> USD 541.5 (2022)<sup>2</sup></p> <p><b>Main economic sector:</b> agriculture (main cash crops are sugar, copra, cashew nuts, tea, and tobacco)</p> <p><b>Unemployment:</b> 6.8% (2022); men 6.1%, women 7.5%<sup>3</sup></p> <p><b>Health expenditure as % of GDP:</b> MT 42.6 billion in 2025 (8.3% of total)<sup>4</sup></p> <p><b>Inflation:</b> 3.6% in the first half of 2024<sup>5</sup></p> <p><b>Gini index:</b> 50.3 (2019)<sup>6</sup></p> <p><b>Informal sector:</b> over 80% of the labour force</p>
(d) Demographics: total population, population growth rate, life expectancy at birth (male/female), MMR, neonatal	<p><b>Population (2025):</b> 34.090.466 (men 16.524.089, women 17.566.377); urban 35%, rural 65%<sup>7</sup></p> <p><b>Population growth rate:</b> 2,6<sup>8</sup></p> <p><b>Life expectancy at birth (2023):</b> 64 years<sup>9</sup> (males 60, females 67)</p>

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

<sup>2</sup> World Bank, 2023.

<sup>3</sup> ILO.

<sup>4</sup> Observatório Cidadão para Saúde (OCS).

<sup>5</sup> World Bank.

<sup>6</sup> World Bank.

<sup>7</sup> INE (2024) [Estatísticas Vitais 2022-2023](#).

<sup>8</sup> National Institute of Statistics (INE), UNFPA 2023. Population Dynamics in Mozambique. Thematic Studies 2007 Census

<sup>9</sup> World Bank.

mortality, under 5 mortality rate, rural/urban balance, human development index, literacy rates, gender inequality index	<b>MMR:</b> 427/100,000 live births (2023) <sup>10</sup> <b>Neonatal mortality:</b> 24/1,000 live births (2022-23) <sup>11</sup> <b>Under 5 mortality rate:</b> 60/1000 live births <sup>12</sup> (2022-23) <b>HDI:</b> 0.493 (2023) <sup>13</sup> <b>Literacy rates:</b> 60% (2020) <sup>14</sup> <b>GII:</b> 0.479 (2023) <sup>15</sup>
(e) Youth: proportion of population aged under 18; male and female primary and secondary school attendance and/or completion rates, adolescent fertility rate	<b>Youth:</b> Population aged 0-14 (43.2%), 10-19 (26.4%) (2025) <sup>16</sup> <b>Male and female primary and secondary school enrolment:</b> primary (122% for boys and 118% for girls (% of gross enrolment in 2023); secondary (39% for males and 37% for females) (% of gross in 2023) <sup>17</sup> <b>Male and female completion rates:</b> primary (61% for boys and 55% for girls), lower secondary (33% for boys and 31% for girls) (2020) <sup>18</sup> <b>Adolescent fertility rate</b> (births per 1,000 women ages 15-19): 158 (2022-23) <sup>19</sup>
(f) Total fertility rate, contraceptive prevalence rate (modern methods), unmet need for family planning in currently married women 15-49, births attended by skilled personnel or percentage of births that are facility based	<b>Total fertility rate</b> (births per women): 4.9 (2022-23) <sup>20</sup> <b>Contraceptive prevalence, any modern method</b> (% of married women ages 15-49): 25.4% (2022-23) <sup>21</sup> <b>Contraceptive prevalence rate women aged 15-49, modern method:</b> 28% (2024) <sup>22</sup> <b>Unmet need for family planning rate women aged 15-49:</b> 27% (2022) <sup>23</sup> <b>Births attended by skilled health personnel:</b> 68% (2004-2020) <sup>24</sup>
(g) HIV prevalence 15-49 (male and female), rural/urban divide, HIV incidence by age group and sex, and by key population, HIV stigma index	<b>HIV prevalence 15-49</b> (male and female): 11.5% (2023) <sup>25</sup> <b>Women's share of population ages 15+ living with HIV:</b> 65% (2023) <sup>26</sup> <b>HIV incidence by age group and sex, and by key population:</b> 15-49 (women 0.72%, men 0.23%) (2021) <sup>27</sup> <b>HIV stigma index:</b> > 50% (2013) <sup>28</sup>
(h) Harmful practices, e.g. rates of: child marriage, sexual and	<b>Child marriage by age 18</b> (2023): 48% <sup>29</sup> <b>Sexual and GBV:</b> 37% of women aged 18-49 have experienced physical or sexual violence

<sup>10</sup> National Institute of Statistics (INE), Census 2017.

<sup>11</sup> Instituto Nacional de Estatística (INE) e ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022-23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

<sup>12</sup> Instituto Nacional de Estatística (INE) e ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022-23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

<sup>13</sup> UNDP (United Nations Development Programme). 2025. Human Development Report 2025: A matter of choice: People and possibilities in the age of AI. New York.

<sup>14</sup> [World Bank](#), based on UNESCO data.

<sup>15</sup> [UNDP](#).

<sup>16</sup> <https://www.ine.gov.mz/>. INE (2024) [Estatísticas Vitais 2022-2023](#).

<sup>17</sup> [World Bank](#).

<sup>18</sup> [UNESCO](#).

<sup>19</sup> Instituto Nacional de Estatística (INE) e ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022-23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

<sup>20</sup> Instituto Nacional de Estatística (INE) Census 2017; ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022-23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

<sup>21</sup> Instituto Nacional de Estatística (INE) Census 2017; ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022-23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

<sup>22</sup> [UNFPA](#).

<sup>23</sup> [DHS, 2022/2023](#).

<sup>24</sup> [DHS, 2022/2023](#).

<sup>25</sup> [UNAIDS](#).

<sup>26</sup> [UNAIDS](#).

<sup>27</sup> Mozambique Population-Based HIV Impact Assessment [INSIDA 2021](#).

<sup>28</sup> [The People Living with HIV Stigma Index](#). Currently implementing the Stigma Index.

<sup>29</sup> Instituto Nacional de Estatística (INE) e ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022-23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

GBV, Intimate partner Violence (IPV)	<p><b>Female genital mutilation:</b> no national data on prevalence; not widely practised (2023)<sup>30</sup></p> <p><b>Intimate Partner Violence:</b> 26% women and girls aged 15-49 experience IPV<sup>31</sup></p>
(i) Sustainable Development Goals (SDGs): include country data on all SDGs that are relevant to the CPD and UNFPA mandate. Key facts also highlight progress towards the SDGs obtained from (and referenced to) SDG country reports.	<p><sup>32</sup><b>Goal 1</b> (end poverty in all its forms everywhere): <b>stagnating</b></p> <p><b>Goal 3</b> (ensure healthy lives and promote well-being for all at all ages): <b>stagnating</b></p> <p><b>Goal 5</b> (achieve gender equality and empower all women and girls): <b>moderately improving</b></p> <p><b>Goal 10</b> (reduce inequality within and among countries): <b>stagnating</b></p> <p><b>Goal 13</b> (take urgent action to combat climate change and its impacts): <b>on track or maintaining SDG achievement</b></p> <p><b>Goal 16</b> (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels): <b>decreasing</b></p> <p><b>Goal 17</b> (strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development): <b>moderately improving</b></p>

<sup>30</sup> UNICEF, UNFPA, DATA POP Alliance (2023) [Review of technology-based interventions to address child marriage and female genital mutilation: Mozambique case study](#).

<sup>31</sup> Instituto Nacional de Estatística (INE) e ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022–23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

<sup>32</sup> Traffic-light highlighting according to SDG Mozambique [Country Profile](#). Sustainable Development Report: [SDG Dashboards and Trends](#).

## Executive summary

The **purpose** of the Country Programme Evaluation (CPE) is to provide an independent and objective assessment of the performance of UNFPA's 10<sup>th</sup> Country Programme in Mozambique (2022–2026), examining how effectively it has contributed to national priorities and UNFPA's strategic objectives. It aims to support accountability to stakeholders, inform evidence-based decision-making for the next programme cycle, contribute to organisational learning, and empower national actors by generating credible evaluative evidence. The scope of the evaluation covers all four programme components – sexual and reproductive health and rights (SRHR), gender, adolescents and youth, population data and policy, and humanitarian response – while also analysing cross-cutting issues such as human rights, gender equality, disability inclusion, innovation, resource mobilisation and coordination. Geographically, it focuses on interventions implemented between 2022 and 2025 in selected provinces where UNFPA operates, namely Cabo Delgado, Gaza, Maputo, Niassa, Nampula, Sofala and Zambézia, and assesses the programme against OECD/DAC criteria of relevance, coherence, effectiveness, efficiency, sustainability, as well as the humanitarian-specific criteria of coverage and connectedness.

The intended **audience** of the evaluation includes the UNFPA Mozambique Country Office, the Government of Mozambique, implementing partners, rights-holders, the UN Country Team, donors, UNFPA regional and headquarters offices, and other stakeholders such as academia and civil society who will use the findings to inform decision-making, accountability and future programming.

The evaluation applied a mixed-**methods**, theory-based approach grounded in UNFPA's Evaluation Handbook and UNEG standards. It used contribution analysis to assess how and why UNFPA's interventions may have influenced observed results, testing assumptions and causal pathways outlined in the programme's theory of change. Evidence was gathered through document review, quantitative data analysis, and extensive qualitative methods including key informant interviews, focus group discussions with beneficiaries (especially women, adolescents and youth), and direct observation during field visits. Data was triangulated across sources to strengthen validity, and disaggregated where possible by sex, age, location and disability to ensure inclusiveness and attention to *Leave No One Behind*.

The evaluation covered interventions implemented between 2022 and 2025 across selected provinces – Maputo, Cabo Delgado, Nampula, Zambézia and Sofala – chosen to reflect thematic diversity and varying levels of programme engagement. Stakeholder consultations included government institutions, UN agencies, civil society organisations, implementing partners and rights-holders. Ethical standards such as informed consent, confidentiality, and do-no-harm principles were strictly followed. Regular validation mechanisms – internal team reviews, exchanges with the Evaluation Manager, and debriefings with the Country Office and Evaluation Reference Group – ensured rigour, accuracy and stakeholder ownership of findings.

The evaluation's findings are of a varied nature, with many first-hand accounts described in the report. A summary of **findings** per evaluation question is as follows:

EQ1 – Relevance to national needs and priorities – the programme is well aligned with national policies, UN frameworks and the needs of women, youth and government partners.

EQ2 – Appropriateness of programme design – the design is generally sound but does not fully integrate disability inclusion, climate risks or address regional disparities.

EQ3 – Adaptability to contextual changes – UNFPA adapted well to shocks such as cyclones, conflict and political unrest, though anticipatory planning and risk mitigation could be strengthened.

EQ4 – Internal coherence across programme components – programme components (SRHR, GBV, youth, data) largely reinforce each other, though implementation can still be fragmented or siloed.

EQ5 – External coherence with partners and stakeholders – coordination with government, UN agencies and some NGOs is strong, but collaboration with humanitarian, peace and local actors varies across provinces.

EQ6 – Achievement of intended results (effectiveness) – UNFPA achieved notable progress in SRHR services, GBV prevention and youth empowerment, though progress is uneven geographically.

EQ7 – Contribution to policy, capacity and social norm change – the programme influenced national policies and strengthened capacities, but systemic issues like staffing shortages and supply chain gaps limit results.

EQ8 – Efficiency and use of resources – resources were used efficiently overall, but delays in procurement, funding flows and staff turnover affected timeliness and value for money.

EQ9 – Sustainability of results – many interventions are being institutionalised and absorbed by national systems, yet sustainability is threatened by donor dependence and limited domestic financing.

EQ10 – Coverage of population groups in need (humanitarian and development) – UNFPA reached large numbers of women, adolescents and youth, including in crisis areas, but coverage is inconsistent across remote and rural areas.

EQ11 – Inclusion and *Leave No One Behind* – despite efforts, groups such as people with disabilities, marginalised adolescents and isolated communities are still not fully reached.

EQ12 – Humanitarian–development linkages – UNFPA has increasingly linked humanitarian interventions to longer-term recovery and resilience, especially in SRHR and GBV services.

EQ13 – Connectedness and contribution to peace and resilience – progress has been made in applying a nexus approach, but systematic transition strategies and peacebuilding links are still weak.

Based on the findings, the evaluation team drew the following **conclusions**:

### **Conclusions on Relevance**

Conclusion 1: The country programme is highly relevant to national priorities and UNFPA’s global mandate, especially in SRHR and gender equality.

Conclusion 2: The programme is largely responsive to adolescent and youth needs, but inclusion of other vulnerable groups is uneven.

Conclusion 3: The programme has demonstrated adaptability to changing contexts, though structural constraints persist.

Conclusion 4: UNFPA has fostered a high level of government ownership and leadership of population data use for policy, although in-depth understanding of demography terms is limited and an updated government approved national population policy is slow.

### **Conclusions on Coherence**

Conclusion 5: UNFPA’s partnerships with local and grassroots organisations have significantly contributed to community-level results, particularly in gender and adolescent programming, but gaps in coordination and joint planning reduce coherence.

Conclusion 6: UNFPA's leadership in GBV coordination has enhanced the visibility and coherence of gender-based violence response services, although operational disruptions have temporarily weakened its effectiveness in key provinces.

### **Conclusions on Effectiveness**

Conclusion 7: UNFPA-supported interventions have delivered coherent contributions across country programme outcomes, particularly in SRHR access, youth empowerment, population data, and gender equality, through multisectoral and community-based strategies.

Conclusion 8: Despite clear thematic synergies, operational and coordination gaps have hindered the full realisation of coherence between national and subnational implementation layers.

Conclusion 9: UNFPA's leadership in the GBV sub-cluster and investments in humanitarian resilience have strengthened coherence between emergency response and long-term development goals, though sustainability risks remain.

### **Conclusions on Efficiency**

Conclusion 10: UNFPA support and development partner coordination has been critical in strengthening national data planning systems and enhancing subnational data dissemination and use, despite limitations in timeliness, reach, diverging data and institutional absorption.

Conclusion 11: While UNFPA made strategic efforts to align resources and promote value for money, efficiency was hindered by operational bottlenecks, weak partner oversight, and misaligned logistics.

Conclusion 12: UNFPA has applied sound procedures and introduced relevant innovations, but limited institutionalisation of green and timely procurement practices constrains full efficiency.

### **Conclusions on Sustainability**

Conclusion 13: UNFPA's efforts have strengthened individual and institutional capacities with scope for improvement, but sustainability is undermined by weak absorption by government systems and a lack of operational transition planning.

Conclusion 14: The sustainability of results is significantly constrained by high dependency on international aid and the lack of financial and institutional mechanisms to absorb project costs and responsibilities.

### **Conclusions on Coverage**

Conclusion 15: UNFPA's geographic coverage of humanitarian interventions has been strategically focused but remains uneven across provinces.

Conclusion 16: UNFPA's reach to the most vulnerable and marginalised groups has improved but lacks systematic inclusion across all diversity dimensions.

### **Conclusions on Connectedness**

Conclusion 17: UNFPA has progressively integrated longer-term development goals into its humanitarian response, particularly through anticipatory planning, gender-transformative approaches, and institutional engagement.

Conclusion 18: UNFPA has contributed to strengthening institutional humanitarian capacity, particularly at the national and provincial levels, but community-level preparedness and protection sensitivity remain underdeveloped.

Based on the findings and conclusions, the evaluation has made the following **recommendations**:

### **Recommendations on Relevance**

Recommendation 1: Deepen UNFPA's leadership and visibility in SRHR, gender equality and population data and policy, while reinforcing inclusion and equity frameworks

Recommendation 2: Embed anticipation and resilience-building within the country programme and reinforce cross-sectoral system-strengthening

### **Recommendations on Coherence**

Recommendation 3: Institutionalise strategic partner mapping and joint planning mechanisms

Recommendation 4: Reinforce GBV sub-cluster leadership and address operational vulnerabilities in funding or staffing

### **Recommendations on Effectiveness**

Recommendation 5: Strengthen integration between national and subnational implementation through improved coordination and monitoring systems

Recommendation 6: Consolidate effective community-based models and, subject to available resources, scale up inclusive programming for vulnerable and underserved groups

### **Recommendations on Efficiency**

Recommendation 7: Strengthen procurement and supply chain systems with a focus on timeliness, green practices, and anticipatory planning

Recommendation 8: Improve financial and operational oversight mechanisms to reduce inefficiencies and enhance value for money

### **Recommendation on Sustainability**

Recommendation 9: To enhance sustainability, UNFPA should strengthen operational transition planning and promote greater national ownership of core functions by embedding exit strategies and cost-sharing mechanisms from the outset of programming.

### **Recommendation on Coverage**

Recommendation 10: To enhance the equity and comprehensiveness of its humanitarian programming, UNFPA should undertake a systematic reassessment of geographic and population coverage, using updated vulnerability mapping tools that integrate multi-sectoral and intersectional data.

### **Recommendation on Connectedness**

Recommendation 11: To reinforce the integration of humanitarian interventions with long-term development goals – the nexus approach – UNFPA should deepen its anticipatory planning and institutional engagement strategies while simultaneously strengthening community-level preparedness.

# Chapter 1: Introduction

UNFPA has been operating in Mozambique since 1979. The support that the UNFPA Mozambique Country Office (CO) provides to the Government of Mozambique under the framework of the 10<sup>th</sup> Country Programme (CP) (2022-2026) builds on **national development needs and priorities** articulated in the following:

- Five-Year Government Program: 2020-2024 that articulates with other states, international organizations and civil society institutions to develop projects that have economic, social and environmental impacts;
- National Development Strategy (2015-2035) whose vision is to promote a prosperous, competitive, sustainable, secure and inclusive country;
- United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026; and
- United Nations Common Country Analysis/Assessment (CCA) of 2021.

The evaluation of the CP was implemented in line with the [UNFPA Evaluation Handbook](#). 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.<sup>33</sup> It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The [Handbook](#) includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the [Handbook](#) throughout the evaluation process.

The main **audience** and primary intended **users** of the evaluation are: (i) The UNFPA Mozambique CO; (ii) the Government of Mozambique; (iii) implementing partners of the UNFPA Mozambique CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

In terms of **governance**, the evaluation of the UNFPA country programme in Mozambique was led by the Evaluation Manager from the UNFPA Mozambique CO, in coordination with the Ministry of Foreign Affairs and Cooperation and supported by the UNFPA regional M&E adviser (ESARO). The process was guided by the UNFPA Evaluation Handbook and conducted in consultation with the Evaluation Reference Group (ERG), which included representatives from government, UNFPA, implementing partners, and civil society. The Evaluation Manager oversaw all stages of the process – ensuring quality, independence, and adherence to UNEG standards – while CO staff supported logistical arrangements, stakeholder engagement, and preparation of documentation. The ERG provided technical input, helped shape the evaluation design, reviewed deliverables, and supported the dissemination and use of findings. An independent team of external evaluators conducted the evaluation and produced the final report, with each member contributing thematic expertise and participating in all phases of the exercise. The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final

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<sup>33</sup> [UNEG, Norms and Standards for Evaluation](#) (2016).

evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the [UNFPA evaluation database](#).

## Section 1.1 Purpose and objectives of the Country Programme Evaluation

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles. The country programme evaluation (CPE) provides an independent assessment of the performance of the UNFPA 10<sup>th</sup> country programme (2022-2026) in Mozambique and offers an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE also draws conclusions and provides a set of actionable recommendations for the next programme cycle.

The CPE serves the following **four main purposes**, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

The **objectives** of this CPE are:

- i. To provide the UNFPA Mozambique CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Mozambique 10<sup>th</sup> country programme (2022-2026);
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support;
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives;
- iii. To provide an assessment of the role played by the UNFPA Mozambique CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Mozambique CO in the coordination mechanisms of the Humanitarian Country Team (HCT), with a view to improving humanitarian response and ensuring contribution to longer-term recovery;
- iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

## Section 1.2 Scope of the evaluation

The evaluation covers the following **thematic areas** of the 10<sup>th</sup> CP:

- (i) Sexual and reproductive health and rights;
- (ii) Gender-based violence and harmful practices (including Adolescents and youth);

(iii) Data and policy;

(iv) Humanitarian capabilities of national actors and systems.

In addition, the evaluation covers cross-cutting issues, such as human rights; gender equality; disability inclusion, etc., and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships, etc.

As for the **geographic scope** of the evaluation, it focusses on selected provinces where UNFPA has implemented interventions, namely: Cabo Delgado, Gaza, Maputo, Niassa, Nampula, Sofala, and Zambézia. Regarding its **temporal scope**, the evaluation covers interventions planned and/or implemented within the period of the current Country Programme, from 2022 to 2025.

In accordance with the methodology for CPEs outlined in Section 1.3 Evaluation approach and in the [UNFPA Evaluation Handbook](#), the evaluation examined the following five OECD/DAC **evaluation criteria**: relevance, coherence, effectiveness, efficiency and sustainability.<sup>34</sup> Furthermore, the evaluation used the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across humanitarian-development-peace nexus and contribute to building resilience.

**Table 1 – Evaluation criteria**

Criterion	Definition
<b>Relevance</b>	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
<b>Coherence</b>	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
<b>Effectiveness</b>	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
<b>Efficiency</b>	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
<b>Sustainability</b>	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).
<b>Humanitarian-specific criterion</b>	
<b>Coverage</b>	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators will assess the extent of inclusion bias – that is, the inclusion of those in the groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity).
<b>Connectedness</b>	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions.

<sup>34</sup> The full set of [OECD/DAC evaluation criteria](#) includes impact, but this is beyond the scope of the CPE.

The evaluation of the country programme provides answers to the **evaluation questions** related to the above-mentioned criteria. The evaluation questions, assumptions, indicators and means and methods for assessment are described in Annex 1: Evaluation matrix.

Reflecting on the country programme theory of change, the country office generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase the evaluators further refined the evaluation questions in consultation with the CPE manager at the UNFPA Mozambique CO and the ERG.

## Section 1.3 Evaluation approach

### Section 1.3.1 Contribution analysis and theory of change

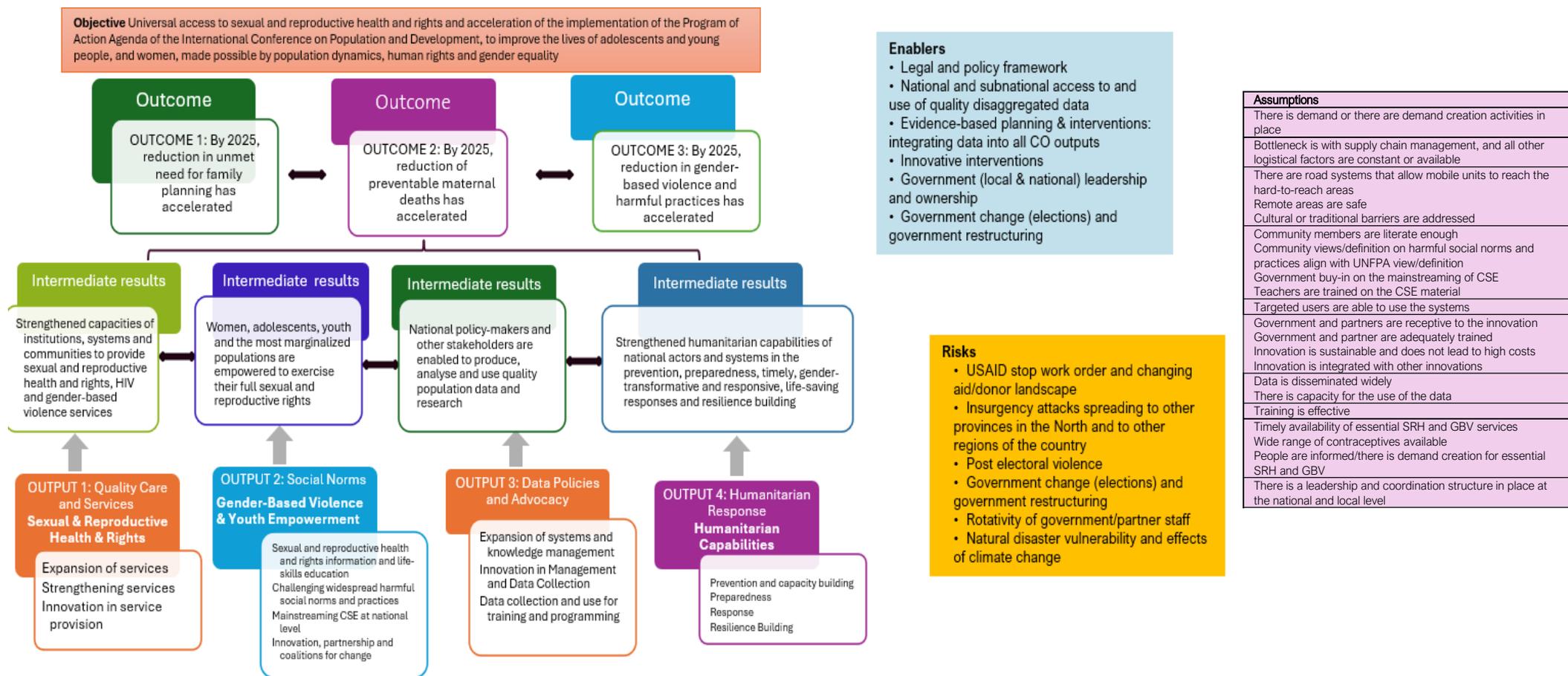
The CPE's analytical approach is theory-based, participatory and based on mixed methods.

**Contribution analysis** served as a central methodological approach to assess how, why, and for whom UNFPA interventions have made a difference. It enabled the evaluation team to critically examine the validity of key assumptions underpinning the theory of change, assess whether the observed results align with the expected outcomes, and identify the extent to which external factors may have influenced the results. By systematically exploring these elements, the evaluation established a credible and evidence-based narrative on the contribution of the 10<sup>th</sup> UNFPA Country Programme (2022–2026) in Mozambique to the observed changes.

The CPE adopts a **theory-based approach** that relies on an explicit **theory of change (ToC)** (Figure 1) formulated, which depicts how the interventions supported by the UNFPA Mozambique CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results. Therefore, it plays 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 analysis of the logic and internal coherence of ToC shows how the set of activities planned under the country programme are expected to contribute to a sequence of results and outcomes that culminate in the strategic goal of UNFPA.

Figure 1 – Overview of the CP Theory of Change



A detailed ToC can be consulted in the Design Report.

The UNFPA Mozambique 10<sup>th</sup> country programme (2022-2026) is based on the results framework presented on **Table 2**.

Table 2 – Mozambique/UNFPA 10<sup>th</sup> Country Programme (2022-2026) Results Framework

<p><b>CPD Goal/vision: Galvanize efforts to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices across the humanitarian-development-peace continuum.</b></p>		
<p><b>National Priority (s):</b> The Government Five-year Plan priority 1: Developing human capital and social justice.</p>	<p><b>National Priority (s):</b> The Government Five-year Plan priority I: Developing human capital and social justice; priority 2: Propel economic growth, productivity, and employment generation.</p>	
<p><b>UNSDCF Outcome (s):</b> By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.</p>	<p><b>UNSDCF Outcome (s):</b>                  By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.                  By 2026, more people, particularly women and youths, participate in and benefit from a more diversified, inclusive, and sustainable economic growth based on increased production, productivity, and greater value-added chains.</p>	
<p><b>Related UNFPA Strategic Plan Outcome(s): 1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>	<p><b>Related UNFPA Strategic Plan Outcome(s): 1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>	
		<p><b>Output indicators, baselines and targets</b></p>
<p><b>UNFPA Mozambique 10<sup>th</sup> Country Programme Output:</b>  <b>Output 1.</b> By 2026, strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high quality integrated sexual and reproductive health and rights, HIV and gender-based-violence services to ensure universal health coverage.</p>	<p><b>UNFPA Mozambique 10<sup>th</sup> Country Programme Output:</b>  <b>Output 2.</b> By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices, through gender-transformative and intersectional approaches.</p>	<p><b>Output 1</b></p> <ul style="list-style-type: none"> <li>● Percentage of health facilities with no stock-out of contraceptives at any given time Baseline: 44% Target: 55%</li> <li>● Percentage of institutional maternal deaths with causes reported and corrective action taken Baseline: 50%; Target: 80%</li> <li>● Number of adolescent girls and young women (15 to 24 years old) who received quality gender-based violence-related services (health, justice, police, social action) Baseline: 86,566; Target: 250,000</li> <li>● Percentage of integrated assistance centres for gender-based violence, which provide quality gender-based violence services according to national protocols Baseline: 77%; Target: 90%</li> <li>● Percentage of budget needed to purchase contraceptives met by the State budget Baseline: 5%; Target: 12%</li> <li>● The country has a functional accreditation of midwife education and training institutions, and their programmes are in line with the International Confederation of Midwifery Baseline: No; Target: Yes</li> </ul> <p><b>Output 2</b></p> <ul style="list-style-type: none"> <li>● Percentage of adolescent girls and young women (15 to 24 years) with improved knowledge on sexual and reproductive</li> </ul>

		<p>health and rights and gender-based violence prevention and response services in selected key provinces Baseline: 40% (Nampula and Zambezia); 5% (Tete and Cabo Delgado); Target: 80% (Nampula and Zambezia); 40% (Tete and Cabo Delgado)</p> <ul style="list-style-type: none"> <li>• Couple years of protection Baseline: 3,044,353; Target: 4,364,353</li> <li>• Number of functional multisectoral and integrated sexual and reproductive health and rights and gender-based violence coordination and response mechanisms at the provincial level Baseline: 2 (2020); Target: 7 (2026)</li> <li>• Number of adolescent girls and boys and young women and men (15 to 24 years old) who have benefited from programmes within and out of schools promoting gender equality, HIV, sexual and reproductive health and rights, and transformative masculinities Baseline: 699,066; Target: 1,250,000</li> <li>• Number of local leaders and influential people contributing to gender social norms change and the exercising of sexual and reproductive health and rights and prevention of gender-based violence in communities Baseline: 402; Target: 1,800</li> </ul>
<p><b>CPD Goal/vision: Galvanize efforts to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices across the humanitarian-development-peace continuum.</b></p>		
<p><b>National Priority (s):</b> The Government Five-year Plan priority 1: Developing human capital and social justice; priority 2: Propel economic growth, productivity, and employment generation.</p>	<p><b>National Priority (s):</b> The Government Five-year Plan priority 3: Strengthen sustainable management of natural and environmental resources. Government Five-year Plan pillar 1: Reinforce democracy and preserve national unity.</p>	
<p><b>UNSDCF Outcome (s):</b> By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.</p> <p>By 2026, more people, particularly women and youths, participate in and benefit from a more diversified, inclusive, and sustainable economic growth based on increased production, productivity, and greater value-added chains.</p>	<p><b>UNSDCF Outcome (s):</b> By 2026, more people, especially the most vulnerable, are resilient to climate change and disasters and benefit from more sustainable management of the environment and natural resources and resilient infrastructures and human settlements, with positive effects on national gross domestic product.</p> <p>By 2026, more people, especially the most vulnerable and marginalized, are protected, enjoy their rights, and benefit from a secure, peaceful environment, enabled by inclusive governance systems, and independent and accountable institutions abiding by the rule of law.</p>	
<p><b>Related UNFPA Strategic Plan Outcome(s): 1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b></p>	<p><b>Related UNFPA Strategic Plan Outcome(s): 1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>	

By 2025, the reduction in gender-based violence and harmful practices has accelerated		
		<b>Output indicators, baselines and targets</b>
<p><b>UNFPA Mozambique 10<sup>th</sup> Country Programme Output:</b>  <b>Output 3.</b> Data and policy. By 2026, national policymakers, and other stakeholders are enabled to produce, analyse and use quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative.</p>	<p><b>UNFPA Mozambique 10<sup>th</sup> Country Programme Output:</b>  <b>Output 4.</b> By 2026, strengthened humanitarian capabilities of national actors and systems in prevention, preparedness, timely, gender-sensitive and lifesaving response, and resilience-building for populations vulnerable to shocks, building on the humanitarian development-peace continuum; the women, peace and security agenda; and the youth, peace and security agenda.</p>	<p><b>Output 3</b></p> <ul style="list-style-type: none"> <li>• Number of UNFPA-prioritized Sustainable Development Goal indicators with district-level data Baseline: 2 (2020); Target: 6 (2026)</li> <li>• Monitoring and evaluation framework of the national adolescent and youth strategy established and implemented Baseline: No (2020); Target: Yes (2026)</li> <li>• Population situation analysis assessing the impact of mega-trends on ICPD implementation conducted Baseline: No (2020); Target: Yes (2026)</li> </ul> <p><b>Output 4</b></p> <ul style="list-style-type: none"> <li>• Number of women, adolescents and youth benefited from life-saving sexual and reproductive health and gender-based violence interventions in humanitarian settings Baseline: 78,800; Target: 350,000</li> <li>• Percentage of rapid needs assessments supported by UNFPA, including safe audits, of affected populations at the onset of the crises, with disaggregated information by vulnerable group (adolescents, pregnant women and girls, older persons, people with disabilities) Baseline: 41% (2020); Target: 90% (2026)</li> <li>• Number of readiness assessments to provide minimum initial service package for sexual and reproductive health in crises conducted within the past 12 months Baseline: 0 (2020); Target: 4 (2026)</li> <li>• Integration of minimum initial service package for sexual and reproductive health and sexual violence in national and regional emergency preparedness and response plans Baseline: 0 (2020); Target: 3 (one national, two provincial) (2026)</li> </ul>

As part of its theory-based approach, the evaluation team assessed whether the available information, together with the data expected to be gathered during field missions, would provide sufficient evidence to test the key assumptions underpinning the ToC. A brief **evaluability** assessment – drawing on existing indicators, monitoring and evaluation (M&E) frameworks, available reports, and the type of data to be collected on-site – led the team to conclude that adequate evidence and information can be mobilised to support the conduct of the CPE.

The CPE is also based on an inclusive, transparent and **participatory approach**, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Mozambique CO has developed an initial stakeholder map (Annex 3: List of persons met and their organisational affiliations/institutions) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They provided information and data that the evaluators used to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention was paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalised groups, for instance, young people and women with disabilities, etc. Also, the CPE manager in the UNFPA Mozambique CO has established an ERG composed of key stakeholders of the country programme, including UNFPA staff, key government partners, UN agencies, non-government organizations, rights holder organizations and academia. The ERG provided inputs at different stages in the evaluation process.

Through applying a **mixed-method approach**, the evaluation has primarily used qualitative methods for data collection, including interviews, group discussions and observations during field visits, combined with a thorough document review, where appropriate. The qualitative data was complemented and triangulated with quantitative data to minimise bias and strengthen the validity of findings. Quantitative data was 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 were used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

The evaluation matrix (Annex 1: Evaluation matrix) is the backbone of the methodological design of the evaluation, and it contains the core elements of the evaluation. It outlines (i) **what will be evaluated**: evaluation questions with assumptions for verification; and (ii) **how it will be evaluated**: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. During the design phase, it was used to structure data collection and analysis, incorporating findings from the document review in an organised manner. In the field phase, it was used for the systematic data collection for each evaluation question, with daily oversight by the CPE manager to identify gaps or unclear entries. Finally, in the reporting phase, the matrix serves as the foundation for analysis and findings, ensuring sufficient evidence supports the evaluation results. It is included as an annex to the evaluation report. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the [Handbook](#).

## Section 1.3.2 Methods for data collection and analysis

The evaluation team has developed the evaluation methodology in line with the evaluation approach and **guidance** provided in the UNFPA Evaluation [Handbook](#) to meet good quality standards for evaluation of the UNFPA and the professional evaluation standards of UNEG. The team has guided the CPE based on the [UNFPA methodological framework](#), which includes, in particular, the [Evaluation Handbook](#) and the evaluation quality assurance and assessment principles. The CPE was conducted in accordance with the UNEG [Norms and Standards for Evaluation](#), [Ethical Guidelines for Evaluation](#), [Code of Conduct for Evaluation in the UN System](#), and [Guidance on Integrating Human Rights and Gender Equality in Evaluations](#). Team members have signed [UNEG Code of Conduct](#) prior to starting the work.

The evaluation methodology provides a solid foundation for delivering valid, evidence-based responses to the evaluation questions and for conducting a robust and credible assessment of UNFPA support in Mozambique. The methodological design comprised:

- (i) a critical review of the country programme's theory of change (**Figure 1**);
- (ii) a comprehensive evaluation matrix (Annex 1: Evaluation matrix);
- (iii) a strategy and tools for data collection and analysis (Annex 4: Data collection tools); and
- (iv) a mapping of relevant stakeholders who were consulted during the evaluation (Annex 3: List of persons met and their organisational affiliations/institutions).

Building on the preliminary questions developed by the Evaluation Reference Group and the theory of change outlined in the Country Programme Document, the evaluation team has refined the **evaluation questions** and corresponding assumptions. These questions are aligned with the evaluation criteria and serve to define the key areas of inquiry, guiding the structure of the evaluation matrix. Each evaluation question is supported by a set of assumptions that reflect the expected pathways of change, as articulated in the theory of change. These assumptions were tested to determine whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level outcomes are in place. Data collection for each question and its corresponding assumptions was guided by clearly defined quantitative and qualitative indicators, as detailed in the evaluation matrix.

Each consultant took responsibility for stakeholder consultations in specific provinces (and districts listed in Annex 3: List of persons met and their organisational affiliations/institutions, allowing for efficient planning and optimal use of local contextual knowledge. All consultants were involved in consultations in Maputo to ensure coverage of national-level stakeholders. The provincial responsibilities are as follows:

Consultant	Province	Districts
Cristina Rodrigues	Maputo, Zambézia	Quelimane, Nicosadala & Mocuba
Sandra Gonçalves	Maputo, Sofala	Beira, Dondo, Nhamatanda & Buzi
Leonardo Chavane	Maputo, Cabo Delgado	Pemba, Mocimboa da Praia & Chiure
Cristiano Matsinhe	Maputo, Nampula	Nampula, Meconta, Namialo & Nacala

**Data collection** took place both remotely and in-country. The evaluation considered primary and secondary sources of information, as described in the [Handbook](#), section 2.2.3.1. Primary data was collected through interviews with a wide range of key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organisations, other United Nations organizations, donors, and other stakeholders), as well as focus group discussions (with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data was collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. The evaluation team ensured that data collected is preferably

disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team dedicated about four weeks for data collection in the field. The data collection tools developed are found in Annex 4: Data collection tools. Phase 3 of the evaluation, the fieldwork or data collection phase, was a critical step in building the evidence base to answer the evaluation questions. During this phase, the evaluation team collected, synthesized, and began analysing data from both primary and secondary sources. Activities included key informant interviews, further desk review, group interviews, focus group discussions, and on-site observations (see Annex 3: List of persons met and their organisational affiliations/institutions). The process was guided by the design report to ensure adequate data collection for answering key evaluation questions and addressing cross-cutting issues. The evaluation matrix served as a key tool to organise and triangulate the data, supporting thorough analysis and interpretation.

During the field phase of the evaluation, **key principles** were upheld to ensure the integrity and quality of data collection. Independence and impartiality were safeguarded by ensuring that UNFPA or partner staff do not interfere with or participate in the evaluation team's interactions with stakeholders, thus preventing bias. The CPE Manager oversaw the process to ensure adherence to the design report and credibility of findings, adapting plans as needed for security or unforeseen challenges. Ethical and safety guidelines were strictly followed, including informed consent, protection of privacy, confidentiality, and respect for participants' identities and cultural contexts. The list of consulted stakeholders is part of the evaluation report annexes but its disclosure by UNFPA will take into consideration respondent confidentiality. A gender-sensitive, inclusive approach was also used, especially for engaging persons with disabilities and survivors of sexual and gender-based violence. For GBV survivors, a survivor-centred approach was adopted, placing the survivor's comfort, dignity and well-being at the forefront. Participation was entirely voluntary, and individuals were free to share their experiences or decline to do so, in line with their preferences. Whenever it would have become evident during an interview that someone was a GBV survivor, the evaluators could have ensured that the individual was promptly referred to appropriate support services. Similarly, with regard to persons with disabilities, the evaluators could have taken steps to ensure that both physical and psychosocial accessibility conditions were in place – such as accessible venues, sign language interpretation, and other reasonable accommodations – to guarantee inclusive and meaningful participation. Additionally, data protection protocols were in place for the secure handling of personal data. The CPE Manager was responsible for reinforcing these principles throughout the fieldwork.

In the **data analysis** phase, the evaluators entered the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix was completed, the evaluators identified common themes and patterns that helped formulating evidence-based answers to the evaluation questions. The evaluators have also identified aspects to be further explored and for which complementary data was collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see [Handbook](#), Chapter 4).

To ensure that the findings of the CPE are firmly grounded in credible and verifiable evidence, the evaluation team implemented a set of **validation mechanisms** aligned with established standards, as outlined in the UNFPA Evaluation [Handbook](#) (chapter 3). Data validation is an ongoing process across all phases of the evaluation, from design to analysis and reporting.

The following mechanisms were systematically applied:

- **Triangulation of data sources and methods:**

Data was validated through the systematic triangulation of multiple sources (e.g., documents, interviews, focus groups, statistical data) and data collection methods (qualitative and quantitative), ensuring consistency and reliability across findings.

- **Internal team validation sessions:**

Regular internal meetings among evaluators were held to cross-check, corroborate, and analyse the collected information. These sessions facilitated collective sense-making, strengthen analytical rigour, and ensure consistency in the interpretation of findings across provinces and thematic areas.

- **Ongoing exchange with the CPE manager:**

The team maintained regular communication with the CPE manager to review progress, clarify contextual or technical issues, and verify emerging insights. This iterative process contributed to quality assurance and alignment with evaluation standards.

- **Debriefing with the Country Office and Evaluation Reference Group (ERG):**

At the conclusion of the field phase, the evaluation team presented emerging findings during a debriefing session with the UNFPA Country Office and the ERG. This session provided an opportunity for preliminary validation, stakeholder feedback, and clarification of any outstanding issues before finalising the analysis.

The CPE process is broken down into **five different phases** that include different stages and lead to different deliverables: preparation phase<sup>35</sup>; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader undertook quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation. The five phases are elaborated in the Evaluation Handbook.

**Figure 2 – Overview of the CPE process**



Based on the evaluation deliverables detailed in the Design Report – Design report, PowerPoint presentation of the design report, PowerPoint presentation for debriefing meeting with the CO and the ERG, Version 1 of the Evaluation report, Recommendations worksheet, Final evaluation report, PowerPoint presentation of the evaluation results – the CPE manager, in collaboration with the communication officer in the UNFPA Mozambique CO will develop an **Evaluation brief**. The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

<sup>35</sup> The First Meeting of the Evaluation Reference Group was held on 27 March 2025.

### Section 1.3.3 Stakeholders consulted and sites visited

Regarding the fieldwork **sampling strategy**, the UNFPA Mozambique CO provided the team with an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken/are taking place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Mozambique CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP. The evaluation team reviewed the stakeholder map using information from document reviews and discussions with UNFPA Mozambique CO staff. From this map, the team selected a representative sample of stakeholders at national and sub-national levels for consultations during the data collection phase.

