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Achieving these goals for the women, girls and youth of Mozambique is only possible if we reach those furthest behind, supporting them with information and timely access to services so they can lead healthy lives and achieve the full enjoyment of their individual rights.

As a young and dynamic country, with two-thirds of its population under the age of 35, and its broader population expected to double by 2050, the future generation of Mozambique stands ready to inherit the investments and commitments we make today.

UNFPA is helping Mozambique to reap the benefits of the "demographic dividend", but this can only be achieved through investments in education, health, gender equality, empowerment and youth employment.

Bringing transformative change and working towards the demographic dividend was challenged by the continuing effects of the COVID-19 pandemic, environmental impacts that caused widespread devastation, and the displacement of hundreds of thousands of people due to conflict in the northern part of the country.

Despite these setbacks, however, women, girls and youth rose to the challenge - using their skills, knowledge and networks to assume roles such as activists and mentors - to inform, educate, and empower their peers and those most influential in their communities, while continuing to voice and advocate for their needs.

Responding swiftly and with agility to humanitarian needs, UNFPA supported the Government by providing training, procuring medical supplies and medicines and deploying personnel for mobile clinics and temporary health facilities to reach those isolated with life-saving services. Continuation of women safe spaces and activist-led community campaigns helped protect and support women and girls at risk of - or survivors of - gender-based violence.

As the lead agency on sexual and reproductive health and genderbased violence in emergencies, UNFPA focused on reaching the most marginalized and vulnerable women, girls and youth.

Within a country context where one in two girls marry before the age of 18 and some 46 per cent live below the poverty line, leaving no one behind starts by reaching those furthest behind first.

Completing our ninth country programme, UNFPA's work centred around securing the sexual and reproductive health and rights of vulnerable women and girls and of combatting gender-based violence, including the scourge of child marriage. Through the use of data for evidence-based programming, the work meant, among other activities, providing medical supplies, including contraception, and equipment for those left without access to health facilities because of cyclones and storms in central Mozambique. It meant working to improve reproductive health care and prevention of violence for persons with disabilities.





It meant helping women who had been cut off from society because they suffered from obstetric fistula. And this work extended to supporting young women and girls to 'say no' to child marriage through the support of an established mentorship programme.

Putting young people in the driver's seat, UNFPA invested in innovative ideas and initiatives, including a hackathon to develop applications to help young people with disabilities and a ride-hailing platform for pregnant women, that would serve as a catalyst for positive change.

UNFPA could only carry out this work by working with its partners, including donors, civil society, youth-led organizations and above all with the Government, whose development agenda is being assisted by UNFPA and other United Nations agencies working in the country.

2021 registered accomplishments in many areas in spite of the challenges caused by the humanitarian crises and the effects of the COVID-19 pandemic.

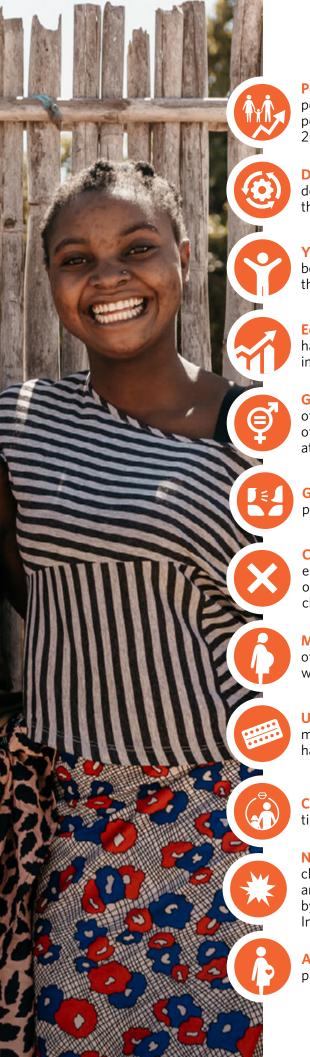
By supporting girls like Jamila who was able to delay a pregnancy through newly-acquired contraceptives or working with nurses like Rosa who received midwifery training in Tete, UNFPA kick-starts 2022 with renewed commitment, focus and motivation to work with the Government under a new country programme agreement, to realize the three transformative results for the generations to come.