While the sample aimed to be as representative as possible, it was not expected to be statistically representative. The selection of consultation sites and stakeholders was guided by the following criteria to ensure the best possible representativity and the most relevant, and methodologically sound assessment:

- **Geographical coverage:** Five provinces have been selected to reflect regional diversity and varying levels of UNFPA engagement: Maputo (capital city and province), Cabo Delgado, Nampula, Zambézia, and Sofala. To further attempt geographic coverage, a number of districts in each province were selected: Pemba, Chiure and Mocímboa da Praia in Cabo Delgado; Nampula, Meconta, Namialo and Nacala in Nampula; Quelimane, Nicoadala and Mocuba in Zambézia; Beira, Dondo, Nhamatanda and Buzi in Sofala.
- **Thematic representation:** Selection ensured coverage of UNFPA's key intervention areas, including sexual and reproductive health and rights, gender equality and women's empowerment, adolescent and youth, population and development, and humanitarian response.
- **Number of beneficiaries:** Priority was given to sites and partners with substantial or strategically significant beneficiary reach to allow insight into results at scale.
- **Leaving No One Behind:** The stakeholder sample was purposefully inclusive, ensuring representation of diverse groups, including persons with disabilities and other potentially marginalised populations.
- **Timespan of interventions:** Consultations focussed on activities implemented during the current country programme cycle (2022–2026), with contextual reference to the previous cycle where relevant.
- **Government and UN partners:** Key government implementing partners and UN agencies (OCHA, IOM, UNESCO, UNICEF, UNDP, WHO, UNHCR) engaged in relevant programme areas were consulted to assess coordination and complementarity.

To ensure depth and quality within the available timeframe for in-person and remote consultations (four weeks), the following conditions applied:

- Each evaluator conducted no more than 15 one-hour long meetings with beneficiaries, allowing for in-depth, qualitative insights; and one FGD per district;
- Each evaluator conducted no more than 15 one-hour online meetings with other stakeholders, including government representatives, UN partners, civil society, and implementing partners.

These limits were intended to balance the breadth of consultation with the depth of inquiry and logistical feasibility. The distribution of types of consultations ensured cross-validation across provinces and promoted methodological consistency while allowing flexibility for team coordination.

Table 3 – Fieldwork and consultation selection

Country programme outputs: By 2026, ...	Project	Province	Theme	Ministries involved	One UN (agency(ies) and other partners
<b>Output 1.</b> strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high quality integrated sexual and reproductive health and rights, HIV and gender-based-violence services to ensure universal health coverage	Health facilities with no stock-out of contraceptives National and Provincial Neonatal and Maternal Mortality Audit Committees Gender-based violence-related services (health, justice, police, social action) Assistance centres for gender-based violence Accreditation of midwife education and training institutions	All	SRH Gender Youth	Ministry of Health, Ministry of Labour, Gender and Social Action, Ministry of Justice, Constitutional and Religious Affairs, Ministry of Interior, National Statistics Institute, provincial health directorates from selected provinces, provincial gender, child and social action directorates of selected provinces	WHO UNICEF  National and international CSOs (such as Fundação Para o Desenvolvimento da Comunidade and Forum das Associações dos Deficientes de Moçambique)
<b>Output 2.</b> women, adolescents, youth and most marginalized empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices, through gender-transformative and intersectional approaches.	Schools, youth centres, Girls Friendly Spaces and youth friendly health centres SRH services provision at the selected communities and secondary schools Family Planning professionals Sexual and reproductive health and rights and gender-based violence coordination and response Mechanisms at the provincial level Leaders and influential people contributing to gender social norms change	Nampula, Zambézia, and Cabo Delgado	Gender Youth SRH	Ministry of Health, Ministry of Labour, Gender and Social Action, provincial health directorates from selected provinces, provincial gender, child and social action directorates of selected provinces, , National AIDS /HIV Council, Secretary of State for Youth and Employment	UNICEF, WHO, the United Nations Entity for Gender Equality and Women's Empowerment, UNDP
<b>Output 3.</b> national policymakers, and other stakeholders are enabled quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative	INE Capacity of Govt and CSO on the census, survey and administrative data generation, analysis and utilization Parliamentarians, members of provincial assemblies, CSO, media and government officials trained	Maputo	P&D	National Statistics Institute, Ministry of Finance, National Health Institute, Secretary of State for Youth and Employment, Ministry of Justice, Constitutional and Religious Affairs, Ministry of Planning and Development	
<b>Output 4.</b> strengthened humanitarian capabilities of national actors and systems in prevention,	Minimum Initial Service Package (MISP) for sexual	Cabo Delgado	Humanitarian	National Institute of Disaster Management (INGD), Ministry of Youth and Sports,	IOM OCHA

Country programme outputs: By 2026, ...	Project	Province	Theme	Ministries involved	One UN (agency(ies) and other partners
<p>preparedness, timely, gender-sensitive and life-saving response, and resilience-building for populations vulnerable to shocks, building on the humanitarian-development-peace continuum; the women, peace and security agenda; and the youth, peace and security agenda</p>	<p>and reproductive health in areas affected by conflict and cyclones Adolescent and youth friendly services (SAAJ) for provision of tailored services for adolescents and youth Protection structures at Provincial, District and Community levels; safe spaces for women and girls in IDP sites and host communities Health mobile brigades and MCH nurses at the district level Inter-Agency Reproductive Health (IARH) kits, medical equipment, and (temporary and mobile) health facilities. National Humanitarian Coordination and Capacity Building: Gender-Based Violence Area of Responsibility (GBV AoR)</p>	<p>Sofala</p>	<p>(Gender)  (P&amp;D)  (SRH)</p>	<p>provincial services of health, provincial health directorates, Provincial Directorate of Gender, Child, and Social Action</p>	<p>UNICEF UNHCR WFP national CSOs (such as Wiwanana, AMODEFA, ASCHA, FDC, Kutenga)</p>

### Section 1.3.4 Limitations and mitigations measures

During the course of the evaluation fieldwork, several limitations were encountered that required adaptive planning and mitigation measures to ensure the credibility and comprehensiveness of the data collected. These challenges varied across provinces and were influenced by contextual, logistical, and methodological factors.

In **Nampula**, one of the main constraints was the varying levels of knowledge and understanding among stakeholders regarding UNFPA's support to different sectors. This occasionally limited the depth of responses during interviews. Additionally, there was a methodological challenge in ensuring that local support staff adhered to the protocol for organising focus group discussions (FGDs) with a limited number of 6–10 participants. This required clarification and reinforcement of the methodological approach.

In **Sofala**, the planned fieldwork in Buzi had to be rescheduled due to a coinciding visit by the Organização da Mulher Moçambicana (OMM), which limited the availability of key informants. Furthermore, FGDs planned for the final day in Beira were cancelled due to poor road conditions caused by heavy rainfall, which restricted movement and access to some sites.

In **Cabo Delgado**, the fieldwork coincided with a Presidential visit and the commemorations of June 16<sup>th</sup> (Massacre of Mueda), which led to the unavailability of several key informants in Pemba. As a result, interviews had to be rescheduled, and in some cases, alternative informants were identified to ensure adequate representation.

In **Zambézia**, the national public holiday on June 23<sup>rd</sup> had not been accounted for during the planning phase, resulting in reduced availability of school staff and government representatives. This necessitated a reorganisation of the fieldwork schedule, with meetings brought forward or concentrated on the day of the holiday.

A **cross-cutting limitation** across provinces was the limited or unclear understanding of UNFPA's programme scope and support among some government partners, which affected the consistency and detail of some responses.

To **mitigate** these challenges, several strategies were implemented. UNFPA provincial focal points played a key role in providing background information and clarifying UNFPA's areas of intervention to stakeholders as an introduction to the meetings, improving their ability to engage meaningfully in the evaluation process. In Nampula, support staff were briefed and aligned with the required FGD methodology. In Sofala, Zambézia, and Cabo Delgado, fieldwork activities were rescheduled or adapted as needed to accommodate the availability of participants and local events. These responsive measures ensured that despite the encountered limitations, the evaluation was able to gather reliable and representative data across the target provinces.

## Chapter 2: Country context

### Section 2.1 Development challenges and national strategies

Mozambique faces a complex set of development challenges that significantly influence the design and implementation of the UNFPA country programme. These challenges are deeply rooted in demographic trends, socio-economic inequalities, gender disparities, and persistent humanitarian crises, all of which affect the country's progress towards achieving the goals of the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs), particularly Goals 3 and 5.

#### The country

Mozambique is a Southeast African country with an Indian Ocean coastline to the east and territorial borders with six countries to the north, west and south (Tanzania, Malawi, Zambia, Zimbabwe, South Africa and Eswatini). It has a total land area of 799.380 km<sup>2</sup> divided into 11 provinces (including Maputo City the capital with provincial status) and 161 districts.

Mozambique obtained sovereign rule from Portugal in 1975 and shortly thereafter became engaged in a 16-year civil war from 1976 to 1992 between the Frente de Libertação de Moçambique (FRELIMO, ruling party) and the Resistência Nacional Moçambicana (RENAMO). Armed attacks by RENAMO resurged in central Mozambique in 2013 ending in a peace agreement with FRELIMO in 2019 which included demobilization of armed RENAMO forces<sup>36</sup>. However, sporadic attacks by a faction of RENAMO continued in Central Mozambique until 2021 when the faction leader was killed.

**Insurgency attacks** in the northern province of Cabo Delgado have been on-going since October 2017 and have since spread to some districts of Nampula province and more recently to Niassa province. The latest United Nations Office for the Coordination of Humanitarian Affairs (OCHA) snapshot<sup>37</sup> indicates worsening violence by non-State armed groups which has resulted in widespread displacement. OCHA estimates over a million internally displaced people since the insurgency began. The positive economic outlook from the discovery of natural gas in Cabo Delgado has not been realized due to the attacks as gas megaprojects have been suspended<sup>38</sup>.

The latest general **elections** in Mozambique held on 9 October 2024 resulted in post-election demonstrations and strikes between October 2024 and January 2025 in contestation of election results. The post electoral unrest concentrated in Maputo City and Maputo Province shut-down commerce and led to border closures, flight cancellations, general looting and at least 250 deaths<sup>39</sup>. Daniel Chapo, the current president of Mozambique from the ruling FRELIMO party, was sworn in on 15 January 2025 and has since met with the opposition parties and the contesting presidential candidate to quell the unrest.

#### Demographic dynamics and population pressures

Mozambique's population is growing rapidly, with an annual **growth rate** of 2.6%. If current trends persist, the population is projected to double to approximately 57 million by 2047. This demographic growth is largely driven by high fertility rates, early marriage, and limited access to family planning services. Mozambique's 2025 population is projected at 34 million (34,090,466)<sup>40</sup>, predominantly rural (65%). The projected population pyramid for 2025 for the whole country (A)

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<sup>36</sup> Vines, A. (2028) [Elite Bargains and Political Deals Project: Mozambique Case Study](#).

<sup>37</sup> [OCHA](#), 2025.

<sup>38</sup> [ACAPS](#), 2023.

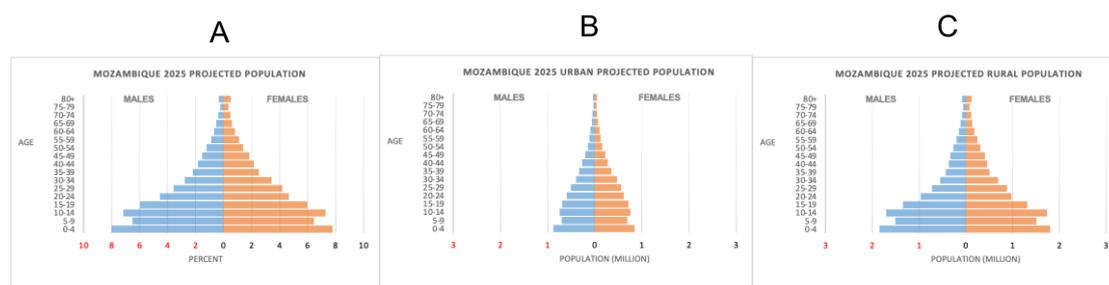
<sup>39</sup> [Wikipedia](#).

<sup>40</sup> [INE](#).

shows a wide base (ages 0-4) with a typical pyramid shape, although the percent of ages 5-9 is lower than the 10-14. This could be indicative of a fertility decline.

Total **fertility rates** show an increase between the 1997 and 2011 DHS<sup>41</sup> (mainly in the rural areas) declining thereafter. Mozambique's total fertility rate in the 2022-23 DHS is 4.9 children per woman (3.6 for urban women and 5.8 for rural women) (total fertility is estimated at 5 children per woman in the 2017 Census<sup>42</sup>). The closely onion pyramid shape projected for urban areas (B) indicates a fertility decline whilst the rural areas maintain a projected wide base (C).

### Population pyramids of 2025 projected population, percentage for Mozambique and in numbers (millions) for urban and rural



Source: INE population projections

Both adult and child **mortality rates** have been on the decline in Mozambique. Infant mortality declined from 231 deaths per 1,000 live births in 1960<sup>43</sup> to 39 deaths per 1000 live births in the 2022-23 DHS. Life expectancy at birth increased from 41 years in 1960 to 64 years in 2023 (43 to 67 for women and 40 to 60 for males)<sup>44</sup>. Gains were however reversed or stalled during the years of the civil war which also coincided with other natural disasters.

The declining mortality rates are still high, while high fertility still characterizes Mozambique, currently undergoing its demographic transition in a phase where the continued decline in fertility rates presents an opportunity of a demographic dividend – a benefit of higher economic productivity from having less dependents (0-14 years). However, this must be accompanied by investments in economic growth, education and health to ensure youth employability, a productive informal sector, favourable political and public security environment and adaptive training.<sup>45</sup>

These factors place substantial pressure on the country's already fragile social and economic systems, exacerbating poverty and straining public services such as health and education. Despite modest improvements, two-thirds of the population still live below the national poverty line, and inequality is worsening, especially in rural and northern regions. Environmental degradation and vulnerability to climate-related shocks, including droughts and floods, further erode livelihoods and human development.

### Economic and social context

Mozambique continues to rank among the lowest on the Human Development Index (HDI), with slow and uneven progress across regions. Mozambique is ranked 182 out of the 193 ranked countries in the latest 2025 Human Development Report<sup>46</sup>, with a HDI value of 0.493 in 2023.

<sup>41</sup> USAID, [DHS Report](#).

<sup>42</sup> National Institute of Statistics (INE), UNFPA 2023. Fertility Thematic Study 2017 Census

<sup>43</sup> Gaspar (2002).

<sup>44</sup> [World Bank](#).

<sup>45</sup> Ministério de Economia e Finanças, UNFPA 2024. National Review Report Addis Ababa Declaration on Population and Development (AADPD) 2014 in Mozambique.

<sup>46</sup> [UNDP](#).

Mozambique's HDI shows annual gains since 1990, although modest in the last decade which coincides with the COVID-19 era.

Consumption **poverty** in Mozambique worsened between 2014/15 and 2019/20, increasing from 46,1% to 68,2% with a slight reduction to 65% in 2022<sup>47</sup>. Rural populations are disproportionately affected (rural 68.4%, urban 58.4%). While poverty has declined in the southern provinces, the north has seen a significant deterioration with consumption poverty of 70.2% in the northern region, 65.6% in the centre and 54.8% in the south. These economic hardships have direct implications on population health, access to services, and gender equality.

The Global Multidimensional Poverty Index (MPI)<sup>48</sup> which includes other non-income measures of poverty such as health and education estimates that multidimensional poverty has been declining. The latest 2024 MPI estimates that 60% of Mozambicans are multidimensionally poor based on the 2022-23 DHS survey. MPI declined from 84% in the 2003 DHS to 71% in the 2011 DHS. A Multidimensional and Monetary Child Poverty report<sup>49</sup> of children below 18 years shows higher rates of multidimensional child poverty in Zambezia and in the Northern provinces. Inhambane shows consistently higher child poverty rates in the southern region.

### **Sexual and reproductive health and rights (SRHR)**

Mozambique has made progress in improving **maternal and child health**, though critical gaps remain. Maternal mortality declined from 600 per 100,000 live births in 2000 to 427<sup>50</sup> in 2017. The most significant reduction occurred by 2017, when the MMR dropped to 427 maternal deaths per 100,000 live births, according to the 2017 Census. The 2022-23 DHS estimates maternal mortality at 233 per 100,000 live births.<sup>51</sup>

The proportion of births attended by skilled personnel reached 67.5% by 2022. Nevertheless, maternal deaths remain unacceptably high in the northern provinces, reflecting geographic disparities in health service availability and quality. Cabo Delgado, Tete and Niassa had the highest maternal mortality ratio in 2017.

HIV/AIDS continues to pose a significant health burden, with an adult (15-49) prevalence of 11.5% in 2023 and 2.4 million people living with HIV (PLHIV),<sup>52</sup> the second highest in Southern Africa. Although new infections have fallen since 2010, women and young people remain disproportionately affected; women aged 15 and older make up 65% of PLHIV in Mozambique. Gaza continues to have the highest HIV burden in the country with an HIV prevalence of 20.7% and the highest number of new HIV infections in 2023 (incidence) followed by Maputo City, Maputo Province, Sofala and Zambezia<sup>53</sup>. Rates of vertical transmission in the country have reduced from 31.6% in 2010 to 9.7% in 2023. The government has scaled up HIV testing, treatment, and prevention programmes, but gaps in coverage and behavioural change remain.

### **Adolescents, youth, and family planning**

Adolescents and young people face significant challenges, many of them related to poverty and SRHR. One of the biggest challenges faced by youth in Mozambique is unemployment, with a considerable gap between men and women, – whose opportunities are frequently limited to the informal sector. Poverty is also a major driver of GBV and child marriage. Teenage pregnancy rates are alarmingly high, with 61.5% of girls aged 15-19 having already given birth. Adolescent and teenage pregnancy is more prevalent in the northern provinces ranging from 11% (Niassa)

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<sup>47</sup> [Government of Mozambique](#).

<sup>48</sup> [UNDP](#).

<sup>49</sup> [UNICEF](#).

<sup>50</sup> National Institute of Statistics (INE), UNFPA 2023. Maternal Mortality Thematic Study 2017 Census.

<sup>51</sup> Maternal mortality ratio for the seven years preceding the survey. Maternal deaths are deaths to adult females during pregnancy, delivery or in the 42 days following delivery, excluding those due to accidents or violence.

<sup>52</sup> [ONUSIDA](#), Mozambique.

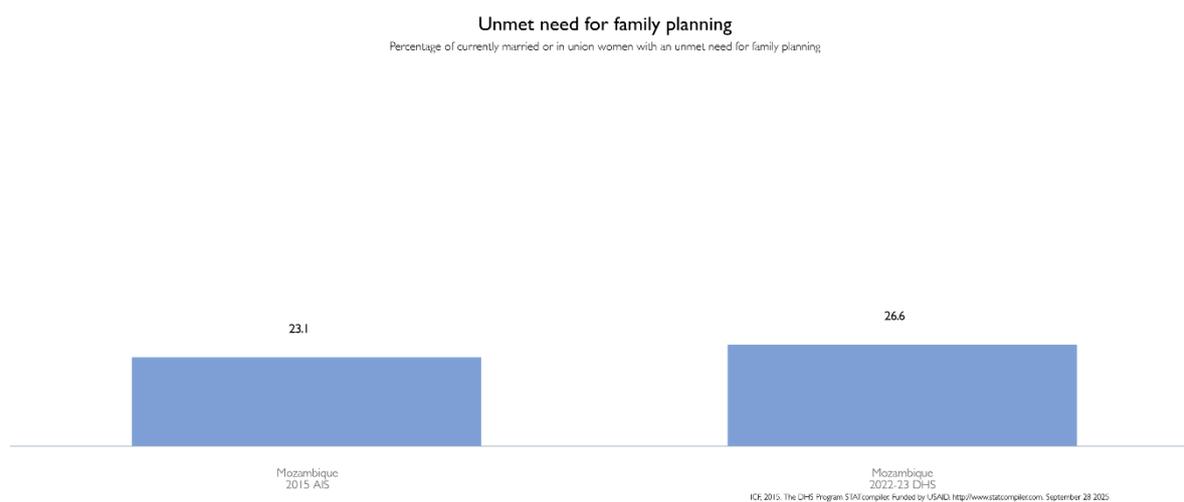
<sup>53</sup> [UNAIDS](#).

to 15% (Cabo Delgado) for girls 12 to 17 years in the 2017<sup>54</sup>. Early pregnancies are associated with elevated health risks including obstetric fistula and perpetuate cycles of poverty and exclusion. Efforts to expand comprehensive sexuality education (CSE) face multiple obstacles, including limited political will, resource constraints, and sociocultural resistance.

Some UNFPA flagship adolescent and youth sexual and reproductive health programmes such as the Rapariga BiZ and the Global Programme to End Child Marriage have been pointed out as having contributed to the reduction of child marriage and pregnancies among adolescent girls and young women.<sup>55</sup>

While modern **contraceptive** use rose from 5.6% in 1997 to 27.1% in 2015<sup>56</sup>, progress has since stagnated (25.4% in the 2022-23 DHS). Gains can be attributed to many factors such as enhanced planning and forecasting of family planning commodities, widespread training of health providers in modern contraceptive methods, access to an increased range of methods (through the introduction of implant and emergency contraception and self-injection), and adoption of community-based family planning provision and secondary school-level service provision of sexual and reproductive health and rights. The unmet need for family planning remains high at 26.6%, highlighting the persistent barriers to access and utilisation of contraception both in rural and urban areas over time.

### Percentage of currently married or in union women with an unmet need for family planning



Source: The DHS Program [STATcompiler](#).

### Gender equality and Gender Based Violence

Mozambique faces widespread **gender-based violence** (GBV) and harmful practices. Around 40% of women aged 15-49 report experiencing some form of GBV, including domestic violence and sexual assault, with many cases going unreported. Child marriage is a major concern (48% country-wide)<sup>57</sup>, particularly in the north, where approximately half of girls are married before the age of 18 and particularly in provinces like Cabo Delgado, where the percentages are even higher, at 61%, placing the country as one of the top 10 with the highest prevalence of child marriage in the world. While Mozambique has adopted legal frameworks and policies to combat

<sup>54</sup> National Institute of Statistics (INE), UNFPA 2023. Fertility Thematic Study 2017 Census.

<sup>55</sup> Rapariga Biz Multi-Annual Consolidated Report (2016-23).

<sup>56</sup> USAID, [Statcompiler](#).

<sup>57</sup> Instituto Nacional de Estatística (INE) e ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022-23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF

GBV and child marriage – including the Law to Prevent and Combat Premature Marriage and the National Action Plan on Violence Against Women and Girls – implementation and enforcement remain uneven. Slightly more than a quarter of ever married women (aged 15-49) have experienced physical or sexual violence committed by husband or partner, as evidenced the 2022-23 DHS (33% in 2011, 18.8% in 2015).<sup>58</sup> Broadly, harmful social and cultural norms and beliefs are a contributor to GBV, as well as poverty, climate change and conflict. Climate events disrupt and overwhelm already under-resourced GBV protection systems, health, and education and social services, limiting access to safety, protection and healing. When extreme weather occurs, the need for services like safe shelters and medical care increases, but infrastructure damage and displacement can make these services inaccessible. Periods of drought in Mozambique saw sexual exploitation and transactional sex increased, as girls engaged in water collection activities far from home<sup>59</sup> with their vulnerability to such practices also increasing during climate-induced displacements.<sup>60</sup> The correlation of decision-making power with intimate partner violence (IPV) prevalence rates is highlighted in recent assessments. Provinces where women have low decision-making power (like Zambezia and Manica) also have the highest prevalence of GBV in the country.<sup>61</sup> Women, especially those with disabilities or from minority and marginalised groups, are disproportionately vulnerable to violence and face systemic **discrimination** and limited access to all essential services, including justice and protection.

### Humanitarian concerns and displacement

The country is increasingly affected by both **natural and human-made crises**. Cyclones Idai (2019) and Freddy (2023) have had devastating effects, displacing millions and damaging critical infrastructure. In 2019, Mozambique was classified as one of the 10 countries most affected by extreme weather events.<sup>62</sup> The latest extreme weather events ranking puts Mozambique at number 66 out of 174 ranked countries 2022<sup>63</sup>. Since 2017, the conflict in Cabo Delgado has caused mass displacement and compounded humanitarian needs.

On average, the annual Mozambique Humanitarian Response Plans (HRPs) have estimated around 2–2.5 million **people in need** (PiN) of humanitarian assistance, with figures projected to rise throughout the CP implementation years due to the combined impacts of conflict in the north, recurrent climate shocks, and economic fragility.<sup>64</sup>

Displaced populations, particularly women and girls, face heightened risks of GBV, disruption of health services, and barriers to education and livelihoods. These emergencies have stretched national response capacities and demand strong, integrated humanitarian-development approaches.

Month and Year	Cyclone / Tropical Storm	Affected provinces
March 2025	Cyclone Jude	Zambezia, Nampula
	Honde	Inhambane
January 2025	Dikeledi	Nampula
	Cyclone Chido	Cabo Delgado
March 2024	Tropical Storm Filipo	Maputo City, Gaza, Inhambane, Sofala, Nampula, Zambezia
	Alvaro	Nampula
March 2023	Cyclone Freddy	Sofala, Inhambane, Zambezia, Tete
	Cyclone Freddy	Inhambane
January 2023	Cheneso	Nampula

<sup>58</sup> <https://www.statcompiler.com/en/>.

<sup>59</sup> CARE, 2017.

<sup>60</sup> UN Women (2023) Gendered Analysis of The Impact of Climate Change on Poverty, Productivity and Food Insecurity – a Technical Report.

<sup>61</sup> Instituto Nacional de Estatística (INE) e ICF (2024) [Inquérito Demográfico e de Saúde em Moçambique 2022–23](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

<sup>62</sup> [Global Climate Risk Index 2021](#).

<sup>63</sup> [Global Climate Risk Index 2021](#).

<sup>64</sup> [ReliefWeb](#).

	Cyclone Gombe	Tete, Nampula, Niassa
January 2022	Tropical Storm Ana	Tete, Zambezia, Nampula
	Imam	Nampula
February 2021	Guambe	Gaza, Inhambane, Sofala
	Cyclone Eloise	Gaza, Sofala, Nampula, Zambezia
Dec 2020-Jan 2021	Tropical Storm Chalane	Sofala, Manica, Zambezia
	Cyclone Kenneth	Cabo Delgado
March 2019	Cyclone Idai	Inhambane, Sofala, Manica, Zambezia, Nampula, Niassa

Source: [World Data Info](#).

## National strategies and policy responses

Mozambique has adopted several national strategies and legal frameworks to address these development challenges. These include the National Strategy to Accelerate HIV Prevention, the National Strategy for School, the Geracão Biz Programme National Strategy, the Youth Policy and Adolescent Health, and the Law to Prevent and Combat Premature Unions (i.e. child marriage). The government has also developed the National Action Plan on Violence Against Women and Girls. While these frameworks reflect a commitment to rights-based and gender-responsive development, they often face implementation challenges due to limited institutional capacity, insufficient funding, and weak intersectoral coordination. Also, the country has adopted frameworks and contingency plans specific to cyclone responses and climate change, such as the Nationally Determined Contribution (NDC) on Climate Change, the National Adaptation Plan, INGD's Annual (Natural Disaster) Contingency Plan, Mozambique Anticipatory Action Framework, among others.

Despite these constraints, progress has been made. Maternal and child health indicators have improved, and there is increased political attention to adolescent health and gender equality. However, sustained investment, community engagement, and stronger monitoring mechanisms are essential to overcome structural barriers and ensure inclusive, resilient development.

## Leaving No One Behind

Certain groups continue to be left behind in Mozambique's development progress. This includes, but is not limited to: People with disabilities, LGBTQI+ individuals, key populations at risk of HIV, survivors of GBV and harmful practices (HPs), and displaced persons face systemic barriers to accessing essential services and exercising their rights. These populations often fall outside the reach of mainstream development programmes and require targeted strategies to ensure equity and inclusion. UNFPA's country programme plays a critical role in addressing these gaps by promoting inclusive SRHR services, supporting local capacity, and advocating for the rights of the most marginalised.

## Section 2.2 The role of external assistance

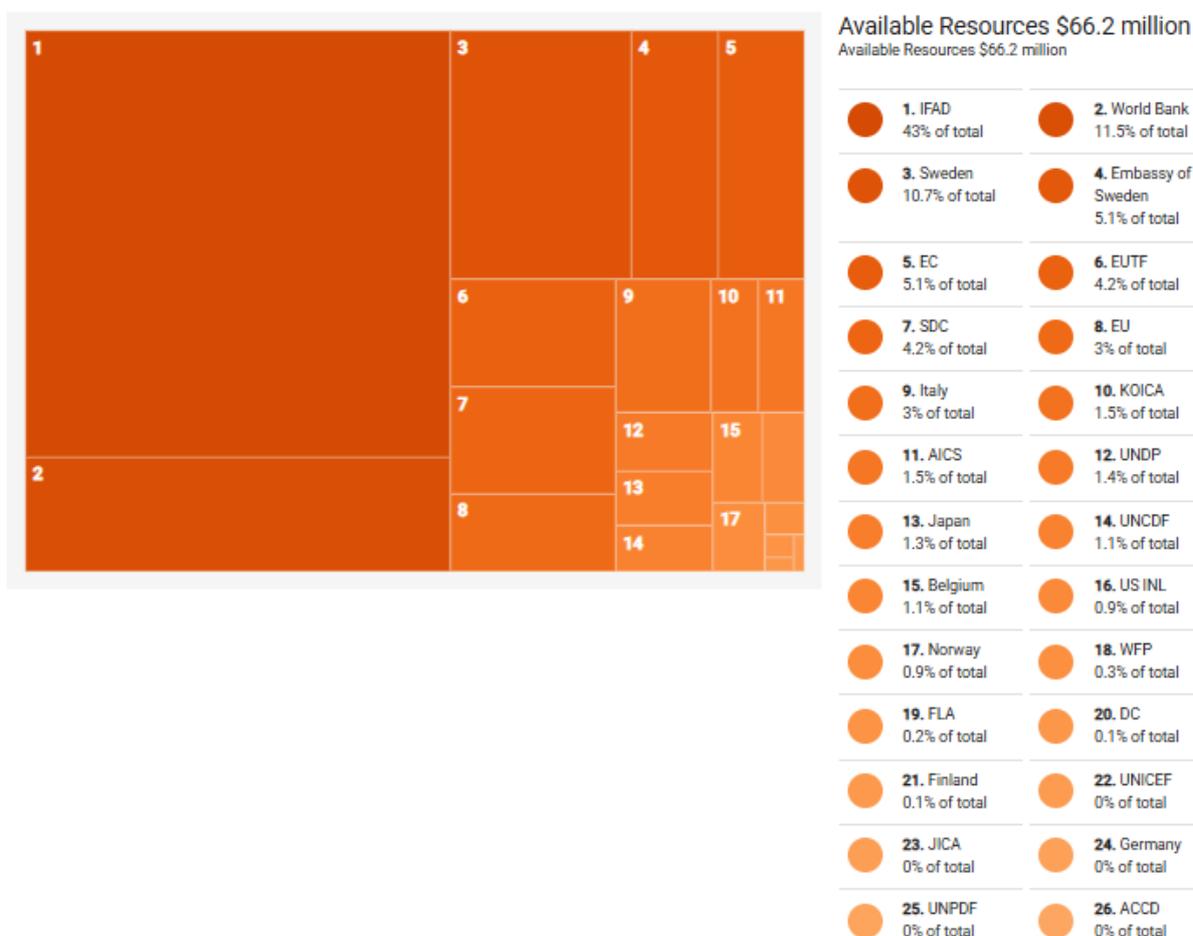
External assistance has been a cornerstone of Mozambique's development trajectory, particularly in the health and welfare sectors. Over the years, the nature and focus of Official Development Assistance (ODA) have evolved, reflecting both the country's shifting priorities and the global development landscape.

In the post-independence era, Mozambique relied heavily on external aid to rebuild its infrastructure and institutions. Initially, assistance was predominantly in the form of humanitarian aid, addressing immediate needs arising from conflict and natural disasters. As stability improved, the focus shifted towards long-term development, with significant investments in health, education, and governance. In recent years, there has been a concerted effort to align ODA with Mozambique's national development plans and the Sustainable Development Goals (SDGs). This

alignment has led to more strategic and results-oriented assistance, emphasising capacity building and sustainability.

Mozambique's development landscape features a diverse array of **bilateral and multilateral partners**. The United States is historically the largest bilateral donor, focusing on health (notably HIV/AIDS through US President’s Emergency Plan for AIDS Relief – [PEPFAR](#)), education, and agriculture. The European Union provides substantial support across various sectors, including infrastructure, governance, and rural development. United Nations Agencies such as UNFPA, UNICEF, WHO, and others play pivotal roles in health, education, and humanitarian response. The World Bank and IMF offer financial and technical assistance, particularly in economic reforms and infrastructure projects. Bilateral partners, which include countries like the United Kingdom, Canada, the Netherlands, and the Nordic countries contribute significantly to sectoral programs.

Figure 3 – Available resources of the UN in Mozambique



Source: [UNINFO Mozambique](#), September 2025.

Since 2022, UNFPA’s work in Mozambique has continued to be supported by a diverse group of committed **donors**. Canada, Sweden and the UK have funded multiple projects focusing on gender-based violence and humanitarian sexual and reproductive health. The European Union has supported resilience initiatives for women and girls, particularly in the northern provinces. Catalonia contributed to strengthening women’s economic empowerment, while Finland has provided targeted assistance in the area of sexual and reproductive health. Additionally, substantial funding from earlier donor initiatives continues to support the implementation of the national census and its follow-up activities under the current programme cycle.

UNFPA Mozambique has a total of 35 funded projects (including core funding) for the implementation of its 2022-2026 country program.<sup>65</sup> A fifth of the funded projects (20%; 7 of 35) are funded through UNFPA core funds. There are currently 16 funded projects that have not reached the project end date.

**Table 4 – Projects 2022-2026**

Donor	Code	Name	Province	Start date	End date	Status
Sweden via MPTF <sup>66</sup>	UDJ31	Rapariga Biz	Nampula, Zambezia	05/06/2016	31/03/2023	Finished
UNOPS	UBA13	Implementation of Social Services Work Package for Component 1 Activities of the Mozambique Northern Crisis Recovery Project (NCRP- 23064-001)	Cabo Delgado	01/09/2022	01/09/2023	Finished
EU (via MPTF)	UDC60	Spotlight Initiative	Gaza, Manica, Nampula	28/01/2019	30/09/2023	Finished
Canada via MPTF	UDJ39	JP Mozambique-Rapariga CANADA	Nampula, Zambezia	05/09/2019	30/09/2023	Finished
UN OCHA	UOI55	Provision of life-saving sexual and reproductive health services to the Cyclone Freddy-affected people in Zambezia	Zambezia		09/10/2023	Finished
UN OCHA	UOI42	Provision of lifesaving Integrated Sexual and Reproductive Health and Gender Based Violence interventions to the conflict-affected population in Cabo Delgado Province	Cabo Delgado	20/12/2022	19/12/2023	Finished
Canada	CAB29	GBV through triple nexus	Cabo Delgado	22/03/2022	31/12/2023	Finished
UNFPA	UCJ18	GPECM phase II	Nampula, Zambezia	01/01/2020	31/12/2023	Finished
UNESCO	UEA05	Projection and Promotion of Human Rights of Persons with Albinism in Mozambique	Maputo, Nampula, Zambezia, Tete	01/12/2023	31/05/2024	Finished
Sweden	SEB21	SRH/GBV in the north	Nampula, Niassa and Cabo Delgado	01/12/2021	30/09/2024	Finished
Japan	JPD38	Expanding Access to Integrated SRH and GBV Response Services in Northern Mozambique	Cabo Delgado	01/04/2022	31/03/2023	Finished
UN OCHA	UOI36	Provision of lifesaving SRH and GBV response services to displaced and vulnerable IDP	Cabo Delgado and Nampula	23/09/2022	22/03/2023	Finished
UNFPA	3006E	lifesaving SRH and GBV response services to Women, girls and young people affected by Tropical Storms ANA and GOMBE	Tete, Nampula and Zambezia	15/03/2022	30/12/2022	Finished

<sup>65</sup> Table received from UNFPA Mozambique.

<sup>66</sup> Multi-partner Trust Fund.

Donor	Code	Name	Province	Start date	End date	Status
UN OCHA	UOI18	Provision of lifesaving Sexual and Reproductive Health response services to Women, girls and young people affected by the Tropical Storm GOMBE	Nampula and Zambezia	14/04/2022	13/10/2022	Finished
UN OCHA	UOI45	Provision of Essential SRH and GBV Response Services for Populations Affected by Cyclone Chido	Cabo Delgado and Nampula	16/12/2024	15/06/2025	Finished
UN OCHA	UOK48	Anticipatory Action: Strengthening SRHiE and GBViE Response Services for Vulnerable Populations in High-Risk Provinces of Mozambique: Anticipatory Actions and Early Response for the 2024-2025 Cyclone Season	Nampula	07/03/2025	06/09/2025	Finished
UNFPA	3006E	Support the delivery of essential SRH and GBV response services to populations affected by Cyclone Chido	Nampula and Cabo Delgado	01/15/2025	30/06/2025	Finished
Spain	ESA67	Support SRH and GBV	Nampula and Cabo	22/12/2023	04/10/2024	Ongoing
UN OCHA	UOI94	CERF - Cabo Delgado	Cabo Delgado	01/12/2023	27/12/2024	Finished
Norway	NOA87	Strengthening access to and availability of SRH and GBV services in North	Cabo Delgado, Niassa and Nampula	22/06/2022	31/12/2024	Ongoing
UNAIDS	UQA76 UQA77 UQG02 UQG03	UNAIDS UBRAF 2022-2026 Country Envelope 2022-2023 2022 - UQA76 2023 - UQA77 Country Envelope 2024-2025 2024 - UQG02 2025 - UQG03	National, Maputo, Zambézia, Cabo Delgado	01/01/2022	31/12/2026	Ongoing
UNFPA	ZZM26	We Decide	Maputo, Manica, Cabo Delgado	01/01/2020	31/12/2024	Finished
UNFPA	ZZT05	UNFPA Supplies	National	01/01/2005	31/12/2024	Ongoing
UNFPA	ZZT03	UNFPA's Campaign to end Fistula	National and Zambezia	01/01/2005	01/01/2025	Ongoing
Catalonia	ESB17	Strengthening Women's Skills: An Economic Empowerment Project for Young Women and Girls	Maputo	01/12/2023	01/06/2025 (extended until 01/11/2025)	Ongoing
UNFPA	3006E	Emergency Response Fund (HRD)	Cabo Delgado and Nampula	25/01/2025	30/06/2025	Finished
Canada	CAB46	Humanitarian SRH assistance in Sub-Saharan Africa	Cabo Delgado	19/01/2024	31/12/2025	Ongoing
Finland	FIA31	My Decision, My Future	Cabo Delgado,	22/11/2024	31/12/2025	Ongoing

Donor	Code	Name	Province	Start date	End date	Status
			Niassa and Nampula			
Republic of Korea	KRA51	Improving Reproductive, Maternal and Adolescent Health in Sofala, Mozambique (IRMAH) in Sofala	Sofala	21/10/2022	31/12/2025	Ongoing
GDF I -	UDF09	United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) project	Maputo, Cabo Delgado	12/12/2023	31/12/2025	Ongoing
Various via MPTF	UDF22	Leaving No One Behind - The Internal Displacement Solutions Fund		03/03/2024	01/01/2026	Ongoing
EU	EUB60	ResiNorte Building Resilience for Women and Girls in the North	Cabo Delgado Niassa and Nampula	15/02/2023	14/02/2026	Ongoing
GDF II - Unpaid Care	UDF28	United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) project	Maputo, Manica, Cabo Delgado	01/04/2024	01/07/2026	Ongoing
Flanders	BEF02	Enhancing quality of midwifery workforce	Maputo	07/11/2022	21/07/2026	Ongoing
Netherlands and Swiss	NLB04	Safeguard Young People Programme	Cabo Delgado, Tete and Nampula	01/08/2021	31/12/2026	Ongoing
UNFPA	ZZT06	Thematic Trust fund for Maternal Health	Sofala	01/11/2007	31/12/2026	Ongoing
UK	UKB55	Data Systems for the DD	Nampula, Maputo, Cabo Delgado	01/12/2021	31/03/2027	Ongoing
UK	UKB56	Family Planning	National Nampula and Zambezia	15/12/2021	31/03/2027	Ongoing
Sweden (49%) and Canada (51%) via MPTF	UDJ51	Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique Rapariga Biz Phase II – Joint Programme	Nampula, Zambezia	01/07/2024	30/06/2028	Ongoing
EU & Catalonia	EUB82	Tolerância. Zero! à violência baseada no género	Manica, Gaza, Maputo	01/08/2024	31/07/2028	Ongoing
Republic of Korea	KRA83	Health Improvements for Mothers, Neonates, and Adolescents in Niassa Province (HIMNA)	Niassa	21/11/2024	31/08/2029	Ongoing
UNFPA	UCJ18	GPECM Phase III	Nampula, Zambezia, Cabo Delgado	01/01/2024	31/12/2030	Ongoing
Zonta International	FZA10	ClimateEmpower	Cabo Delgado	01/07/2025	31/12/2026	Ongoing
AFDB	DBA03	Resilient Futures	Maputo	01/06/2024	31/12/2026	Ongoing

Health and welfare sectors have consistently been major recipients of ODA in Mozambique. Investments have targeted HIV/AIDS programs – significant funding has been directed towards

prevention, treatment, and care, notably through PEPFAR and the Global Fund – maternal and child health programs aim to reduce maternal and infant mortality rates, improve nutrition, and enhance access to quality healthcare services. Health system strengthening efforts focus on building infrastructure, training health workers, and improving supply chains for medical commodities. However, recent reductions in aid, particularly from major donors like the United States, have raised concerns about the sustainability of these programs. For instance, cuts in USAID funding have impacted HIV testing and treatment services, threatening to reverse gains made over the years. The latest national AIDS spending assessment estimates that PEPFAR was responsible for financing 66% of HIV expenditure in Mozambique in 2022.<sup>67</sup>

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<sup>67</sup> CNCS, MISAU, Observatório Nacional de Saúde e UNAIDS 2025. Medição de Gastos em SIDA (MEGAS) em Moçambique 2021-2022.

# Chapter 3: The United Nations and UNFPA response

## Section 3.1 United Nations and UNFPA strategic response

The Agenda 2030 for sustainable development articulates the overarching UN development response. Of particular relevance for UNFPA is the International Conference on Population and Development, its evolving programmes of action and the commitments made with the country government. All UNFPA interventions are guided by the UNFPA strategic plan 2022-2025, which has superseded the strategic plan 2018-2021 that was in place when the current country programme was developed.

	2018	2019	2020	2021	2022	2023	2024	2025	2026
UNFPA Strategic Plan									
UNFPA Strategic Plan									
Country Programme Evaluation									

To align with the UNFPA Strategic Plan 2022–2025, the current country programme has undergone important shifts, including a stronger emphasis on reaching the most vulnerable and marginalized populations through a human rights-based approach, enhanced multisectoral partnerships, and strengthened national capacity for data use and evidence-based decision-making. Drawing from the evaluation of the previous country programme 2017-2021 and regional strategies, the new programme prioritises integrated SRHR within broader health and development frameworks, addresses discriminatory gender norms, improves youth participation, and ensures resilience in humanitarian contexts. It also reinforces support for legal and policy reforms, capacity-building, and coordination to advance the ICPD Programme of Action and SDGs, while focusing on equity, quality of care, and inclusive service delivery.

The evaluation of the 2017-2021 programme underscored the importance of (a) strategic partnerships and political engagements with regional institutions and Member States; (b) sustained thought leadership and coherence to fully integrate SRHR into universal health coverage, primary health care and other frameworks; (c) strengthened regional and national capacity for the generation, analysis and use of actionable data and evidence to scale up high-impact practices and reach those left furthest behind; (d) leveraging the regional United Nations development system reform efforts in Africa to support and influence cross-border and regional integration towards the 2030 Agenda and Agenda 2063; and (e) ensuring ‘future-fit’ human resource capacities at regional and country levels, to strengthen resilient leadership and deliver effective and efficient programmes.