Bérangère Boëll UNFPA Resident Representative for Mozambique





CONTEXT IN MOZAMBIQUE



Population: Estimated at **30.8 million**, high fertility rates (**5.2** children per woman) and declining child mortality rates resulted in high population growth (more than a **35 per cent** increase from 2007 to 2017). The population is projected to reach **60 million** by 2050.

Development: The country has a low global ranking on the human development index (181 out of 189 countries). Some 46.1 per cent of the population lives below the national poverty line.

Youth: Mozambique has a very youthful population (**79 per cent** below 35 years old). Child and youth populations have grown faster than the rates of school attendance and employment.

Economic inequality: According to the Gini index, economic inequality has increased from 45.6 to **52.0** in the last decade, among the highest in Sub-Saharan Africa.

Gender inequality: Mozambique has a gender inequality index rating of .591, ranking it 135 out of 155 countries. In rural areas, 62 per cent of women are illiterate and 45 per cent of school-age girls have never attended school.

Gender-based violence: One in four women have experienced physical or sexual violence.

Conflict: The country's vulnerability is further compounded by years of escalating violence in Cabo Delgado province, during which one-third of the provincial population of **2.5 million** people, mainly women and children, has been displaced.

Maternal mortality: Mozambique has one of the 20 highest ratios of maternal mortality worldwide, which impacts 1 in 41 Mozambican women.

Unmet need for contraception: The demand for modern contraception methods - estimated at **59 per cent** of women of reproductive age has improved, yet the unmet need remains high at 23 per cent.

Child marriage: One in two girls marry before age 18 and are five times more likely than boys to do so.

Natural disasters: Since 2019, Mozambique has experienced multiple climate-related emergencies, including the devastating cyclones Idai and Kenneth. The country is ranked fifth in the countries most affected by climate-related events from 2000 - 2019 (Global Climate Risk Index 2021).

Adolescent pregnancy: 46.4 per cent of adolescent girls 15-19 are pregnant or have a child.



During the course of 2021, the last year of UNFPA's 2017-2021 Country Programme in Mozambique, the following achievements were reported in relation to their targets:

90 per cent of nationally selected SDG indicators are regularly updated:

B (2017) = No: T = Yes: A = 100%

100%

Country-generated, publicly-available population estimates and projections based on the last census are available for at least up to 2050 at national and sub-national levels and disaggregated by age, sex, and location:

B (2011) = No; T = Yes; A = 100%

100%

Country has the recommended number of emergency obstetric and newborn care facilities in accordance with minimum standards:

B (2012) = No; T = Yes; A = 100%

100%

Implementation rate of the annual Action Plan for the Universal Periodic Review recommendations on adolescent and reproductive health issues:

B (2020) = 19%; T = 50%; A = 125%

125%

Implementation rate of the National Demographic Dividend Road map:

B (2020) = 50%; T = 70%; A = 100%

100%

Number of adolescents and youth organizations actively engaged on premature marriage and sexual abuse prevention efforts at the national level:

B (2020) = 10; T = 10; A = 100%

100%

Number of communities that developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms that affect women and girls (non-cumulative):

B (2017) = 150; T = 500; A = 141%

141%

Number of communities that made public declarations to eliminate harmful practices, including child, early and forced marriage and female genital mutilation, with support from UNFPA (non-cumulative):

B (2017) = 97; T = 200; A = 100%

100%

Number of districts with gender-sensitive contingency plans in place:

B (2020) = 30; T = 30; A = 100%

100%

Number of gender-sensitive social and economic plans that are available at the Ministerial level:

B (2020) = 30; T = 30; A = 100%

100%

Number of health service managers trained as trainers during the year on the minimum initial service package with support from UNFPA:

B (2020) = 0; T = 20; A = 250%

250%

Number of health service providers trained as trainers during the year on the minimum initial service package with support from UNFPA:

100%

Number of Integrated Assistance Centres with all four functions operational:

Number of marginalized girls that are reached by life skills programmes that build their health, social and economic conditions (non-cumulative):

B(2020) =153664; T = 163664; A = 266%

266%

Number of obstetric fistula repairs supported by UNFPA:

21% B (2020) = 2205; T = 3200; A = 21%

Number of thematic analyses that reflect key population dynamics for policy development:

53% B (2020) = 6; T = 15; A = 53%

Number of women and girls that are living with obstetric fistula and who receive treatment during the year, with the financial support of UNFPA towards the: surgery, health unit providing the treatment, or the transport of the patient to/from the health facility (non cumulative):

20% B (2016) = 2803; T = 3400; A = 20%

Percentage of health facilities in four selected provinces with the capacity to provide basic emergency obstetric care services:

63% B (2020) = 50%; T = 80%; A = 63%

Percentage of health facilities with no stock-out of contraceptives at any given time:

B (2020) = 35%; T = 60%; A = 147%

147%

Percentage of pregnant women being tested for HIV during antenatal care in selected provinces:

B (2020) = 98.9%; T = 100%; A = 100%

100%

Percentage of reported cases of gender-based violence that are followed up through the multi-sectoral mechanism "ficha única":

B (2020) = 77%; T = 90%; A = 110%

110%

Percentage of young people aged 15-24 who have comprehensive knowledge about SRH and HIV-AIDS prevention:

B (2020) = 84%; T = 85%; A = 100%

100%









Humanitarian

Ensuring Comprehensive and Integrated Life-Saving Services in Cabo Delgado: **CERF**

UNFPA received funding from OCHA's Central Emergency Response Fund (CERF) to provide sexual and reproductive health (SRH) and gender-based violence (GBV) services to more than 300,000 displaced persons in transit and resettlement centres in eight districts in Cabo Delgado province.

Essential GBV Services to Women and Girls Living with Disabilities in IDP Sites and Host Communities: **CERF**

Through this emergency funding, UNFPA was able to ensure SRH and GBV response services were provided and adapted to the needs of persons with disabilities who had been displaced by the violence in Cabo Delgado province.

Essential and Lifesaving Services to Women and Girls Affected by Insecurity in Palma District: **CERF**

The need for emergency reproductive health and GBV services was especially acute in Palma District, in the far north of Cabo Delgado province, which received a large intake of persons displaced by violence in the province – a need that this project helped to meet.

Providing Lifesaving Services in Cyclone and Flood-Affected Areas of Central Mozambique: **UNFPA Emergency Fund**

UNFPA emergency funds enabled the agency to scale-up humanitarian support to the central regions of Mozambique, which were still feeling the effects of the devastation caused by Cyclone Idai in 2019, as well as by Cyclone Eloise and tropical storms in 2021.

Addressing Protection and Health Needs of Displaced Women and Girls: **UNFPA Emergency Fund**

By utilizing UNFPA emergency funds, the Country Office was able to ensure the continuity of life-saving sexual and reproductive health and gender-based violence response services for the most marginalized, including women and girls impacted by the conflict in Cabo Delgado.

Scaling Up Health and Protection Services for Girls in Northern Mozambique: Austria

Austrian funding supported training on sexual and reproductive health as well as gender-based violence prevention and response, including referral pathways for services, the procurement of medical equipment and supplies, and the provision of remote-based care and COVID-19-adapted female dignity kits for girls and young women affected by the humanitarian crisis.

Scaling Up and Strengthening Integrated Services for Displaced Populations and Host Communities: Japan

Responding to the humanitarian crisis in northern Mozambique, the Japan-funded project provided reproductive health commodities and safe spaces for vulnerable women and girls who were at risk of gender-based violence or were survivors of violence.

Strengthening Services for Cyclone-Affected Women and Girls Amidst the Pandemic: **Norway**

With Norwegian funding, UNFPA supported the Government of Mozambique to respond to the COVID-19 outbreak, with a focus on ensuring the health, protection and safety of 500,000 women and girls living in the areas affected by Cyclones Idai and Kenneth and the more recent Cyclone Eloise and tropical storms.

Strengthening Humanitarian Response Activities and Structures in Cabo Delgado: Canada

The Canada-funded humanitarian response project focused on meeting the health and protection needs of persons impacted by the conflict, by funding safe spaces and other activities to prevent gender-based violence, mitigate its consequences, and provide support for survivors.