Based on the evaluation of the East and Southern Africa (ESA) regional programme 2017-2021, country-level gap analyses and evidence of ‘what works’, ESA ‘Futures 2” strategy, and priorities of African Union-United Nations Framework for Sustainable Development, and regional economic communities, the [regional programme](#) 2022-2025 has adopted a differentiated approach for the delivery of six interrelated outputs, fully aligned to the UNFPA strategic plan, 2022-2025: (a) enhanced SRHR policy, financing and accountability; (b) improved provision of people-centred, high-quality SRH care and services; (c) addressing harmful gender, socio-cultural norms and discriminatory practices affecting SRH; (d) enhanced use of population change and data for decision-making in the context of the ICPD Programme of Action and the SDGs; (e) strengthened SRHR and systems resilience across humanitarian, development, peace-responsive interventions; and (f) improved empowerment, participation and accountability of adolescents and youth for the realization of universal sexual and reproductive health and reproductive rights.

The current country programme design was also shaped by lessons from the ninth programme evaluation, which highlighted UNFPA's contributions to increased family planning uptake, institutional deliveries, skilled workforce availability, and mentorship models that reduced child marriage and teenage pregnancy. It also recognised achievements in legal and policy reform, SRHR and GBV responses, and census support. The evaluation stressed the need to prioritise protection of vulnerable and marginalised groups – such as persons with disabilities, LGBTQ+ individuals, and internally displaced persons – guided by Mozambique's international human rights commitments. It also underscored the importance of a rights-based approach, improved supply chain management, strengthened partnerships and coordination, and a greater focus on data use and results-based management to advance the ICPD agenda and SDGs.

## Section 3.2 UNFPA response through the country programme

UNFPA contributes to the United Nations Sustainable Development Cooperation Framework (UNSDCF 2022-2026) and the **Humanitarian Response Plan** for Mozambique. It does so through its leadership in sexual and reproductive health and rights and gender-based violence prevention and response, according to its mandated gender-based violence area of responsibility under the Inter-agency Standing Committee cluster approach and support for integrated sexual and reproductive health, HIV and gender-based violence services across the humanitarian-development-peace continuum. This includes its support to civil society-led HIV, sexually transmitted disease, and gender-based violence interventions by and for key populations; its unique position to convene and advise the Government and partners to harness youth potential through rights-based, gender-transformative, intersectional approaches to policy-making; its direct support to the Government to scale up proven mentorship approaches and incorporate innovative solutions; and its technical expertise in generating disaggregated, granular-level demographic data and cutting-edge practices to monitor progress.

In coordination with United Nations organizations and inspired by the **vision** of a Mozambique where 'every girl, woman and youth enjoy full sexual and reproductive health and rights, gender equality and fully contributes to sustainable socio-economic development and peace', the country programme aims to contribute to the UNSDCF and national progress towards **Goals** 1, 3, 5, 10, 13, 16 and 17.

### 3.2.1 Brief description of UNFPA previous programme cycle, goals and achievements

Based on the Country Programme Evaluation (CPE) report, the 9<sup>th</sup> UNFPA Country Programme (2017–2021) in Mozambique pursued strategic **goals** centred on advancing gender equality, reducing gender-based violence (GBV), promoting adolescent and youth sexual and reproductive health (SRH), and strengthening institutional capacities for evidence-based policy implementation and service delivery. The programme was aligned with national priorities and the UNFPA Strategic Plan 2018-2021, with particular focus on reaching vulnerable and underserved populations.

Goals and **key achievements** of the 9<sup>th</sup> country programme were:

#### Strengthening GBV response and prevention

- Expansion of GBV services: the number of integrated assistance centres for GBV survivors expanded from two to seven, significantly increasing geographic coverage and access to essential services.

- Improved case management: the use of the *Ficha Única* case tracking system improved substantially, with follow-up rates for reported GBV cases rising from 10% to 70%, enhancing coordination across justice, health, and social services.
- Engagement of men and boys: the programme promoted social norm change through male engagement, integrating men and boys into community-based GBV prevention efforts, which contributed to increased awareness and behavioural change at the community level.
- Institutional support: UNFPA supported the development and implementation of national policies and legal frameworks for GBV prevention and response, helping build capacity among duty-bearers, including police and judiciary.

### Promoting adolescent and youth SRH and rights

- Youth advocacy and participation: youth-led organizations engaged in SRH advocacy grew from four to twenty, reflecting increased youth leadership and participation in policy dialogue and community initiatives.
- Safe spaces and life skills: over 534,395 girls benefited from safe spaces offering SRH education and life skills training, empowering them to make informed choices and enhancing their protection from harmful practices.
- Access to services: the programme facilitated expanded access to youth-friendly sexual and reproductive health services, especially in vulnerable regions. While data is limited, qualitative evidence suggests increased service uptake by adolescents and young people.
- Reduction in child marriage: although statistical evidence is not available, programme interventions – particularly safe spaces, mentorship programmes, and community mobilisation – contributed to a reported decline in child, early and forced marriage (CEFM) in targeted areas to below 1% for AGYW attending the mentorship system in the safe spaces.

### Enhancing data and policy capacity

- Evidence-based programming: UNFPA supported the National Institute of Statistics and relevant ministries in strengthening data systems for demographic and health information, including gender-disaggregated data.
- Capacity building: several capacity building initiatives were conducted was provided to government partners to enhance the integration of gender, youth and population issues into planning and policy processes at both national and sub-national levels.
- Support to conduct the 2017 Census, disaggregated data, thematic studies; support for the use of Census results in the ENDE and PQG.

### Equity and inclusion

- The programme prioritised *leaving no one behind*, with a focus on reaching adolescent girls, GBV survivors, people with disabilities, and rural populations. It also integrated cross-cutting concerns such as humanitarian response, HIV prevention, and climate resilience where relevant.

While the 9<sup>th</sup> CPD achieved meaningful progress in service expansion, policy engagement, and community mobilisation in support of UNFPA's core mandate, the evaluation of the programme noted the need for improved data availability (disaggregated data on population dynamics, gender and human rights, sexual and reproductive health, and humanitarian contexts), stronger sustainability mechanisms, and further institutionalisation of successful models within government systems to ensure long-term impact.

Table 5 – Results of the 9<sup>th</sup> CP by Outcome

Outcome	Indicators	Baseline	Target	Result
<b>Outcome 1:</b> 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	Institutional delivery coverage Unmet need for family planning Percentage of national financing of family planning commodities budget Modern contraceptive rate	74 28.5 0.15 0 11.3	80 18 15 3.4	Exceeded Not on track Data not availed Achieved
<b>Outcome 2:</b> 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	Law and policy that allow adolescents access to sexual and reproductive health services in place Percentage of women aged 20-24 married or in union before age 18	No 48	Yes 40	Achieved N/A
<b>Outcome 3:</b> 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	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
<b>Outcome 4:</b> 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	2017 Population and Housing Census data collected, processed and analysed, results published and disseminated # of national development plans and sector policies incorporating population dynamics	No 2	Yes 6	Achieved No data in annual reports

Source: [UNFPA evaluation 2017-2021](#).

### 3.2.2 The current UNFPA country programme and an analysis of its theory of change

Guided by the UNFPA Strategic Plan, 2022-2025, and the goals of achieving universal access to sexual and reproductive health and rights for all and accelerating the implementation of the ICPD Programme of Action, the tenth country programme **aims at** galvanizing efforts to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices across the humanitarian-development-peace continuum.

The analysis of the logic and **internal coherence of the ToC** shows how the set of activities planned under the country programme are expected to contribute to a sequence of results and outcomes that culminate in the strategic goal of UNFPA. The ToC provides a relatively clear and logically sequenced pathway from outputs to intermediate results and outcomes, with good alignment across thematic areas: service delivery (Output 1), social norms and empowerment (Output 2), data and advocacy (Output 3), and humanitarian response (Output 4). The outcomes are well framed around key UNFPA priorities – family planning, maternal mortality, and gender-based violence – and supported by enabling conditions such as legal frameworks, leadership, and evidence-based planning. This indicates validity in the causal logic, showing how strengthened systems, empowered populations, and improved policy environments can accelerate progress towards the outcomes by 2026. However, the ToC lacks comprehensiveness in several aspects

that may compromise implementation. First, the interlinkages across outcomes are not sufficiently detailed – e.g., how data and advocacy (Output 3) concretely reinforce service delivery (Output 1) or how humanitarian response (Output 4) ensures continuity of SRHR services in crisis contexts. Second, risks are identified but not integrated into adaptive strategies within the pathways, leaving vulnerabilities to shocks (elections, conflict, climate) under-addressed. Third, gender-transformative elements remain generic, without explicit pathways for leadership quotas, social norm change metrics, or accountability mechanisms. These shortcomings may reduce the effectiveness of interventions, weaken ownership at community level, and create gaps between outputs achieved and the higher-level outcomes and impact articulated in the results framework.

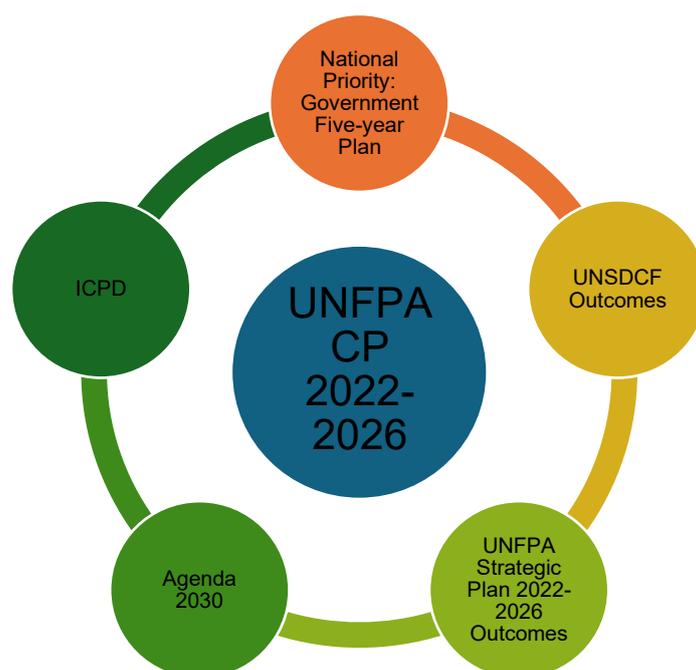
UNFPA has been working with the Government of Mozambique since 1979 towards enhancing sexual and reproductive health and reproductive rights, advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 10<sup>th</sup> country programme in Mozambique.

The 10<sup>th</sup> country programme (2022-2026) is **aligned** with Mozambique Five-Year Government Program (2020-2024), the National Development Strategy (2015-2035), the UNFPA Strategic Plan 2022-2025 and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations and academia.

The UNFPA Mozambique CO delivers its country programme through the following **modes of engagement**: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery.

The overall **goal/vision** of the UNFPA Mozambique 10<sup>th</sup> country programme (2022-2026) is that every girl, woman and youth enjoys full sexual and reproductive health and rights, gender equality and fully contributes to sustainable socio-economic development and peace. Specifically, by 2026, the programme will contribute to (a) reducing the maternal mortality ratio to 190 per 100,000 live births, averting 2,997 maternal deaths annually; (b) increasing the modern contraceptive prevalence rate among married women from 36.4 to 46 per cent, resulting in 464,105 additional users; and (c) reducing the proportion of ever-partnered women and girls aged 15 years and older subjected to physical or intimate partner sexual violence in the last 12 months, from 16 to 10 per cent, resulting in 430,000 fewer women subjected to violence annually.

The country programme contributes to national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes, as detailed in the programme's results framework (**Table 2**). Furthermore, it responds to SDGs 1. No Poverty, 3. Good Health and Well-being, 5. Gender Equality, 10. Reduced Inequalities, 13. Climate Action, 16. Peace, Justice, and Strong Institutions, 17. Partnerships for the Goals. The 30-year review (ICPD@30) in 2024 of the International Conference on Population and Development ([ICPD Programme of Action](#)) provides the new framework for UNFPA's strategic positioning in Mozambique. The country's [review report](#) of 2024 highlights that Mozambique has made notable strides in implementing the pillars of the African Agenda on Population and Development (AADPD), particularly in poverty reduction, health, migration management, and governance. While efforts to combat poverty, gender inequality, and child mortality have yielded progress, rural disparities, gender-based violence, and poor nutrition remain persistent challenges. In health, maternal and child mortality have declined, and access to modern contraception has improved, yet adolescent fertility, HIV, and malaria remain high, and comprehensive sexual education is still limited. Urbanization has increased internal migration, but basic services like electricity, sanitation, and water remain inadequate, especially in rural areas. Governance reforms have focused on enhancing statistical systems and data-driven planning, though gaps remain in transparency and accountability. Strengthening civil registration, data systems, peacebuilding, and youth participation is essential for sustaining progress across AADPD pillars.



The UNFPA Mozambique 10<sup>th</sup> country programme (2022-2026) has thematic areas of programming with four interconnected **outputs**: (i) quality of care and services; (ii) gender and social norms; (iii) population change and data; and (iv) humanitarian action. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, ‘many-to-many’ relationship with these outcomes.

A **summary** of the results achieved, based on the CP reports, brings forth the key areas covered, as well as the most salient results.

### ***Sexual and reproductive health and rights***

**Output 1:** *By 2026, strengthened **capacities** of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high-quality integrated sexual and reproductive health and rights, HIV and gender-based violence services to ensure universal health coverage*

The country programme planned to achieve this output by providing technical support to the Government and other stakeholders to position sexual and reproductive health and rights in the development agenda, including universal health care, and reinforce other national policies and programmes, and develop and implement service policy, planning and delivery guidelines, protocols and programmes, based on global standards. It would do so in coordination with relevant line ministries to improve access to people-centred integrated sexual and reproductive health and rights care and gender-based violence quality essential services that leave no one behind.

### **Overview of activities implemented and planned under this output**

Category	Implemented activities	Planned or ongoing activities
Human resource development	<ul style="list-style-type: none"> <li>Support the Government training institute focused on midwifery training and equip the humanistic laboratory</li> </ul>	<ul style="list-style-type: none"> <li>Continued national roll-out of MCH curriculum</li> <li>Expansion of midwifery</li> </ul>

	<p>with mannequins and anatomic models. Deploy Cuban doctors (tutors).</p> <p>Developed and implemented MCH nurse curriculum with WHO and Ministry of Health (approved by the National Professional Education Authority (ANEP))</p> <ul style="list-style-type: none"> <li>• 15 MCH nurses graduated in midwifery training course and deployed (2023)</li> </ul> <p>32 MCH nurses have been hired through the IRMAH and HIMNA projects to ensure the continuity of SRHR service provision</p> <ul style="list-style-type: none"> <li>• More than 250 health providers trained on family planning techniques training, social and verbal autopsy training and youth friendly SRHR service provision.</li> <li>• 250 community health activists trained on essential SRHR service provision and provide family planning outreach services in local community</li> <li>• More than 1,400 integrated SRHR mobile brigade service provided at the community and secondary schools</li> </ul>	<p>and SRHR-related training capacity</p> <ul style="list-style-type: none"> <li>• 19 MCH nurses students training based on competency ongoing</li> <li>• Potential replication of health financing model for MCH nurses</li> </ul>
<b>Emergency obstetric and neonatal care (EmONC)</b>	<ul style="list-style-type: none"> <li>• Established national EmONC network across 11 provinces which resulted in 327 HFs with 80% coverage within two hours of EmONC HFs</li> <li>• Delivered GIS training for national experts</li> <li>• More than 100 health providers trained on Basic and Comprehensive EmONC</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing EmONC monitoring and support</li> <li>• Continued use of GIS for service planning</li> <li>• Continued C/BEmONC training expansion</li> </ul>
<b>Obstetric response fistula</b>	<ul style="list-style-type: none"> <li>• Developed National Obstetric Fistula Strategy (2024–2034) and costed plan</li> <li>• Supported Mozambique’s participation in 2022 Intl. society Obstetric fistula surgeon Conference</li> <li>• Training of 41 medical doctors on OF treatment</li> <li>• Support the OF treatment training for surgeons and about 3,621 fistula patients benefited.</li> <li>• 41 hospitals have been equipped with fistula kits, medical equipment and consumables, within them two fistula referral centres in Quelimane and Mavalane hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• Roll-out of operational plan</li> <li>• Continued international collaboration</li> </ul>
<b>Health commodities and logistics</b>	<ul style="list-style-type: none"> <li>• UNFPA covers more than 50% of contraceptive needs for the country</li> <li>• National commodity survey (2022) with World Bank</li> <li>• e-LMIS support and training on Inventory and warehouse management;</li> <li>• nSIMAM training for its operationalization in 8 provinces and 115 districts and rollout in 76% of facilities by end-2024</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of nSIMAM national coverage</li> <li>• Ongoing system updates and training</li> </ul>
<b>Family planning and resource mobilisation</b>	<ul style="list-style-type: none"> <li>• Launched 2030 Family Planning commitments</li> <li>• Support the Multiyear contraceptive quantification and forecast including the Gap Analysis (2024–2030) identified USD 6M shortfall for 2025</li> <li>• Introduction of new methods, such as implants and Sayana Press</li> <li>• Community based FP service provision through CHW and Activists.</li> <li>• Integration of FP via various entry points of the HF. e.g. Dental Clinics, ARVT, etc. • Incorporation of FP in postpartum and post-abortion care.</li> <li>• Provision of SRH services including FP in secondary schools</li> <li>• Developed investment cases to end unmet need for family planning and preventable maternal deaths by 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• Partner engagement to fill financing gaps (USAID, World Bank)</li> <li>• Advocacy using investment cases</li> </ul>
<b>Infrastructure and service delivery</b>	<ul style="list-style-type: none"> <li>• A containerized operating theatre was installed at Dondo Health Centre (Sofala Province) and Metuge District (Cabo Delgado).</li> </ul>	<ul style="list-style-type: none"> <li>• Potential replication of Dondo model</li> </ul>

	<p>By the end of 2024, 108 C-sections had been performed at Dondo Health Centre and 240 C-sections in Metuge.</p> <ul style="list-style-type: none"> <li>• 4 ambulances donated to the four target districts in Sofala province for hospital referral services. More than 4,500 referrals made in remote areas to the health facilities.</li> <li>• 18 maternity kits (for C-section and delivery kits) distributed in 15 health facilities in Sofala province to provide the adequate health service.</li> </ul>	
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### **Gender-based violence and harmful practices**

**Output 2:** *By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full **sexual and reproductive rights** in a safe and enabling environment free from gender-based violence and harmful practices through **gender transformative, intersectional approaches***

The country programme focuses on gender-transformative and human rights-based policies and approaches to address harmful social norms, discrimination, and marginalization, particularly in preventing gender-based violence and harmful practices. It aims to empower youth and adolescents by expanding comprehensive sexual and reproductive health education, adapting the Geração Biz youth strategy, and promoting economic empowerment for marginalized groups. Targeted campaigns challenge stigma around HIV and family planning, while innovation and social media enhance youth engagement. Collaboration with youth-led organizations, religious, and traditional leaders fosters gender-equitable attitudes, and government stakeholders are supported in implementing and monitoring policies and services on adolescent sexual and reproductive health, gender-based violence, and harmful practices like child marriage.

### **Overview of activities implemented and planned under this output**

<b>Category</b>	<b>Implemented activities</b>	<b>Planned or ongoing activities</b>
<b>Adolescent &amp; youth SRHR strategy</b>	<ul style="list-style-type: none"> <li>• Revitalised the Programa Geração Biz National Strategy (2025–2035), a multisectoral framework for ASRH, in partnership with Sweden, Canada, UNESCO, UNICEF, UN Women and the Ministries of Youth and Sports, Health, Education and Culture, Labor, Gender and Social Action, Justice, Constitutional and Religious Affairs and the National AIDS Council</li> </ul>	Operationalisation and coordination of ASRH programmes under the strategy.
<b>Child marriage prevention</b>	<ul style="list-style-type: none"> <li>• Launched Phase III (2024–2030) of the Global Programme to End Child Marriage (with UNICEF) and expanded to Cabo Delgado in addition to Nampula and Zambézia.</li> <li>• Launched phase 2 of Rapariga Biz Programme (with UNICEF, UN Women, and UNESCO)</li> </ul>	Expansion of GPECM Phase III activities to Cabo Delgado, and continued implementation in Nampula, and Zambezia.
<b>Mentorship for adolescent girls and young women (AGYW)</b>	<ul style="list-style-type: none"> <li>• Reached 534,395 AGYW (ages 10–24) through programs like Rapariga Biz, My Choice, Spotlight Initiative, and Safeguard Young People (Gaza, Manica, Tete, Zambezia, Nampula, and Cabo Delgado)- aimed at providing essential knowledge and skills related to SRH, GBV, HIV-AIDS and gender equality</li> </ul>	Continued mentorship and SRHR education across targeted provinces.
<b>Mentorship for boys and young men</b>	<ul style="list-style-type: none"> <li>• Expanded peer-to-peer boys’ mentorship in 20 districts of Nampula and Zambézia under the Global Programme to End Child Marriage (GPECM) and Rapariga Biz Programme, reaching 153,767 boys and young men. 68,649 boys were reached through other programmes (SYP, FIA, KOICA, TZO and Catalonia)</li> </ul>	Scale-up of male mentorship promoting positive masculinities and SRHR. Development of a national male engagement strategy, including operational guide
<b>School enrolment of out-of-school girls</b>	<ul style="list-style-type: none"> <li>• Supported 6,957 girls and young women out-of-school to re-enrol and remain in school. This support</li> </ul>	Continued school reintegration support to out-of-school girls.

	also includes provision of school material and uniforms	
<b>Economic empowerment for girls and young women</b>	<ul style="list-style-type: none"> <li>Reached 3,416 girls and young women with economic empowerment interventions including financial literacy training and the provision of small-scale business start-up kits</li> </ul>	Continued economic empowerment interventions for girls and young women in targeted provinces.
<b>Comprehensive sexual education (CSE) in Schools</b>	<ul style="list-style-type: none"> <li>Trained 90 teachers and 511 cascade trainees; reached 30,050 children using game-based approach (My Decision, My Future program)</li> <li>Approval of the ESA Commitment on Health, Education and Well-being (2021-2030)</li> <li>In partnership with UNESCO, supported the design of the National Roadmap/Action Plan for the implementation of the ESA Commitment in Mozambique</li> </ul>	Further institutionalisation of CSE in schools through trained teachers.
<b>Condom programming and HIV prevention</b>	<ul style="list-style-type: none"> <li>Supported the AIDS National Council (CNCS) in developing the National Condom Strategy (2024–2027) and related M&amp;E tools</li> <li>550,000 young people were reached with condom information in both school and community settings</li> </ul>	Implementation of condom strategy and demand creation activities.
<b>Disability inclusion and legal reform</b>	<ul style="list-style-type: none"> <li>Supported the adoption of Law on Rights of Persons with Disabilities (April 2024) through nationwide consultations with key OPD and CSO stakeholders</li> <li>Supported the piloting of the Washington Group Questionnaire (WGQ) to test the tool in a Mozambican context and ascertain the prevalence of disability data in Mozambique</li> <li>Developed Standard Operating Procedures (SOPs) and an <i>Album Seriado</i> for inclusive service delivery of SRH and GBV services to persons with disabilities</li> <li>Launched two new joint UN programmes on disability; United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) (one with UNICEF and OHCHR, and the second one with UNDP and UN Women)</li> </ul>	Dissemination and implementation of the disability law at national and local levels.

### **Data and Policy**

**Output 3:** *By 2026, national policy-makers and other stakeholders are enabled to produce, analyse and use quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative.*

As per the programme rationale, high-quality disaggregated data and analysis will enhance national capacity for policy-making, planning and monitoring, and strengthen advocacy and stakeholder engagement in policy dialogues to position population dynamics as a core development issue. The tenth country programme aimed at supporting the production and dissemination of comprehensive statistical and geospatial data relevant to youth, climate change, gender equality, sexual and reproductive health and demographic dividend agendas, focused on left-behind populations through the national statistical system, including data analysis to inform national recovery plans. Evidence and research is generated on emerging issues such as the impact of COVID-19 on sexual and reproductive health, gender and demographic dynamics, and linkages between climate change and other megatrends. South-South and triangular cooperation is leveraged to promote best practices to modernize data systems, with emphasis on preparing an electronic geo-referenced 2027 census.

## Overview of activities implemented and planned under this output

Category	Implemented activities	Planned or ongoing activities
Census and data accessibility	<ul style="list-style-type: none"> <li>•2017 census conducted and data used for shaping policies and humanitarian response.</li> <li>•2024 data portal launched to enhance accessibility.</li> <li>•Developed the <a href="#">web-portal</a> for district level data from 2017 Population Census</li> </ul>	Preparations underway for the 2027 digital census, including INE study visits to Brazil for best practices.
Thematic and analytical studies	<ul style="list-style-type: none"> <li>•Fifteen thematic studies completed on topics including fertility, mortality, gender, disability, and youth.</li> </ul>	Continued production and dissemination of analytical studies to inform planning and policy.
Investment case for maternal health and family planning	<ul style="list-style-type: none"> <li>•Developed an investment case estimating USD 935.7 million needed to end preventable maternal deaths and unmet family planning needs by 2030.</li> </ul>	Advocacy and fundraising for investment implementation; integration into national health planning.
Geospatial tools and planning resources	<ul style="list-style-type: none"> <li>•Developed Demographic Atlases and District Statistics Compendium to support regional and district-level planning.</li> <li>•Developed a model to estimate district-level indicators using various geospatial covariates with DHS 2022-23 data.</li> </ul>	Further enhancement and dissemination of geospatial planning tools.
National surveys	<ul style="list-style-type: none"> <li>•Contributed to the 2022–2023 Demographic and Health Survey (DHS) and Household Budget Survey (IOF).</li> </ul>	Analysis and use of survey findings to guide health and economic policies.
Commitment to ICPD agenda	<ul style="list-style-type: none"> <li>•Submitted national progress report on population and development, reaffirming commitment to ICPD goals and AADPD+10+10</li> </ul>	Follow-up actions and alignment of programmes with ICPD and SDG targets.
Supporting national development policies	<ul style="list-style-type: none"> <li>•Supported the Ministry of Planning &amp; Development to include the population dynamics/demographic dividend agenda into the national development policies (e.g. ENDE 2025-2044 and PQG 2025-2029).</li> </ul>	Provide support to MPD on the development and implementation of the population policy at the national level.
Demographic dividend analysis	<ul style="list-style-type: none"> <li>•Conducted study highlighting investment needs in employment, health, and education to leverage demographic dividend.</li> </ul>	Development of related national strategies to harness youth potential.
Civil registration and vital statistics (CRVS)	<ul style="list-style-type: none"> <li>•Modernized civil registration systems and introduced digital platforms for birth and death registrations.</li> </ul>	Scaling of digital CRVS system and nationwide adoption.
Population Situational Analysis (PSA)	<ul style="list-style-type: none"> <li>•Develop population situation analysis of Mozambique based on demographic transition, education, environment and climate change risks</li> </ul>	Development of related national strategies to harness the country's potential based on its age structure
Pilot census to test the Washington Group Questionnaire (WGQ)	<ul style="list-style-type: none"> <li>•The current pilot aims to produce reliable data and evidence regarding the prevalence of disability in Mozambique.</li> </ul>	The data produced will serve to advocate for an improved and inclusive policy environment protecting the rights of persons with disability.
Strengthening data for humanitarian response	<ul style="list-style-type: none"> <li>•Led to develop the Common Operational Datasets - Population Statistics (COD-PS), for the development of the humanitarian response and resource plans.</li> <li>•Data for Durable Solution – working with IOM to strengthen the data for durable solutions in Mozambique.</li> </ul>	Continue to produce the COD-PS on an annual basis.

### Humanitarian action

**Output 4:** *By 2026, strengthened humanitarian capabilities of national actors and systems in the prevention, preparedness, timely, gender-transformative and responsive, life-saving responses and resilience building for populations vulnerable to shocks, building on the humanitarian-*

*development-peace continuum, and the women, peace and security, and the youth, peace and security agendas.*

For the programme, the resilience-building of key systems – including adolescents, youth and women's health and protection systems – is essential to reduce the impact of climate hazards on women and girls and those furthest left behind. UNFPA focuses on preparedness and system-strengthening to reduce vulnerabilities and build resilience to disasters; anticipating shocks and identifying increased vulnerabilities; and protecting development gains by ensuring availability and continuity of essential and life-saving, survivor-centred family planning, sexual and reproductive health and gender-based violence response services, including for vulnerable youth, persons living with HIV/AIDS, and persons with disabilities. UNFPA aimed at scaling up access beyond the implementation of the minimum initial service package for sexual and reproductive health and essential service package. It focuses on the needs of internally displaced persons, recognizing the adverse effects of insecurity on physical and mental health outcomes for women, adolescent girls and young people.

### Overview of activities implemented and planned under this output

Category	Implemented activities	Planned or ongoing activities
<b>Crisis response systems</b>	<ul style="list-style-type: none"> <li>Strengthened national systems for crisis prevention, preparedness, and response, focusing on women, youth, and vulnerable groups</li> <li>Support the UN inter-agency team in risk analysis, monitoring, and contingency planning, under UNFPA's leadership of GBV AoR and part of Humanitarian Country Team (HCT)</li> <li>Lead the GBV AoR national humanitarian coordination mechanism (sub-cluster) and SRH Technical Working Group</li> <li>Advocated with the national government and inter-agency to ensure that gaps related to the Minimum Initial Service Package (MISP) for SRH and GBV were addressed in the national contingency plan(s)</li> <li>Conducted vulnerability assessments, safety audits, rapid needs assessments, and MISP readiness assessments to inform humanitarian response planning, advocacy, and strategic decision-making in cyclone and conflict response.</li> <li>Built the capacity of key government and national partners on humanitarian response, including MISP implementation, simulation exercises for cyclones and floods, GBV case management, and related areas</li> </ul>	<p>Further capacity-building and institutionalisation of humanitarian response mechanisms.</p> <p>Strengthen multi-hazard disaster preparedness and integrate GBV and SRH response in climate-related emergencies.</p> <p>Enhancing national system, strengthening data-driven disaster risk reduction, planning, anticipatory action and early response.</p>
<b>SRH (in Humanitarian)</b>	<ul style="list-style-type: none"> <li>Provided life-saving RH kits, medical equipment, temporary clinics, and mobile/surgical units</li> <li>Deployed ambulance boats to improve emergency referrals</li> <li>Two mobile units mounted on trucks, one with maternity and the other with surgical block.</li> <li>Deployed an extreme weather-resilient, containerised operating theatre to strengthen access to emergency surgeries in the targeted districts.</li> <li>Deployed integrated mobile brigades to targeted districts affected by conflict and cyclones to provide essential SRH services, including family planning, antenatal and postnatal care, and HIV/STI prevention and treatment</li> <li>Support availability of 24/7 functional referral mechanism for pregnant women and newborns</li> </ul>	<p>Continued deployment of mobile clinics and scaling up referral and emergency care systems.</p>

	<p>experiencing complications, ensuring timely access to life-saving care.</p> <ul style="list-style-type: none"> <li>• Deployed MCH nurses to support the continuity of SRH and maternal health services in health facilities affected by cyclones and conflict</li> </ul>	
<b>GBV response and support (in Humanitarian)</b>	<ul style="list-style-type: none"> <li>• Implemented survivor-centred care and inclusive reporting mechanisms</li> <li>• Strengthened GBV referral pathways, especially for women with disabilities</li> <li>• Established new and operationalized existing Women and Girls' Safe Spaces (WGSS) in areas affected by attacks and cyclones</li> <li>• Conducted risk mitigation efforts, mainstreaming GBV prevention across sectors to identify and reduce vulnerabilities, including awareness raising and trainings</li> <li>• Provided mental health and GBV support to over 63,000 women and girl</li> <li>• Distributed dignity kits to women and girls, along with information on PESA, referral pathways, and related services</li> </ul>	<p>Sustain inclusive GBV services and expand disability-sensitive mechanisms nationally</p> <p>Expand reach and services of safe spaces in crisis-affected areas</p>
<b>Data for policy and response</b>	<ul style="list-style-type: none"> <li>• Enhanced use of data to guide humanitarian interventions and policymaking</li> <li>• Common Operational Data Set (CO DS) – Leads on data management for humanitarian response, analysing the number of people in need to inform strategic country-level humanitarian response planning and advocacy, including the annual Mozambique Humanitarian Response Plan (HRP)</li> </ul>	<p>Ongoing efforts to improve data systems for inclusive, evidence-based humanitarian action</p>

### ***Cross-cutting issues: gender***

According to the CPD analysis of 2025, the areas of Gender and Youth are implemented together – unlike in the previous cycle – with a greater emphasis on Humanitarian, Development and Peace (HDP) Nexus and inclusion of vulnerable populations (inter-sectional approach). The Leaving No One Behind (LNOB) focus is much stronger: targeting marginalized groups such as lesbian, gays, bisexual, transgender, queer (LGBTQ+), persons with disabilities, internal displaced persons (IDPs), sex workers, HIV-AIDS. There is also a broader UNFPA aim to leverage the demographic dividend (DD) through investments in youth and their active involvement in addressing societal challenges. In the current programme, the fight against harmful practices was introduced as a priority, as well as the emphasis on transforming social norms.

Table 6 – CP results

Achieved – % achievement ≥100%    Almost achieved – % achievement 50-99%    Running behind – % achievement <50%

OUTPUT	INDICATOR	Area	Baseline (2020)	2022 Target	2022 Achievement	% Achievement 2022	2023 Target	2023 Achievement	% Achievement 2023	2024 Target	2024 Achievement	% Achievement 2024
Output 1: By 2026, strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high quality integrated sexual and reproductive health and rights, HIV and gender-based-violence services to ensure universal health coverage.	Indicator 1.1: Percentage of health facilities with no stock-out of contraceptives at any given time	SRH	44%	45%	68%	151%	70%	68%	97%	51%	24%	47%
	Indicator 1.2: Percentage of institutional maternal deaths with causes reported and corrective action taken	SRH	50%	60%	89.6%	149%	75%	69%	92%	70%	78%	111%
	Indicator 1.3: Number of adolescent girls and young women (15 to 24 years old) who received quality gender-based violence-related services (health, justice, police, social action)	Youth and Gender	86,566	119,253	138,925	116%	140,000	148,298	106%	184,627	272,139	147%
	Indicator 1.4: Percentage of integrated assistance centres for gender-based violence, which provide quality gender-based violence services according to national protocols	Youth and Gender	77%	79%	90%	114%	81%	57%	70%	84%	86%	102%
	Indicator 1.5: Percentage of budget needed to purchase contraceptives met by the State budget	SRH	5%	6%	0%	0%	1%	1%	1%	1%	>100%	100%

OUTPUT	INDICATOR	Area	Baseline (2020)	2022 Target	2022 Achievement	% Achievement 2022	2023 Target	2023 Achievement	% Achievement 2023	2024 Target	2024 Achievement	% Achievement 2024
	Indicator 1.6: The country has a functional accreditation of midwife education and training institutions and their programmes are in line with the International Confederation of Midwifery	SRH	No	No	No	100%	No	No	100%	No	No	100%
Output 2: By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices, through gender-transformative and intersectional approaches.	Indicator 2.1: Percentage of adolescent girls and young women (15 to 24 years) with improved knowledge on sexual and reproductive health and rights and gender-based violence prevention and response services in selected key provinces	Youth and Gender	40%	50%	51%	102%	55%	66%	120%	70%	70%	100%
	Indicator 2.2: Couple years of protection	SRH	3,044,353	3,308,353	3,065,637	93%	3,500,000	4,965,197	142%	3,836,353	5,014,075	131%
	Indicator 2.3: Number of functional multisectoral and integrated sexual and reproductive health and rights and gender-based violence coordination and response mechanisms at the provincial level	Youth and Gender	2	3	7	233%	8	8	100%	5	5	100%

OUTPUT	INDICATOR	Area	Baseline (2020)	2022 Target	2022 Achievement	% Achievement 2022	2023 Target	2023 Achievement	% Achievement 2023	2024 Target	2024 Achievement	% Achievement 2024
	Indicator 2.4: Number of adolescent girls and boys and young women and men (15 to 24 years old) who have benefited from programmes within and out of schools promoting gender equality, HIV, sexual and reproductive health and rights, and transformative masculinities	Youth and Gender	699,066	809,204	509,363	63%	700,000	608,480	87%	1,029,600	1,418,590	138%
	Indicator 2.5: Number of local leaders and influential people contributing to gender social norms change and the exercising of sexual and reproductive health and rights and prevention of gender-based violence in communities	Youth and Gender	402	752	464	62%	638	977	153%	1,452	2,521	174%
Output 3: Data and policy. By 2026, national policy-makers, and other stakeholders are enabled to produce, analyse and use quality population data and research to design,	Indicator 3.1: Number of UNFPA-prioritized Sustainable Development Goal indicators with district-level data	P&D	2	2	2	100%	3	3	100%	4	4	100%
	Indicator 3.2: Monitoring and evaluation framework of the national adolescent and youth strategy established and implemented	Youth and Gender	No	No	No	100%	No	No	100%	Yes	Yes	100%

OUTPUT	INDICATOR	Area	Baseline (2020)	2022 Target	2022 Achievement	% Achievement 2022	2023 Target	2023 Achievement	% Achievement 2023	2024 Target	2024 Achievement	% Achievement 2024
implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative.	Indicator 3.3: Population situation analysis assessing the impact of mega-trends on ICPD implementation conducted	P&D	No	No	No	100%	Yes	Yes	100%	Yes	Yes	100%
Output 4: By 2026, strengthened humanitarian capabilities of national actors and systems in prevention, preparedness, timely, gender-sensitive and life-saving response, and resilience-building for populations vulnerable to shocks, building on the humanitarian-development-peace continuum; the women, peace and security agenda; and the youth, peace and	Indicator 4.1: Number of women, adolescents and youth benefited from life-saving sexual and reproductive health and gender-based violence interventions in humanitarian settings	Humanitarian	78,800	125,000	174,612	140%	250,000	683,118	273%	262,500	794,175	303%
	Indicator 4.2: Percentage of rapid needs assessments supported by UNFPA, including safety audits, of affected populations at the onset of the crises, with disaggregated information by vulnerable group (adolescents, pregnant women and girls, older persons, people with disabilities).	Humanitarian	41%	50%	42%	84%	60%	60%	100%	80%	80%	100%
	Indicator 4.3: Number of readiness assessments to provide minimum initial service package for sexual and reproductive health in crises conducted within the past 12 months	Humanitarian	0	0	0	100%	0	2	200%	3	1	33%

OUTPUT	INDICATOR	Area	Baseline (2020)	2022 Target	2022 Achievement	% Achievement 2022	2023 Target	2023 Achievement	% Achievement 2023	2024 Target	2024 Achievement	% Achievement 2024
security agenda.	Indicator 4.4: Integration of minimum initial service package for sexual and reproductive health and sexual violence in national and regional emergency preparedness and response plans and activities	Humanitarian	No	No	No	100%	Yes	Yes	100%	No	No	100%

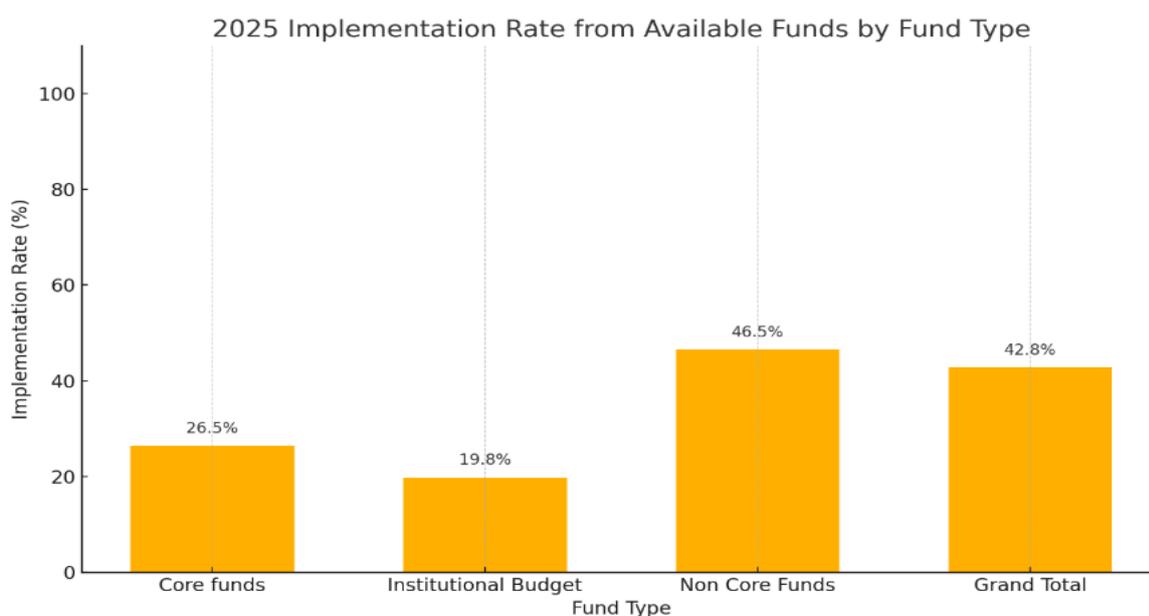
### 3.2.3 The financial structure of the UNFPA country programme

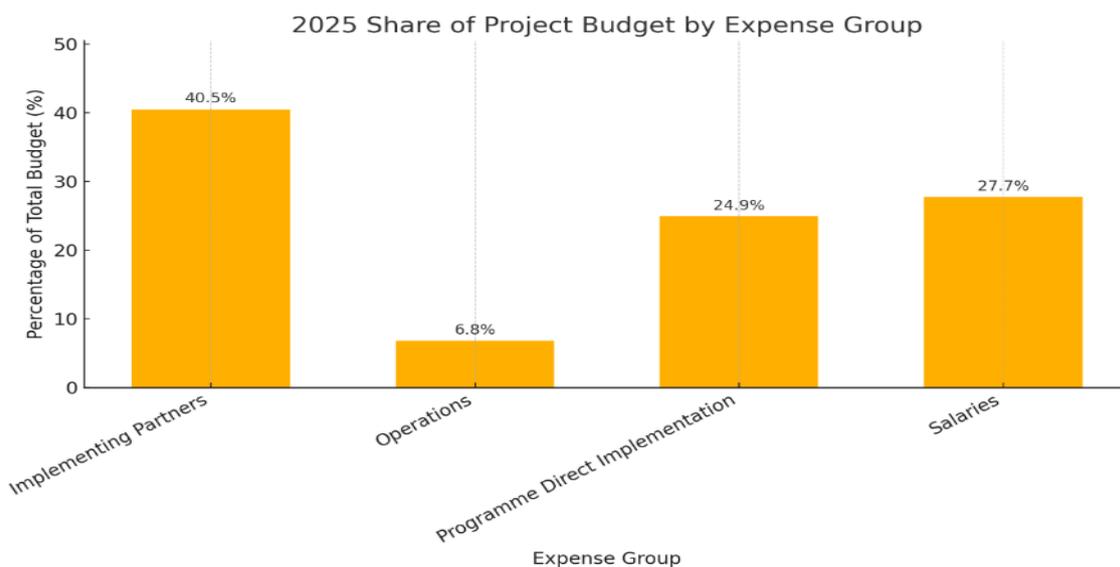
General indications on budget and utilisation of funding resources are provided on Table 7.