Support for Women and Girls Affected by Tropical Cyclone Idai in Mozambique: China

Cyclone Idai in 2019 devastated the central part of the country, resulting in destruction and damage to many health facilities, which was further compounded by the effects of Cyclone Eloise in 2021. Funding from the China International Development Cooperation Agency (CIDCA) enabled resupply to damaged or rebuilt health facilities with needed equipment, consumable supplies and medicines.



Sexual and Reproductive Health

Improving Reproductive, Maternal and Adolescent Health in Sofala: Korea

Starting in November 2021, the five-year Republic of Korea-funded project is supporting reproductive, maternal and adolescent health services in four target districts of Sofala province affected by Cyclone Idai in 2019 as well as Cyclone Eloise and tropical storms and flooding in 2021.

Improving Reproductive, Maternal, Newborn, Child and Adolescent Health: **United Kingdom**

The three-year RMNCAH programme ended in the first quarter of 2021, having successfully accomplished activities ranging from building capacity of service providers to procuring and supplying contraceptives. These types of interventions are continuing through another related project, which began in the last guarter of 2021.

Increase Use of Modern Family Planning Methods: **United Kingdom**

This new project funded by the United Kingdom is working at the policy level to create an enabling environment to increase and sustain financing for family planning and to strengthen the supply chain and logistics management of contraceptives at the same time that it ensures contraceptive availability.

Midwifery Programme in Tete: Flanders

This South-South cooperation project, funded by the Government of Flanders, worked to ensure the quality of sexual and reproductive health and maternal and child health care through building the number and capacities of qualified health personnel. Implemented in Tete province, the project concluded in December 2021, having successfully increased the capacity of the midwifery health force and training institutes through pre-service training and providing post-graduate training overseas for nurses.

My Choice: **Netherlands**

The Dutch-funded 'My Choice' project, implemented in Cabo Delgado and Tete provinces, aims to achieve universal access to sexual and reproductive health and empower women and young adults by strengthening health systems to increase the availability of contraceptives, provide relevant information, and ensure the availability of quality services for youth in programme areas.

Obstetric Fistula: Canada

The national obstetric fistula project, with financing from Canada, works to provide surgeries for women who suffer from this debilitating, yet preventable, condition and to upgrade the country's ability to respond to fistula by training medical staff, conducting awareness campaigns, providing referrals to centres where cases can be treated, and supporting fistula survivors to reintegrate into society.

Safeguard Young People: **Netherlands and Switzerland**

Part of a southern Africa regional programme on adolescent reproductive health and rights, Safeguard Young People is funded by the Netherlands and Switzerland and is working both at the national policy level and in the provision of integrated youth-friendly health services and comprehensive sexuality education in districts in Cabo Delgado, Nampula, and Tete provinces.

Strengthening Health and GBV Services through the 'Triple Nexus': **Sweden**

Signed in December 2021, this two-year project, funded by Sweden, aims to ensure the availability of contraceptives at the national level and scale up family planning and GBV services at the community level in Cabo Delgado, Niassa and Nampula provinces, by leaving no one behind.

UNFPA Supplies: Multi-donor trust fund managed by UNFPA Headquarters

The UNFPA Supplies partnership, funded by a multi-donor trust fund, worked to procure needed reproductive health supplies, track contraceptive availability, train service providers, and ensure access to modern, safe, and effective contraceptives.

UNFPA Reproductive Health Trust Fund: **Multi-donor trust fund managed by UNFPA Headquarters**

The UNFPA Reproductive Health Trust Fund (also known as the Maternal Health Trust Fund) supported the Government to train and capacitate health staff throughout the country to provide women with high-quality maternal health services.



Gender and Youth

Global Programme to End Child Marriage: Belgium, Canada, Netherlands, Norway, **United Kingdom, Italy, European Commission through the Spotlight** Initiative, and Zonta International

The multi-donor UNFPA-UNICEF Global Programme is working to end child marriage through technical support to key stakeholders, including the Government and national NGOs, as well as through multi-sectoral coordination and capacity building, awareness-raising campaigns, mentoring sessions, and through the involvement of community leaders.

Rapariga Biz: Sweden and Canada

Rapariga Biz, a joint initiative of UNFPA, UNICEF, UNESCO and UN Women funded by Sweden and Canada, is a multi-sectoral adolescent sexual and reproductive health and empowerment programme targeting vulnerable girls and young women in Nampula and Zambezia provinces. The programme includes a range of services, information and skills development, including a peer mentorship component.

Spotlight Initiative to Eliminate Violence Against Women and Girls: European Union

The multi-agency (UNFPA, UNDP, UNICEF and UN Women) Spotlight Initiative works globally through a multi-faceted programme to end violence against women and girls with financing from the European Union. In Mozambique, UNFPA supports mentorship programmes for young people, adolescent reproductive health interventions, services for survivors of violence, and technical assistance in the area of data.

We Decide - Young Persons with Disabilities: Spain

Under the Spanish-funded 'We Decide' programme, UNFPA works with young persons with disabilities, communities and institutions to help ensure the reproductive health and rights, bodily autonomy and agency of young persons with disabilities, ensuring a life free of violence, discrimination, and abuse.



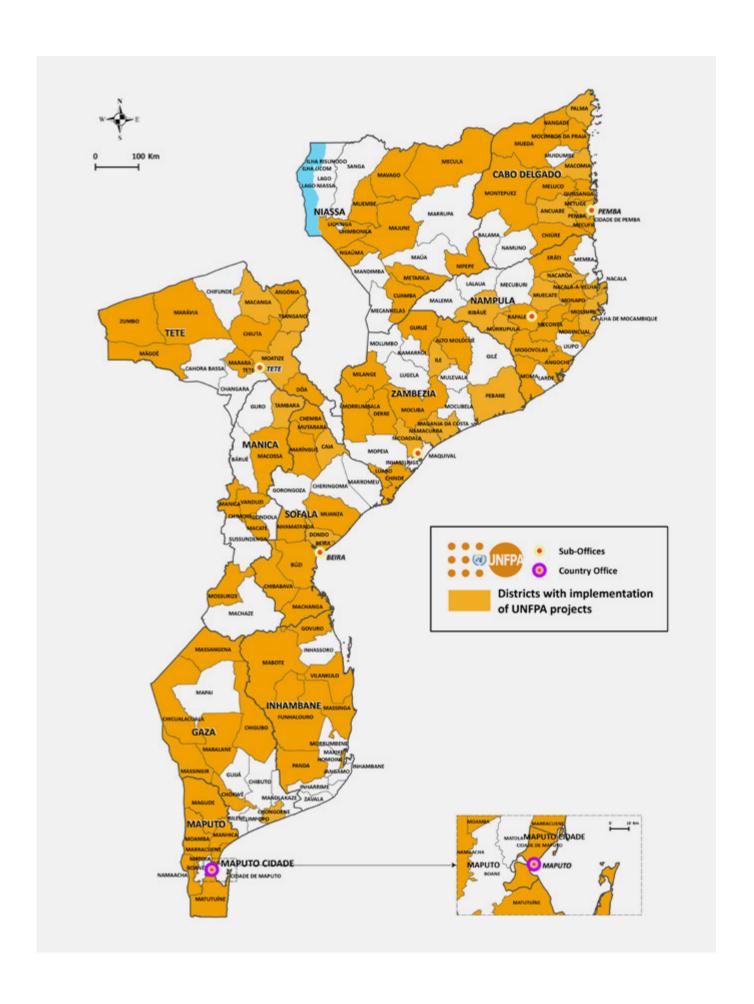
Population and Data

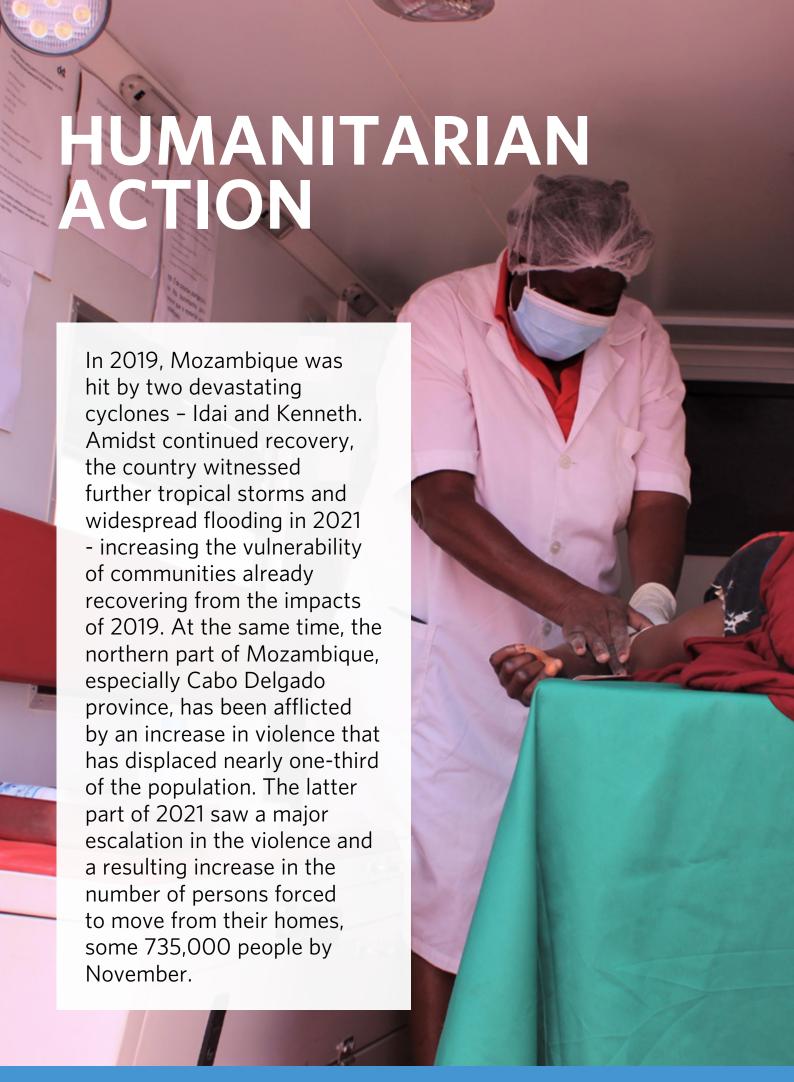
Census: Census Trust Fund (Canada, Italy, Sweden, Norway and the United Kingdom)

Financed by a multi-donor trust fund, the UNFPA's census project provided support to the Government of Mozambique to carry out the enumeration of the 2017 population and housing census and has followed up with assistance in analysing and disseminating the results and the development of thematic reports, including on vulnerable populations, based on the census data.

Strengthening Data Systems for Youth Empowerment and the Demographic Dividend: United Kingdom

With financing from the United Kingdom, this project supports several data collection and analysis activities, including the Demographic and Health Survey, the Household Budget Survey, the civil and vital registration system, and preparations for the 2027 census. These activities are in support of helping the country to reap the benefits of a demographic dividend.







84,000 people were reached by mobile brigades