**Table 7 – Indicative Resources per Output (UDS million)**

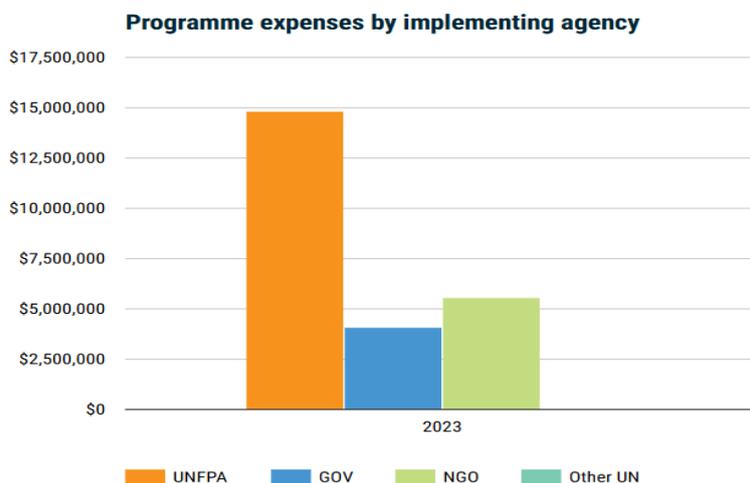
Output	Indicative Resources / CPD target (total)	Regular Resources	Other Resources
Output 1: Strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high-quality integrated SRHR, HIV and GBV services	41.0	5.0	36.0
Output 2: Women, adolescents, youth and the most marginalised populations are empowered to exercise their full SRHR in a safe and enabling environment	25.0	3.0	22.0
Output 3: National policymakers and stakeholders are enabled to produce, analyse and use quality population data and research	12.0	3.5	8.5
Output 4: Strengthened humanitarian capabilities of national actors and systems	12.0	3.5	8.5

Source: UNFPA Mozambique Country Programme (2022–2026).





Source: Country Office Financial Status 2022-2025



Source: [UNFPA Mozambique](#)

### ***Cross-cutting issues: Gender***

According to the 2025 CPD analysis, unlike for the previous programmes, youth is currently included in gender funding, and GBV is partially covered under SRH. Allocated resources are unclear (Core: 3 million, Other: 22 million) in terms of the amounts for each topic / area. This makes it hard to distinguish funds available for youth empowerment, gender and GBV specifically. Also, GBV service deliver is covered under two outputs.

## Chapter 4: Findings

### Section 4.1 Answer to evaluation question 1 – Relevance

Q1. To what extent is the country programme **adapted to** (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (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 the SDGs, the New Way of Working and the Grand Bargain?<sup>68</sup>

#### Indicators to verify or refute the assumptions from the Evaluation Matrix

1.1. UNFPA interventions were generally well-aligned with the needs of diverse populations, though coverage remained uneven and inclusion of all diversity dimensions was not systematic.

1.2. The country programme demonstrated strong alignment with national development strategies and policies, supporting government priorities across the health, gender, and humanitarian sectors.

1.3. The programme was fully consistent with UNFPA's strategic direction and objectives, particularly in advancing sexual and reproductive health, gender equality, and population data systems.

1.4. Activities were well-aligned with international frameworks, including the ICPD Programme of Action, the SDGs, the New Way of Working, and the Grand Bargain, contributing to global commitments on rights-based, inclusive, and coordinated development and humanitarian action.

The UNFPA country programme in Mozambique demonstrates a strong **focus on adolescent girls and young women**, particularly in high-risk districts in Nampula, Zambézia, and Cabo Delgado provinces. Tailored interventions for girls aged 15–24 are implemented through safe spaces offering life skills training, gender-based violence (GBV) prevention, literacy support, and savings groups. For instance, in Mocimboa da Praia and Marrupa, girls receive mentoring and vocational training in activities such as sewing, along with start-up kits that enable some of them to continue their education.

The programme also actively involves boys and men in gender-transformative approaches, promoting positive masculinities. This is done through the establishment of Boys' Clubs in secondary schools, mentorship for boys and young men, and male-led community dialogues. In districts like Beira and Buzi, for example, boys are trained to facilitate discussions on topics such as GBV and sexual and reproductive health and rights (SRHR), thereby encouraging male engagement in shifting harmful gender norms. UNFPA is supporting the elaboration of the National Male Engagement Strategy through its partners such as HOPEM.

UNFPA's support extends to internally displaced persons, natural disaster and conflict-affected populations, particularly in provinces impacted by armed violence and natural disasters. In areas such as Cabo Delgado, Nampula, Zambezia and Sofala, the programme provides mobile health clinics, distributes dignity kits, offers GBV case management services, and facilitates psychosocial support. Specific examples include the deployment of mobile surgical units and boat ambulances in Metuge and Ibo, districts of Cabo Delgado, to respond to the health needs of displaced women and children; also, in Mocimboa da Praia, where the mobile clinic serves as a fixed surgery room; and in Metuge, UNFPA supported the setting up of a surgery room and supports with consumables. The programme also focuses on an integrated humanitarian response in conflict-affected areas and in areas affected by natural disasters. In Cabo Delgado,

<sup>68</sup> For more information, see [Agenda for Humanity, Grand Bargain](#)

UNFPA has responded to displacement and insecurity through mobile clinics (including surgical units), dignity kits, safe spaces for women and girls, and support to health facilities – demonstrating alignment with the humanitarian-development nexus and the Inter-Agency Standing Committee (IASC) GBV cluster standards. UNFPA supports with data for the humanitarian response through leadership of the Common Operational Datasets (CODs); chairing the population sub-group of the inter-agency working group on data; and joint chairing the data pillar under durable solutions (with IOM) to provide district level estimates (disaggregated by age and sex) for planning and analysis of IDP data.

However, despite these achievements, there is limited explicit evidence in the programme document of activities that are tailored to the specific needs of persons with disabilities. While the programme is inclusive of women and youth more broadly, this indicates a potential gap in fully addressing diversity and intersectionality among vulnerable and marginalised groups.

The UNFPA country programme is fully aligned with Mozambique's **national strategies and policies** on sexual and reproductive health and rights (SRHR), maternal, neonatal, and adolescent health. UNFPA provides systematic support to family planning, maternal health, and adolescent health initiatives across various provinces, working in close collaboration with Provincial Health Directorates (DPS) and provincial health services (SPS), supplying medical equipment, training, mobile brigades, and contraceptives.

Notably, following the exit of USAID, UNFPA became the principal donor for contraceptives and now supports the national supply chain (CMAM) to ensure last-mile distribution of family planning commodities, which demonstrates flexibility and adaptability.

The programme also contributes directly to the implementation of national gender equality strategies and efforts to combat gender-based violence (GBV). Flagship initiatives such as Rapariga Biz, Spotlight, the Global Programme to End Child Marriage, and Tolerância Zero are explicitly aligned with national commitments to end child marriage and advance gender equality. These programmes include components such as community dialogues and the establishment of safe spaces, which are instrumental in shifting harmful social norms and enhancing protection and empowerment for women and girls. They also include promoting positive masculinities, which is a critical component in achieving gender equality.

In addition, UNFPA plays a critical role in strengthening national data and planning systems and provides both technical and financial support to the National Institute of Statistics (INE), aligned with the national statistical strategy (*Plano Estratégico do Sistema Estatístico Nacional 2020-2024*). Population census support by UNFPA includes planning the digital 2027 Census and enhanced data use of Census 2017 data through the production of fifteen thematic studies. UNFPA's support and leadership engagement culminated in the integration of population dynamics in key national strategies. The government approved National Strategy for Development (ENDE 2025-2044) and the Government of Mozambique's Quinquennial Plan (PQG 2025-2029) both have a Social and Demographic Transformation Pillar with reference to the demographic transition and/or demographic dividend. UNFPA supports training at the district level on the use of demographic indicators to inform planning, monitoring, and evidence-based decision-making through workshops conducted by UEM with a focus on indicator selection, weighting and prioritization for optimal data use. However, there is a limited understanding among partners of key technical terms such as the demographic transition and the demographic dividend.

The UNFPA country programme in Mozambique is closely aligned with the **strategic direction and objectives of the UNFPA Strategic Plan 2022–2025**. It contributes directly to the achievement of the three transformative results: ending the unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence (GBV) and harmful practices. These objectives are operationalised through a combination of contraceptive supply and demand-creation efforts, investments in medical equipment and health personnel training, and the

establishment of safe spaces that provide case management and legal referrals for GBV survivors. A clear illustration of this integrated approach is found in Cabo Delgado, where humanitarian programming simultaneously advances all three transformative results in a context of fragility and conflict.

Furthermore, the country programme reflects the operationalisation of the six outputs outlined in the UNFPA Strategic Plan. These include enhancing quality of care, strengthening the rights and agency of adolescents and youth, responding to humanitarian needs, promoting shifts in discriminatory social norms, and supporting data systems for development. The programming is strongly multi-sectoral and rights-based, with a clear focus on reaching those furthest behind, in line with the life-course and intersectionality principles embedded in the global strategy.

Nonetheless, the programme faces persistent challenges with respect to localisation and decentralised decision-making. This is particularly evident in Cabo Delgado, where limited decision-making autonomy at the provincial level and the absence of a dedicated emergency fund – despite the existence of projects – constrain the responsiveness to rapidly evolving needs. Field staff in, for instance, Cabo Delgado, have highlighted the need for greater flexibility and decentralised authority to ensure timely and context-specific responses in conflict-affected settings.

The country programme is also strongly **aligned with key international frameworks and global commitments**. It contributes directly to the implementation of the International Conference on Population and Development (ICPD) Programme of Action and several Sustainable Development Goals (SDGs), including SDG 3 on health, SDG 5 on gender equality, SDG 10 on reducing inequalities, and SDG 17 on partnerships. UNFPA's support to family planning, GBV prevention, and the development of demographic data systems demonstrates its commitment to these global goals.

UNFPA's work in Mozambique also reflects the principles of the New Way of Working, particularly the integration of the humanitarian-development-peace nexus. In Cabo Delgado, for example, the transition from emergency response to recovery is visible in the evolution of safe spaces, which now support not only GBV prevention but also life skills development and livelihoods for women and girls. This approach helps build resilience and bridges short-term humanitarian aid with longer-term development outcomes.

In line with the Grand Bargain commitments, UNFPA has engaged with local partners to deliver programming. However, the capacity of these partners remains uneven, and funding flows are often externally driven. Field observations point to high staff turnover and an urgent need for sustained training and institutional strengthening to enable local actors to effectively lead and sustain programme activities, particularly in humanitarian settings.

## Section 4.2 Answer to evaluation question 2 – Relevance

*Q2. To what extent has the country office been able to **respond to changes** in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crises or major political changes?*

### Indicators to verify or refute the assumptions from the Evaluation Matrix

2.1. The programme introduced multiple adjustments, including scaling interventions to underserved provinces, strengthening national statistical systems, and enhancing gender-based violence prevention, to better align with evolving national needs.

2.2. Several modifications were implemented in response to crises, such as reallocating resources for COVID-19 response, expanding humanitarian assistance in conflict-affected Cabo Delgado, and adapting interventions to address cyclone impacts.

UNFPA demonstrated strong humanitarian **responsiveness to emergencies** in crisis settings by establishing, for example, a dedicated office in Sofala following Cyclone Idai. This presence enabled a focused response to affected districts such as Beira, Buzi, Dondo, and Nhamatanda. The country office also acted swiftly following the attacks in Mecula and Cyclone Chido, mobilising resources to support operations in areas like Mecufi. These responses included the provision of maternal health kits (dignity kits), deployment of tents to replace damaged maternity infrastructure, and logistical support in refugee-hosting areas.

During times of **political and public health instability**, such as the COVID-19 pandemic and post-electoral unrest, UNFPA worked with implementing partners to adjust workplans and maintain programme relevance. Through inception workshops and joint strategy sessions, activities were reoriented to better fit the evolving context. However, some partners noted that while tactical flexibility was evident, structural adjustments such as bureaucratic procedures, or lengthy disbursement processes were less common, sometimes due to central office pressures.

In line with its Strategic Plan, UNFPA has **increased its presence and role** in humanitarian SRHR response. The implementation of the Minimum Initial Service Package (MISP), deployment of mobile maternity units, and clinical management of rape services are now standard features of its work in conflict-affected zones such as Cabo Delgado. These services address critical needs of displaced women and girls and represent a shift towards integrated humanitarian-development programming. UNFPA has played a critical role in bridging gaps where national systems could not operate effectively, particularly in remote and underserved areas. UNFPA has, for example, prioritised outreach to hard-to-reach communities through mobile brigades offering integrated services. These monthly campaigns combined maternal and reproductive health services with youth outreach and were typically preceded by community mobilisation led by local CBOs. In many cases, these mobile units were the only means of accessing SRHR services for remote populations, attending up to 100 clients in a single day. The country office also ensured continuity in the supply of contraceptives, supported the delivery of maternal health kits, and facilitated the deployment of mobile health units. In Nampula, for instance, these interventions were crucial in ensuring access to family planning and maternal health services in districts that are otherwise beyond the reach of government infrastructure. Faced with logistical bottlenecks, such as the delay in clearing Sayana Press (female contraceptive injection) at port, UNFPA responded by supporting the Ministry of Health in adjusting activities and accelerating resolution processes. This type of support helped maintain service continuity and mitigate risks of stockouts in peripheral health units, underscoring the Fund's agility in managing external shocks to supply systems.

UNFPA's support has significantly improved the functioning of multisectoral GBV **coordination platforms**. Previously infrequent and poorly coordinated, these mechanisms now meet regularly and involve a broader range of actors including health, police, justice, and social sectors. In provinces such as Zambézia, stakeholders noted marked improvements in the identification, referral, and follow-up of GBV cases since 2022. An important development in these platforms has been the inclusion of CSOs and community leaders in the mechanism- which has considerably improved the referral of cases and coordination in the GBV response.

UNFPA **responded to national priorities** by enhancing, for instance, the capacity of demographic data systems. This includes support to the National Institute of Statistics for the 2027 digital census preparation and a technical exchange visit of the INE team to Brazil. UNFPA also supported the Ministry of Justice and INE in data analysis of electronic civil registration and vital statistics system data (eCRVS), dissemination of vital statistics, and improvements in the eCRVS system including integrating the marriage and divorce modules and facilitating training of notaries and registry officials at provincial and district levels. Although the 10<sup>th</sup> CPD did not foresee the

implementation of the Demographic and Health Survey (DHS), UNFPA successfully supported INE in completing two nationally representative household surveys: the 2022–2023 DHS and the 2022 Household Budget Survey (IOF). The last Mozambique DHS was in 2011 which is double the recommended 5-year gap between surveys for indicator monitoring. However, some challenges were noted in sub-national (district) dissemination of results due to logistical constraints to reach all 160 districts. Brochures of DHS results had not been distributed to districts during the CPE in one of the visited provinces, which shows the challenge of disseminating policy products to the local levels.

UNFPA supported MEF in the commissioning of a demographic dividend study using a National Transfer Accounts (NTA) approach to estimate the magnitude and timing of Mozambique's demographic dividend. The study was conducted by the University of Cape Town. However, results of the study were not sufficiently comprehended by the MEF planning and development staff due to language barriers and the highly academic nature of the study. The development of an investment case for maternal health and family planning also responds to the changing global aid landscape.

In response to diverse local contexts, UNFPA **developed targeted approaches** to reach specific groups. In Zambézia and Nampula, for example, youth mentoring programmes and Cantinhos Escolares were tailored to out-of-school adolescents, while male engagement activities promoted gender equality and responsible fatherhood. These locally adapted strategies enhanced programme acceptability and effectiveness, especially in GBV prevention and youth empowerment.

Despite this general adaptability, some **challenges** remain in aligning UNFPA's support fully with local priorities. Stakeholders indicated that at times, pressure from the central office or alignment with global priorities created tensions with national realities. For example, the prolonged delay in clearing Sayana Press (female injection) by the government, that often sees it as an international priority more than a national one, reflected how centralised programming decisions can occasionally hinder timely responsiveness, requiring negotiation and advocacy at multiple levels. Another challenge mentioned is that UNFPA sometimes establishes national-wide targets with very limited budgets, which compromises implementation. Accounts of delays in the distribution of dignity kits at an emergency accommodation centre in Buzi, for example, also reflect challenges in timely responsiveness due to UNFPA's centralised decision making.

## Section 4.3 Answer to evaluation question 3 – Relevance

*Q3. To what extent has UNFPA ensured that the varied needs of **vulnerable and marginalized populations**, including adolescents and youth, those with disabilities and population living in hard-to-reach areas, LGBTQ+, sex workers, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?*

### **Indicators to verify or refute the assumptions from the Evaluation Matrix**

**3.1.** Programme planning explicitly referenced the needs of vulnerable and marginalised groups, particularly women, adolescents, people with disabilities, and populations in humanitarian and conflict-affected areas.

**3.2.** While interventions reached a substantial share of vulnerable and marginalised populations, coverage remained uneven across provinces and not fully inclusive of all diversity dimensions.

The programme has, for example, enhanced **service delivery in remote and underserved areas**. UNFPA's mobile health brigades have significantly extended access to SRHR and maternal health services in hard-to-reach communities. Operating monthly in 17 isolated communities previously underserved by MoH brigades, these mobile units provide integrated services – including family

planning, antenatal care, HIV testing, and immunisations – often in settings with no nearby health facility. UNFPA also financed the placement of nurses in remote adolescent and youth health units (SAAJs) and maternal-child health (MCH) services, helping bridge critical human resource gaps. This model reflects the Strategic Plan’s emphasis on reaching those furthest behind. In response to recurring climate and conflict shocks, UNFPA’s dignity kits and community mentoring support have been instrumental in safeguarding the dignity and health of adolescent girls and women in such situations. These interventions have not only provided emergency relief but also helped reduce the incidence of GBV in resettlement and host communities, as reported by local authorities. On the other hand, while UNFPA’s long-term presence in Zambézia and Nampula has deepened its impact in those provinces, stakeholders have called for a broader geographic distribution of support. Populations in similarly vulnerable but less-covered regions continue to face unmet needs, particularly those living in inaccessible or insecure areas.

The programme has a **strong focus on adolescents and youth**, who are consistently prioritised across interventions, aligned with their demographic significance in Mozambique. UNFPA’s programming includes mentoring initiatives through Rapariga Biz, mobile outreach in schools, life skills education, and support to SAAJs. Mentors are often selected from among the most vulnerable subgroups – such as orphans, displaced youth, and those with disabilities – ensuring peer-led support reaches those most at risk. This approach not only meets the needs of school-going youth but also reaches out-of-school adolescents and those living in difficult conditions. Also, despite not planned for the 10<sup>th</sup> CPD, the programme provided a targeted response to **displaced and crisis-affected populations**, providing district level estimates (disaggregated by age and sex) for the humanitarian response through the Common Operational Datasets (CODs). UNFPA has responded to emergencies – including cyclones, droughts, and conflict – by distributing dignity kits and providing SRHR services to adolescent girls and women of reproductive age in resettlement areas such as Guara-Guara in Buzi. The placement of mobile maternity services and post-violence care mechanisms has addressed the acute needs of women and girls living in precarious conditions. Through its partnerships with community-based organisations and government institutions (e.g., DPGCAS), UNFPA has helped operationalise inclusive community dialogues, door-to-door sensitisation campaigns, and mentoring networks. These have improved local awareness on SRHR, GBV, and adolescent health, while also strengthening community-level referral systems. The inclusion of para-legals and the use of the Linha Verde toll-free hotline have further improved GBV case identification and response. In collaboration with organisations such as REPSSI, UNFPA supports **psychosocial services** for women and children traumatised by conflict or abandonment. These services – delivered through a community-based model – are especially important for children of single mothers and those in displacement settings, reinforcing UNFPA’s commitment to holistic, rights-based care.

Initial steps have been taken toward inclusion of **persons with disabilities**, like training of health providers in sign language in southern Mozambique, the development of the *album seriado* – disability inclusive communication tools for service providers – the development of disability inclusive SOPs for service providers, and engaged discussions around inclusive service delivery or the pilot census of the Washington Group Questions (WGQ) on disability to test the inclusion of disability questions in the 2027 Population Census. However, the inclusion of persons with disabilities remains limited in scale and consistency. Field reports highlight the need for additional training of activists and school-based facilitators to effectively communicate with and support individuals with disabilities. On the other hand, despite broad commitments to inclusion in the UNFPA Strategic Plan (2022–2025), there is limited evidence of targeted interventions for LGBTQ+ individuals or sex workers in the current country programme. These groups remain underrepresented in both planning and implementation.

## Section 4.4 Answer to evaluation question 4 – Coherence

Q4. To what extent has UNFPA coherently leveraged **strategic partnerships** with national, local and grassroots organizations (e.g. women’s rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?

### Indicators to verify or refute the assumptions from the Evaluation Matrix

- 4.1. Partnerships were generally strong and strategic, engaging government institutions, civil society, and international actors to advance SRHR, gender equality, and humanitarian response.
- 4.2. A significant proportion of partnerships focused on SRHR and gender equality, reflecting UNFPA’s strategic priorities in Mozambique.
- 4.3. Thematic areas (SRHR, Gender, Adolescents & Youth, and Population & Development) were largely coherent and mutually reinforcing, though integration varied across interventions.
- 4.4. UNFPA interventions were well-coordinated with initiatives by other UN agencies, INGOs, and development partners, contributing to complementary and synergistic action in key sectors.

UNFPA Mozambique has effectively engaged with government counterparts – particularly the Ministry of Health, Ministry of Gender, Children and Social Action, and CMAM – to integrate SRHR and gender priorities into national strategies and service delivery. These partnerships provide legitimacy, sustainability, and scale. Additionally, engagement with the Ministries of Youth and Sports, Education and Culture, Justice, Constitutional and Religious Affairs, Labor, Gender and Social Action and the National AIDS Council through the PGB and CIADAJ multisector groups has improved the enabling environment for the provision of information and services to adolescents and youth.

The programme has a strategic focus on **local presence and capacity strengthening**. UNFPA’s partnership model prioritises working with organisations that are physically present and embedded in local communities. This localisation strategy has improved the sustainability and contextual relevance of interventions. For instance, technical support to Fundação para o Desenvolvimento da Comunidade (FDC) at provincial level was noted as contributing to its stronger community footprint and delivery capacity. This approach aligns with the Strategic Plan’s emphasis on empowering local actors as essential to resilient health and gender systems. There is also promising collaboration with academia and technical agencies. UNFPA’s engagement with Eduardo Mondlane University (UEM) in population thematic research represents a promising, although still limited (in geographic and program scope), avenue for evidence-based programming and capacity development. One main challenge being striking a balance between UNFPA priorities and partner priorities. Similarly, partnerships with PSI and other NGOs at central and provincial levels – such as in the self-injection scale-up initiative – have strengthened links between policy, service delivery, and demand generation, especially when these partners work across multiple levels of the system. In Cabo Delgado, for example, UNFPA worked with relevant local organisations, such as GCR, MULEIDE or WiWANANA, to establish women and girls’ friendly spaces, where volunteers teach them abilities such as starting small businesses, dressmaking courses, or literacy. These partnerships demonstrate alignment with UNFPA’s mandate to ‘leave no one behind.’

The partnership with REPSSI stands out as a good example of **thematic complementarity**, as the organisation provides specialised psychosocial support services that fill a critical gap in GBV programming. REPSSI works within the multisectoral coordination mechanism alongside MISAU, DPGCAS, and district focal points, enabling a more holistic response to trauma and violence survivors, particularly among IDPs and children without paternal support. The *Centro de Atendimento Integrado* (CAI), coordinated by DPGCAS and supported by UNFPA and partners

such as UNICEF, ASSOACO, FDC, and Nafeza, offers an integrated response to GBV across the health, justice, and social sectors. UNFPA contributed through training (e.g., one-day workshops in three districts in 2024), ensuring that CAI staff are prepared to work within an interlinked referral system. This model illustrates effective thematic and institutional coherence. Another example, CAM, a longstanding UNFPA partner, has successfully mobilised boys and young men as peer activists through school-based *Clube dos Rapazes*. By starting engagement in the 8<sup>th</sup> grade, the model enables continuity and behavioural change throughout adolescence. This demonstrates strategic use of grassroots partners to foster long-term impact in gender norm transformation and SRHR awareness. In the area of work P&D, UNFPA has been able along the years of the CPD to integrate more relevant implementing partners in joint work, such as the UEM, Ministry of Justice, INGD, University of Cape Town or the International Institute for Applied Systems Analysis (IIASA).

Despite the positive impact of many partnerships and the fact that UNFPA holds an Annual Review and Planning Meeting and a Mid-Year Review and Planning Meeting every year with all IPs together in Maputo, Beira, Nampula, and Pemba, several IPs raised concerns about the lack of coordination, joint planning, and clarity in the **partner selection process**. According to some perceived ideas, the selection process lacks a systematic mapping of implementing partners and their comparative advantages, and decisions by UNFPA seen as sometimes communicated after the fact. To them, this reduces opportunities for synergies, knowledge exchange, and shared ownership at local level. While the design of health committees as referral structures is sound, many of these structures are either non-operational or absent. As a result, linkages between community activism and formal health systems are not fully realised. This undermines the coherence of interventions across SRHR and gender domains and weakens opportunities for community feedback loops. In some contexts, notably in Zambézia under the Rapariga Biz programme, government institutions like the DPE reported being excluded from planning and monitoring processes, despite being informed about the activities. Key stakeholders of the Programme Geração Biz met several times during the evaluation processes for planning and review purposes. DPE at provincial level and DPJD at district level were often part of the discussions, despite the different methodologies for engagement of the different UN agencies. Although they were informed of activities, they were not meaningfully involved, which limits institutional ownership and the sustainability of interventions. UNFPA's engagement in the *Programa Geração Biz* with UNICEF, UNESCO, and UN Women offers an example of joint programming aimed at adolescents and youth. However, the agencies involved in these joint programmes / workplans are often said to operate in silos, each using their own tools, manuals, and indicators, and often working with separate community structures. This leads to fragmentation and missed opportunities for greater coherence and impact. Efforts to harmonise activities across schools, health units, and community spaces are ongoing but not yet fully operationalised. **Joint problem-solving** was considered a good strategy. For example, the transition from Good Neighbour to CUAMM as an implementing partner in 2023 initially encountered difficulties, including project delays and weak communication. A 2024 joint meeting between UNFPA, CUAMM, and DPS led to management changes and improved implementation. This case illustrates the importance of shared accountability mechanisms and responsiveness to coordination challenges, especially where performance and coherence were initially lacking.

## Section 4.5 Answer to evaluation question 5 – Coherence

Q5. To what extent has UNFPA's *leadership of the GBV sub-cluster* contributed to effective and timely delivery of services?

Indicators to verify or refute the assumptions from the Evaluation Matrix
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**5.1.** The majority of GBV interventions were delivered within established response timeframes and adhered to agreed quality standards, contributing to improved survivor protection and support.

**5.2.** Most partners acknowledged UNFPA's strong leadership and coordination role in the GBV sub-cluster, recognising its technical expertise and advocacy in strengthening the national GBV response.

UNFPA leads the GBV sub-cluster under the broader Protection Cluster coordinated by UNHCR and participates actively in the humanitarian coordination mechanisms with OCHA. UNFPA ensured the involvement of a national partners in co-chairing the coordination, with the GBV Sub-Cluster co-chaired by the national NGO Fundação Ariel. The GBV Area of Responsibility / Sub-Cluster in Cabo Delgado coordinates partners' efforts on GBV prevention and response in Mozambique.

Its **leadership is recognised by partners**, including UNDP and the wider UNCT, who value its convening role in both emergency and development contexts. For instance, its role in the Human Development Pillar under the UN Cooperation Framework (2022–2024) was seen as instrumental in securing high-level government engagement on GBV and gender issues. Beyond GBV-specific interventions, UNFPA has led efforts to integrate gender considerations into other UN and government programmes. It has also chaired the UNCT M&E and data working groups, enhancing the quality and alignment of data across agencies and contributing to INE's national statistics plan. This technical leadership has reinforced the GBV sub-cluster's capacity for evidence-informed programming. In some instances, ministries such as MISAU have encouraged UN agencies to harmonise their messaging through UNFPA before engaging with government counterparts, reflecting a degree of institutional trust in UNFPA's convening authority. This has helped ensure consistent advocacy and technical support for gender and GBV programming.

Functional **provincial coordination platforms** have also been facilitated by UNFPA. At the provincial level, especially in Cabo Delgado, UNFPA has supported the establishment of a GBV coordination group composed of all partners involved in GBV prevention. This includes technical training of members and operational facilitation (e.g., information sharing via a WhatsApp group). These platforms have enabled quicker information flow and more coherent action planning at local level. UNFPA's role in enabling field assessments – such as those conducted in Nicula, Cabo Delgado by its IP GCR – has contributed to understanding GBV risks and service needs in areas affected by violence. This operational engagement enhances the evidence base and helps adapt services in fragile contexts, reinforcing UNFPA's leadership beyond administrative coordination.

There are several references to the **positive impact of UNFPA's support on GBV case visibility and referral**. UNFPA-supported training and multisectoral platforms have improved GBV case identification and follow-up at district level. For example, integrated committees involving police, justice, and health now report GBV cases more systematically. Reported increases in GBV cases are attributed not to increased incidence but to better awareness, service access, and survivor trust in the system.

Some **challenges** within this leading role have, however, been pointed out. For example, from January to June 2025, the GBV sub-cluster in Cabo Delgado faced a coordination vacuum due to high staff turnover at UNFPA. This affected continuity in a province where a large part of the country's humanitarian needs are and led to fragmentation among GBV actors. It also coincided with a surge in conflict and increased GBV risks, compounding the gap in protection and response. Reduced donor funding for GBV response in Cabo Delgado has further contributed to a limited scale of interventions. Despite this, UNFPA's leadership has helped keep GBV issues on the agenda through community dialogue, training, and psychosocial support, such as through the integration of gender in humanitarian response and support to safe spaces. To address the coordination void, UNFPA maintained communication through the GBV WhatsApp group and continued updating the 5W reporting mechanism. It also launched a process to bring in the

Provincial Directorate for Gender, Children and Social Action (DPGCAS) as a future co-coordinator, demonstrating responsiveness and commitment to sustainable coordination mechanisms.

## Section 4.6 Answer to evaluation question 6 – Effectiveness

*Q6. To what extent have the interventions supported by UNFPA **delivered outputs** and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access to 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 of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes (v) gender-transformative humanitarian response and resilience building for populations vulnerable to shocks.*

### Indicators to verify or refute the assumptions from the Evaluation Matrix

**6.1.1.** The programme achieved a notable increase in the proportion of beneficiaries, across age and sex groups, accessing integrated SRH services, particularly in underserved and humanitarian settings.

**6.1.2.** A growing share of adolescents and youth beneficiaries reported being able to access SRH services and exercise their sexual and reproductive rights without discrimination, although disparities persisted by location and group.

**6.1.3.** The proportion of women and girls participating in household decision-making on health, education, and income improved in programme areas, reflecting gains in gender equality.

**6.1.4.** There was an increase in national development plans and sectoral policies explicitly using population data disaggregated by sex, age, and geographic location, enhancing evidence-based planning.

**Key achievements** under the 10<sup>th</sup> Country Programme of UNFPA in Mozambique (see **Table 6**) so far include significant policy advancements, youth engagement, and innovation in service delivery and inclusion. Notably, the adoption of the Law on the Promotion and Protection of the Rights of Persons with Disabilities marks a major milestone for disability rights in the country and the integration of population dynamics in the government approved National Strategy for Development (ENDE 2025-2044) and Government Quinquennial Plan (PQG 2025-2029). UNFPA has also contributed to innovative interventions such as SMS Biz, hackathons on disability, community mentorship (CM) and community counselling (CC) models, Infoviolência, and the digitalisation of the Ficha Única, enhancing access to information and services. The increased participation of youth in policy-level discussions and the approval of the ESA Commitment on Health, Education and Well-being (2021–2030) reflect a strengthened enabling environment for young people. On the ground, large numbers of youth have been reached through mentorship programmes, and significant populations have accessed GBV integrated services. Looking ahead, key initiatives in the pipeline include an enhanced mentorship approach tailored to humanitarian settings, boys' engagement, and HIV/AIDS prevention, as well as the production of prevalence data on disability, the approval of the third National Plan for the Area of Disability (PNAD III) and corresponding action plan, and the finalisation of a national male engagement strategy. Additionally, efforts are underway to operationalise a framework for engaging community leaders, advance knowledge production, and roll out new tools for disability inclusion, such as the Album Seriado and Standard Operating Procedures (SOPs) for accessible and inclusive service delivery of SRH and GBV services.

*(i) increased access to and use of integrated sexual and reproductive health services by youth*

UNFPA has made notable strides in **expanding access to sexual and reproductive health and rights (SRHR) services**, particularly for adolescents and youth, while also advancing gender equality and contributing to national systems strengthening. Despite persistent challenges in coverage and health system capacity, programme effectiveness has been most visible in community outreach, youth engagement, policy influence, and maternal health outcomes. One of the most successful interventions has been the Rapariga Biz programme, which has reached over 500,000 adolescent girls across Mozambique since 2022. The programme employs peer mentorship and community-based engagement strategies to empower girls with life skills, increase their access to SRHR information and services, and reduce early pregnancy and school dropout. In 2024 alone, over 272,000 girls were reached, surpassing the annual target by nearly 50%. This scale-up was achieved through collaboration with civil society and local government, and the deployment of trained mentors who often work in extremely remote settings with limited resources. As noted in Nampula and Zambézia, some mentors even operate without transportation, which limits their geographic reach but not their community impact. UNFPA-supported mobile brigades, particularly in Sofala, Zambézia, and Nampula have been instrumental in bringing integrated SRHR services to hard-to-reach communities. Implemented with partners like CUAMM and in coordination with provincial health authorities (DPS), these brigades deliver services such as family planning, antenatal care, vaccinations, HIV testing, and referrals. In some cases, mobile teams also reach secondary schools and markets, tailoring SRHR outreach to the realities of local populations. According to CUAMM, these brigades are complemented by community dialogues with traditional leaders and mentorship networks where adolescent girls (referred to as *afilhadas*) are supported by older peers in understanding their SRHR rights and accessing services. The programme has also achieved gains in institutional childbirth and maternal survival. UNFPA supported the training of midwives, provision of delivery kits, and installation of maternal health equipment, leading to an increase in institutional deliveries and a reported reduction in maternal mortality in target districts. For instance, in Dondo, Sofala, an operating block was installed, eliminating the need to transfer obstetric emergencies to Beira, which had previously resulted in delays and maternal deaths.

UNFPA has significantly **expanded access to sexual and reproductive health services for adolescents and youth** by supporting SAAJs, school-based programmes, and mobile health brigades. In several districts, youth are now attending SAAJs daily to access contraception, STI and HIV testing, counselling, and mental health services. Facilities in Nicoadala, for instance, reported receiving around 30 adolescents daily, including youth from neighbouring districts, seeking SRHR services. The proactive demand for long-acting methods such as IUDs and implants – by both adolescent girls and their mothers – illustrates a growing confidence in service utilisation. In parallel, UNFPA-supported mobile brigades have brought integrated services (e.g. family planning, vaccinations, SRHR education) directly into hard-to-reach communities and schools, bridging access gaps in areas with no nearby health facilities.

UNFPA-supported mentorship and activism initiatives, including Rapariga Biz, Boys' Clubs, and school outreach, have fostered some **behavioural and normative changes**. Teachers and community leaders in multiple districts cited a notable decline in adolescent pregnancies – for example, one school recorded a drop from eight teenage pregnancies in 2018 to just one in 2024. Mentors and activists work directly with vulnerable youth, delivering SRHR information and accompanying girls to health centres. Through the Right to Play (RTP) referral mechanism, nearly 3,000 girls were referred to health services for early marriage or GBV cases. Moreover, UNFPA-supported advocacy contributed to the reversal of the legal restriction that prevented pregnant girls from attending day school. The shift in community and family attitudes, with parents now

supporting daughters' use of contraception and continuation of schooling, demonstrates deeper structural empowerment.

UNFPA has generally delivered substantial and visible **material contributions** – commodities, infrastructure, data products, or humanitarian supplies. Contributions were stronger where UNFPA worked through government partners of the health, planning, or gender sectors, and targeted technical assistance (e.g., commodity procurement, data production). Connected results are an increased contraceptive prevalence rate (from 11% in 2011 to 25% in 2023, according to the DHS); wide availability of services across health facilities or secondary schools, increasingly integrated with maternal and child health services such as post-abortion care, and HIV programmes. The introduction of subcutaneous contraceptive self-injection has expanded access in remote areas while strengthening women's autonomy. In addition, task shifting and community-based distribution have enabled community health workers to deliver short-acting methods, such as pills and injectables, closer to where people live. Prior to USAID's withdrawal, UNFPA covered 50% of national requirements for contraceptives and it is now the sole organisation coordinating and supporting the procurement of all contraceptives. Thanks to strong advocacy efforts, the Ministry of Health has committed USD 3.7 million from the state budget for 2025/26 contraceptive procurement, using UNFPA as a third-party procurer (TPP).

At the **policy** level, UNFPA's efforts have contributed to more sustainable SRHR financing. Notably, family planning was included in the national budget, with a 1% allocation in 2023 and 2% in 2024, translating into a government contribution of approximately USD 300,000. These achievements reflect the result of sustained advocacy and technical assistance from UNFPA and its development partners. Health system strengthening has also been supported through the development and rollout of logistics and supply chain systems. UNFPA helped establish SIGLUS and CMAM, digital platforms for managing medicines and contraceptive stocks. These are now being used in all provinces. However, training gaps and unreliable internet access continue to hinder real-time monitoring. Despite this, field feedback suggests that stockouts of contraceptives have become rare in some districts, thanks in part to improved logistics and mobile service delivery. UNFPA also supported national strategy development, notably the 2023 national condom strategy, and reportedly reached over 16 million youth with SRHR messaging, including condom use awareness. Efforts to normalise contraception use – especially among young people – have reportedly reduced stigma and increased service uptake. Activists in various communities observed that women and girls now approach services more confidently, and that young men are increasingly using SAAJ facilities, indicating growing male engagement in SRHR.

Adolescents and youth have gained increasing **access to SRHR services** through SAAJs. In Zambézia, 16 nurses were deployed to strengthen adolescent services in health facilities, although only three of the 24 facilities in that province had functional SAAJs, revealing the limitations in infrastructure and coverage. Nonetheless, in communities with operational SAAJs, such as Meconta and Nacala in Nampula or Mocuba in Zambézia, feedback suggests an increase in demand and a shift in attitudes among youth, particularly boys, toward SRHR services. Boys Clubs, implemented by CAM in secondary and basic schools, have played a role in changing male attitudes toward gender equality and SRHR, using peer activists from as early as the 8<sup>th</sup> grade to ensure continuity and social impact.

On the gender equality front, UNFPA supported the establishment of Integrated Assistance Centres (CAI) to respond to gender-based violence (GBV) and sexual violence. These centres offer multi-sectoral services, including health care, legal assistance, and psychosocial support, by bringing together professionals from the justice, police, health, and social sectors. Stakeholders widely viewed the CAIs as a critical advancement in service integration and survivor support.

However, not all initiatives achieved their intended scale or outcomes. For instance, the fistula project suffered significant **setbacks**. Three reference centres were planned, in Nampula,

Quelimane and Maputo, but only the Maputo and Quelimane centres were rehabilitated and equipped. Mavalane Centre is not yet operational to receive fistula patients and the room equipped for fistula surgeries is being used for other gynaecological pathologies. According to local authorities and stakeholders, equipment remains underutilised, and beneficiary numbers are unclear. The lack of staff to receive high-level monitoring visits (e.g., from Canada) raised concerns about coordination and visibility. Similarly, although pharmacy and medicine management trainings were implemented in four focus districts, limited resources and staff shortages in non-target areas undermined broader scale-up.

### *(ii) women and girls' empowerment and advancement of gender equality*

In partnership with organisations such as REPSSI, Coalizão, ASCHA, and Hopem, UNFPA has helped establish **safe spaces and integrated support centres (CAIs)**, especially in provinces like Gaza, Nampula, Zambézia and Cabo Delgado. These spaces offer psychosocial services for adolescent GBV survivors, foster empowerment, and reduce stigma. REPSSI's involvement has ensured the presence of psychologists addressing trauma and supporting recovery. Beyond health, empowerment efforts also include economic resilience initiatives, such as group business kits and Rotating Savings and Credit (PCR) models that give girls greater autonomy and decision-making power. In total, ASCHA reached over 150,000 adolescents in four provinces, while Coalizão, a long-standing UNFPA partner, implemented youth empowerment projects across 27 districts, backed largely by UNFPA support (70% of its funding). Together, these efforts contribute to adolescents and youth claiming their rights and gaining control over their reproductive futures.

According to several stakeholders consulted, UNFPA-supported initiatives have significantly contributed to a **reduction in school dropouts** due to early pregnancy and child marriage and to re-enrolling girls who had dropped out of school, largely due to early pregnancies and child marriages. In 2025 alone, over 1,300 students – the majority being girls – returned to school through interventions facilitated by activists, mentors, and community mobilisation. Stakeholders highlighted that this change was driven by awareness campaigns and community dialogue supported by UNFPA partners, which changed perceptions on the importance of girls' education. In contrast, districts not covered by these programmes reported persistently worse outcomes, reinforcing the value of UNFPA's targeted efforts.

Girls trained as mentors through programmes like Rapariga Biz have experienced **transformative empowerment**. These girls once considered passive or invisible are now community leaders who conduct awareness sessions on GBV, early marriage, and SRHR; some would say girls are no longer uninformed (*“já não são parvinhas”*). Some mentors, who joined at the age of 15, noted they faced their own challenges in continuing education but have since become symbols of resilience and leadership. Their influence extends to peer empowerment and advocacy, including helping to identify and support the most vulnerable girls in their communities (e.g., orphans, child-headed households).

UNFPA's engagement of boys and young men through Boys' Clubs, CAM, Hopem, Kutenga and Coalizão has helped promote **positive masculinities**, contributing to changing gender norms and male engagement in gender equality. Boys now act as activists in schools and communities, raising awareness on GBV, adolescent pregnancy, and harmful gender stereotypes. Many boys report personal transformations – e.g., *“I was a rebel, but I am transformed; people call me teacher”* – and now publicly advocate for gender equality. In several schools, these efforts have contributed to a decline in violence and adolescent pregnancies, and more boys are accompanying their partners to health facilities and accessing SRHR services themselves.

Through training, awareness campaigns, and the establishment of integrated support centres (CAIs), such as those in Quelimane and Gaza, UNFPA has contributed to **improved GBV case management and survivor support**. In 2025, 400 people were assisted in Quelimane district alone, and 16 received services at the CAI, supported by Nafeza when capacity was exceeded.

Programmes implemented by REPSSI and others report that “*girls once abused are now raising awareness in their communities,*” demonstrating survivor-led transformation. Nonetheless, funding limitations and coverage gaps, especially in remote and urban areas, remain key constraints.

UNFPA played a critical role in supporting **legislative reforms on child marriage**, including the dissemination of the revised law and support to strategy development. The programme also contributed to greater tracking, reporting, and awareness on child marriage and GBV issues. Through partnerships and advocacy, it has supported local champions, teachers, and authorities in enforcing new norms and laws that protect girls’ rights. These legal and policy-level interventions are essential complements to community-based efforts and reflect UNFPA’s role in both grassroots empowerment and national-level gender advocacy.