13 women and girls' safe spaces up and operating

One maternity surgical theatre was equipped

5,000 women received dignity kits to ensure their health, safety and dignity

Responding to these continuing and developing humanitarian crises, UNFPA worked through the Government and its civil society partners to ensure women, girls and youth were able to meet their basic needs in a time of disruption and upheaval. UNFPA carried out an important role as the agency leading in the areas of sexual and reproductive health and gender-based violence in emergencies.

Meeting sexual and reproductive health needs in times of crisis

Displacement in the north of Mozambique left 1.3 million people in need of humanitarian assistance during the course of 2021, including 312,000 women of reproductive age. With such a large number of women and adolescent girls, meeting their sexual and reproductive health rights remained an ongoing priority. This need was made even more dire as 39 of the 139 health facilities in Cabo Delgado province were destroyed and the remaining facilities suffered from limited or a lack of supplies and staff.

To ensure continued access to life-saving services, UNFPA supported the Government to deploy mobile brigades, offering integrated sexual and reproductive health and gender-based violence prevention and response care to communities living in remote and isolated areas. In 2021, 276 mobile brigade visits reached more than 84,000 women and girls in four provinces (Cabo Delgado, Nampula, Niassa and Sofala). UNFPA's support also included equipping static health facilities with medical supplies, including providing reproductive health kits to health facilities in conflict- and cyclone-affected areas; procurement and provision of 49 emergency tents for temporary clinics; technical support; reinforcement of the medical supply chain; and providing contraceptives.