***(iii) increased use of population data in the development of evidence-based national development plans, policies and programmes***

UNFPA provided **critical technical assistance** to the 2017 Census and supported the production of 15 thematic studies, which have since been used to inform planning, particularly where newer data such as the DHS was limited in scope. For instance, maternal mortality estimates continue to rely on census data due to the insufficient sampling power of the 2022-23 DHS. Donors, such as Canada, have highlighted the relevance of this data and requested further gender disaggregation. However, delays in the production and dissemination of the thematic studies (available in 2023) means applicability for a shorter inter-census period and a lower return on investment. Also, not all thematic studies had been disseminated to province level at the time of the evaluation in Sofala province. Despite challenges – including inefficient use of census-related funds – UNFPA’s support was instrumental in the census’ technical success.

UNFPA was integral in the government’s integration of **population dynamics in key national strategies**. The government approved National Strategy for Development (ENDE 2025-2044) and the Government of Mozambique’s Quinquennial Plan (PQG 2025-2029) both have a social and demographic transformation pillar which makes reference to a ‘favourable demographic transition’ and ‘harnessing the demographic dividend’. The PQG has maternal mortality, neonatal mortality and infant mortality indicator targets, whilst ENDE targets include population growth, infant mortality and gender inequality indicators. UNFPA has fostered a high level of ownership and leadership in population data use for policy, whose implementation requires close monitoring. The Fund, through MEF, supported a National Transfer Accounts (NTA) study to estimate the magnitude and timing of Mozambique’s demographic dividend. However, gaps exist in the in-depth understanding of key population dynamics themes such as demographic transition and demographic dividend and the practical implications of these terms. The technical demography capacity of key planning and development staff is limited since most staff are not trained in demography. The implementation of the 2022–23 Demographic and Health Survey (DHS) and the 2022–23 Household Budget Survey (IOF), as well as the preparation of the AADPD@10+/ICPD@30 review report for Mozambique – which led to the high-level participation of the Vice-Minister of Economy and Finance at CPD57 in 2024 – represent major achievements under this CPD, demonstrating strengthened national capacity and ownership in the generation and use of population and development data.

UNFPA conducted district-level training on demographic indicators across provinces, targeting technical staff responsible for local planning, which contributed to **enhanced data literacy and planning capacity at subnational levels**. These trainings fostered inter-institutional collaboration (e.g., between Health and Justice sectors for civil registration and vital statistics) and improved data handling, validation, and application in programme design. Limited or absent follow-up/refreshment training was noted as a limitation in effective capacity development. Through a memorandum with Eduardo Mondlane University’s Centre for African Studies, UNFPA supported workshops on population data use in planning in Chiure district (Cabo Delgado), reaching 30

participants from different planning sectors. The training was subsequently replicated locally and is scheduled to expand to Nampula and other provinces, as well as to parliamentarians and journalists, aiming to raise broader awareness and application of demographic data in policy discourse.

In parallel, provincial workshops were held to disseminate data from the 2022-23 DHS and 2022 IOF surveys, making them accessible to planners, provincial government officials, and civil society actors. UNFPA played a key role in the provincial dissemination of the 2022-23 DHS and 2022 IOF, producing tailored briefs and brochures highlighting province-specific indicators. These dissemination workshops involved provincial secretaries of state, departmental heads, and civil society, helping ensure that national-level surveys are translated into locally relevant planning inputs. Digital data dissemination was, however, underemployed during the sub-national dissemination, notwithstanding potential challenges like technological illiteracy and network challenges. In addition, difficulties were reported in accessing sub-national data and indicators on the official INE website. Logistical challenges also hindered timely district level dissemination of DHS brochures from the provincial INE warehouse to districts in Sofala province.

The programme promoted **population data use** through academic and policy partnerships and also through national celebrations of World Population Day. The production of COD-PS since 2023 is the leading the project on the durable solution for IDPs.

Despite the presence of data collection tools like SIS-MA, DPS staff report that routine data often lacks compatibility with UNFPA's reporting requirements (e.g., absence of sex-disaggregated data or failure to track contraceptive uptake such as IUD insertions). Moreover, data collected for programme reports (e.g., information on disability or legal identity among beneficiaries) is not systematically used to adjust implementation or target the most vulnerable. There are also gaps in harmonizing and reconciling official data sources (across different data sources, within UN agencies and across government institutions) resulting in diverging data trends, for example the maternal mortality indicator estimated at 427<sup>69</sup> per 100,000 live births in the 2017 Census and at 233 per 100,000 live births in the 2022-23 DHS. Additionally, UNFPA has not fully capitalised on its data work to advocate for an updated population policy and policy reforms such as addressing Mozambique's rapid population growth, which remains an under-leveraged area for strategic influence.

#### ***(iv) gender-transformative humanitarian response and resilience building for populations vulnerable to shocks***

UNFPA's humanitarian support has **transitioned from short-term emergency responses to more structured, resilience-focused interventions**, with results for vulnerable cohorts recognised by partners. UNFPA increasingly followed an adaptive approach, ensuring that emergency lifesaving responses are integrated into its humanitarian activities. This includes both immediate cyclone response and longer-term interventions in protracted crises. For example, UNFPA with its partner the Fundação para o Desenvolvimento da Comunidade (FDC) implemented a three-year EU-funded project in Chiure, Metuge, and Mueda, designed to foster community resilience beyond the immediate post-crisis period. Beneficiaries highlighted a shift in mindset, increasingly recognising the importance of empowerment and life skills in rebuilding their lives.

In general, there was an effective delivery of dignity kits and outreach campaigns, with some **logistical gaps** pointed out by partners. Partners such as Nafeza played a central role in delivering dignity kits to affected women and girls, reporting high numbers of people in need reached across resettlement centres and communities. However, in Buzi (Sofala), for example, dignity kits meant for women displaced by a gale arrived after the beneficiaries had left the emergency centres, reducing the timeliness and effectiveness of the response.

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<sup>69</sup> National Institute of Statistics (INE), UNFPA 2023. Maternal Mortality Thematic Study 2017 Census

**Strengthened coordination** through leadership in the GBV sub-cluster was also pointed out during the evaluation. Since Cyclone Idai in 2019, UNFPA has actively participated in the UN Humanitarian Country Team and led the coordination of the GBV sub-cluster, which has since been restructured and remains essential in Cabo Delgado, where much of the country's humanitarian efforts are currently concentrated. This leadership has ensured more consistent and survivor-centred responses across emergency contexts.

Mobile brigades supported by UNFPA reached over 6,800 people in humanitarian settings, offering SRHR, GBV, and other essential services for **displaced and remote populations**. These included 2,900 men, showing an inclusive approach to emergency service delivery. The brigades operated in both resettlement centres and remote communities, helping fill service gaps during displacement and post-disaster recovery.

With UNFPA support, there is an established phone line for reporting cases of sexual exploitation and abuse (SEA) by humanitarian personnel, reinforcing **protection and accountability systems**. This action complemented the broader awareness and social audit work carried out in resettlement centres, showing UNFPA's commitment to survivor protection within humanitarian frameworks.

## Section 4.7 Answer to evaluation question 7 – Effectiveness

*Q7. To what extent has UNFPA successfully integrated **human rights, gender perspectives and disability inclusion** in the design, implementation and monitoring of the country programme?*

### Indicators to verify or refute the assumptions from the Evaluation Matrix

7.1. Most country programme and donor-funded project outputs and outcomes explicitly integrated human rights, gender equality, and, to a lesser extent, disability inclusion in their design and implementation plans.

7.2. A majority of M&E tools and reports included sex- and age-disaggregated data and assessed equity, inclusion, and non-discrimination, though disability-disaggregated data remained less consistently captured.

UNFPA Mozambique has consistently integrated gender equality and human rights in the **design of both its country programme outputs and donor-funded projects**. This includes mainstreaming rights-based principles in areas such as SRHR, GBV response, and youth empowerment. For example, interventions like Rapariga Biz and ASCHA projects actively targeted adolescent girls with a rights-based empowerment approach, encouraging informed decisions about their bodies and futures. UNFPA-supported projects have also adopted the Washington Group Questions to identify persons with disabilities and tailor interventions accordingly. This practice has been used particularly in some GBV and humanitarian response programming to ensure increased inclusion and to prevent secondary victimisation of persons with disabilities. Partners like REPSSI have provided psychosocial support services, particularly for GBV survivors and people with disabilities. These services have been key in addressing trauma and empowering affected individuals, reinforcing a rights-based and gender-sensitive service provision model. The programme has acknowledged that people with disabilities – especially women and girls – face increased risks of GBV and exclusion. This has informed the design of tailored protection strategies in both humanitarian and development settings, although consistent application across all areas remains a challenge. UNFPA has supported its implementing partners through training and technical assistance to improve inclusion practices. For instance, capacity development on human rights, gender equality, and disability was integrated into the training for mentors, health providers, and community activists, including in programmes such as those implemented by CUAMM and Coalizão.

People with disabilities were explicitly included in national **awareness campaigns**, such as the *16 Days of Activism against GBV* and *Albinism Awareness Week*. These campaigns helped increase visibility of disability-related issues and tackled social stigma, aligning with the human-rights-based approach to programming.

Monitoring and evaluation frameworks used by UNFPA increasingly include **disaggregated data** by sex, age, and disability. For instance, population-based surveys and census thematic studies include indicators assessing inclusion and non-discrimination, although gaps remain in the systematic use of this data for programme adaptation.

Despite progress, some groups remain **underserved**. This includes women in detention and people living in remote or conflict-affected areas, where coverage by GBV services and SRHR information is still limited. Stakeholders in Sofala, Nampula, Cabo Delgado, and Zambézia noted that interventions had not fully reached all vulnerable communities.

## Section 4.8 Answer to evaluation question 8 – Efficiency

### Indicators to verify or refute the assumptions from the Evaluation Matrix

**8.1.** Resource allocation was generally aligned with intended outputs, prioritising high-impact areas such as SRHR, GBV response, and humanitarian assistance.

**8.2.** Budget execution rates were high, reflecting effective financial management and adaptation to evolving priorities.

**8.3.** Appropriate procedures and tools, including elements of green procurement, were applied, though environmental considerations were not systematically integrated.

**8.4.** Most interventions were delivered on time, with delays occurring mainly in crisis-affected or logistically challenging areas.

*Q8a. To what extent has UNFPA made good use of its human, financial and administrative resources? To what extent did the intervention provide value for money*

The Country Office has maintained a small but technically skilled **team** that leverages national expertise while drawing on regional and global support when necessary. Human resources have been strategically positioned across programme areas – SRHR, youth empowerment, gender equality, data, and humanitarian response – to maximise synergies and reduce duplication. Administrative systems have been strengthened to ensure compliance with UN procedures and national requirements and to enable timely delivery of supplies and technical assistance. However, high staff turnover in some programme areas and limited field presence in remote provinces have occasionally constrained consistent follow-up and responsiveness.

UNFPA made deliberate efforts to **better align human resources with geographical needs**. This included remodelling its provincial presence by closing the Beira office and opening a new office in Niassa, to improve responsiveness in underserved regions. The Nampula office also provides support to Zambézia, Mozambique's second most populous province, ensuring coverage despite stretched human resource capacity. This decentralised structure contributed to greater continuity and extended technical support to provincial and district levels.

UNFPA interventions aimed at maximising **cost-sharing with the government** and ensuring efficient procurement mechanisms. Through UNFPA's role as third-party procurer (TPP), the country has achieved substantial cost savings on contraceptives and maternal health commodities compared to national procurement systems. While commodities' distribution, responsibility lies with the Ministry of Health, UNFPA procures the contraceptives and donates

them to the government, at the same time participating in the Reproductive Health Commodity Security Technical Working Group to provide support to the Ministry. The integration of family planning with maternal health, HIV, and adolescent programmes has reduced service delivery costs and expanded reach. Investments in community health workers and task-shifting have increased access at relatively low cost, particularly in rural and underserved areas. However, new distribution challenges posed by USAID withdrawal and reliance on short-term donor funding pose risks to long-term cost-efficiency and sustainability, highlighting the need for greater government investment and system strengthening.

Frequent **delays in disbursements** undermined efficient resource use. Disbursements – particularly the first and second quarter tranches – were repeatedly delayed due to internal issues (e.g. Quantum system errors, late contract renewals) and external donor reporting cycles. For instance, the second quarter disbursement for DPS in Zambézia for 2025 was only received in late June, which seriously disrupted activities such as sessional mentor meetings and workshops.

Moreover, breaks in contracts and late renewals, for instance with mentors working in the Rapariga Biz flagship programme that ended mid-2023 due to funding withdrawal caused major disruption in youth programming and affected continuity. Mentors and field staff continued activities informally while waiting for contract confirmation, leading to uncertainty and inefficiency. In some cases, cooperation partners such as the EU refer that project staff under 1-year contracts were later rehired as consultants without donor consultation, raising concerns about transparency and long-term planning. European [Union System-Wide Final Evaluation of the Spotlight Initiative Mozambique Case Study](#) (2023) encountered high staff turnover, particularly of the Spotlight coordinator.

UNFPA faced ongoing human resources management issues, especially in the programme and finance teams. High **staff turnover**, with changes occurring annually, negatively impacted onboarding, reduced institutional memory, and complicated coordination with implementing partners, as frequently mentioned by the UNFPA stakeholders consulted. These challenges contributed to slower project start-up and reduced effectiveness in financial and operational oversight. Annual reports show that particularly in 2022 there was high staff turnover due to resignations and rotation, recruitment difficulties, unattractive northern duty stations, and reliance on fast-track hiring. In 2023, there is less emphasis on turnover, more on staff training, readiness, and security culture, but recruitment remained ongoing. In 2024, UNFPA reports indicate persistent retention issues, especially in the health sector (trained staff not absorbed into the system).

In several cases, **long-term partnerships** are seen as inefficient by some of the stakeholders consulted. For instance, UNFPA's past practice of channelling funds through Coalizão to third-party organisations without formal contracts – including religious councils, Lambda, or sports associations – created serious governance issues. Transfers to other partners through the Coalizão or any IP with a Partnership Agreement with UNFPA are designed to address specific strategic issues or activities. These activities are proposed for financial support from UNFPA by organisations not currently partnered with UNFPA, as they contribute to fulfilling UNFPA's mandate. Coalizão was sometimes required to report on activities it neither implemented nor supervised, a problem that was flagged by audits and has reportedly been discontinued. Moreover, some IP-led interventions were costlier than comparable public services. For example, Nafeza spent most of its budget on transport and administrative costs rather than on direct services. Conversely, DPS, which is better structured to manage supply chains (e.g. contraceptives), was underutilised – resulting in inefficiencies and missed opportunities for leveraging existing infrastructure. The absence of a clear mapping of IP activities led to duplication and under-coverage. For example, both Nafeza and Coalizão supported savings groups in the same communities, while other districts lacked any support.

In many cases, IPs were unable to reach remote areas despite having greater financial resources than public institutions like DPE, which could have reached those areas more effectively through schools.

On the other hand, **some costs were not fully assessed from the beginning**. Mentors under the Rapariga Biz programme were paid only 1,000 MT (about USD 15) per month (then increased to 2,000 MT depending on the availability of funds of each intervention), yet had to cover their own transport, phone/internet costs, and printing for digital reports (e.g. 100 MT for a two-page report). These out-of-pocket costs, combined with a lack of material support (e.g. uniforms or smartphones), undermined motivation and compromised consistent reporting, reducing overall programme efficiency and effectiveness. While delays and administrative complexity persisted, UNFPA demonstrated flexibility in fund reallocation, allowing implementing partners to adjust to real-time operational needs. It also provided ongoing training and induction sessions on Quantum and reporting procedures, which helped mitigate inefficiencies and improved partner compliance with technical and financial requirements.

Despite these efficiency constraints, there were notable cases of value for money. In Chiure, for example, a planning workshop funded by UNFPA was replicated by participants at the local level, demonstrating sustainable knowledge transfer. Furthermore, UEM's collaboration with the Ministry of Planning, initiated through a UNFPA-supported workshop, resulted in an unsolicited request for further training on PQG indicators – indicating catalytic value beyond the original scope. Additionally, joint mobile brigades – which provided SRHR and nutrition services in remote areas – though high-cost – reached underserved populations with no alternative service access. UNFPA also made important normative contributions by supporting national policy development. In 2025, it allocated USD 55,000 to support meetings and the development of the National Condom Strategy, the Domestic Resource Mobilisation Strategy, and related training activities for IPs in M&E and financial reporting. These interventions enhanced national planning capacity and coordination, offering strong returns on investment in terms of systemic strengthening.

*Q8b To what extent UNFPA used a set of appropriate **policies, procedures and tools**, including green procurement practices to pursue the achievement of the outcomes defined in the county programme?*

The programme applied a **comprehensive set of financial and administrative tools**, including the HACT framework and long-term agreements (LTAs), which strengthened financial accountability and compliance. UNFPA was described as rigorous in its procurement and payment processes, requiring partners such as DKT to adjust internal systems to meet its standards. Each year, UNFPA signs an Annual Work Plan (AWP) with its IPs, which is recorded in the QuantumPlus system. Based on the AWP and the risk rating determined through Micro Assessments, an Assurance Plan is developed in the system. This plan typically includes spot checks, micro assessments, and audits. Due diligence is followed, and UNFPA contacts other agencies of the HACT if the IP in case has performed a Micro Assessment before, to avoid duplication.

However, while these procedures ensured a high level of compliance, they were also burdensome and contributed to delays in implementation. For instance, some UNFPA funds and reporting processes were subject to UNDP administrative requirements, which added further layers of bureaucracy. The complexity of the Quantum system added to the challenge, requiring repeated induction and capacity-building efforts to support implementing partners.

UNFPA has established a robust financial oversight mechanism to ensure that payment processes flow efficiently and effectively, while fully aligning with internal controls and donor requirements. Recently, in 2023 and 2024, UNFPA transitioned to a new enterprise resource planning system – first Quantum, and later QuantumPlus – that prepares and directly allocates budgets to IPs. Weekly, a financial Monitoring Report is produced, providing real-time overview

of funding performance, highlighting areas of over- or under-expenditure, and flagging budget lines requiring immediate attention. Capacity-building sessions on these tools were conducted for all staff.

Despite UNFPA's emphasis on financial control, limitations in **procurement oversight** were evident, particularly due to the limited involvement of the Procurement unit in partner operations. Funds disbursed to IPs are managed in accordance with the IPs' own procurement policies and procedures, as approved through the micro-assessment process. This approach is intended to empower IPs by promoting ownership and accountability in the management of their resources. For high-value items listed in the approved project – such as motorbikes, vehicles, bicycles, ambulances, and dignity kits – UNFPA typically conducts the procurement: internationally, through the Supply Chain Management Unit (SCMU) and nationally through the Country Office procurement unit, depending on availability and capacity. However, in cases where there is a lack of clarity or gaps in the IP's procurement procedures, UNFPA applies its own procurement guidelines to ensure compliance and transparency. Internally, procurement responsibilities often fell under UNFPA Finance and Programme units, bypassing procurement specialists. As a result, there were documented cases of IPs purchasing equipment – such as computers – at prices above market rates, and rental costs that were neither benchmarked nor monitored. The lack of systematic verification and cost control mechanisms weakened the cost-efficiency of procurement processes. This was further exacerbated by insufficient follow-up on expenditures related to operational logistics, particularly when handled by implementing partners.

Although UNFPA advises on **green procurement** practices – such as recommending the use of refillable water jars instead of plastic bottles at events – these recommendations remain informal. There are currently no binding guidelines or formal accountability mechanisms in place to enforce green procurement. Two staff members are informally tasked with promoting greening within finance and administration, but adoption is inconsistent. There are also no systems to assess the uptake of green practices or to require eco-friendly standards in procurement of services like hotel accommodation or catering. Although UNFPA has the Environmental Efficiency Strategy in place and four indicators embedded in the annual Results and Resource Plan assess CO compliance, changes in this area are still limited. In comparison, UNICEF has progressed further, implementing clear rules such as prohibiting plastic cups and encouraging electric vehicles and solar power. UNFPA's greening practices, such as the gradual introduction of reusable pads in dignity kits (only from 2022), remain in the early stages and lack institutionalisation.

UNFPA also participated in a shared HACT system with UNDP, UNICEF, and UN Women to streamline the partner micro-assessment process and **reduce administrative duplication**. This shared folder of HACT-approved partners allowed UNFPA and other agencies to avoid repeated assessments and better coordinate procurement and partner engagement, particularly in high-activity regions like Cabo Delgado where up to 18 UN agencies operate. Additionally, UNFPA and UNDP shared office space in Sofala until operational demands required separation.

However, UNFPA's planning processes were not always seen as well **coordinated with local government** partners. For example, the DPS in Zambézia reported that it received substantial inputs, such as dignity kits and even vehicles, but lacked the means to distribute them due to unplanned logistics. In one case, around 700 bicycles donated by UNICEF remained stored at the DPS due to lack of a distribution plan. In emergency situations, such as Cyclone Freddy response in Zambezia, the distribution of the kits had to be supported by a national NGO and the INGD. Moreover, UNFPA reportedly finalised programme budgets without consulting the DPS about distribution capacity, warehouse space, or the need for additional resources (e.g. funds for printing family planning materials). Similarly, in Zambézia, the DPGCAS, who is not currently engaged in UNFPA's projects, criticised the lack of coordination, noting that UNFPA often developed plans in isolation and treated local government as guests rather than full partners. One

dignity kit distribution event, for instance, took place without the DPGCAS being informed or invited.

On a more positive note, UNFPA maintained open and responsive **communication channels** with implementing partners and government stakeholders. Partners reported that they could easily reach out to UNFPA for support on programme implementation, indicator clarification, and administrative procedures. Nonetheless, the lack of initial clarification meetings and clear definitions of indicators affected programme monitoring. For example, some partners were unaware from the outset that they needed to report on how many girls in savings groups were in unions or had received specific support. This led to gaps in disaggregated reporting and missed opportunities for improved targeting and equity monitoring.

UNFPA also provided technical and logistical support for **multisectoral committee meetings**, essential for sustaining inter-institutional collaboration. Without UNFPA's funding, these committees would not function. Despite this support, only 10 out of 22 district-level committees were operational, reflecting limitations in resource coverage and sustainability. Similarly, although health units reportedly had the capacity to monitor programme activities, systemic gaps in communication and resource alignment with implementing agencies limited their effectiveness.

#### *Q8c What were the **innovations** applied by the programme?*

UNFPA's programme has introduced a wide range of innovations, demonstrating adaptability to evolving challenges, integration of digital tools, and commitment to inclusive, gender-transformative approaches. Among the most notable is the implementation of the **Quantum system** – a digital innovation aimed at standardising budgeting, procurement, and partner reporting. Contraceptive Multi-Year Gap Analysis (2025–2030): Provided a forward-looking resource and procurement planning tool to guide national FP investments.

Innovations in **SRHR services** in Mozambique include school-based and community services to extend access for adolescents and marginalised groups; UNFPA's role as a third-party procurement agent for contraceptives to ensure continuity after USAID's withdrawal; the deployment of containerised operating theatres in Dondo (Sofala) and Metuge (Cabo Delgado) to expand surgical capacity; the introduction of subcutaneous contraceptive self-injection to enhance access in remote areas and strengthen women's autonomy; and task shifting with community-based distribution, through which community health workers are trained to provide short-acting contraceptives closer to underserved populations.

Though administratively complex and requiring repeated training and induction sessions for implementing partners, the system reflects UNFPA's push towards more harmonised and accountable financial management. Another major innovation has been the **SMS Biz** counselling platform, a youth-centred SRHR service providing confidential advice via SMS, run by 12 trained youth counsellors. With over 9 million users nationwide, including 103,256 in one province alone (60% of whom are male), SMS Biz represents a highly scalable model of digital outreach. In the humanitarian context, innovation has been demonstrated through mobile brigades and a phone-based SEA (sexual exploitation and abuse) complaints mechanism—initiated by partners such as Nafeza in response to cyclone-affected populations. These brigades provided SRHR and psychosocial services in hard-to-reach areas and also adapted logistics in light of USAID transport cuts by using ambulances and implementing partner vehicles to distribute contraceptives and other health inputs, illustrating adaptive and cost-effective responses to funding constraints.

Despite the limited implementation of disability interventions, UNFPA introduced key innovations in **disability inclusion and gender programming**. The use of the Washington Group Questions to identify persons with disabilities in programme implementation marked a critical alignment with international standards. In addition, the Rapariga Biz initiative expanded its inclusivity by

integrating boys into mentorship activities – an approach that strengthened gender equity and community involvement. Coalizão, working through multisectoral committees, successfully advocated for the inclusion of mentorship for boys as well as psychosocial support for mentors themselves – both of which were welcomed and later institutionalised by UNFPA. The introduction of community level verbal autopsies for maternal deaths, conducted by the Neonatal and Maternal Mortality Audit Committee in coordination with families and local health facilities, provided an innovative way to complement clinical reports and better understand mortality causes at the community level.

UNFPA has also supported digital innovation in case management. Under the Global Programme to End Child Marriage, FDC, with UNFPA support, is developing a **mobile application** for tracking and managing cases of early unions. Similarly, the **InfoViolência platform**, developed through the Spotlight Initiative, offers a digital space for reporting and analysing data on gender-based violence, thereby enhancing data-driven responses and accountability. Beyond digital tools, UNFPA's programming has increasingly embraced economic empowerment as a pathway to reducing gender-based violence – an innovation first introduced in the second phase of the Gender-Based Programming (PGB), which was not present in the first ten years of the programme. This shift also reflects a broader move toward multisectoral strategies to tackle root causes of vulnerability.

In terms of **policy innovation**, UNFPA has financed the development and updating of national frameworks, such as the strategy on health, education, and well-being through 2030, and has supported the elaboration of working materials and training content tailored to participants' backgrounds and institutional profiles – ensuring practical relevance and stronger uptake. At the operational level, the strategy of aligning project salaries with government pay scales aims to facilitate government absorption of project staff post-intervention – an approach already piloted in the reactivation of the APE policy in 2022. Additional strategic innovation was evident in UNFPA's ability to catalyse collaboration: for example, the Ministry of Planning invited UEM – initially engaged by UNFPA – to replicate a planning workshop for civil servants using government funds, showing the catalytic and sustainable value of initial UNFPA investments. Lastly, FCDO's decision to fund a consultant embedded within UNFPA to improve data use and alignment with family planning indicators underlines the relevance of innovative human resource deployment to strengthen programme reporting and coherence. Anticipatory Action is also an innovative humanitarian approach, piloted by the UNFPA during this year's cyclone response in Nampula,

#### *Q8d Were the interventions done at useful time?*

Interventions under the UNFPA programme were frequently **delayed**, especially during the first quarter of each implementation year, which significantly compromised the continuity and timeliness of planned activities. Although agreements with partners were signed on time, the first disbursements were often not received until March or April. As a result, implementation was effectively stalled during the first three months, which partners described as having to 'start from the beginning' each year, particularly undermining continuity with younger girls in mentoring programmes. This delay meant that time-sensitive activities, such as school-based sessions or the distribution of dignity kits, lost momentum and sometimes failed to reach beneficiaries at the appropriate moment.

Efforts have been made to **improve efficiency**. The Quantum Plus system, launched in December 2023, engaged staff in the Train-the-Trainer program, who then conducted other training sessions for UNFPA staff in mid-December 2023 and for the IPs in January and February of 2024. Additionally, each IP is assigned three UNFPA focal points to ensure efficient support and a position of Programme Analyst for Quality Assurance (also serving as the Q+ focal point) was established in 2024 to guide UNFPA staff and IPs on policies and procedures.

Although there may have been some delays, the CO is operating under Fast Track Procedures (FTP) for humanitarian/emergency responses, which provide flexibility in procurement, fund disbursement, and related processes, expediting implementation. UNFPA procures humanitarian commodities in key locations such as Maputo, Nacala Porto/Nampula, and Pemba, following a first-in, first-out approach, and distributes items while additional items are still in the procurement pipeline. For example, in Sofala, dignity kits destined for women affected by a gale in Buzi were delayed by two to four weeks, and by the time they were distributed, many of the intended recipients had already left the emergency accommodation centres. These delays were largely attributed to the centralised nature of UNFPA's procurement system, which created a time lag between the occurrence of an emergency and the actual delivery of relief items. In contrast, agencies such as IOM reportedly completed similar procurements in half the time, raising concerns about UNFPA's comparative agility in humanitarian response.

Most interventions were not implemented strictly on time, as delays in reporting and liquidation of funds by IPs – despite having long-term agreements, signed Annual Work Plans, and capacity-building support – often postponed fund disbursements and consequently the start of planned activities. Recent additional efforts in training and awareness-raising are indicated as contributing to some reduction of such delays.

While bureaucratic processes have generally slowed down response times, particularly in emergency contexts, some exceptions demonstrate that **effective delivery is possible** under the right funding modality. Notably, activities funded through the Central Emergency Response Fund (CERF) – which represents approximately USD 10 million per year for Mozambique, of which UNFPA receives 5–10% – were implemented on time, and no extension was ever requested. This suggests that when dedicated emergency funding is available and administratively streamlined, UNFPA can deliver effectively and within the required timeframes. The effectiveness of the emergency response was also attributed to the use of Fast Track Procedures in all emergency responses to ensure timely delivery. There is also an institutional budget for emergencies, which demonstrates that it is not the source of funding, but rather the flexible policies and procedures applied that enable effective emergency responses. Additionally, in some cases, implementing partners such as Nafeza were able to pay per diems and receive materials on time, suggesting that delays are not universal but often linked to funding source and administrative processes. The transition from previous management systems to Quantum also poses a procedural challenge, typical of system changes. However, the provinces, especially strategic partners like the DPS, felt more the impact and took longer to organise procedures, such as accounting and submitting new disbursement requests, resulting in delays in receiving funds and implementing activities. On a positive note, it is worth highlighting that UNFPA sought to provide technicians to support the DPS in this systems transition.

**Unplanned disruptions** further exacerbated timeliness issues. For example, post-electoral violence in early 2024, combined with technical and scheduling problems with the national airline (LAM), led to the postponement of a planned workshop in Nampula. More broadly, the political and climatic context in 2024 – including the electoral period and Cyclone Chido – affected implementation timelines, especially in the first semester. Although key interventions like community outreach, mobile brigades, and training activities eventually began early enough to show meaningful results, these were often crammed into a compressed period, putting additional strain on staff and reducing the quality of delivery.

Another factor undermining timely implementation was the impact of **unpredictable donor requests and visits**, which often forced budget and calendar revisions mid-cycle. In 2024 and 2025, implementing partners had to adjust their plans on several occasions to accommodate donor field visits or new reporting requirements. These changes, while important for transparency and accountability, created additional work and unplanned costs that were not initially factored into the workplans, thereby diverting resources and attention from direct service delivery.

## Section 4.9 Answer to evaluation question 9 – Sustainability

Q9. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in **developing capacities and establishing mechanisms to ensure the durability of effects**?

### Indicators to verify or refute the assumptions from the Evaluation Matrix

9.1. A large majority of implementing partners reported strengthened institutional capacity to deliver and sustain services in line with UNFPA's mandate, particularly in SRHR, GBV, and gender equality.

9.2. Numerous community- and government-led mechanisms, including youth networks, GBV referral systems, and health committees, established or strengthened with UNFPA support, remain operational more than 12 months after initial support.

UNFPA has made **substantial efforts to strengthen the capacity** of implementing partners, government institutions, and communities, with visible results in awareness-raising, service delivery, and institutional engagement. Technical trainings for government health personnel, social workers, police, and school focal points have created a cadre of actors capable of sustaining some services, particularly in areas like SRHR, GBV case management, and stock monitoring. However, a more tailor-made training package, jointly designed, is needed for developing capacities at leadership level and technical staff level. Technical short-courses for example on demography, statistics or other fields affiliated with institutions of higher learning have a predefined curriculum which risks not closely addressing capacity gaps or not accounting for individual academic background. Focal points have an advocacy role within their institutions which requires a high level of technical fluency. One risk to strengthening capacity within institutions is the extensive hiring of external consultants commissioned to produce results and elaborate reports with limited to no interaction or participation of government staff or partners in data analysis.

Community-level awareness has improved through the training of mentors, boys' activists, and local leaders, many of whom continue to facilitate dialogues and referrals even after direct project support has ended. For example, community leaders in certain districts (like Meconta, Nacala, Mocuba, among others) now actively refer GBV cases to competent authorities – a practice that did not exist prior to the programme and which has been incorporated into annual district plans and sectoral plans (health sector, interior or justice, for example).

At the institutional level, there are efforts to **promote sustainability through models** such as training-of-trainers and peer mentoring for nurses, alongside the integration of participatory and game-based educational approaches into national teacher training curricula. In the education sector, mechanisms such as Cantinhos Escolares and integration of CSE and GBV protocols in schools have contributed to a durable legacy – although many of these initiatives have now been suspended following donor funding cuts (e.g., US/PEPFAR and DREAMS). In several cases, trained staff remain in place but without the minimum financial resources – such as stipends, transport, or materials – needed to operate sustainably. Although not part of the projects' objectives, mentors and school focal points, despite being well-trained, are unable to continue due to lack of ongoing support, highlighting a disconnect between capacity-building and operational continuity.

**Economic empowerment activities** also aimed to support durability of outcomes but have been inconsistently followed through. Women were trained in income-generating activities and business management, and some savings groups have survived for more than a year. However, lack of start-up kits, reinvestment planning, and mechanisms for maintaining safe spaces (e.g.,

fencing, repairs) have undermined sustainability. Community income is not systematically reinvested to sustain the facilities used during the projects.

Where **government absorption** has occurred, it is often partial and fragile. Some activities – such as those of the CAIs – have been taken up in provincial plans, and the educational methodology piloted in Rapariga Biz has been institutionalised in teacher training. However, this is not the norm. Institutions such as the DPGCAS or the DPE in Nampula, Sofala and Zambézia often report being left out of planning and unable to continue activities once partner funding ends. For example, Cantinhos Escolares, which have existed for over a decade, are being closed due to budget shortages and lack of staff funding. Similarly, mentors and facilitators previously supported by Coalizão or Hopem – who are almost entirely dependent on UNFPA funds – are unlikely to continue their activities once funding ends as projects do not foresee their retention. This was also evident in Zambézia, where the absence of a nexus or exit strategy has led to sudden project discontinuation. In some cases, initiatives like REPSSI’s psychosocial support ended with project funding and were not transitioned to local institutions due to lack of capacity or planning. Similarly, UNFPA-supported interventions for obstetric fistula were discontinued without clear communication, and clinical spaces established for community activities were damaged by cyclones and remain unrepaired.

**Donor dependency** remains a critical obstacle. Key CSO partners are nearly fully reliant on UNFPA for operational budgets, and there is limited evidence of domestic resource mobilisation or shared financing to guarantee continuity. Even when technical capacity is successfully transferred – such as in SRHR service provision or demographic data analysis by INE – operational sustainability is hindered by logistical and financial constraints. For instance, lack of budget for electricity, supplies, or internet access has prevented government departments like the DNRN (Direcção Nacional de Registos e Notariado) from maintaining services without partner support. Similarly, annual refresher trainings for activists, mentors and technical personnel are often not budgeted within government structures.

## Section 4.10 Answer to evaluation question 10 – Coverage

*Q10. To what extent have UNFPA **humanitarian interventions** systematically **reached all geographic areas** in which affected populations (women, adolescents and youth) reside?*

### Indicators to verify or refute the assumptions from the Evaluation Matrix

**10.1.** UNFPA-supported humanitarian services reached a substantial portion of identified geographic areas with affected populations, including women, adolescents, and youth, though coverage remained uneven across provinces.

UNFPA has made targeted efforts to **extend humanitarian interventions** to provinces affected by conflict, cyclones, flooding, and displacement, with a strong operational focus in Cabo Delgado, Nampula, Niassa, Zambézia, and Sofala. The majority of humanitarian programming is concentrated in Cabo Delgado, where needs remain high, but this intense focus has limited coverage in other affected areas. For instance, in Sofala, interventions have been concentrated in only four districts (Beira, Dondo, Buzi, Nhamatanda), leaving other districts such as Muanza underserved. Similarly, in Tete, water shortages in schools prevented delivery of SRHR services, and in Mocuba, only 19 health units received delivery kits, prioritising those with the highest birth rates.

The 2022-2025 expenditure related to humanitarian work is far from the percentage indicated in the last CPE of 2021. Based on the Country Office Financial Status 2022–2025 (**Table 8**), funding expenditure related to humanitarian intervention has significantly increased since 2022, especially

if we consider interventions in Cabo Delgado; GBV, Spotlight and Rapariga Biz interventions in crisis areas; activities related to resilience or displacement.

**Table 8 – Humanitarian funding and use of resources**

	2022	2023	2024	2025
<b>Direct mention to humanitarian intervention</b>	USD 0.98M (≈ 3.2% of total)	USD 1.62M (≈ 6.2% of total)	USD 3.02M (≈ 16.1% of total)	USD 2.00M (≈ 17.9% of total)
<b>All direct and indirect reference</b>	USD 4.61M (≈ 15.2% of total)	USD 2.74M (≈ 10.4% of total)	USD 4.56M (≈ 24.3% of total)	USD 2.17M (≈ 19.4% of total)

UNFPA has adopted **adaptive delivery models**, such as mobile brigades and people-on-the-move reception centres, to reach displaced populations and hard-to-access areas. These include clinics operating in schools, markets, and remote communities, providing family planning, triage, vaccinations, and GBV services. However, the frequency and geographic reach of these mobile services vary and often do not guarantee consistent access for all. For example, despite the establishment of CAIs in some districts, many victims lack transport to access them, and staff are often unable to conduct follow-up visits due to distance or lack of resources.

Although UNFPA operates relevant initiatives like Rapariga Biz and the SYP in several provinces and follows INGD’s priority guidance through their annual contingency plan for natural disasters, these programmes remain **geographically limited**, currently covering 20 and 10 districts respectively. Some priority areas, such as Gaza and Manica – identified by INGD as needing humanitarian support – were not included in programming due to budgetary constraints. Moreover, while reception centres and emergency interventions were implemented following natural disasters, delays in procurement and supply logistics meant that beneficiaries (e.g. women in emergency shelters, a category of affected vulnerable populations) often did not receive dignity kits in time, as was the case in Sofala after the gale storm.

## Section 4.11 Answer to evaluation question 11 – Coverage

*Q11. To what extent have UNFPA humanitarian interventions systematically reached the **most vulnerable and marginalized groups** (young people and women with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations, etc.)?*

### Indicators to verify or refute the assumptions from the Evaluation Matrix

**11.1.** A significant proportion of UNFPA humanitarian interventions incorporated targeted outreach or tailored services for at least three identified marginalised or vulnerable groups, including women, adolescents, people with disabilities, and displaced populations.

UNFPA humanitarian interventions have made efforts to reach vulnerable and marginalised groups, particularly displaced women and adolescents. Mobile clinics, youth-friendly health Services, and peer education programmes have been deployed to ensure access to SRHR and GBV services for displaced and host-community youth. However, systematic inclusion of diverse groups such as persons with disabilities, LGBTQI+ individuals, or PLHIV remains limited.

Through partnerships such as REPSSI, UNFPA provided psychosocial support in crisis-affected communities, addressing mental health needs for vulnerable groups including women and youth. Dignity kits were distributed to displaced populations following emergencies – 317 families affected by Cyclone Fred in 2023 and 16 families displaced by conflict in Cabo Delgado in 2022 – ensuring access to basic hygiene and protection resources for women and girls in displacement. UNFPA has also partnered with local disability associations and introduced training for service providers on disability inclusion in SRHR and GBV response. Some facilities have adopted accessibility measures (e.g., ramps, adapted communication tools), but gaps persist in

systematically identifying and responding to the specific needs of women and girls with disabilities, particularly in fragile humanitarian settings.

Humanitarian programming has maintained a strong **geographic focus on Cabo Delgado**, with significant funding for humanitarian actions there (**Table 8**), with interventions like “My Decision, My Future” targeting conflict-affected districts in Cabo Delgado, Niassa, and Nampula. These areas include large numbers of internally displaced persons and communities with high vulnerability levels, such as ethnic minorities and adolescent girls. Community-level sensitisation efforts on GBV, HIV, and Prevention of Sexual Exploitation and Abuse (PSEA) were also conducted in these zones to reach at-risk populations, although there is limited evidence of targeted messaging or programming for LGBTQI individuals or religious minorities.

Despite these efforts, there are **challenges** in reaching all those in need. INGD reported that some vulnerable communities remain uncovered, as implementing partners often do not shift operations to newly affected areas due to logistical and budget constraints. While adolescent girls remain a consistent target of several SRHR and protection programmes, tailored approaches addressing intersectional vulnerabilities – such as those faced by adolescent girls with disabilities or LGBTQI youth – area largely absent from the documented humanitarian strategies. Though some interventions were inclusive of women with disabilities, such as in psychosocial and dignity kit distributions, this inclusion is not systematically tracked or planned across all activities, highlighting a gap in programmatic equity.

## Section 4.12 Answer to evaluation question 12 – Connectedness

*Q12. To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme?*

### Indicators to verify or refute the assumptions from the Evaluation Matrix

**12.1.** The majority of humanitarian interventions explicitly linked to and contributed to the outcomes or outputs defined in the country programme results framework, ensuring alignment between emergency response and longer-term development goals.

UNFPA’s humanitarian response in Mozambique has **increasingly integrated longer-term development goals** articulated in the country programme results framework, though the degree of alignment varies across interventions. Many humanitarian actions go beyond short-term relief, incorporating elements that support resilience, awareness, and local systems strengthening. For example, the distribution of dignity kits or the provision of SRHR services is systematically accompanied by public talks (*palestras*) on gender-based violence (GBV), prevention of sexual exploitation and abuse (PSEA), and the INGD Code of Conduct. These awareness-raising components foster behavioural change and community engagement, aligning with broader development outcomes on gender equality and protection.

The approach is increasingly long-term, as humanitarian interventions not only address immediate needs but also strengthen national systems, reinforce health infrastructure, and embed gender equality, youth empowerment, and sustainable supply chains into broader development outcomes. For example, support provided to the Ministry of Health and CMAM to strengthen supply chains has contributed to advanced sustainability in contraceptive security, aligning with the country programme’s SRHR outcome.

In 2025 alone, UNFPA mobilised climate-related emergency responses three times through CERF and ERF, showing its operational flexibility. This **responsiveness** is complemented by participation in the Humanitarian Country Team and the piloting of the Anticipatory Action Framework in Nampula. Although still primarily focused on emergency preparedness – such as starting assistance 72 hours before landfall in cyclone-prone districts – the anticipatory approach

introduces elements of risk mitigation and proactive planning that echo longer-term development objectives. Together with the nexus programme interventions, they mark the consolidation of a long-term development approach that complements the humanitarian intervention.

UNFPA's work also includes **culturally sensitive practices** that contribute to sustainable outcomes. In resettlement camps, structures are in place to separate men and women, *matronas* (local midwives) support awareness-raising tailored to local norms, and protection practices are embedded in camp design – demonstrating a deliberate effort to align humanitarian action with gender-sensitive development goals. Moreover, the integration of Comprehensive Sexuality Education (CSE) into schools, the training of mentors and teachers, and economic empowerment activities for young women – implemented alongside emergency services in 10 conflict affected districts of Cabo Delgado, Niassa and Nampula provinces through the project My Decision, My Future – illustrate a nexus approach where immediate and developmental interventions reinforce each other.

The continuity of **psychosocial support**, especially in conflict-affected areas like Cabo Delgado, further reflects this integration. Although specific projects may have ended, the ongoing need has kept local psychosocial systems in use, pointing to lasting effects beyond the emergency phase. As lead of the GBV sub-cluster, UNFPA also plays a strategic coordination role that connects humanitarian operations with national protection systems, supporting policy dialogue and multisectoral planning. Overall, while some humanitarian interventions remain inherently short-term, UNFPA's approach has increasingly embraced connectedness by embedding development-oriented principles and practices into emergency contexts.

## Section 4.13 Answer to evaluation question 13 – Connectedness

Q13. 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 crises**?

### Indicators to verify or refute the assumptions from the Evaluation Matrix

13.1. Numerous local and national actors reported improved capacity to prepare for, respond to, and recover from humanitarian crises as a direct result of UNFPA's technical, financial, and coordination support.

UNFPA has made meaningful contributions to **strengthening the capacity** of local and national actors to better prepare for, respond to, and recover from humanitarian crises, though important gaps remain, particularly at the community level. In 2024, UNFPA supported the development of a national Code of Conduct for humanitarian workers, in collaboration with the National Institute for Disaster Management (INGD), providing a shared framework for ethical and protection-sensitive humanitarian response. This normative progress is complemented by joint work across sectors – such as education, health, infrastructure, PRM, DPGCAS, and the Attorney General's Office – which has enhanced coordination and institutional responsiveness at the provincial and district levels.

UNFPA efforts have also contributed to strengthening subnational data use and capacity at provincial level including data dissemination. Nonetheless, easy access to and reliably available online subnational data and data outputs (at province or district level) remain a challenge for local actors given the timeliness of humanitarian response.

Local Risk and Disaster Management Committees – composed of 18 members (9 women and 9 men, including persons with disabilities) – **still lack sufficient training** on key protection issues, including GBV, PSEA, and inclusive response approaches. While these committees are structurally inclusive, their operational readiness remains limited due to the absence of sustained

capacity-building efforts. Although UNFPA has initiated plans to train these local actors and integrate protection principles into their mandate, coverage is not yet universal.

# Chapter 5: Conclusions

## Conclusions on Relevance

**Conclusion 1: The country programme is highly relevant to national priorities and UNFPA's global mandate, especially in SRHR and gender equality.**

The programme is closely aligned with Mozambique's national health and gender policies and directly contributes to the three transformative results of the UNFPA Strategic Plan. By focusing on areas where national systems face significant gaps – such as family planning, maternal health, GBV prevention and response, and youth empowerment – the programme addresses critical needs while complementing broader development efforts. Through initiatives such as Rapariga Biz, Tolerância Zero, and the national contraceptive supply chain, UNFPA not only addressed health and gender through foreseen activities but was also able to address unforeseen critical gaps left by other donors (e.g. USAID withdrawal during 2025), particularly in family planning and adolescent health. The integration of GBV prevention and SRHR services through mobile brigades and SAAs further reinforces alignment with national development plans and the SDGs. Population and demographic work highly relevant taking into consideration national priorities and programmes, as international commitments. Overall, this demonstrates strong contextual adaptation and alignment with international commitments such as the ICPD Programme of Action, Agenda 2030 and the Grand Bargain, as well as a relevant strategic positioning.

**Conclusion 2: The programme is largely responsive to adolescent and youth needs, but inclusion of other vulnerable groups is uneven.**

The programme's consistent prioritisation of adolescents and young women – through mentorship, safe spaces, and school-based interventions – is well suited to Mozambique's demographic profile. Mobile outreach and the use of community-based mentors ensure relevance for out-of-school and displaced youth. However, despite the presence of ongoing programmes, their scale and depth remain limited, as most were only recently initiated and do not yet cover the entire country. Furthermore, the CF design makes only limited reference to a targeted approach to persons with disabilities, treating them instead within the broader category of vulnerable populations. Interventions for LGBTQ+ populations and sex workers are almost entirely absent. While there are initial steps toward disability-inclusive service delivery (e.g., training in sign language), intersectional vulnerabilities remain insufficiently addressed in planning and implementation.

**Conclusion 3: The programme has demonstrated adaptability to changing contexts, though structural constraints persist.**

UNFPA has shown strong operational agility in responding to crises – e.g., setting up a dedicated office in Sofala after Cyclone Idai and deploying mobile maternity units in response to displacement in Cabo Delgado. Humanitarian interventions have increasingly bridged into development efforts through localised mentoring and GBV case management. Nonetheless, the programme still faces challenges in fully decentralising decision-making and aligning central priorities with local realities, as seen in delayed contraceptive shipments or under-resourced provinces. Despite these challenges, the country programme's responsiveness to national and humanitarian needs reflects a high level of contextual relevance.

**Conclusion 4: UNFPA has fostered a high level of government ownership and leadership of population data use for policy, although in-depth understanding of demography terms is limited and an updated government approved national population policy is slow.**

The government approved National Strategy for Development (ENDE 2025-2044) and the Government of Mozambique's Quinquennial Plan (PQG 2025-2029) both integrate a social and demographic transformation pillar which refers to a 'favourable demographic transition' and 'harnessing the demographic dividend'. However, gaps exist in government partner's in-depth understanding of key population terms such as demographic transition and demographic dividend and their practical implications, much since the ENDE was only approved in April 2025. For instance, government technical and planning focal points found it difficult to understand the National Transfer Accounts (NTA) demographic dividend study commissioned by the MEF with the support of UNFPA due to language barriers (published in English) and its highly academic nature. UNFPA's advocacy role in drafting an updated national population policy and relevant policy reforms remains under-leveraged.

## Conclusions on Coherence

**Conclusion 5: UNFPA's partnerships with local and grassroots organisations have significantly contributed to community-level results, particularly in gender and adolescent programming, but gaps in coordination and joint planning reduce coherence.**

UNFPA Mozambique has effectively leveraged its partnerships with community-based organisations and NGOs, such as CAM, ASCHA, Kutenga or REPSSI, to reach vulnerable groups and promote social norm transformation. CAM's work with the Clube dos Rapazes model fosters behavioural change among boys through consistent engagement from the 8th grade, contributing to GBV prevention and positive masculinities. Similarly, REPSSI's specialised psychosocial services, integrated within multi-sectoral coordination platforms, fill a critical gap for survivors of GBV and trauma. For P&D work, UNFPA has increased the number of relevant partnerships over the years, for instance with UEM. These partnerships demonstrate strong thematic complementarity and alignment with UNFPA's strategic focus on adolescent health and gender equality. However, several implementing partners have expressed concerns over limited transparency in partner selection, weak joint planning, and fragmented communication. For example, in Zambézia, the provincial Directorate of Education (DPEC) reported being excluded from planning under the UN joint programme Rapariga Biz. Additionally, while community health committees are designed to serve as referral and feedback structures, they are often inactive or non-existent. These coordination and governance gaps reduce the potential for programmatic synergy, limit institutional ownership, and undermine long-term sustainability of interventions.

**Conclusion 6: UNFPA's leadership in GBV coordination has enhanced the visibility and coherence of gender-based violence response services, although operational disruptions have temporarily weakened its effectiveness in key provinces.**

As the lead of the GBV sub-cluster under the Protection Cluster, UNFPA has played a pivotal role in promoting coordinated, multisectoral GBV responses across humanitarian and development contexts. Its recognised leadership has strengthened district-level referral systems, supported the visibility of GBV cases, and improved service access through integrated platforms involving police, justice, health, and social sectors. For example, in Cabo Delgado, UNFPA facilitated operational coordination via provincial GBV groups and maintained real-time communication through digital platforms like WhatsApp, enabling quick information flow among partners. However, a coordination vacuum emerged in early 2025 due to high staff turnover in Cabo Delgado – where the majority of humanitarian needs are concentrated – undermining service coherence and GBV prevention at a time of increased conflict. This required reinforcement of the office in Cabo Delgado with new and additional staff at the end of the first quarter. Reduced funding also contributed to a narrower reach of interventions. Despite these constraints, UNFPA has shown adaptability by initiating a transition towards shared leadership with the Provincial

Directorate for Gender, Children and Social Action (DPGCAS), and maintaining basic coordination functions. This highlights a solid but still vulnerable coherence architecture that needs continued investment in leadership continuity and decentralised capacities.

## Conclusions on Effectiveness

**Conclusion 7: UNFPA-supported interventions have delivered coherent contributions across country programme outcomes, particularly in SRHR access, youth empowerment, population data, and gender equality, through multisectoral and community-based strategies.**

UNFPA Mozambique's interventions have shown a strong internal coherence, with SRHR, population data, youth empowerment, and gender equality programmes reinforcing each other across multiple levels of implementation. The multisectoral and community-based strategies reflect UNFPA's comparative advantage in fostering integrated approaches and partnerships. The Rapariga Biz programme is a cornerstone example, combining SRHR access, life skills development, school retention, and gender norm change through mentorship models and Boys' Clubs. This integration has led to observable declines in adolescent pregnancies and school dropouts and increased uptake of SRHR services by both girls and boys. Community engagement, peer education, and tailored mobile health services (e.g., mobile brigades reaching over 6,800 people in humanitarian settings) illustrate how interventions align with population needs and mutually reinforce programmatic objectives. The programme also contributed to systems-level changes, such as the allocation of national funding for family planning and rollout of stock management systems like CMAM and SIGLUS.

The P&D programme has been highly effective in building a coherent and sustainable national demographic data ecosystem – through support to the Census, DHS and IOF – that underpins evidence-based policymaking, strengthens national ownership, and enhances Mozambique's capacity to plan and monitor development outcomes, despite remaining challenges in data integration and sustainable financing.

While the service coverage remains uneven and some infrastructure gaps persist (e.g., incomplete rollout of SAAJs), UNFPA's capacity to deliver across sectors and scales has enabled outputs to collectively contribute to broader outcomes. This coherence reflects deliberate design and localisation strategies, particularly in youth and gender programming.

**Conclusion 8: Despite clear thematic synergies, operational and coordination gaps have hindered the full realisation of coherence between national and subnational implementation layers.**

Although UNFPA's interventions have a strategic orientation towards integrated service delivery, implementation coherence across geographic and institutional levels remains uneven. Programmes such as the CAIs (Integrated Assistance Centres) and community referral mechanisms are effective models for linking health, justice, and social services for GBV survivors. However, challenges such as absent or non-functional health committees, lack of consistent government involvement in UN joint programmes and isolated implementation approaches by UN partners (e.g., within the PGB), each using different tools and community structures, illustrate missed opportunities for joint planning and harmonisation.

The evaluation also noted that while UNFPA supports various local actors, there is no systematic mapping of partner roles or comparative advantages, and selection processes are often opaque. The last mapping of ASRH interventions and partners was done in 2020 and the next will be conducted in 2026. The 2020 mapping proved that Manica, Niassa, Gaza and Tete lacked projects, which led to new targeting of these provinces. These gaps limit ownership, learning, and accountability. Moreover, infrastructure and human resource constraints – exacerbated by donor withdrawal and humanitarian crises – have interrupted service continuity (e.g., the opening of the

three fistula centres projected). Coherence is strongest where coordination mechanisms function well (e.g., GBV sub-cluster leadership), but weaker where community and institutional alignment are lacking.

**Conclusion 9: UNFPA's leadership in the GBV sub-cluster and investments in humanitarian resilience have strengthened coherence between emergency response and long-term development goals, though sustainability risks remain.**

UNFPA's strategic leadership in the GBV sub-cluster, especially in conflict-affected Cabo Delgado, has fostered coherent delivery of protection and gender-responsive services. This includes capacity-building for local actors, coordination of multi-partner platforms, and integration of protection principles in humanitarian programming. The use of the same community actors and tools across humanitarian and development settings (e.g., mentorship models in Rapariga Biz and humanitarian safe spaces) demonstrates alignment with the humanitarian-development-peace (HDP) nexus.

Resilience-building interventions, such as the three-year FDC project and anticipatory action frameworks piloted with OCHA and INGD, have moved the response beyond short-term relief, producing results that are effective. These initiatives link preparedness, psychosocial recovery, and SRHR access in ways that contribute to long-term development outcomes. However, disruptions due to staff turnover, delayed kit delivery, and reduced GBV funding signal operational fragilities that could compromise coherence. Addressing these risks requires sustained investment in human resources, decentralised capacity, and predictable funding streams to uphold progress across the HDP spectrum.

## Conclusions on Efficiency

**Conclusion 10: UNFPA support and development partner coordination has been critical in strengthening national data planning systems and enhancing subnational data dissemination and use, despite limitations in timeliness, reach, diverging data and institutional absorption.**

UNFPA is supporting INE with technical assistance for the upcoming 2027 digital census and supported the production of fifteen 2017 census thematic studies. However, the thematic studies were delayed and only available in 2023. Further delays in subnational dissemination of thematic studies means applicability for a shorter inter-census period and a lower return on investment. For instance, not all thematic studies had been disseminated to INE Sofala province at the time of the evaluation. Subnational dissemination of DHS results underemployed digital data dissemination (notwithstanding potential challenges in technological illiteracy and network challenges), whilst paper-based dissemination of DHS brochures from the province to the districts was limited by logistical challenges in the case of Zambézia and Sofala provinces. Easy access to and reliably available online subnational data and data outputs (at province or district level) also remain a challenge.

There are also gaps in harmonising and reconciling official data estimates (across different data sources, within UN agencies and across government institutions) resulting in diverging data trends for example the maternal mortality indicator that was estimated at 427 per 100,000 live births in the 2017 Census<sup>70</sup> and at 233 per 100,000 live births in the 2022-23 DHS. Diverging estimates complicate data use and decision making which therefore makes UNFPA's support in harmonising divergent estimates crucial.

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<sup>70</sup> National Institute of Statistics (INE), UNFPA 2023. Maternal Mortality Thematic Study 2017 Census

A desired shift from policy to practice of population dynamics' data integrated in key national strategies is still to be materialised. UNFPA's support of continuous monitoring of the social and demographic transformation pillar in the Government's Quinquennial Plan (PQG 2025-2029) and National Strategy for Development (ENDE 2025-2044) will encourage a shift from policy to practice among the different government agencies prioritised for harnessing the demographic dividend – including education, health, vocational training, science and technology – and contribute to improved efficiency.

**Conclusion 11: While UNFPA made strategic efforts to align resources and promote value for money, efficiency was hindered by operational bottlenecks, weak partner oversight, and misaligned logistics.**

UNFPA interventions in Mozambique have provided value for money by maximising cost-sharing with the government and developing more efficient procurement mechanisms. Through UNFPA's role as third-party procurer (TPP), the country has achieved substantial cost savings on contraceptives and maternal health commodities compared to national procurement systems. The integration of family planning with maternal health, HIV, and adolescent programmes has reduced service delivery costs and expanded reach. Investments in community health workers and task-shifting have increased access to services at relatively low cost, particularly in rural and underserved areas.

UNFPA demonstrated clear intent to optimise the allocation of its human and financial resources, particularly through its decentralisation efforts. The strategic relocation of offices (e.g., closure of Beira, opening in Niassa, and coverage of Zambézia from Nampula) contributed to more equitable geographic reach. Similarly, investments in national systems (e.g., SIGLUS and CMAM platforms, mobile brigades, or UEM planning workshops) produced strong returns in areas such as SRHR service delivery and capacity building. However, persistent delays in quarterly disbursements – often linked to Quantum system issues and late donor reporting cycles – seriously disrupted the efficiency of project implementation. In 2025, for example, the second quarter disbursement to DPS Zambézia arrived in late June, delaying mentorship sessions and workshops. These lags particularly undermined programmes targeting vulnerable adolescents, where consistency and timeliness are key to effectiveness.

Furthermore, financial efficiency was compromised by weaknesses in implementing partner management. Long-standing inefficiencies were observed with partners like Coalizão, which was required to report on activities it neither executed nor supervised. Transfers to other partners through the Coalizão or other IPs with a Partnership Agreement with UNFPA are designed to address specific strategic issues or activities. These activities are proposed for financial support from UNFPA by organisations not currently partnered with UNFPA. In other cases, IPs incurred high operational costs (e.g., administrative and transport expenses) while failing to extend service coverage to remote communities – spaces that public entities could have reached more effectively. Cost-efficiency audits also revealed poor procurement oversight, with some partners purchasing equipment at inflated prices and failing to benchmark rental rates. These inefficiencies were aggravated by a lack of systematic cost-benefit analysis and clear activity mapping, leading to duplication in some districts and voids in others. Despite training and partner support efforts, these issues point to a need for stronger oversight and performance-based funding strategies to ensure more judicious use of limited resources.

**Conclusion 12: UNFPA has applied sound procedures and introduced relevant innovations, but limited institutionalisation of green and timely procurement practices constrains full efficiency.**

UNFPA operates under robust financial management systems, including the HACT framework, LTAs, and partner capacity assessments. These tools help ensure accountability and reduce duplication, especially in multi-agency environments such as Cabo Delgado. The implementation

of the Quantum system and support for CERF-funded activities further reflect UNFPA's commitment to innovation and harmonised delivery. However, the practical burden of administrative requirements remains high, contributing to inefficiencies in fund disbursement and IP reporting. Procurement practices, while compliant in form, often bypass dedicated procurement staff. Instead, responsibilities fall under finance or programme teams, leading to cost overruns and weak quality control – especially in the purchase of equipment or rental agreements by IPs.

Innovations included third-party procurement, containerised operating theatres, subcutaneous contraceptive self-injection, community health workers, new approaches for delivering commodities from provincial warehouses to health facilities or extending SRHR services beyond health facilities.

Moreover, although UNFPA promotes green procurement informally (e.g., use of refillable bottles), these practices are not formally institutionalised. No binding standards exist, and no systematic monitoring of green procurement uptake is conducted. In comparison, agencies such as UNICEF have implemented clearer greening policies, including prohibitions on single-use plastics and promotion of renewable energy. UNFPA's internal efforts (e.g., reusable menstrual pads) are still in early stages and lack enforcement. Additionally, planning and logistics often fail to account for on-the-ground realities. In Zambézia and Sofala, for example, government partners reported receiving materials (e.g., dignity kits, bicycles, survey brochures) without the means to distribute them due to uncoordinated planning. These logistical gaps not only increase costs but also delay critical service delivery. Addressing these inefficiencies will require institutionalising green procurement guidelines, strengthening logistics planning with government stakeholders, and clarifying reporting frameworks to improve cost-efficiency and sustainability across operations.

## Conclusions on Sustainability

**Conclusion 13: UNFPA's efforts have strengthened individual and institutional capacities with scope for improvement, but sustainability is undermined by weak absorption by government systems and a lack of operational transition planning.**

UNFPA has made notable investments in capacity-building at multiple levels – mentors, teachers, nurses, social workers, and government technical staff – leading to increased awareness, improved service delivery, and the emergence of community referral practices. Initiatives such as training-of-trainers and curriculum integration for gender and SRHR in schools show potential for longer-term sustainability. Nonetheless, a more tailor-made training package, jointly designed, is needed to better develop capacity particularly of government focal points and leadership for policy advocacy. Technical short-courses with predefined curriculum most often do not adequately address capacity gaps (theoretical and practical). Also, the exclusion of government staff or partners from data analysis and report elaboration when external consultants are commissioned is a lost opportunity for capacity development.

However, while technical capacity often remains in place, the absence of support for transport, materials, stipends, and infrastructure maintenance limits operational continuity. For example, trained school focal points and mentors are frequently unable to continue activities after project funding ends, revealing a disconnection between capacity development and institutional uptake.

This challenge is particularly visible in the suspension of initiatives like Cantinhos Escolares and the under-utilisation of trained peer educators, which local government institutions are unable to support due to budget constraints. In reported cases, government partners mention being sidelined in planning processes with both UN partners and other international partners, with limited ability to continue activities once implementing partner funding is withdrawn. The closure

of community structures and service gaps in areas previously served by programmes like Rapariga Biz or psychosocial support centres further illustrate the fragility of outcomes when external support ends.

While there are encouraging signs of the government assuming activities and related costs within the national budget, these remain largely reactive rather than grounded in a long-term transition strategy. For instance, the Ministry of Health signed a compact agreement with UNFPA to allocate state budget funds – equivalent to USD 3.7 million for contraceptive procurement through UNFPA’s third-party procurement mechanism – following USAID’s withdrawal and guided by the Contraceptive Multi-Year Gap Analysis (2025–2030). However, this commitment is limited in scope, as it only extends until 2025, without a clear pathway for sustainability thereafter.

**Conclusion 14: The sustainability of results is significantly constrained by high dependency on international aid and the lack of financial and institutional mechanisms to absorb project costs and responsibilities.**

Despite successful technical implementation, most UNFPA-supported interventions remain heavily dependent on donor funding, especially for SRHR commodity supply, youth empowerment initiatives, and GBV prevention programmes as the government has limited resources to address these areas. For instance, contraceptive stocks are still predominantly supplied through international assistance, and essential national programmes – such as PGB and Rapariga Biz – are nearly fully reliant on UNFPA or external partners. Government budgetary constraints also limit the ability of national and provincial institutions to independently sustain activities and services over time.

Furthermore, even when partners or institutions have demonstrated the willingness or technical capacity to continue programmes (e.g. community savings groups, CAIs, or demographic data dissemination), this has not translated into sustained government budgetary support. Initiatives introduced under donor-funded frameworks are rarely integrated into routine government financing, and community-based mechanisms often collapse within a year of support ending. In a context of limited national resources, the lack of systematic planning for resource mobilisation, exit strategies, and institutional handover (e.g. in school re-enrolment efforts or psychosocial support) severely weakens the durability of results. Without a strategic shift toward co-financing, transition planning, and local ownership, the long-term impact of UNFPA’s support remains vulnerable to future funding fluctuations.

## Conclusions on Coverage

**Conclusion 15: UNFPA’s geographic coverage of humanitarian interventions has been strategically focused but remains uneven across provinces.**

UNFPA has concentrated the majority of its humanitarian programming in Cabo Delgado, responding to the acute needs of conflict-affected populations in that province. This has enabled the agency to provide sustained support in areas with high concentrations of internally displaced persons (IDPs), including through the “My Decision, My Future” initiative and mobile health brigades. However, this strategic focus has limited the reach of UNFPA interventions in other affected areas. In Sofala, for instance, only four districts received significant support, leaving the remainder underserved. Similarly, in Tete and Mocuba, logistical constraints like lack of water infrastructure or prioritisation of high birth rate zones meant that large parts of the population were not reached. Budgetary limitations have also prevented coverage of areas identified by national authorities (e.g. INGD) as priority zones, such as Gaza and Manica.

Efforts to adopt flexible and adaptive delivery mechanisms – including mobile brigades, reception centres, and the use of schools and markets as service points – have improved reach in remote

areas. However, the uneven frequency and inconsistent access to services have hampered the long-term impact of these models. Many victims, especially those located far from established referral centres such as CAIs, are still unable to access services due to transport barriers and lack of outreach capacity. This suggests that while UNFPA has made practical adaptations to extend coverage with the limited resources available, the depth and regularity of interventions remain insufficient in areas outside its primary geographic focus.

The geographic distribution of other key development programmes implemented in humanitarian settings, such as Rapariga Biz and SYP, further reflects this imbalance. Although effective within their operational zones, these initiatives are currently present in only 11 and 6 districts respectively, limiting their contribution to broader humanitarian coverage. Moreover, delays in procurement and distribution – as occurred with dignity kits in Sofala – have further constrained the timeliness and reach of interventions, even in target locations. Overall, UNFPA’s humanitarian footprint remains substantial but uneven, with strategic depth in some provinces offset by limited presence in others due to funding, logistics, and partner capacity constraints.

**Conclusion 16: UNFPA’s reach to the most vulnerable and marginalised groups has improved but lacks systematic inclusion across all diversity dimensions.**

UNFPA has demonstrated a consistent commitment to reaching key vulnerable groups, especially women and adolescent girls, in its humanitarian programming. Displaced populations in provinces like Cabo Delgado and Nampula have benefited from targeted SRHR services, dignity kits, and psychosocial support delivered through REPSSI and mobile brigades. Notably, 317 families affected by Cyclone Fred and 16 displaced families in Cabo Delgado received emergency support that addressed basic protection and hygiene needs. These actions reflect a strong gender and youth focus and a deliberate attempt to respond to immediate vulnerabilities in crisis-affected contexts.

However, beyond this core focus, the inclusion of marginalised and intersectionally vulnerable groups – such as people with disabilities, LGBTQI+ individuals, persons living with HIV, or internally displaced persons – has not been systematically ensured. While there are isolated examples of inclusive programming, such as dignity kits and psychosocial services reaching women with disabilities, these efforts are neither consistently planned nor adequately tracked. There is limited evidence of specific targeting or tailored programming for LGBTQI+ populations, sex workers, persons living with HIV, or internally displaced persons or religious minorities, and these groups remain largely absent from official humanitarian strategies. Intersectional vulnerabilities – for instance, among adolescent girls with disabilities or displaced LGBTQI+ youth – are not explicitly addressed, limiting the equity of the response.

Additionally, the logistical rigidity of partner operations further constrains equitable access. According to INGD, some newly affected vulnerable communities are not reached because implementing partners do not reallocate resources in real time due to budget constraints or coordination gaps. This has left certain groups outside the scope of interventions despite increasing needs. While adolescent girls are consistently prioritised, a more systematic and inclusive planning framework is needed to ensure that all marginalised populations – particularly those at the intersection of multiple vulnerabilities – are considered. Without such mechanisms, humanitarian coverage will continue to reflect partial inclusion and gaps in programmatic equity.

## Conclusions on Connectedness

**Conclusion 17: UNFPA has progressively integrated longer-term development goals into its humanitarian response, particularly through anticipatory planning, gender-transformative approaches, and institutional engagement.**

UNFPA's humanitarian interventions increasingly align with the strategic outcomes of the country programme by embedding development-oriented principles within emergency actions. For instance, dignity kit distributions are systematically accompanied by awareness sessions on GBV and PSEA, contributing to behavioural change and community mobilisation. In resettlement sites, the deliberate use of culturally sensitive practices – such as gender-segregated spaces and the involvement of local midwives (*matronas*) – further reinforces alignment with long-term gender and protection goals.

Moreover, the piloting of the Anticipatory Action Framework in cyclone-prone districts of Nampula and the repeated mobilisation of CERF and ERF funds for climate-related emergencies in 2025 reflect a shift from reactive to proactive planning. Although Anticipatory Action remains at an early stage of programming and focused mostly on preparedness (for example, preparing response to cyclones 72 hours before landfall), it introduces risk mitigation measures and improves institutional agility, which are crucial for bridging relief and development.

The integration of educational and economic empowerment components within humanitarian contexts also signals UNFPA's commitment to the nexus approach. Examples include the rollout of Comprehensive Sexuality Education (CSE), the continuation of psychosocial services in conflict-affected areas like Cabo Delgado, and the training of school mentors. These layered interventions reflect efforts to ensure that emergency programming leaves behind stronger systems and lasting benefits.

**Conclusion 18: UNFPA has contributed to strengthening institutional humanitarian capacity, particularly at the national and provincial levels, but community-level preparedness and protection sensitivity remain underdeveloped.**

UNFPA's collaboration with the National Institute for Disaster Management in developing a national Code of Conduct for humanitarian workers is a noteworthy step toward institutionalising ethical standards in emergency response. Additionally, joint programming with education, justice, and social protection sectors (e.g. DPGCAS, PRM, Attorney General's Office) has improved inter-sectoral coordination and helped mainstream gender and protection standards into government-led responses. Its support to the Ministry of Health and provincial health directorates has improved the integration of sexual and reproductive health and gender-based violence services into emergency preparedness and response frameworks. Investments in training, supply chain management, and coordination mechanisms have enhanced the ability of government institutions to respond more systematically to crises such as cyclones, floods, and the ongoing conflict in Cabo Delgado. These efforts have laid an important foundation for embedding SRHR and protection within broader humanitarian systems.

Nonetheless, at the community level, significant capacity gaps persist. Local Risk and Disaster Management Committees – designed to be gender-balanced and inclusive of persons with disabilities – still lack adequate training in key protection areas, including GBV and inclusive humanitarian action. While UNFPA has begun rolling out targeted training for these actors, coverage is far from universal and operational readiness remains low.

These gaps reflect broader challenges in scaling up inclusive and protection-sensitive approaches beyond formal institutions. Without sufficient investment in local structures, such as these committees and community health actors, the durability and reach of UNFPA's humanitarian-development nexus will remain limited. To ensure sustainability and responsiveness, future efforts should prioritise decentralised capacity-building and clearer mechanisms for community-level preparedness and recovery.

# Chapter 6: Recommendations

## Recommendations on Relevance

### **Recommendation 1: Deepen UNFPA's leadership and visibility in SRHR, gender equality and population data and policy, while reinforcing inclusion and equity frameworks**

To further consolidate its position as the reference organisation for SRHR in Mozambique, UNFPA should expand and deepen its engagement in underserved provinces and with marginalised populations. This includes continuing and strengthening interventions underserved provinces and districts, while ensuring that programming consistently addresses the needs of LGBTQI+ individuals, persons with disabilities, sex workers, persons living with HIV, and internally displaced persons. Disseminating clear and evidence-based messages on UNFPA's mandate and comparative advantage – through strategic communication, stakeholder dialogues, and high-level advocacy – will also enhance visibility and understanding of its normative and operational roles.

At the same time, programme design should include more deliberate equity markers across all interventions to monitor disaggregated reach and effectiveness. This includes more systematic use of disability data (e.g., Washington Group Questions), stronger intersectional gender analysis, and inclusion of participatory planning mechanisms involving underrepresented groups. Adolescent and youth programming, such as Rapariga Biz and SYP, should maintain their momentum while continuing and expanding inclusive male-engagement and differentiated outreach strategies that reflect Mozambique's sociocultural diversity.

To ensure evidence-based advocacy and programme relevance, UNFPA should invest in improving and strengthening data quality of national and subnational data systems related to SRHR, GBV, and population dynamics. This includes technical support to INE, DPGCAS, and MoH, and stronger use of administrative and survey data to monitor trends, inform targeting, and enhance accountability for equity outcomes. UNFPA should capitalise on its data planning coordination role to support the harmonising of divergent national data (across data sources, within UN agencies and across government institutions), namely by leveraging existing arrangements with the Office of the President, the Prime Minister and provincial governments. Leveraging support with INE for a functional decentralised website will allow easy access to and reliably available online subnational data and data outputs (at province or district level) thus facilitating digital data dissemination and subnational data availability, including for timely humanitarian response. UNFPA's population data and policy mandate would be consolidated through its support of the government in elaborating an updated national population policy including a costed monitoring and evaluation plan.

### **Recommendation 2: Embed anticipation and resilience-building within the country programme and reinforce cross-sectoral system-strengthening**

Embedding anticipation and resilience-building within the country programme will strengthen Mozambique's capacity to respond proactively to shocks, while reinforcing cross-sectoral system-strengthening ensures that SRHR, GBV, and health services remain functional during crises. Mechanisms for integration can include linking early warning systems, community-based preparedness, mobile service provision, and multi-sectoral coordination platforms with ongoing programme activities.

Building on its capacity to adapt to emergencies, UNFPA should institutionalise anticipatory planning and risk-informed programming across humanitarian and development streams. This involves mobilising more resources and funding for formalising the Anticipatory Action Framework, piloted in Nampula, and extending it to other climate-affected provinces, particularly cyclone-prone districts. Incorporating early warning triggers into programme planning would improve timeliness and reduce emergency response delays. UNFPA should also reinforce

partnerships to strengthen forecasting, pre-positioning, and contingency planning in collaboration with INGD, OCHA, WFP, the Ministry of Health, and humanitarian coordination platforms.

Additionally, UNFPA should continue to scale up its role in Cabo Delgado, where persistent needs and insecurity require durable, integrated approaches. This includes continuing and strengthening coordination with local institutions, training multisectoral protection committees, and assessing the feasibility of developing structured Centros de Acolhimento (Reception or Safe Spaces) that combine protection, referral, and psychosocial services for women, adolescents, and survivors of GBV.

Finally, investing in local systems and capacities is critical to sustainability. This includes reinforcing training-of-trainers models, providing recurrent support to Local Disaster Committees, and ensuring that community-based structures – such as youth mentors, matronas, and focal points – are supported beyond initial training. Where possible, UNFPA should work with sectoral ministries to explore financing mechanisms for gradual government absorption or cost-sharing, especially for frontline SRHR and GBV service delivery.

## Recommendations on Coherence

### **Recommendation 3: Institutionalise strategic partner mapping and joint planning mechanisms**

To strengthen coherence across programme components and improve the alignment of local partnerships with national priorities, UNFPA should invest in a systematic mapping of implementing partners at all levels. This exercise should identify comparative advantages, existing networks, and geographic and thematic coverage gaps. The findings can inform a partner engagement strategy that includes structured processes for joint planning, coordinated delivery, and shared monitoring frameworks – particularly across interventions in SRHR, GBV, and youth programming – previous to the regular biannual meetings.

Establishing regular planning and review meetings with government and civil society actors – especially at provincial and district levels – would foster transparency and ownership. Platforms such as the multisectoral GBV coordination groups and district referral networks can serve as entry points for more inclusive and sustained coordination. Further, standardising tools and methodologies (e.g., CSE manuals, GBV protocols) across joint UN programmes would help reduce fragmentation, enhance complementarities, and facilitate joint capacity-building efforts, placing UNFPA as a key contributor to the UN reform aims at improved UN coordination.

UNFPA should also build communication protocols that ensure all stakeholders are informed of programme design and implementation decisions in a timely manner. This will enhance trust and operational coherence, ensuring community-based structures (e.g., Clube dos Rapazes, safe spaces) are more effectively linked to institutional referral pathways.

### **Recommendation 4: Reinforce GBV sub-cluster leadership and address operational vulnerabilities in funding or staffing**

UNFPA's leadership of the GBV sub-cluster should be consolidated by developing a contingency plan for human resource gaps, particularly in provinces with acute humanitarian needs such as Cabo Delgado. This may include reinforcing the deployable roster of GBV coordination experts, mentoring junior staff to support provincial leadership, and formalising co-ordination arrangements with government actors like DPGCAS to enhance continuity and local accountability.

At the same time, the GBV sub-cluster's data systems should be strengthened to include population group disaggregation – such as by age, disability, and gender identity – to better track service coverage and equity. Investments in disability-inclusive data and vulnerability mapping (e.g., intersectionality of gender and disability in GBV risk exposure) would enhance the

responsiveness of coordination mechanisms and enable more targeted support to underserved groups.

Finally, to maintain coherence during funding or staffing disruptions, UNFPA should institutionalise digital coordination mechanisms for the cluster – such as the GBV WhatsApp group and 5W dashboard reporting – and integrate them with anticipatory action tools and national early warning systems for improved cluster leadership. This would ensure a more resilient and synchronised GBV response across partners and locations.

## Recommendations on Effectiveness

### **Recommendation 5: Strengthen integration between national and subnational implementation through improved coordination and monitoring systems**

To enhance the full realisation of programme effectiveness, UNFPA should invest in bridging operational gaps between national strategies and decentralised implementation. This includes improving the consistency of coordination structures and communication flows between provincial and district actors, as well as ensuring that partners at all levels – and not just at central level – are equipped with the necessary operational guidance and tools, namely those needed for the Quantum platform. Joint planning exercises and harmonised monitoring frameworks promoted at national and provincial levels to align priorities could further address data and information needed, indicators, and reporting practices. This would also support more coherent delivery across sectors at local level, particularly in SRHR and GBV response. Moreover, UNFPA should focus on strengthening the data systems and knowledge platforms on population changes with a focus on diversity and disparities to inform development policies and programmes, resilience building, emergency preparedness and response.

To operationalise this, UNFPA could use regular joint reviews at provincial level to identify bottlenecks, sharing lessons, and adjusting implementation strategies in real time. Strengthening the role of provincial focal points, ensuring continuity in coordination (e.g. GBV sub-cluster), and integrating disaggregated data collection systems at subnational level – particularly for disability and youth – are essential to improving vertical coherence. These systems should be compatible with national information platforms such as SISMA.

To monitor the shift from policy to practice of population dynamics integrated in key national strategies, the recommendation is for UNFPA to support the elaboration of an intersectoral implementation monitoring plan of the social and demographic transformation pillar in the Government's Quinquennial Plan (PQG 2025-2029) and National Strategy for Development (ENDE 2025-2044) at the central and subnational level with government agencies such as education, health, vocational training, science and technology. Periodic reports (quarterly or semestral) should be presented and disseminated to track progress

### **Recommendation 6: Consolidate effective community-based models and, subject to available resources, scale up inclusive programming for vulnerable and underserved groups**

UNFPA should capitalise on successful models – such as Clubes de Rapazes (Boys' clubs), Cantos de Saúde Escolares (school-based health corners), and community-led GBV response platforms – by supporting their formalisation into national policies, expanding geographic coverage, and adapting them to reach groups still underrepresented in programming, continuing the development of the male engagement strategy, the ongoing incorporation of community actors in the multi-sectoral mechanism given their role in referrals (which in turn contributes to institutionalise the community based referrals/ response). While adolescents and youth have been a consistent focus, future interventions should also ensure that intersectional vulnerabilities (e.g. adolescent girls with disabilities, LGBTQI+ youth, and young people in conflict zones) are

systematically integrated into programme design, implementation, and monitoring. Taking advantage of, for example, the plug-in module currently being developed for the mentorship manual that is specific for conflict settings as well as climate shock prone areas, will help address intersectionality.

A comprehensive strategy for scaling should include funding mobilisation for targeted investments in the training and the evaluation of possibilities for the retention of mentors and facilitators, provision of essential materials and transport, and strengthened referral linkages to health and social services. These efforts would benefit from stronger engagement with local authorities and schools, as well as expanded partnerships with specialised organisations working on disability inclusion and minority rights. The collection and use of disability-disaggregated data should be standardised across all outcome areas to ensure effectiveness in reaching the most marginalised.

## Recommendations on Efficiency

### **Recommendation 7: Strengthen procurement and supply chain systems with a focus on timeliness, green practices, and anticipatory planning**

UNFPA should consolidate its existing procurement procedures by investing in the institutionalisation of already existing guidance on green procurement policies and embedding climate-resilient supply chain practices across the programme cycle. This includes supporting enhanced coordination between government central and provincial offices to ensure timely delivery of essential commodities – particularly contraceptives and dignity kits – and avoiding delays caused by logistical bottlenecks or centralised decision-making. Furthermore, aligning procurement planning with the national anticipatory action framework under development (especially for cyclone-prone areas) could reduce disruptions in emergency contexts. UNFPA can also enhance efficiency by supporting the establishment of local procurement thresholds, pre-positioning critical supplies, and supporting local suppliers that comply with green standards.

Increased visibility and documentation of green procurement practices – such as sustainable sourcing, local packaging solutions, and low-emission transport – would contribute to UNFPA's broader climate commitments and demonstrate leadership among development partners. These practices should be included in annual performance reporting and procurement audits to promote transparency and alignment with Sustainable Development Goal 12 (responsible consumption and production).

Finally, regular capacity-building workshops on green and timely procurement for implementing partners and UNFPA logistics staff, especially at the subnational level, would support standardisation and reduce inefficiencies linked to limited oversight. The use of digital tracking tools to monitor the timeliness and sustainability of deliveries could further enhance accountability and responsiveness – and this could be done with UNFPA support.

### **Recommendation 8: Improve financial and operational oversight mechanisms to reduce inefficiencies and enhance value for money**

To improve efficiency across the programme, UNFPA should help strengthening oversight and accountability mechanisms with implementing partners, focusing on performance-based budgeting, financial tracking, and routine operational audits. Delays in reporting, reduced logistical coordination, and weak stock management systems have led to avoidable costs, as evidenced by gaps in contraceptive availability and late delivery of emergency supplies. Supporting the establishment of standard operating procedures (SOPs) for joint planning, stock monitoring, and delivery at both national and subnational levels would address these challenges and enhance resource alignment. Mozambique has developed a manual of procedures for the management of medicines and medical supplies, which provides guidance on the management

of medicines at different levels of the logistics chain (provincial and district warehouses, hospitals, and health units). However, the SOPs are not properly followed due to frequent staff turnover, insufficient funds, and a lack of training and supervision, which must be continuously reinforced, namely with UNFPA support.

UNFPA should also help piloting efficiency indicators – such as delivery lead times, logistics cost per unit delivered, and timely disbursement rates – within its results-based management system. These indicators should be tracked quarterly and used for adaptive planning and mid-cycle reviews. Moreover, decentralised units should be given greater autonomy to procure low-value items locally, based on predefined criteria and financial thresholds, to reduce bottlenecks at central level; UNFPA could advocate for this.

Lastly, leveraging existing digital tools such as Quantum for partner performance monitoring – including dashboards linking financial data with output achievements – would allow for early detection of underperformance or inefficiencies. Partner agreements should include explicit provisions for adaptive measures in case of delays or bottlenecks, with quarterly reviews to enforce accountability and ensure corrective actions are implemented in a timely manner.

## Recommendation on Sustainability

**Recommendation 9: To enhance sustainability, UNFPA should strengthen operational transition planning and promote greater national ownership of core functions by embedding exit strategies and cost-sharing mechanisms from the outset of programming.**

This includes phased transition plans for key interventions such as youth mentorship, GBV services, and safe spaces – ensuring they are progressively absorbed by relevant government departments (e.g., DPGCAS, MISAU, MINEDH) with allocated budgets and staffing, for which UNFPA needs to advocate. Formalising co-responsibility frameworks and integrating activities into provincial and district development plans would also reinforce long-term uptake and continuity.

In parallel, UNFPA should support the institutionalisation of core systems that enable government autonomy over time. This involves capacity development for public procurement of essential SRHR commodities and contraceptives, as well as technical support for routine production and use of disaggregated data (by age, gender, disability) in planning and budgeting. Building robust local capacity in demographic analysis, health logistics, and M&E can reduce reliance on international technical assistance and enable more targeted and sustainable responses to population needs.

Scholarships for tertiary education in demography, statistics or relevant fields (Masters and PhD level) are recommended for long term capacity development. A jointly designed and tailored capacity development package is recommended for a medium length capacity development aimed at government focal points and government leaders for policy advocacy including practical training internships (in academic or government institutions). A training of trainers' model for capacity development is recommended for short trainings. To capitalise on external consultants' expertise, UNFPA should include capacity development or training objectives as part of the deliverables to benefit government partners. A model of in-house consultants can also be adopted. There is a need for UNFPA to support the breakdown of working definitions of concepts such as 'demographic transition' and 'demographic dividend' into easily understood, practical parts.

Finally, UNFPA could pilot mechanisms for knowledge transfer and replication at the community level to extend programme durability beyond direct funding cycles. These could include mentorship cascading systems, peer learning exchanges across provinces, and multimedia

communication toolkits to reinforce behaviour change messaging in the absence of facilitators. Encouraging community reinvestment in infrastructure and tools (e.g., maintaining Cantinhos Escolares or health corners) can also support continuity of results while fostering local accountability.

## Recommendation on Coverage

**Recommendation 10: To enhance the equity and comprehensiveness of its humanitarian programming, UNFPA should undertake a systematic reassessment of geographic and population coverage, using updated vulnerability mapping tools that integrate multi-sectoral and intersectional data.**

This process should go beyond current concentration in high-visibility areas like Cabo Delgado where government and the UN have focused their interventions and identify underserved districts and provinces – where displaced populations and climate-related risks persist and/or are more likely to occur – and amplify the work there. Mapping should continue to include and be more assertive on vulnerability criteria such as disability status, HIV vulnerability or gender to improve inclusivity in programme design and targeting.

In parallel, UNFPA should strengthen its participation in inter-provincial coordination mechanisms and role in the development of monitoring tools that track service delivery equity across humanitarian sites. This includes harmonising approaches with INGD and local government structures to avoid fragmented operations and ensure that emerging needs, particularly in hard-to-reach or newly affected areas, are quickly addressed. Provided funding is available, tools like digital dashboards or partner 5W matrices should be used proactively to redirect interventions as new emergencies evolve or existing ones shift geographically but also to better target UNFPA's vulnerability cohorts.

To close existing inclusion gaps, interventions should embed inclusive targeting protocols from the outset – ensuring systematic disaggregation of data by gender, age, disability, and other markers of vulnerability, to the extent possible. Community-based monitoring mechanisms such as those developed by the IPs can also be leveraged to validate whether the most at-risk individuals are being reached, particularly adolescent girls with disabilities, LGBTQI+ youth, and the internally displaced. This would foster greater programmatic equity and reinforce UNFPA's commitment to leaving no one behind.

## Recommendation on Connectedness

**Recommendation 11: To reinforce the integration of humanitarian interventions with long-term development goals – the nexus approach – UNFPA should deepen its anticipatory planning and institutional engagement strategies while simultaneously strengthening community-level preparedness.**

Building on the promising adoption of Anticipatory Action frameworks in provinces like Nampula, future programming should support the institutionalisation of these approaches within government systems. Subject to adequate funding availability and mobilisation, this includes improving early warning capacities, supporting the integration of anticipatory planning into provincial and district-level contingency plans through UNFPA's participation in the OCHA Technical Working Group and embedding gender-transformative and protection-sensitive standards across humanitarian and development operations.

Furthermore, UNFPA can work toward increasing government capacity in critical systems such as civil registration, data management, and health logistics by providing critical support.

Investments in digital infrastructure – for example, in the strengthening of digital platforms for Registries and Notary (Direcção Nacional de Registos e Notariado, DNRN) services – can support sustainable, locally managed solutions that bridge emergency response and service continuity. These systems should also include disaggregated data collection capabilities to ensure more inclusive service delivery, particularly for women, youth, and persons with disabilities in humanitarian contexts.

Finally, to strengthen the sustainability of connectedness, UNFPA should invest in supporting community-level preparedness mechanisms that are both gender-responsive and inclusive. This involves expanding training and technical support to Local Risk and Disaster Management Committees through UNFPA's main partner, the INGD, ensuring they are not only structurally inclusive but also operationally equipped to manage protection concerns. Establishing partnerships with local organisations that represent marginalised groups – including LGBTQI+, PLHIV, or persons with disabilities – can ensure community voices are reflected in both humanitarian planning and recovery efforts. Globally, this would mean amplified linkages between the humanitarian and development nexus approach.

# Annexes

## Annex 1: Evaluation matrix

Criteria	Questions	Assumptions for verification	Quantitative and qualitative indicators to verify or refute the assumptions	Methods and tools for data collection
<p><b>Relevance</b>  <i>The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change</i></p>	<p>Q1. To what extent is the country programme <b>adapted</b> to (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (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 the SDGs, the New Way of Working and the Grand Bargain<sup>71</sup></p>	<p>A1. The country programme is aligned with needs, national strategies, UNFPA objectives, and international frameworks</p>	<p>1.1. Degree of alignment with the needs of diverse populations;            1.2. Degree of alignment with national development strategies and policies;            1.3. Degree of alignment with the strategic direction and objectives of UNFPA;            1.4. Degree of alignment with priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, the New Way of Working and the Grand Bargain</p>	<ul style="list-style-type: none"> <li>● Document review (esp. programme document)</li> <li>● Stakeholder interviews with CO staff and government officials</li> </ul>
	<p>Q2. To what extent has the country office been able to <b>respond to changes</b> in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crises or major political changes?</p>	<p>A2. The country office has been responsive to crises and shifting needs</p>	<p>2.1. Number of changes made to programme and/or activities to adapt to national needs            2.2. Number of changes made to respond to natural or political crises</p>	<ul style="list-style-type: none"> <li>● Document review (esp. annual plans and evaluations)</li> <li>● Stakeholder interviews with CO staff and implementing partners</li> </ul>
	<p>Q3. To what extent has UNFPA ensured that the varied needs of <b>vulnerable and marginalized populations</b>, including adolescents and youth, those with disabilities and</p>	<p>A3. The programme planning and implementation took into consideration vulnerable and marginalised populations</p>	<p>3.1. Clear reference to the needs of vulnerable and marginalised populations in the programme planning</p>	<ul style="list-style-type: none"> <li>● Project documents and reports review</li> <li>● Stakeholder interviews with CO staff and</li> </ul>

<sup>71</sup> For more information, see [Agenda for Humanity](#), [Grand Bargain](#).

	population living in hard-to-reach areas, LGBTQ+, sex workers, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?		3.2. Proportion of vulnerable and marginalised populations addressed by interventions	implementing partners ● FGD ● Observation
<p><b>Coherence</b></p> <p><i>The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country</i></p>	Q4. To what extent has UNFPA coherently leveraged <b>strategic partnerships</b> with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?	A4. UNFPA coherently leveraged strategic partnerships that contributed to addressing its mandate in SRHR and gender equity coherently	4.1. Nature and quality of partnerships 4.2. Share of SRHR and gender equality-focused partnerships among total partnerships 4.2. Degree of coherence between thematic areas (SRHR, Gender, A&Y, P&D) 4.3. Degree of coherence between UNFPA intervention and projects implemented by other UN agencies, INGOs and development partners in the country	● Partnership mapping ● Stakeholder interviews with CO staff, programme managers
	Q5. To what extent has UNFPA's <b>leadership of the GBV sub-cluster</b> contributed to effective and timely delivery of services?	A5. The effectiveness and timeliness of GBV service delivery were largely attributable to UNFPA's strategic leadership and coordination role within the GBV sub-cluster	5.1. Percentage of GBV interventions delivered within established response timeframes and meeting quality standards 5.2. Percentage of partners acknowledging UNFPA's leadership and coordination role in the GBV sub-cluster	● GBV cluster partners interviews ● Cluster reports ● Stakeholder interviews with CO staff, programme managers
<p><b>Effectiveness</b></p> <p><i>The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups</i></p>	Q6. To what extent have the interventions supported by UNFPA <b>delivered outputs and contributed to the achievement of the outcomes</b> of the country programme? In particular: (i) increased access to 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	A6. UNFPA-supported interventions have been adequately designed and implemented in a way that ensures the timely delivery of outputs, which in turn contribute meaningfully to the achievement of the intended outcomes of the country programme	6.1. Level of achievement of outputs/outcomes, namely: 6.1.1. Increase of percentage of programme beneficiaries accessing integrated sexual and reproductive health services, disaggregated by age and sex 6.1.2. Percentage of adolescents and youth (aged 10–24) beneficiaries who	● Monitoring data ● Reports review ● Stakeholder interviews with CO staff, programme managers, and government officials ● Interviews with beneficiaries ● FGD ● Observation

	<p>reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes (v) gender-transformative humanitarian response and resilience building for populations vulnerable to shocks</p>		<p>report being able to access SRH services and exercise their sexual and reproductive rights freely and without discrimination</p> <p>6.1.3. Percentage of women and girls (aged 15–49) beneficiaries who report participation in household decision-making on health, education, and income</p> <p>6.1.4. Increase in the number of reported national development plans or sectoral policies that explicitly use population data disaggregated by sex, age, and geographic location</p>	
	<p>Q7. To what extent has UNFPA successfully integrated <b>human rights, gender perspectives and disability inclusion</b> in the design, implementation and monitoring of the country programme?</p>	<p>A7. UNFPA has systematically integrated human rights principles, gender equality considerations, and disability inclusion across all stages of the country programme – design, implementation, and monitoring</p>	<p>7.1. Percentage of country programme outputs and donor-funded project outputs and outcomes that explicitly integrate human rights, gender equality, and disability inclusion in their design and implementation plans</p> <p>7.2. Percentage of M&amp;E tools and reports that include disaggregated data (by sex, age, disability) and assess equity, inclusion, and non-discrimination</p>	<ul style="list-style-type: none"> <li>● Document review (esp. programme and project documents and M&amp;E reports)</li> </ul>
<p><b>Efficiency</b> <i>The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?</i></p>	<p>Q8a. To what extent has UNFPA made good use of its human, financial and administrative <b>resources</b>? To what extent did the intervention provide value for money</p> <p>Q8b To what extent UNFPA used a set of appropriate <b>policies, procedures and tools</b>, including green procurement practices to pursue the</p>	<p>A8. UNFPA has effectively allocated and managed its human, financial, and administrative resources, and has applied appropriate policies, procedures, and tools, including green procurement, to ensure efficient and results-oriented implementation of the country</p>	<p>8.1. Resource allocation per intended output</p> <p>8.2. Budget execution</p> <p>8.3. Level of use of appropriate procedures and tools including green procurement</p> <p>8.4. Timeliness of the interventions</p>	<ul style="list-style-type: none"> <li>● Financial and HR records</li> <li>● Interviews with finance and admin staff, programme team</li> </ul>

	achievement of the outcomes defined in the county programme? Q8c What were the innovations applied by the programme? Q8d Were the interventions done at useful time?	programme, thereby supporting the achievement of intended outcomes.  A8b The interventions were implemented at an appropriate and opportune time		
<b>Sustainability</b> <i>The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).</i>	Q9. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in <b>developing capacities and establishing mechanisms to ensure the durability</b> of effects?	A9. UNFPA has effectively supported implementing partners and rights-holders – particularly women, adolescents, and youth – in building sustainable capacities and establishing institutional and community-based mechanisms that contribute to the long-term durability of programme outcomes	9.1. Percentage of implementing partners reporting strengthened institutional capacity to deliver and sustain services aligned with UNFPA's mandate (e.g. SRHR, GBV, gender equality) 9.2. Number of community- or government-led mechanisms (e.g. youth networks, GBV referral systems, health committees) established or strengthened with UNFPA support that remain operational 12+ months after initial support	<ul style="list-style-type: none"> <li>● Interviews with implementing partners, communities</li> <li>● Stakeholder interviews with CO staff, programme managers, and government officials</li> <li>● FGD</li> <li>● Observation</li> </ul>
<b>Coverage</b> <i>The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators need to assess the extent of inclusion bias – that is, the inclusion of those in the groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity)</i>	Q10. To what extent have UNFPA <b>humanitarian interventions</b> systematically <b>reached all geographic areas</b> in which affected populations (women, adolescents and youth) reside?	A10. UNFPA humanitarian interventions have been strategically planned and implemented to ensure systematic coverage of all geographic areas where affected populations – particularly women, adolescents, and youth – reside	10.1. Portion of identified geographic areas with affected populations (women, adolescents, and youth) that received UNFPA-supported humanitarian services	<ul style="list-style-type: none"> <li>● Field reports</li> <li>● GIS mapping</li> <li>● Stakeholder interviews</li> <li>● FGD</li> <li>● Observation</li> </ul>
	Q11. To what extent have UNFPA <b>humanitarian interventions</b> systematically reached the <b>most vulnerable and marginalized groups</b> (young people and women with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations, etc.)?	A11. UNFPA humanitarian interventions have been designed and implemented with a deliberate focus on inclusion, ensuring that the most vulnerable and marginalised groups – such as young people and women with disabilities, racial, ethnic, religious and national minorities, and LGBTQI populations – are systematically identified and	11.1. Percentage of UNFPA humanitarian interventions that include targeted outreach or tailored services for at least three identified marginalised or vulnerable groups	<ul style="list-style-type: none"> <li>● Programme documents</li> <li>● Survey data, demographic analysis</li> <li>● Stakeholder interviews with CO, programme managers, minority group</li> </ul>

		reached with appropriate services and support		representatives, local NGOs ● FGD ● Observation
<b>Connectedness</b> <i>The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions</i>	Q12. To what extent has the UNFPA <b>humanitarian response</b> taken into account longer-term <b>development goals</b> articulated in the results framework of the country programme?	A12. UNFPA's humanitarian response has been strategically aligned with the longer-term development goals of the country programme	12.1. Percentage of humanitarian interventions that explicitly link to and contribute to outcomes or outputs in the country programme results framework	● Programme documents ● ToC analysis ● Stakeholder interviews with CO staff, planning officers, national partners
	Q13. To what extent has UNFPA contributed to <b>developing the capacity</b> of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, <b>respond to and recover from humanitarian crises</b> ?	A13. UNFPA has contributed to strengthening the institutional and operational capacity of local and national actors – including government ministries, youth and women's organisations, health facilities, and communities – to enhance preparedness, response, and recovery efforts in the face of humanitarian crises	13.1. Number of local and national actors reporting improved capacity to prepare for, respond to, and recover from humanitarian crises as a result of UNFPA support	● Stakeholder interviews with government agencies, local NGOs, community reps ● Training reports



## Annex 2: List of documents consulted

### UNFPA documents

1. UNFPA [Strategic Plan \(2018-2021\)](#) (incl. annexes)
2. [UNFPA Strategic Plan \(2022-2025\)](#) (incl. annexes)
3. [UNFPA Evaluation Policy \(2024\)](#)
4. [UNFPA Evaluation Handbook \(2024\)](#)
5. [Relevant centralised evaluations](#) conducted by the UNFPA Independent Evaluation Office.

### Mozambique national strategies, policies and action plans

6. Governo de Moçambique (2025) [Estratégia Nacional de Desenvolvimento](#) (ENDE) 2025-2044.
7. Government of Mozambique (2020) [Five-Year Government Program: 2020-2024](#)
8. Government of Mozambique (2025) National Development Strategy (2015-2035)
9. United Nations (2021) [United Nations Sustainable Development Cooperation Framework \(UNSDCF\)](#)
10. Government of Mozambique (2024) [National Review Report on Addis Ababa Declaration on Population and Development \(AADPD\) 2014 In Mozambique](#): Assessing the Status of Implementation of The Programme of Action of The International Conference on Population and Development 1994.

### UNFPA Mozambique CO programming documents

11. Government of Mozambique/UNFPA [10<sup>th</sup> Country Programme Document \(2022-2026\)](#).
12. Situation analysis for the Government of Mozambique/UNFPA 10<sup>th</sup> Country Programme (2022-2026)
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of the CP
16. Reports on core and non-core resources
17. CO resource mobilization strategy

### UNFPA Mozambique CO M&E documents

18. Government of Mozambique/UNFPA 10<sup>th</sup> Country Programme M&E Plan (2022-2026)
19. CO annual results plans and reports (SIS/MyResults)
20. CO quarterly monitoring reports (SIS/MyResults)

21. Donor reports of projects of the UNFPA Mozambique CO
22. [Evaluation of the Government of Mozambique/UNFPA 9<sup>th</sup> Country Programme \(2017-2021\)](#)
23. Country Office Financial Status 2022-2025

#### Other documents

24. ACAPS (2023) [Mozambique: Impact of the five-year conflict in Cabo Delgado](#).
25. CNCS, MISAU, Observatório Nacional de Saúde e UNAIDS (2025) Medição de Gastos em SIDA (MEGAS) em Moçambique 2021-2022.
26. Gaspar (2002) Population size, distribution, and mortality in Mozambique: 1960-1997, in Annababette Wils (ed). *Population-Development-Environment in Mozambique: Background Readings*. Laxenburg: International Institute for Applied Systems Analysis, pp. 5-34.
27. Germanwatch (2025) [Climate Risk Index 2025 – Who suffers most from extreme weather events?](#)
28. [HRP- Humanitarian Response Plan and related reports](#)
29. [IAHE- Inter-Agency Humanitarian evaluations](#)
30. INE (2024) [Estatísticas Vitais 2022-2023](#).
31. INS (2022) [Summary Sheet: Mozambique Population-Based HIV Impact Assessment](#), INSIDA 2021.
32. Instituto Nacional de Estatística (INE) e ICF (2024). [DHS 2022-2023](#). Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.
33. Ministério de Economia e Finanças, UNFPA (2024) [National Review Report Addis Ababa Declaration on Population and Development \(AADPD\) 2014 in Mozambique](#).
34. MPD, UNICEF, UNU WIDER, University of Copenhagen (2022) [Pobreza Infantil Multidimensional em Moçambique \(2014/15–2022\)](#).
35. National Institute of Statistics (INE) and UNFPA (2023). [Population Dynamics in Mozambique. Thematic Studies 2017 Census](#).
36. National Institute of Statistics (INE), UNFPA (2023) Fertility Thematic Study 2017 Census.
37. National Institute of Statistics (INE), UNFPA (2023) Maternal Mortality Thematic Study 2017 Census.
38. OCHA (2025) Mozambique: Cabo Delgado, Nampula & Niassa Humanitarian Snapshot, April 2025.
39. OECD/DAC [Network on Development Evaluation – Better Criteria for Better Evaluation – Revised Evaluation Criteria, Definitions and Principles for Use](#).
40. [RRP- Refugee Response Plan and related reports](#)
41. Stabilisation Unit (2018) [Elite Bargains and Political Deals Project: Mozambique Case Study](#).
42. Stigma Index (2025) [The People Living with HIV Stigma Index](#).
43. UNAIDS (2025) [Conheça a sua epidemia 2024](#).

44. UNAIDS (2025) [Mozambique data](#).
45. UNDP (2024) 2024 Global Multidimensional Poverty Index (MPI).
46. UNDP (2025) [Gender Inequality Index](#).
47. UNDP (2025) [Human Development Index](#) (HDI).
48. UNDP (2025) [Sustainable Development Report: SDG Dashboards and Trends](#).
49. UNDP (United Nations Development Programme) (2025) [Human Development Report 2025: A matter of choice: People and possibilities in the age of AI](#). New York.
50. UNEG (2016) [Norms and Standards for Evaluation](#).
51. UNEG (2020) [Ethical guidelines for Evaluation](#).
52. UNEG (2024) Integrating Human Rights and Gender Equality in Evaluations.
53. UNESCO (2023) [Mozambique: Education Country Brief](#).
54. UNFPA (2023) [Key humanitarian Results 2023](#).
55. UNFPA (2025) [Mozambique Population 2025](#).
56. UNICEF, UNFPA, DATA POP Alliance (2023) [Review of technology-based interventions to address child marriage and female genital mutilation: Mozambique case study](#).
57. UNSTATS (2025) [Traffic-light highlighting according to SDG Mozambique Country Profile](#).
58. USAID (2025) [Statcompiler](#).
59. World Bank (2025) [Literacy rate, adult total \(% of people ages 15 and above\)](#), Mozambique.
60. World Bank, [Life expectancy at birth, total \(years\)](#). Mozambique World Bank.

## Annex 3: List of persons met and their organisational affiliations/institutions

### Fieldwork agenda

Date	Time	Activity/Place/Organisation	Participants
June 10 Tue	Travel to Maputo		Cristina R
June 11 Wed	11:00	UNFPA	ET, UNFPA
June 12 Thu	8:00-15:00	Meetings in Maputo	ET
June 13 Fri	8:00-15:00	Meetings in Maputo	ET
June 14 Sat			
June 15 Sun	Travel to Pemba, Nampula, Quelimane, Beira		ET
June 16 Mon	8:00-15:00	Meetings in Pemba, Nampula, Quelimane, Beira	ET
June 17 Tue	8:00-15:00	Meetings in Pemba, Nampula, Quelimane, Beira	ET
June 18 Wed	8:00-15:00	Meetings in Pemba, Nampula, Quelimane, Beira	ET
June 19 Thu	8:00-15:00	Meetings in Pemba, Nampula, Quelimane, Beira	ET
June 20 Fri	8:00-15:00	Meetings in Pemba, Nampula, Quelimane, Beira	ET
June 21 Sat			
June 22 Sun			
June 23 Mon	8:00-15:00	Meetings in Pemba, Nampula, Quelimane, Beira	ET
June 24 Tue	8:00-15:00	Travel to Maputo	ET
June 25 Wed	8:00-15:00	Holiday	ET
June 26 Thu	8:00-15:00	Meetings in Maputo	ET
June 27 Fri	8:00-15:00	Meetings in Maputo	ET
June 28 Sat			
June 29 Sun			
June 30 Mon	8:00-15:00	Meetings in Maputo	ET
July 1 Tue	8:00-15:00	Meetings in Maputo	ET
July 2 Wed	8:00-15:00	Meetings in Maputo	ET
July 3 Thu	8:00-15:00	Meetings in Maputo	ET
July 4 Fri	8:00-15:00	Meetings in Maputo	ET
July 5 Sat			
July 6 Sun			
July 7 Mon	8:00-15:00	Meetings in Maputo	ET
July 8 Tue	8:00-15:00	Data analysis workshop Debriefing meeting Update of communication plan (as required)	ET, CO staff and ERG
July 9 Wed	Travel to Lisbon		Cristina R

### List of interviews and meetings

Place	Date	Organisation	Role	Consultant	Mode
	23 April	UNFPA	Programme staff Evaluation	All	Online
	14 May	UNFPA	UNFPA senior management	All	Online
	14 May	UNFPA	UNFPA senior management	All	Online
	15 May	UNFPA	International Technical Specialist, Population	All	Online
	16 May	UNFPA	Humanitarian	All	Online
	19 May	UNFPA	Gender and Youth	All	Online
	19 May	UNFPA	Youth	All	Online
	19 May	UNFPA	Cabo Delgado office	All	Online
	19 May	UNFPA	Cabo Delgado office	All	Online
	20 May	UNFPA	M&E	All	Online
	20 May	UNFPA	M&E Analyst, Nampula and Zambezia	All	Online

Place	Date	Organisation	Role	Consultant	Mode
	20 May	UNFPA	SRHR, Nampula and Zambezia	All	Online
	3 June	ERG	Evaluation reference group	All	Online
	12 June	REPSSI	Programme focal point	CR	In person
	12 June	REPSSI	Programme focal point	CR	In person
	12 June	HOPEM	National Coordinator	SG	In person
	12 June	HOPEM	Programme officer	SG	In person
	12 June	HOPEM	Advocacy Manager	SG	In person
	13 June	Coalizão	Director	CR	In person
	13 June	ASHA – Associação Sociocultural Horizonte Azul	Executive Director	CR	In person
	13 June	ASHA – Associação Sociocultural Horizonte Azul	GBV Cases National Manager	CR	In person
	13 June	ASHA – Associação Sociocultural Horizonte Azul	Programme Director	CR	Online
	13 June	DPGCAS Gaza		CR	Phone
	13 June	RTP – Right to Play	Director	CR	In person
	13 June	DKT Mozambique	Head of Family Planning Department	LC	In person
	13 June	FDC	UNFPA Projects Focal Point	LC	In person
	13 June	SPS Maputo	GBV Focal Point	SG	Online
	13 June	SPS Maputo	Medical Ass. Focal Point	SG	Online
	13 June	SPS Maputo	Administrator	SG	Online
	26 June	CNCS – Conselho Nacional de Combate ao Sida	Director	CR	In person
	26 June	CNCS – Conselho Nacional de Combate ao Sida	Planning, Adolescents and Youth, M&E	CR	In person
	26 June	CNCS – Conselho Nacional de Combate ao Sida	UNFPA focal point, Condom	CR	In person
	26 June	CNCS – Conselho Nacional de Combate ao Sida	Prevention	CR	In person
	26 June	DNRN – National Directorate of Registries and Notary	UNFPA focal point	CR	In person
	26 June	UEM - Universidade Eduardo	Director of Centre for African Studies	SG	In person

Place	Date	Organisation	Role	Consultant	Mode
		Mondlane			
	27 June	OCHA	Deputy Head of Office	CR	In person
	27 June	INE	Director Integration, Coordination and External Relations	SG	In person
	13 June	Kutenga	Program coordinator	CM	
	3 July	PSI	Program coordinator	CM	In person
	4 July	WHO	SRHR Officer	CM	In person
	4 July	WHO	Gender Specialist	CM	In person
	30 June	Embassy of the Kingdom of the Netherlands	Policy Officer for Regional (Southern Africa) SRHR & HIV/AIDS Programme	CR	In person
	30 June	Delegation of the European Union	Counsellor Governance and PALOP-TL	CR	In person
	1 July	IOM	Migration and Health officer	CR	In person
	1 July	Swedish Embassy	Deputy Head of Cooperation	CR	In person
	2 July	UNESCO	Education, Health and Well-Being project official	CR	In person
	2 July	Canada High Commission	Acting Deputy Director	CR	In person
	2 July	Canada High Commission	International Assistance Officer	CR	
	2 July	KOICA	Program Manager	SG	In person
	3 July	UNDP	Monitoring and Evaluation	CR	In person
	3 July	Swiss Development Cooperation	Programme Officer	CR	Online
	4 July	UNFPA	Procurement Analyst	CR	In person
	4 July	UNFPA	Senior Procurement Associate	CR	In person
	4 July	INGD	Safeguards Division Officer	CR	In person
	4 July	INGD	Safeguards Division Officer	CR	In person
	4 July	UK High Commission	Human Development Advisor	CR, SG	In person
	7 July	UNHCR	Programme Officer Cabo Delgado	CR	Online
	11 July	AMODEFA	Clinical Services Provision Officer - UNFPA Program Focal Point	SG	In person
	22 July	MPD	Development Specialist	SG	In person
	22 July	MPD	Poverty Specialist	SG	In person
	22 July	MPD	Development Specialist	SG	In person
	22 July	MPD	Development Specialist	SG	In person
Pemba	16 June	DPS Cabo Delgado	Head of MCH Program	LC	In person
Pemba	16 June	SPS de Cabo Delgado	Head of Public Health Department	LC	In person
Pemba	16 June	DPS de Cabo Delgado	Head of School Health Department	LC	In person
Pemba	16 June	DPS de Cabo Delgado	Head of Family Planning Unit	LC	In person
Pemba	16 June	DPGCAS	Gender Department	LC	In person
Pemba	16 June	DPGCAS	Gender Department	LC	In person
Pemba	17 June	INGD de Cabo Delgado	Province Representative	LC	In person

Place	Date	Organisation	Role	Consultant	Mode
Pemba	17 June	INGD de Cabo Delgado	Monitoring and Evaluation Coordinator	LC	In person
Pemba	17 June	GCR	Communication Officer	LC	In person
Pemba	17 June	GCR	Procurement Officer	LC	In person
Pemba	17 June	GCR	Finance and Administration Officer	LC	In person
Pemba	17 June	AMODEFA	Province Coordinator	LC	In Person
Pemba	17 June	FDC	Humanitarian Response Officer	LC	online
Pemba	20 June	Pemba Province Hospital	Clinical Director	LC	In Person
Pemba	20 June	Pemba Province Hospital	MCH Nurse	LC	In Person
Pemba	20 June	Maternity of Pemba Province Hospital	Maternity Head	LC	In Person
Pemba	20 June	Maternity of Pemba Province Hospital	Maternity Director	LC	In Person
Pemba	20 June	Maternity of Pemba Province Hospital	Head of Maternal Mortality Review Committee	LC	In Person
Mocimboa da Praia	18 June	MISAU - HD Mocimboa da Praia	Médico Chefe Distrital	LC	In Person
Mocimboa da Praia	18 June	MISAU - HD Mocimboa da Praia	Vice-Head of District MCH program	LC	In Person
Mocimboa da Praia	18 June	MISAU - HD Mocimboa da Praia	Head of Maternity Services	LC	In Person
Mocimboa da Praia	18 June	Muleide	Beneficiaries	LC	In person
Mocimboa da Praia	19 June	MISAU - SAAJ	Head of SAAJ Services	LC	In Person
Mocimboa da Praia	19 June	AMODEFA	MCH Nurse	LC	In Person
Mocimboa da Praia	19 June	GCR	Beneficiaries	LC	In person
Mocimboa da Praia	19 June	GCR	Beneficiaries	LC	In person
Chiure	23 June	MISAU HD Chiure	Director	LC	In Person
Chiure	23 June	MISAU - SAAJ Chiure	Vice Head of SAAJ	LC	In Person
Chiure	23 June	Wiwanana Cabo Delgado	Program Coordinator	LC	In Person
Pemba	24 June	OCHA	Head of Field Coordination & Chair of ICCG	LC	In person
Pemba	24 June	Wiwanana	Executive Director	LC	In Person
Pemba	20 June	SPS de Cabo Delgado	Director SPS de Cabo Delgado	LC	In Person
Chiure	23 June	Wiwanana	Beneficiaries	LC	In person

Place	Date	Organisation	Role	Consultant	Mode
Chiure		Wiwanana	Beneficiaries	LC	In person
Chiure		Wiwanana	Beneficiaries	LC	In person
Chiure		Wiwanana	Beneficiaries	LC	In person
Nampula	16 June	UNFPA Provincial Sub-office	M&E Officer	CM	In person
Nampula	16 June	UNFPA Provincial Sub-office	SRHR Officer	CM	In person
Nampula	16 June	SPS	Provincial Director	CM	In person
Nampula	16 June	SPS	Medical Chief	CM	In person
Nampula	16 June	DPS	Provincial Director	CM	In person
Nampula	16 June	DPS	SRHR Officer	CM	
Nampula	16 June	DPS	Medical Chief	CM	In person
Nampula	16 June	DPS	Finance Department	CM	In person
Nampula	16 June	Provincial Medical Storage (DPM Depósito Provincial de Medicamentos)	Head of office	CM	In person
Nampula	16 June	COALIZAO Association	Provincial Coordinator	CM	In person
Nampula	16 June	COALIZAO Association	Finance Officer	CM	In person
Nampula	17 June	DPJT (Provincial Department of Justice and Labour)	Focal Point	CM	In person
Nampula	17 June	Kutenda Association	Provincial Coordinator	CM	In person
Nampula	17 June	Kutenda Association	SRHR Program Officer	CM	In person
Nampula	17 June	Kutenda Association	A&YG Program Officer	CM	In person
Nampula	17 June	DPGCAS (Provincial Directorate of Gender, Child and Social Action)	Provincial Director	CM	In person
Nampula	17 June	ASCHA Association	A&YG Program Officer	CM	In person
Nampula	17 June	REPSSI	Program Officer	CM	In person
Nampula	17 June	SEAJ	GBV Focal Point	CM	Virtual
Nampula	17 June	FDC Association	GBV Program Officer	CM	Virtual
Meconta	18 June	SDSMAS	District Director	CM	In person
Meconta	18 June	SDSMAS	Medical Chief	CM	In person
Meconta	18 June	Health Centre	Nurse	CM	In person
Meconta	18 June	Health Centre	Nurse	CM	In person
Meconta	18 June	Health Centre	Nurse	CM	In person
Meconta	18 June	ASCHA Association	Mentor	CM	In person
Meconta	18 June	ASCHA Association	Mentor	CM	In person

Place	Date	Organisation	Role	Consultant	Mode
Meconta	18 June	ASCHA Association	Activist	CM	In person
Meconta	18 June	ASCHA Association	Activist	CM	In person
Meconta	18 June	ASCHA Association	Activist	CM	In person
Meconta	18 June	ASCHA Association	Activist	CM	In person
Meconta	18 June	ASCHA Association	Supervisor	CM	In person
Meconta	18 June	ASCHA Association	Mentor	CM	In person
Meconta - Namialo	19 June	ASCHA Association	Beneficiaries	CM	In person
Meconta - Namialo	19 June	DKT - Association	Nurse - Mobil Brigade	CM	In person
Meconta - Namialo	19 June	DKT - Health Centre	Nurse - Mobil Brigade	CM	In person
Meconta - Namialo	19 June	DKT – SRHR Brigade	Beneficiaries	CM	In person
Meconta - Namialo	19 June	DKT – SRHR Brigade	Activists	CM	In person
Meconta	19 June	Kutenda Association	Beneficiaries	CM	In person
Nacala	19 June	ASCHA - Association	Activists and Case Managers	CM	In person
Nacala	20 June	SDMAS	Director	CM	In person
Nacala	20 June	SDMAS	Medical Chief	CM	In person
Nacala	20 June	Urban Health Centre	Nurse	CM	In person
Nacala	20 June	Urban Health Centre	Focal Point GBV & SRHR	CM	In person
Nacala	20 June	Urban Health Centre	Director - Doctor	CM	In person
Nacala	20 June	Kutenga	Mentors	CM	In person
Nacala	20 June	FDC - GBV Program	Community Leaders and Beneficiaries	CM	In person
Nacala	21 June	Coalizão Association	Beneficiaries	CM	
Nacala	21 June	Coalizão Association	Mentors	CM	In person
Nacala	21 June	Coalizão Association	Supervisor	CM	In person
Nampula	23 June	DPEDH	Director	CM	In person
Beira	16 June	UNFPA Sofala Office	Sofala Sub-Office coordinator	SG	In person
Beira	16 June	UNFPA Sofala Office	M&E Analyst	SG	In person
Beira	16 June	DPS Sofala	Provincial Director of Health	SG	In person
Beira	16 June	DPS Sofala	MCH Provincial Supervisor	SG	In person
Beira	16 June	DPS Sofala	Child Health Provincial Focal Point	SG	In person
Beira	16 June	INGD Sofala	Social Safeguarding ad Environment Focal Point	SG	In person
Beira	17 June	UNFPA Sofala Office	Senior MCH Nurse	SG	In person

Place	Date	Organisation	Role	Consultant	Mode
Beira	18 June	CUAMM Sofala	Director	SG	In person
Beira	18 June	CUAMM Sofala	Project Manager	SG	In person
Beira	18 June	CAM Sofala	Project Manager	SG	In person
Beira	18 June	CAM Sofala	Monitoring and Design Officer	SG	In person
Dondo	18 June	SDSMAS	District Director	SG	In person
Dondo	18 June	SDSMAS	District MCH Nurse	SG	In person
Dondo	18 June	CS Dondo	MCH Nurse - Postpartum (Maternity Head substitute)	SG	In person
Dondo	18 June	CS Dondo	Anaesthetist Dondo Operation Block	SG	In person
Dondo	18 June	CUAMM	Community Activists	SG	In person
Nhamatanda	19 June	SDSMAS	Medical Chief	SG	In person
Nhamatanda	19 June	SDSMAS	District MCH Nurse	SG	In person
Nhamatanda	19 June	HR Nhamatanda	MCH Nurse - Family Planning	SG	In person
Nhamatanda	19 June	HR Nhamatanda	MCH Nurse - Family Planning	SG	In person
Nhamatanda	19 June	Escola Secundária Geral de Lamego	Focal Point for School Health	SG	In person
Nhamatanda	19 June	Escola Secundária Geral de Lamego	Focal Point Boys Activists	SG	In person
Nhamatanda	19 June	Escola Secundária Geral de Lamego	Focal Point Boys Activists	SG	In person
Nhamatanda	19 June	Escola Secundária Geral de Lamego	Activists	SG	In person
Nhamatanda	19 June	Escola Secundária Geral de Lamego	Members beneficiaries	SG	In person
Buzi	20 June	SDSMAS	Chief of Repartição	SG	In person
Buzi	20 June	SDSMAS	District MCH Nurse	SG	In person
Buzi	20 June	INGD	Focal Point	SG	In person
Buzi	20 June	Community Leaders	Community Leaders	SG	In person
Buzi	20 June	CUAMM	Afilhadas	SG	In person
Buzi	20 June	CUAMM	Girl Mentores	SG	In person
Buzi	21 June	Guara-Guara	Dignity Kit Beneficiaries	SG	In person
Buzi	21 June	Guara-Guara	Community leader Q23	SG	In person
Beira	23 June	DPGCAS (Provincial Directorate of Gender, Child and Social Action)	Head of Gender Department	SG	In person
Beira	23 June	SPS Sofala	Provincial Director	SG	In person
Beira	27 June	DPS Sofala	Focal Point Adolescent and Young People School Health	SG	Online
Beira	27 June	DPS Sofala	President Neo-natal and Maternal Mortality Audit	SG	Online

Place	Date	Organisation	Role	Consultant	Mode
			Committee		
Beira	3 July	INE Provincial Delegation	Head of Demographic and Social Statistics Department	SG	Online
Quelimane	16 June	UNFPA Zambézia	Programme Coordinator	CR	In person
Quelimane	16 June	UNFPA Zambézia	SRHR Programme Analyst	CR	
Quelimane	16 June	DPS Zambézia	CDSP	CR	In person
Quelimane	16 June	DPS Zambézia	CRPSP	CR	In person
Quelimane	16 June	DPS Zambézia	CRP Pharmacy logistics	CR	In person
Quelimane	16 June	DPS Zambézia	School and Adolescent and Youth Health	CR	In person
Quelimane	16 June	DPS Zambézia	ESMI	CR	In person
Quelimane	16 June	DPS Zambézia	Community Development	CR	In person
Quelimane	16 June	Intermediate storage of medicines	CRP Pharmacy	CR	In person
Quelimane	16 June	Intermediate storage of medicines	Warehouse Worker	CR	In person
Quelimane	17 June	DPGCAS Zambezia	Director of DPGCAS	CR	In person
Quelimane	17 June	DPGCAS Zambezia	Gender Department Head	CR	In person
Quelimane	17 June	INGD – National Institute for Disaster Risk Management and Reduction	Province Delegate	CR	In person
Quelimane	17 June	INGD – National Institute for Disaster Risk Management and Reduction	Department Head	CR	In person
Quelimane	17 June	INGD – National Institute for Disaster Risk Management and Reduction	Technical staff Planning, M&E	CR	In person
Quelimane	17 June	DPEC – Education and Culture Provincial Directorate	Studies and Planning Department Head	CR	In person
Quelimane	17 June	DPEC – Education and Culture Provincial Directorate	Director Transversal Matters Department	CR	In person
Quelimane	17 June	DPEC – Education and Culture Provincial Directorate	DP Secretary	CR	In person
Quelimane	17 June	NAFEZA – Núcleo Associações	Director	CR	In person

Place	Date	Organisation	Role	Consultant	Mode
		Femininas da Zambezia			
Quelimane	17 June	NAFEZA – Núcleo Associações Femininas da Zambezia	Coordinator, M&E	CR	In person
Quelimane	17 June	NAFEZA – Núcleo Associações Femininas da Zambezia	Coordinator Women and Girls	CR	In person
Quelimane	17 June	CAI – Centro de Atendimento Integrado	CAI Director	CR	In person
Quelimane	17 June	CAI – Centro de Atendimento Integrado	IPAJ – Instituto de Assistência e Patrocínio Jurídico	CR	In person
Quelimane	17 June	CAI – Centro de Atendimento Integrado	Social Action office	CR	In person
Quelimane	17 June	SMS BIZ Hub	Youth SMS providers	CR	In person
Quelimane	17 June	Coalizão	Director Zambezia	CR	In person
Quelimane	17 June	HOPEM network	Director Zambezia	CR	In person
Nicoadala	18 June	District Service of Health, Women and Social Action (SDSMAS)	SDSMAS Director	CR	In person
Nicoadala	18 June	District Service of Health, Women and Social Action (SDSMAS)	MCH / SMI District Supervisor	CR	In person
Nicoadala	18 June	District Service of Health, Women and Social Action (SDSMAS)	School, Adolescent and Youth Health Manager / SAAJ	CR	In person
Nicoadala	18 June	District Service of Health, Women and Social Action (SDSMAS)	Community Involvement Manager	CR	In person
Nicoadala	18 June	District Service of Health, Women and Social Action (SDSMAS)	Family Planning	CR	In person
Nicoadala	18 June	ESMI, Family Planning	Family Planning	CR	In person
Nicoadala	18 June	ESMI, Family Planning	Family Planning counselor	CR	In person
Nicoadala	18 June	Nicoadala Health Centre SAAJ of the	SAAJ Coordinator	CR	In person

Place	Date	Organisation	Role	Consultant	Mode
		Health Centre			
Nicoadala	18 June	Nicoadala Health Centre SAAJ of the Health Centre	ESMI, SAAJ	CR	In person
Nicoadala	19 June	Nicoadala Secondary School	School Director / Teacher Amigo	CR	In person
Nicoadala	19 June	Nicoadala Secondary School	Teacher	CR	In person
Nicoadala	19 June	Nicoadala Secondary School	Technical staff	CR	In person
Nicoadala	19 June	Espaço Seguro / Safe Space, Coalizão	Mentoras (grils)	CR	In person
Nicoadala	19 June	Espaço Seguro / Safe Space, HOPEM	Mentores (boys)	CR	In person
Namitangurine	19 June	Visit to Namitangurine resettlement centre, Nafeza	Community leaders and beneficiaries	CR	In person
Licuar	19 June	Health Committee of Licuar	Committee members and community leaders	CR	In person
Mocuba	20 June	SDSMAS Mocuba	SDSMAS SMI / MCH District Supervisor	CR	In person
Mocuba	20 June	SDSMAS Mocuba	Community Involvement Manager	CR	In person
Mocuba	20 June	SDSMAS Mocuba	SEAJ, Youth and adolescents	CR	In person
Mocuba	20 June	SDSMAS Mocuba	Director	CR	In person
Mocuba	20 June	ESMI	School, Adolescent and Youth Health manager / SAAJ	CR	In person
Mocuba	20 June	ESMI	Nurse	CR	In person
Mocuba	20 June	SDSMAS Mocuba	Pharmacy	CR	In person
Mocuba	20 June	SDSMAS Mocuba	Clinic Director	CR	In person
Mocuba	20 June	Secondary School Josina Machel	Pedagogical Director	CR	In person
Mocuba	20 June	Cantinho Escola	Teacher friend / focal point	CR	In person
Mocuba	23 June	Safe Space (secondary School Josina Machel)		CR	In person
Mocuba		Safe Space (secondary School Josina Machel)		CR	In person
Quelimane	24 June	Youth and	Youth Focal point	CR	In person

Place	Date	Organisation	Role	Consultant	Mode
		Employment Province Delegation			

Totals for key informant interviews, focus group discussions and site visits

Province	District	KII	FGD	Visits
Cabo Delgado	Pemba	21	0	1
	Mocimboa da Praia	5	3	3
	Chiure	3	4	4
Maputo/online	Maputo	57	0	0
Nampula	Nampula	21	0	2
	Meconta	15	4	3
	Nacala	7	4	2
Sofala	Beira	16	0	0
	Dondo	4	1	2
	Nhamatanda	7	2	3
	Buzi	4	4	1
Zambézia	Quelimane	27	1	3
	Mocuba	10	2	3
	Nicoadala	12	4	3
	Namitangurine	0	1	1
	Licuar	1	1	0
<b>Total</b>		<b>210</b>	<b>31</b>	<b>31</b>

## Annex 4: Data collection tools

### Tool A – Interview Guidelines

Key informant interview guide for CPE stakeholders (GoM, IPs, P&D, SRH, AY, Gender, Humanitarian assistance). Semi-structured interview with lead question areas to be adapted and probed according to KI, component area and focus of interview; and according to type of stakeholder.

Interviewer ..... Interview #..... Date ..... Location .....  
Interviewee(s) Name(s) .....  
Contact .....  
Organisation / Project .....  
Position(s) .....

Questions elaborated from the Evaluation Matrix (indicative questions from which to select). Remember to focus on humanitarian interventions and on work between 2022 and 2025

#### Relevance

- 1) Is the UNFPA support in alignment with the main national policies / priorities /needs? (SRHR, AY, PD, Gender, Humanitarian contexts). In alignment with UNFPA and international frameworks and agreements? Probe, including possible gaps
- 2) How far UNFPA was able to respond to changing of national needs? Was the UNFPA able to adapt its approach to support Implementing Partners respond to changing needs and context? Probe
- 3) How far the UNFPA support responded to the need of most vulnerable and marginalized populations (adolescents, those with disability, LGBTQ+, sex workers, population living in hard-to-reach areas)? Examples.

#### Coherence

- 4) Has UNFPA established coherent strategic partnerships with national, local and grassroots organizations to address its mandate to improve SRHR and gender inequalities of vulnerable and marginalized populations? Which were most and less effective and why? Probe
- 5) How do you see UNFPA's leadership of the GBV sub-cluster? Examples.

#### Effectiveness

- 6) Has the UNFPA support contributed to increase access to and use of Integrated Sexual and Reproductive Services? How?
  - a) How has the UNFPA support contributed to empower adolescent and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights?
  - b) Has UNFPA intervention contributed to the advancement of gender equality and the empowerment of all women and girls? How?
  - c) Has the UNFPA contributed to increased use of population data in the development of evidence-based national development plans, policies and programmes? Examples.
  - d) Was UNFPA's contribution to short-term and longer-term humanitarian responses effective? Examples.
- 7) Has the UNFPA programme integrated gender and a human-rights approach, including people with disabilities? How was this implemented?

#### Efficiency

- 8) Were the human, financial and administrative resources adequate and utilised in such way to avoid waste or duplication? Were there any delays or bottlenecks in accessing or deploying resources? Has UNFPA used a set of appropriate policies, procedures and tools to implement its programme, including the procurement of commodities following green procurement? Probe.

Q8a. To what extent has UNFPA made good use of its human, financial and administrative resources? To what extent did the intervention provide value for money

Q8b To what extent UNFPA used a set of appropriate policies, procedures and tools, including green procurement practices to pursue the achievement of the outcomes defined in the county programme?

Q8c What were the innovations applied by the programme?

Q8d Were the interventions done at useful time?

#### Sustainability

- 9) Has UNFPA supported implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects? Examples.

#### Coverage

- 10) Have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside? What proportion?

- 11) Have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations, etc.)? Examples.

**Connectedness**

- 12) How does the UNFPA programme address not only immediate (humanitarian/emergency) needs but also long-term development priorities like the ones articulated in its programme? Probe.
- 13) Was capacity strengthening of national and local actors (government line ministries, youth and women’s organizations, health facilities, communities, etc.) sufficient to prepare them to respond to and recover from humanitarian crises? Examples.

**BRIEF SWOT re UNFPA contributions, if useful and appropriate:** Strengths, Weaknesses/limitations, Opportunities, Threats.

**Tool B – Focus Group Discussion (FGD) Guidelines**

*Semi-structured question guidelines to be adapted and probed according to type of Kis, evaluation area and focus of discussion.*

Project .....  
 Location ..... Date .....  
 Facilitator ..... FGD # ..... Number participants ..... Number female.....  
 Type of beneficiaries'.....

Note: Circulate a sign-in sheet to record names and roles/positions (if applicable). Begin by greeting the group, introducing the facilitators, explaining the purpose of the FGD, and assuring confidentiality. Thank participants for their time and check for any initial questions.

**Areas**  
**P&D** – Population and Development: Strengthening national policy and development agendas through the integration of evidence-based population dynamics.  
**SRH** – Sexual and Reproductive Health and Rights: Increasing access to and quality of integrated, gender-responsive SRH services.  
**AY** – Adolescents and Youth: Increasing prioritisation of adolescents, especially girls, in national policies and access to SRH information and services.<sup>72</sup>  
**Gender** – Promoting gender equality and the empowerment of women and girls, especially those most vulnerable or marginalised.

**Discussion guide – core questions and probing areas**

**Section 1 – Experiences with training or services**

1. What kind of training or services have you received?
  - o When did it take place?
  - o How long did it last?
  - o Was there any follow-up or quality assurance?
  - o What was the role of UNFPA and other partners?
2. What were the main benefits you gained from the training/service?
  - o Key learnings?
  - o Other tangible or intangible benefits?
3. What are you doing differently after the training or service?
  - o Any changes in practices, attitudes, or behaviours?
  - o Are these changes likely to be sustained? Why or why not?
4. What aspects of the training or service did not work well?
5. What improvements would you suggest?
6. What additional needs remain unmet (services, training, support)?
7. Any final comments, reflections or questions?

**Section 2 – For SRH/GBV-focused discussions with primary beneficiaries (especially youth)**

1. Access and use of services
  - a) Why do people come to this facility or centre?
  - b) What do participants value most about the services provided?

<sup>72</sup> Consent documents for interviewing young people will be developed before fieldwork.

- c) How often do they use the services?
- d) Satisfaction with:
  - o Waiting times?
  - o Opening hours?
  - o Ease of access?
- 2. Gaps and suggestions
  - o What additional services or support would be helpful?
  - o Are there alternative sources for these services?
  - o What barriers prevent access?
  - o How could services be improved?
- 3. Staff responsiveness and communication
  - o Are staff responsive to beneficiaries' needs?
  - o Are there issues that are difficult to raise? Why?
  - o Do staff display judgemental attitudes, lack of confidentiality, or gender/youth insensitivity?
- 4. Recommendation
  - o Would participants recommend this centre or service to others? Why or why not?

Thank participants again. Reconfirm that all responses will remain confidential. Explain that the findings will be used to improve services and inform the evaluation process.

**Tool C – Observation guide for site visits**

Consultant ..... Date of visit .....Location .....  
 Name/type of site .....

Topic	Summary	Details/notes
<b>Overall Conditions of the Facility</b>	External environment, infrastructure, cleanliness, crowding, space for services and relaxation, and condition of equipment.	
<b>Available Services/Products</b>	Range and functionality of services, availability of male/female condoms, and any identified service gaps.	
<b>Information Provided</b>	Availability and quality of IEC/BCC <sup>73</sup> materials, relevance and accessibility of information for different client groups.	
<b>Accessibility</b>	Assesses physical access (location, transport, disability-friendly), queuing efficiency, service flow, and extent of privacy.	

<sup>73</sup> Information, Education and Communication; Behaviour Change Communication.

## **Terms of Reference**

### **United Nations Population Fund (UNFPA) Mozambique 10<sup>th</sup> Country Programme (2022-2026)**

### **Country Programme Evaluation**

**December 2024**

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## Acronym

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country assessment/analysis
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
ESARO	East & Southern Africa Regional Office
GBV	Gender-based violence
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

# 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. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.<sup>74</sup>

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end 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 contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in Mozambique since 1979. The support that the UNFPA Mozambique Country Office (CO) provides to the Government of Mozambique under the framework of the 10th Country Programme (CP) (2022-2026) builds on national development needs and priorities articulated in the following:

- Five-Year Government Program: 2020-2024 that articulates with other states, international organizations and civil society institutions to develop projects that have economic, social and environmental impacts;
- National Development Strategy (2015-2035) whose vision is to promote a prosperous, competitive, sustainable, secure and inclusive country;
- United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026; and
- United Nations Common Country Analysis/Assessment (CCA).

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.<sup>75</sup> The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 10th country programme (2022-2026) in Mozambique, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

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<sup>74</sup> [UNFPA Strategic Plan 2022-2025](#)

<sup>75</sup> [UNFPA Evaluation Policy](#) 2024, p. 22.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](#). 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.<sup>76</sup> It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The [Handbook](#) includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the [Handbook](#) throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Mozambique CO; (ii) the Government of Mozambique; (iii) implementing partners of the UNFPA Mozambique CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) East and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Mozambique CO in close consultation with the Government of Mozambique Minister of Foreign Affairs and Cooperation that coordinates the country programme, 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 and the detailed guidance in the Handbook.

## 2. Country Context

### **Demographics**

Mozambique's population is growing rapidly, with a 2.6% annual growth rate it is expected to double to 57 million by 2047. High fertility, early marriage, and limited access to family planning contribute to this growth, straining socio-economic development. Poverty remains high, with two-thirds of the population living below the national poverty line, and inequality is worsening. Environmental degradation and climate vulnerability further threaten livelihoods.

### **Economic Situation**

Mozambique has shown slow improvement in the Human Development Index but remains among the lowest-ranked countries. Multidimensional poverty has worsened, increasing from 71% (2014/15) to 78.3% (2019/20) especially in rural areas, reversing past gains. Poverty is most severe in the north, while the south has seen reductions. The national poverty rate increased to 62.8% in 2020, undoing previous improvements.

### **Maternal/Child Health**

Maternal mortality has decreased from 600 per 100,000 births in 2000 to 427 in 2017, with skilled birth attendance improving to 67.5% by 2022. However, maternal deaths remain high in northern

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<sup>76</sup> UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

provinces. HIV/AIDS prevalence among pregnant women has declined from 18% in 2000 to 10% in 2020.

### **HIV Prevalence**

HIV remains a major health issue, with an adult prevalence of 13%, the second highest in Southern Africa. Women and young people are disproportionately affected. Government efforts include scaling up testing, treatment, and awareness programs.

### **Adolescent and Youth Sexual and Reproductive Health**

Teen pregnancy is extremely high (61.5% of girls aged 15-19 have given birth), with little progress in reducing it over decades. Complications from early pregnancies pose significant health risks. Comprehensive sexuality education faces challenges due to lack of political will, resources, and cultural barriers.

### **Contraceptive Prevalence and Family Planning**

Modern contraceptive use increased from 5% (1997) to 25.3% (2015) but has stagnated since and unmet need for family planning is high (26.6%). Mozambique has policies and initiatives to improve access to contraception, but gaps remain.

### **Gender-Based Violence (GBV) and Harmful Practices**

GBV is widespread, affecting 40% of women, with high rates of domestic violence and sexual assault. Many cases go unreported. Child marriage is prevalent, with half of girls married before 18, particularly in the north. Government and NGO efforts exist, but more action is needed.

### **Disasters and Conflict**

Mozambique faces recurring natural disasters, including devastating cyclones like Idai (2019) and Freddy (2023), which have displaced millions. The ongoing conflict in Cabo Delgado since 2017 has caused significant displacement, worsening the humanitarian crisis.

### **Policies and Strategies**

The government has implemented various national strategies to address HIV prevention, GBV, family planning, and child marriage, alongside broader health and gender policies. However, challenges persist in enforcement and impact. The laws and strategies including: National Strategy to Accelerate HIV Prevention; Law to Prevent and Combat Premature Marriage; National Action Plan on Violence Against Women and Girls and; National Strategy for School and Adolescent Health.

## **3. UNFPA Country Programme**

UNFPA has been working with the Government of Mozambique since 1979 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 10th country programme in Mozambique.

The 10th country programme (2022-2026) is aligned with Mozambique Five-Year Government Program (2020-2024), the National Development Strategy (2015-2035), the UNFPA Strategic Plan 2022-2025 and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations and academia.

The UNFPA Mozambique CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The **overall goal/vision** of the UNFPA Mozambique 10th country programme (2022-2026) is **every girl, woman and youth enjoys full sexual and reproductive health and rights, gender equality and fully contributes to sustainable socio-economic development and peace**. The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes:

- National Priority: The Government Five-year Plan:
  - Priority 1: Developing human capital and social justice,
  - Priority 2: Propel economic growth, productivity, and employment generation and
  - Priority 3: Strengthen sustainable management of natural and environmental resources.
  
- UNSDCF Outcomes:
  - By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.
  - By 2026, more people, particularly women and youths, participate in and benefit from a more diversified, inclusive, and sustainable economic growth based on increased production, productivity, and greater value-added chains.
  - By 2026, more people, especially the most vulnerable, are resilient to climate change and disasters and benefit from more sustainable management of the environment and natural resources and resilient infrastructures and human settlements, with positive effects on national gross domestic product.
  - By 2026, more people, especially the most vulnerable and marginalized, are protected, enjoy their rights, and benefit from a secure, peaceful environment, enabled by inclusive governance systems, and independent and accountable institutions abiding by the rule of law.
  
- UNFPA Strategic Plan Outcomes:
  - By 2025, reduction in unmet need for family planning has accelerated;
  - By 2025, reduction of preventable maternal deaths has accelerated;
  - By 2025, reduction in gender-based violence and harmful practices has accelerated.

The UNFPA Mozambique 10th country programme (2022-2026) has three thematic areas of programming with four interconnected **outputs**: (i) quality of care and services; (ii) gender and social norms; (iii) population change and data; and (iv) humanitarian action. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

### **Output 1: Sexual and reproductive health and rights**

*By 2026, strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high-quality integrated sexual and reproductive health and rights, HIV and gender-based violence services to ensure universal health coverage*

The country programme planned to achieve this output by providing technical support to the Government and other stakeholders to position sexual and reproductive health and rights in the development agenda, including universal health care, and reinforce other national policies and programmes, and develop and implement service policy, planning and delivery guidelines, protocols and programmes, based on global standards. It would do so in coordination with relevant line ministries to improve access to people-centred integrated sexual and reproductive health and rights care and gender-based violence quality essential services that leave no one behind.

### **Overview of activities implemented and planned under this output.**

UNFPA, in collaboration with the Mozambican government, particularly the Ministry of Health, has implemented and planned a range of activities to strengthen sexual and reproductive health and rights (SRHR) and advance universal health coverage. These efforts focus on improving maternal and child health, enhancing emergency obstetric care, addressing obstetric fistula, strengthening health systems, and ensuring the availability of essential commodities. Below is an overview of key activities:

UNFPA, in partnership with WHO, supported the Ministry of Health in developing and implementing a new MCH nurse curriculum. This curriculum, approved by the National Professional Education Authority (ANEP), equips graduates with the skills to provide comprehensive care across all health facility levels. In 2023, 15 MCH nurses graduated from a midwifery training course and were deployed to health facilities. Additionally, UNFPA enhanced the capacity of Infulene Health Training Institute by providing equipment and deploying Cuban tutors specialized in SRHR and neonatal/pediatric health.

UNFPA facilitated the establishment of a national EmONC network, identifying key SRMNH indicators for monitoring across 11 provinces. This initiative improved the availability and quality of EmONC services, contributing to reduced maternal and neonatal mortality. UNFPA also supported capacity building in Geographic Information System (GIS) applications for national experts, strengthening data-driven decision-making.

UNFPA supported the creation of a new National Obstetric Fistula Strategy (2023-2033) and its first costed operational plan. This strategy aligns with global guidelines and was informed by lessons from a four-year project funded by Canada. UNFPA also supported Mozambique's participation in the 2022 International Conference on Fistula, showcasing the government's commitment to addressing fistula and supporting survivors.

In 2022, UNFPA conducted a comprehensive commodity health facility survey to inform evidence-based decision-making and planning. The survey, funded by the World Bank, included a representative sample and additional data collection. In addition, UNFPA supported the enhancement of Mozambique's LMIS, enabling better tracking of commodities at all levels of the health system. By 2022, 96% of health facilities were using e-LMIS. In 2023, an updated version, nSIMAM, was introduced, with UNFPA providing training for its operationalization in 8 provinces and 115 districts. By the end of 2024, nSIMAM was operational in 76% of health facilities, ensuring timely identification and resolution of stock-outs.

UNFPA supported the government in launching its 2030 Family Planning commitments and conducted a multi-year contraceptive gap analysis (2024-2030). This analysis identified a financial gap of approximately USD 6 million for 2025, with projections indicating increasing needs. UNFPA is actively engaging the Ministry of Health and partners like USAID and the World Bank to mobilize resources and address these gaps. In 2022, UNFPA galvanized the Ministry of Health's commitment to developing investment cases for ending unmet family planning needs and

preventable maternal deaths. These cases, supported by ESARO, highlight the cost-benefit of investing in family planning and maternal health, serving as advocacy tools to secure donor funding.

In Sofala Province, UNFPA installed an operating theater at the Dondo Health Center, significantly improving access to surgical care for local communities. By December 2024, 95 C-sections had been performed. UNFPA also provided C/BEmONC training to MCH nurses and medical doctors, enhancing the quality of SRH services in the region.

These activities demonstrate UNFPA's commitment to strengthening Mozambique's health system, improving SRHR outcomes, and ensuring equitable access to quality care. Continued collaboration with government and partners remains critical to sustaining and scaling these efforts.

## **Output 2: Gender-based violence and harmful practices**

*By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices through gender transformative, intersectional approaches*

The country programme focused on gender-transformative policies and human rights-based approaches to address social norms, discrimination, and marginalization, particularly in preventing gender-based violence and harmful practices. It aimed to empower youth and adolescents by expanding comprehensive sexual and reproductive health education, adapting the Geração Biz youth strategy, and promoting economic empowerment for marginalized groups. Targeted campaigns challenged stigma around HIV and family planning, while innovation and social media enhanced youth engagement. Collaboration with youth-led organizations, religious, and traditional leaders fostered gender-equitable attitudes, and government stakeholders were supported in implementing and monitoring policies on adolescent health, gender-based violence, and harmful practices like child marriage.

### **Overview of activities implemented and planned under this output**

UNFPA has collaborated with key government ministries, UN agencies, development partners, and civil society organizations to empower women, adolescents, youth, and marginalized populations to exercise their sexual and reproductive rights in a safe and enabling environment. These efforts focus on addressing gender-based violence (GBV), harmful practices, and promoting gender-transformative and intersectional approaches. Below is an overview of key activities:

UNFPA, alongside partners such as Sweden, Canada, and UN agencies (UNESCO, UNICEF, UN Women), supported the creation of Mozambique's Programa Geração Biz National Strategy (2023-2033), a multisectoral framework for adolescent and youth sexual and reproductive health (ASRH). This strategy fosters collaboration among ministries and ensures efficient, accountable, and sustainable ASRH programs. In 2024, UNFPA launched the third phase (2024-2030) of the Global Programme to End Child Marriage, expanding to Cabo Delgado province in addition to Nampula and Zambezia. The Rapariga Biz program, with a budget of USD 18 million, involves four UN agencies (UNFPA, UNICEF, UN Women, and UNESCO) and focuses on preventing child marriage and early pregnancies.

UNFPA reached 287,878 adolescent girls and young women (AGYW) aged 10–24 through mentorship programs under initiatives like Rapariga Biz, My Choice, Spotlight Initiative, and

Safeguard for Young People. These programs, implemented in Gaza, Manica, Tete, Zambezia, Nampula, and Cabo Delgado, address SRHR topics, HIV prevention, and GBV. Additionally, UNFPA expanded its boys' and young men's mentorship program to 12 districts in Nampula and Zambezia under the Global Programme to End Child Marriage (GPECM). This peer-to-peer approach promotes positive masculinities, life skills, and SRHR awareness, reaching 18,871 boys and young men in 2024.

Under the “My Decision, My Future” program, UNFPA trained 90 teachers to integrate CSE into lesson plans using a games-based approach. These trainers subsequently trained an additional 511 teachers, empowering 30,050 children and adolescents to discuss SRHR issues openly, reducing risks of GBV, teenage pregnancy, and HIV transmission. UNFPA also prioritized condom programming as a key HIV prevention strategy. In collaboration with the AIDS National Council (CNCS), UNFPA supported the development of strategic documents, including the National Condom Strategy 2024-2027, monitoring and evaluation plans, and demand creation packages.

UNFPA's work on disability inclusion gained national and global recognition. In April 2024, UNFPA supported the government in adopting the Law on the Promotion and Protection of the Rights of Persons with Disabilities, following consultations with Organizations of Persons with Disabilities (OPDs).

UNFPA's activities under this output demonstrate a comprehensive approach to empowering women, adolescents, and youth, addressing SRHR, GBV, and harmful practices through innovative programs, mentorship, and policy advocacy. By collaborating with government, UN agencies, and development partners, UNFPA continues to advance gender equality and SRHR in Mozambique, ensuring no one is left behind.

### **Output 3: Data and Policy**

*By 2026, national policy-makers and other stakeholders are enabled to produce, analyse and use quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative*

The 2017 census has played a critical role in shaping policies, humanitarian responses, and national recovery efforts, with a 2024 data portal enhancing accessibility. Additionally, fifteen thematic studies have provided in-depth analyses on key issues such as population dynamics, fertility, mortality, gender, disability, and youth. To further support data-driven policy decisions, an investment case for maternal health and family planning revealed that ending preventable maternal deaths and addressing unmet family planning needs by 2030 will require \$935.7 million, with significant socio-economic returns.

Geospatial tools, including Demographic Atlases and the District Statistics Compendium, have been developed to aid regional and district-level planning. Looking ahead, preparations for the 2027 digital census have begun, with Mozambique's National Institute of Statistics (INE) conducting study visits to Brazil to learn from best practices. In addition, recent surveys such as the 2022–23 Demographic and Health Survey (DHS) and the Household Budget Survey (IOF) provide insights into health, economic, and demographic trends, highlighting gaps in healthcare access and economic disparities.

Mozambique has also reaffirmed its commitment to the International Conference on Population and Development (ICPD) agenda, submitting its national progress report on population and development. A demographic dividend study emphasized the need for strategic investments in jobs, healthcare, and education to fully capitalize on Mozambique's youthful population.

Meanwhile, the modernization of civil registration systems, including a new digital platform for birth and death registrations, marks significant progress in improving national data infrastructure.

#### **Output 4: Humanitarian action**

*By 2026, strengthened humanitarian capabilities of national actors and systems in the prevention, preparedness, timely, gender-transformative and responsive, life-saving responses and resilience building for populations vulnerable to shocks, building on the humanitarian-development-peace continuum, and the women, peace and security, and the youth, peace and security agendas*

In the realm of humanitarian action, UNFPA has strengthened national systems for crisis prevention, preparedness, and response, with a particular focus on women, youth, and vulnerable populations. In Cabo Delgado, where conflict has displaced thousands, UNFPA has provided essential sexual and reproductive health (SRH) and gender-based violence (GBV) services, supporting survivors and displaced communities. Emergency SRH services have been bolstered through the provision of life-saving medical kits, equipment, and temporary clinics, while mobile clinics and surgical units have reached remote areas with critical maternal and reproductive healthcare. The deployment of ambulance boats has further improved emergency referrals.

In addressing GBV, UNFPA has implemented survivor-centered care, strengthened referral pathways, and ensured inclusive reporting mechanisms, particularly for women with disabilities. Women and girl-friendly spaces have offered mental health and GBV support to over 63,000 women and girls, while the distribution of dignity kits to 5,720 women and girls has helped improve hygiene and raise awareness about GBV. UNFPA has also responded effectively to natural disasters such as Cyclones Gombe and Ana, distributing medical supplies, setting up temporary health services, and conducting GBV safety audits. Through these efforts, UNFPA continues to play a vital role in strengthening Mozambique's capacity to use data for policy-making and improving humanitarian response mechanisms, ensuring that no one is left behind.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Mozambique 10th country programme (2022-2026) is based on the following results framework presented below:

## Mozambique/UNFPA 10th Country Programme (2022-2026) Results Framework

<p><b>CPD Goal/vision: Galvanize efforts to end preventable maternal deaths, unmet need for family planning, and gender based violence and harmful practices across the humanitarian-development-peace continuum.</b></p>	
<p><b>National Priority (s):</b> The Government Five-year Plan priority 1: Developing human capital and social justice.</p>	<p><b>National Priority (s):</b> The Government Five-year Plan priority 1: Developing human capital and social justice; priority 2: Propel economic growth, productivity, and employment generation.</p>
<p><b>UNSDCF Outcome (s):</b> By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.</p>	<p><b>UNSDCF Outcome (s):</b> By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.</p> <p>By 2026, more people, particularly women and youths, participate in and benefit from a more diversified, inclusive, and sustainable economic growth based on increased production, productivity, and greater value-added chains.</p>
<p><b>Related UNFPA Strategic Plan Outcome(s):</b> <b>1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>	<p><b>Related UNFPA Strategic Plan Outcome(s):</b> <b>1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>
<p><b>UNFPA Mozambique 10th Country Programme Output:</b></p> <p>Output 1. By 2026, strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high quality integrated sexual and reproductive health and rights, HIV and gender-based-violence services to ensure universal health coverage.</p>	<p><b>UNFPA Mozambique 10th Country Programme Output: Output 2.</b></p> <p>By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices, through gender-transformative and intersectional approaches.</p>

<p><b>CPD Goal/vision: Galvanize efforts to end preventable maternal deaths, unmet need for family planning, and gender based violence and harmful practices across the humanitarian-development-peace continuum.</b></p>
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<p><b>National Priority (s):</b></p> <p>The Government Five-year Plan priority I: Developing human capital and social justice; priority 2: Propel economic growth, productivity, and employment generation.</p>	<p><b>National Priority (s):</b></p> <p>The Government Five-year Plan priority 3: Strengthen sustainable management of natural and environmental resources. Government Five-year Plan pillar 1: Reinforce democracy and preserve national unity.</p>
<p><b>UNSDCF Outcome (s):</b></p> <p>By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.</p> <p>By 2026, more people, particularly women and youths, participate in and benefit from a more diversified, inclusive, and sustainable economic growth based on increased production, productivity, and greater value-added chains.</p>	<p><b>UNSDCF Outcome (s):</b></p> <p>By 2026, more people, especially the most vulnerable, are resilient to climate change and disasters and benefit from more sustainable management of the environment and natural resources and resilient infrastructures and human settlements, with positive effects on national gross domestic product.</p> <p>By 2026, more people, especially the most vulnerable and marginalized, are protected, enjoy their rights, and benefit from a secure, peaceful environment, enabled by inclusive governance systems, and independent and accountable institutions abiding by the rule of law.</p>
<p><b>Related UNFPA Strategic Plan Outcome(s):</b> <b>1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>	<p><b>Related UNFPA Strategic Plan Outcome(s):</b> <b>1:</b> By 2025, the reduction in the unmet need for family planning has accelerated; <b>2:</b> By 2025, the reduction of preventable maternal deaths has accelerated; <b>3:</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>
<p><b>UNFPA Mozambique 10th Country Programme Output:</b></p> <p>Output 3. Data and policy. By 2026, national policy-makers, and other stakeholders are enabled to produce, analyse and use quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative.</p>	<p><b>UNFPA Mozambique 10th Country Programme Output:</b></p> <p>Output 4. By 2026, strengthened humanitarian capabilities of national actors and systems in prevention, preparedness, timely, gender-sensitive and lifesaving response, and resilience-building for populations vulnerable to shocks, building on the humanitarian development-peace continuum; the women, peace and security agenda; and the youth, peace and security agenda.</p>

## 4. Evaluation Purpose, Objectives and Scope

### 4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

### 4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Mozambique CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Mozambique 10th country programme (2022-2026).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iii. To provide an assessment of the role played by the UNFPA Mozambique CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Mozambique CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
- iv. To 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

#### **Geographic Scope**

The evaluation will cover the following provinces where UNFPA implemented interventions: Cabo Delgado, Gaza, Maputo, Naissa, Nampula, Sofala, Zambezia.

#### **Thematic Scope**

The evaluation will cover the following thematic areas of the 10th CP: (i) Sexual and reproductive health and rights; (ii) Gender-based violence and harmful practices; (iii) Data and policy; and (iv) Humanitarian capabilities of national actors and systems. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, etc., and

transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships, etc..

### Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2022 to 2025.

## 5. Evaluation Criteria and Preliminary Evaluation Questions

### 5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the [UNFPA Evaluation Handbook](#), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.<sup>77</sup> Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across humanitarian- development-peace nexus and contribute to building resilience.]

Criterion	Definition
<b>Relevance</b>	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
<b>Coherence</b>	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
<b>Effectiveness</b>	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
<b>Efficiency</b>	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
<b>Sustainability</b>	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

<sup>77</sup> The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

<b>Humanitarian-specific criterion</b>	<b>Definition</b>
<b>Coverage</b>	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators need to assess the extent of inclusion bias – that is, the inclusion of those in the groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity).
<b>Connectedness</b>	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions.

## 5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see [Handbook](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Mozambique CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

### **Relevance**

1. Example: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (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 the SDGs, (v) the New Way of Working<sup>78</sup> and the Grand Bargain<sup>79</sup>?
2. Example: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

<sup>78</sup> For more information, please see: <https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf>.

<sup>79</sup> For more information, please see: <https://interagencystandingcommittee.org/grand-bargain>.

3. Example: To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?

### **Coherence**

4. Example: To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?
5. Example: To what extent has UNFPA's leadership of the GBV sub-cluster contributed to effective and timely delivery of services?

### **Effectiveness**

6. Example: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access to 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 of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
7. Example: To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion<sup>80</sup> in the design, implementation and monitoring of the country programme?

### **Efficiency**

8. Example: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

### **Sustainability**

9. Example: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

### **Coverage**

10. Example: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?
11. Example: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations, etc.)?

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<sup>80</sup> See [Guidance on disability inclusion in UNFPA evaluations](#)

### **Connectedness**

12. Example: To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme?
13. Example: 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 crises?

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

## **6. Approach and Methodology**

### **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 Mozambique CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

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 10th country programme (2022-2026) (see Annex A) 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, coherent, effective, efficient and sustainable has the support provided by the UNFPA Mozambique CO been during the period of the 10th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

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 10th country programme (2022-2026) 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 level. The UNFPA Mozambique

CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups, for instance, young people and women with disabilities, etc..

The CPE manager in the UNFPA Mozambique CO has established an ERG comprised of key stakeholders of the country programme, including UNFPA staff, key government partners, UN agencies, non-government organizations, rights holder organizations and academia. 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 during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of 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. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

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 human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, 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](#). This 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 essential that, once contracted by the UNFPA Mozambique CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes, in particular, the [Evaluation Handbook](#) and the evaluation quality assurance and assessment principles.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,<sup>81</sup> *Ethical Guidelines for Evaluation*,<sup>82</sup> *Code of Conduct for Evaluation in the UN System*<sup>83</sup>, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.<sup>84</sup> When contracted

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<sup>81</sup> Document available at: <http://www.unevaluation.org/document/detail/1914>.

<sup>82</sup> Document available at: <http://www.unevaluation.org/document/detail/102>.

<sup>83</sup> Document available at: <http://www.unevaluation.org/document/detail/100>.

<sup>84</sup> Document available at: <http://www.unevaluation.org/document/detail/980>.

by the UNFPA Mozambique CO, the evaluators will be requested to sign the UNEG *Code of Conduct*<sup>85</sup> prior to starting their work.

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 critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

### ***The evaluation matrix***

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the [Handbook](#).

The evaluation matrix plays a crucial role throughout the evaluation process. During the design phase, it will be used to structure data collection and analysis, incorporating findings from the documentary review in an organized manner. In the field phase, it will be used for the systematic data collection for each evaluation question, with daily oversight by the CPE manager to identify gaps or unclear entries. Finally, in the reporting phase, the matrix will serve as the foundation for analysis and findings, ensuring sufficient evidence supports the evaluation results. It is included as an annex to the report while maintaining respondent confidentiality.

### ***Finalization of the evaluation questions and related assumptions***

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. 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 assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) 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. As part of this process, the UNFPA Mozambique CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

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<sup>85</sup> UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

The evaluation team will finalize a stakeholder map using information from document reviews and discussions with UNFPA Mozambique Country Office (CO) staff. From this map, they will select a representative sample of stakeholders at national and sub-national levels for consultations during the data collection phase. Stakeholder selection will follow clearly defined criteria and the sampling approach outlined in the design report, with explicit justification for any excluded groups. While the sample will aim to be as representative as possible, it will not be statistically representative.

Additionally, the team will select a sample of sites for visits, ensuring they reflect the diversity of UNFPA-supported interventions in terms of thematic focus and context. The rationale for site selection will be detailed in the design report. The UNFPA Mozambique CO will assist by providing necessary logistical and security information to facilitate access to the selected locations.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

### ***Data collection***

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see [Handbook](#), section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate about four weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

### ***Data analysis***

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see [Handbook](#), Chapter 4).

### ***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 and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design

report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

### ***Use of Artificial Intelligence (AI) in CPEs***

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the [Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System](#), [Principles for the Ethical Use of Artificial Intelligence in the United Nations System](#), and [UNFPA Information Security Policy](#). The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

## **7. Evaluation Process**

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader will undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

The five phases are elaborated in the [Evaluation Handbook](#).

## **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. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Mozambique CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see [Handbook](#), section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Mozambique CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

## 9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid<sup>86</sup> before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluand (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.

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<sup>86</sup> The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. 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.

- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the [Handbook](#), section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Mozambique CO, (iii) the regional M&E adviser in UNFPA ESARO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

## 10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

**Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE<sup>87</sup>**

Main tasks	Responsible entity	Deliverables	Estimated Duration
<b>Design phase</b>			
Induction meeting with the evaluation team	CPE Manager and evaluation team		4 to 5 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	<b>Stakeholder map</b>	

<sup>87</sup> For full information on all tasks and responsible entities, see the relevant chapters of the [Handbook](#)

Developing the field work agenda	Evaluation team, CPE Manager	<b>Field work agenda</b>	
Developing the initial communications plan	CPE Manager and CO communications officer	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the design report version 1	Evaluation team	<b>Design report-version 1</b>	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	<b>PowerPoint presentation on design report version 1</b>	
Drafting the design report version 2	Evaluation team	<b>Design report - version 2</b>	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	<b>Final design report</b> (see Evaluation Handbook, section 2.4.4)	
<b>Field phase</b>			
Preparing all logistical and practical arrangements for data collection	CPE Manager		4 to 5 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	<b>Photos</b> (see Evaluation Handbook, Section 3.2.5)	
Filling in the evaluation matrix	Evaluation team	<b>Evaluation matrix</b>	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	<b>PowerPoint presentation</b>	
<b>Reporting phase</b>			
Consolidating the evaluation matrix	Evaluation team	<b>Evaluation matrix</b>	Approximately 12 weeks
Drafting CPE report version 1	Evaluation team	<b>Evaluation report - version 1</b>	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	<b>PowerPoint presentation</b>	
Recommendations workshop	Evaluation team, CPE manager, ERG members	<b>Recommendations worksheet</b>	
Drafting CPE version 2	Evaluation team	<b>Evaluation report - version 2</b>	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		

Final CPE report	Evaluation team	<b>Final CPE report</b> (see <i>Evaluation Handbook, section 4.5</i> ) <b>with powerpoint presentation and audit trail</b>	
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*Nota Bene: Column “Deliverables”:* In italics: The deliverables are the responsibility of the CO/CPE Manager; **in bold**: The deliverables are the responsibility of the evaluation team.

## 11. Management of the Evaluation

The **CPE manager** in the UNFPA Mozambique CO, in close consultation with Minister of Foreign Affairs and Cooperation that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the [UNFPA Evaluation Handbook](#). The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the [Handbook](#).

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Mozambique CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed 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, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see [Handbook](#), section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team’s access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report

- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the quality assurance of the CPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the [UNFPA 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 with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 10th UNFPA country programme in Mozambique.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and 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. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE

manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

***Evaluation team member: SRHR expert***

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, family planning and obstetric fistula. S/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. S/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 CPE manager, UNFPA Mozambique CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

***Evaluation team member: Adolescents and youth expert***

The adolescents 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. S/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. S/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 CPE manager, UNFPA Mozambique CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

***Evaluation team member: Gender equality and women's empowerment expert***

The gender equality and women's empowerment 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 child, early and forced marriage and harmful initiation practices. S/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. S/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 CPE manager, UNFPA Mozambique CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with 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, the demographic dividend, and national statistical systems. S/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. S/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 CPE manager, UNFPA Mozambique CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

### ***Evaluation team member: Humanitarian expert/ Subject-matter specialist on humanitarian issues***

The Humanitarian expert/ Subject-matter specialist on humanitarian issues will contribute to the CPE's humanitarian component. S/he will participate and contribute to all the phases of the CPE and support the evaluation team leader and members in developing the evaluation methodology, matrix and questions, data collection and any other required effort. The role of this profile is primarily to provide expertise on evaluating humanitarian actions, integrating global guidance and standards for evaluating humanitarian action in the CPE process, and highlighting possible challenges (and solutions) to evaluating complex humanitarian responses. S/he should be knowledgeable about evaluations as well as humanitarian sector reform and architecture.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

## **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 assistance.
- 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 the country programme covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- 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.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Mozambique.

- Fluent in written and spoken English and Portuguese.

### **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, 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 SRHR, including HIV and other sexually transmitted infections, maternal health, family planning and obstetric fistula.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- 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 qualitative and quantitative 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).
- Work experience in/good knowledge of the national development context of Mozambique.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Portuguese.

### **Adolescents and youth expert**

The competencies, skills and experience of the adolescents and youth expert 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 SRHR of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- 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 qualitative and quantitative 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).
- Work experience in/good knowledge of the national development context of Mozambique.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Portuguese.

### **Gender equality and women's empowerment expert**

The competencies, skills and experience of the gender equality and women's empowerment 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 assistance.
- 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.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- 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 qualitative and quantitative 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).
- Work experience in/good knowledge of the national development context of Mozambique.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Portuguese.

### **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 assistance.
- 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 humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- 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 qualitative and quantitative 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).
- Work experience in/good knowledge of the national development context of Mozambique.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Portuguese.

### 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 submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, 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:

	<b>Team leader</b>	<b>Thematic experts</b>
<b>Design phase</b>	10-15	6-10
<b>Field phase</b>	23	21
<b>Reporting phase</b>	20-25	10-16
<b>Dissemination and facilitation of use phase</b>	2	1
<b>TOTAL (days)</b>	55-65	38-48

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

## 14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

### **UNFPA documents**

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)  
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)  
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. [UNFPA Evaluation Policy \(2024\)](#)
4. [UNFPA Evaluation Handbook](#)
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office are available at: <https://www.unfpa.org/evaluation>

### **Mozambique national strategies, policies and action plans**

6. Five-Year Government Program: 2020-2024
7. National Development Strategy (2015-2035)
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)
9. Relevant national strategies and policies for each thematic area of the country programme

### **UNFPA Mozambique CO programming documents**

10. Government of Mozambique/UNFPA 10th Country Programme Document (2022-2026)
11. United Nations Common Country Analysis/Assessment (CCA)
12. Situation analysis for the Government of Mozambique/UNFPA 10th Country Programme (2022-2026)
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of the CP
16. Reports on core and non-core resources
17. CO resource mobilization strategy

### **UNFPA Mozambique CO M&E documents**

18. Government of Mozambique/UNFPA 10th Country Programme M&E Plan (2022-2026)
19. CO annual results plans and reports (SIS/MyResults)
20. CO quarterly monitoring reports (SIS/MyResults)
21. Previous evaluation of the Government of Mozambique/UNFPA 9th Country Programme (2017-2021), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

### **Other documents**

22. Implementing partner annual work plans and quarterly progress reports
23. Implementing partner assessments
24. Audit reports and spot check reports

25. Meeting agendas and minutes of joint United Nations working groups
26. Donor reports of projects of the UNFPA Mozambique CO
27. HRP- Humanitarian Response Plan and related reports <https://response.reliefweb.int/>  
[optional: for CPE with a humanitarian component]
28. RRP- Refugee Response Plan and related reports <https://www.unhcr.org/refugee-response-plans> [optional: for CPE with a humanitarian component]
29. Evaluations conducted by other UN agencies
30. IAHE- Inter-Agency Humanitarian evaluations  
<https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations>

## 15. Annexes

A	Theory of change
B	Stakeholder map ( <b>will be provided to the contracted consultants</b> )
C	Excel sheet on analysis of UNFPA interventions ( <b>will be provided to the contracted consultants</b> )
D	Tentative evaluation work plan

## Annex A : Theory of change

<b>Objective of the Strategic Plan:</b> Universal access to sexual and reproductive health and rights and acceleration of the implementation of the Program of Action Agenda of the International Conference on Population and Development, to improve the lives of adolescents and young people, and women, made possible by population dynamics, human rights and gender equality			
<b>OUTCOME – LONG TERM RESULTS – UNFPA</b>			
<b>OUTCOME 1:</b> By 2025, reduction in unmet need for family planning has accelerated	<b>OUTCOME 2:</b> By 2025, reduction of preventable maternal deaths has accelerated	<b>OUTCOME 3:</b> By 2025, reduction in gender-based violence and harmful practices has accelerated	<b>OUTCOME 4:</b> HIV
<b>OUTPUT - MID-TERM RESULT</b>			
<b>OUTPUT 1:</b> Quality Care and Services	<b>OUTPUT 2:</b> Social Norms	<b>OUTPUT 3:</b> Data Policies and Advocacy	<b>OUTPUT 4:</b> Humanitarian Response
By 2026, strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high-quality integrated sexual and reproductive health and rights, HIV and gender-based violence services to ensure universal health coverage	By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices through gender transformative, intersectional approaches	By 2026, national policy-makers and other stakeholders are enabled to produce, analyse and use quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative	By 2026, strengthened humanitarian capabilities of national actors and systems in the prevention, preparedness, timely, gender-transformative and responsive, life-saving responses and resilience building for populations vulnerable to shocks, building on the humanitarian-development-peace continuum, and the women, peace and security, and the youth, peace and security agendas
<b>ASSUMPTIONS</b>			
IF	IF	IF	IF
<b>INTERVENTIONS</b>			
1 Expansion of services: Increase access to high-quality, integrated and gender-sensitive sexual and reproductive health services, from primary care to referral health units; 2. Strengthening services: Increase the availability and quality of the workforce trained in midwifery,	1. Strengthen community-wide comprehensive adolescent sexual and reproductive health and rights information and life-skills education, for young people through social and behavioral change activities and campaigns. Social norms become favorable to reducing levels of Gender-Based Violence and child marriages, to reduce stigma and promote overall gender equality and	1. expansion of systems and knowledge management 2. Innovation in Management and Data Collection 3. Data collection and use for training and programming	1. Prevention and capacity building: Strengthen the leadership capacity and functionality of national coordination mechanisms in SRH and GBV 2. Preparedness: Strengthen the capacity of key partners in Preparedness, MISP, GBViE, SRHR/GBV integration,

<p>Strengthen supply chain management to increase the availability of products at all levels (contraceptives, vital medicines for RH and medical equipment).</p> <p>3. Innovation in service provision: Increase access to RH services for women and girls living in remote areas through innovative approaches (waiting house for pregnant women, breast Chopela, containerized surgical unit, mobile units, boat ambulances, institutional delivery voucher program for pregnant women).</p>	<p>women's empowerment (GEWE). Systems, institutions and communities provide comprehensive ASRH and SRH skills, knowledge and information.</p> <p>2. Challenging widespread harmful social norms and practices.</p> <p>3. Mainstreaming CSE at national level Strengthening the role of schools and educational settings to implement Comprehensive Sexuality Education (CSE) to address HIV, social norms around gender and GBV, which will increase demand for SRH services and commodities.</p> <p>4. Innovation, partnership and coalitions for change</p>		<p>humanitarian data, disability inclusion, CVA, MHPSS and AAP</p> <p>3. Response:</p> <p>a) Ensure availability and continuity of essential SRH and GBV response services in all phases of emergencies (Increase access to quality, gender-sensitive, survivor-centered services in humanitarian settings)</p> <p>b) Ensure access to SRH services in humanitarian situations, including for young people, People with Disabilities and People Living with HIV</p> <p>c) Ensure family planning, contraceptives in humanitarian and complex settings</p> <p>4. Resilience Building: Strengthen the leadership and coordination of national and local authorities in humanitarian responses to ensure the integration of emergency interventions into long-term development objectives; strengthening the national health system</p>
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**Annex B : Stakeholder map**

**Will be handed to the consultants upon recruitment.**

**Annex C : Excel sheet on analysis of UNFPA interventions**

**Will be handed to the consultants upon recruitment.**

**Annex D: Tentative time frame and workplan**

Evaluation Phases and Tasks	February				March				April				May				June				July				August				September				October				November				December							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
<b>Design phase</b>																																																
Induction meeting with the evaluation team																																																
Orientation meeting with CO staff																																																
Desk review and preliminary interviews, mainly with CO staff																																																
Developing the initial communications plan																																																
Drafting the design report version 1																																																
Quality assurance of design report version 1																																																
ERG meeting to present the design report																																																
Drafting the design report version 2																																																
Quality assurance of design report version 2																																																
Submission of final design report to CPE manager																																																

Evaluation Phases and Tasks	February				March				April				May				June				July				August				September				October				November				December							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved design report)																																																
<b>Fieldwork phase</b>																																																
Inception meeting for data collection with CO staff																																																
Individual meetings of evaluators with relevant programme officers at CO																																																
Data collection (document review, site visits, interviews, group discussions, etc.)																																																
Conducting a data analysis workshop																																																
Debriefing meeting with CO staff and ERG																																																
Update of communication plan (as required)																																																
<b>Reporting phase</b>																																																





**Draft by:**

**Signature**

**Date**

Kizito Nsanzya  
Technical Specialist, M&E

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Reginald Chima  
M&E Regional Advisor

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**Approved by:**

Cheikh Fall  
Representative *a.i.*

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