EQUIPPING HEALTH FACILITIES IS KEY TO RECOVERY FROM DISASTER

Following the devastation of Cyclone Idai in the central portions of Mozambique - such as in Sofala Province - in 2019, 93 health facilities were damaged or destroyed and essential equipment and supplies were lost. Central Mozambique continued to be hit with climate-related disasters, suffering from tropical storm Chalane and cyclone Eloise in 2021. The loss of health facilities and the damage to equipment and facilities left thousands of women and girls without access to life-saving maternal health services.

"From one day to the next, we were left without any resources, even without electricity. In the dark with lanterns and candles, it became very difficult to take care of our patients; we had to use what we could. One child was born in the hallway, another on the floor; we really didn't have a lot of options," reported Dr. Maria Judite Marecos, reflecting on the day she was working in the Dondo Health Centre when cyclone Idai made landfall.

Through 2021, UNFPA, with funding from the Government of China, helped to procure essential life-saving medical supplies and equipment, equipping targeted health facilities and training health care workers on the use of the new equipment. At the end of 2021, further funding was received from the Republic of Korea to expand this work. To date, more than 500,000 women and girls from Sofala Province, including 69,000 women and girls with disabilities, are estimated to have benefitted from the equipment supplied to 34 health facilities.

As part of ongoing efforts to communicate health messages to the public, the project also produced a 10-episode radionovela for broadcast with a storyline that promoted maternal health, family planning, neonatal care, COVID-19 prevention and response, and gender-based violence prevention and response. Nurse Graciete Salomão at Bandua Hospital in the remote district of Buzi reported that "with the additional help from the project, we are better able to keep our facilities well-organized. We also didn't have desks for our consultations; we were forced to improvise since Cyclone Idai! Now we are equipped to do our work."

Women who give birth in an emergency are at heightened risk of maternal morbidity and mortality and depend on trained health staff and equipped health facilities. UNFPA supported in-service training for health care professionals in Cabo Delgado on obstetric care and provided training for 23 traditional birth attendants on safe and clean delivery and prevention of postpartum haemorrhage. A surgery theatre was set up in Metuge district, one of the hardest hit by displacement in Cabo Delgado, to deliver comprehensive emergency obstetric care. The theatre is expected to support about 5,650 pregnant women across three districts.

Responding to gender-based violence

UNFPA's work in preventing such violence, mitigating its consequences, and supporting survivors included leading the coordination of response organizations as well as providing direct services to those in need.









As the lead of the "GBV Area of Responsibility (AoR)," UNFPA coordinated the work of dozens of other GBV partners consisting of government, United Nations agencies, and civil society organisations. In this role, UNFPA successfully led the development of GBV standard operating procedures and conducted safety audits in three districts with a large number of displaced persons in Cabo Delgado province.

UNFPA supported 13 women and girls' safe spaces through which gender-based violence awareness, case management, and empowerment activities were conducted. UNFPA trained healthcare staff on the clinical management of rape and provided "rape kits" with necessary supplies and medicines to provide quality clinical care for survivors.

UNFPA helped develop standard operating procedures for the above-mentioned safe spaces and conducted safety audits in 11 sites and communities accommodating persons with disabilities. As a key strategic entry point to deliver GBV services and information, UNFPA, in partnership with implementing partners, distributed almost 5,000 female dignity kits – containing critical items ranging from reusable sanitary pads to laundry soap and a whistle to better support women and girls' safety, health and hygiene.



PROVIDING SERVICES TO THOSE WHO ARE DISPLACED

A large proportion of the women displaced in Cabo Delgado province are of reproductive age. One such person is "Jamila", a 23-year-old mother of three children from Macomia District who was forced to flee to Ibo Island about five kilometres off the northern coast because of the violence and resulting economic disruption. "I was trying to sell peanuts, but was not making enough to earn a living for my family."

Ibo Island is a remote location that has faced challenges in being equipped to meet the needs of the 33,000 people who have taken refuge there. UNFPA provided dignity kits to displaced women to support their menstrual hygiene, sanitary, and female dignity needs. To reach the very large number of displaced persons, UNFPA also equipped a mobile health clinic to serve the island so that it can provide emergency obstetric and neonatal care and procured a boat ambulance to transport emergency cases to the provincial capital of Pemba. UNFPA furnished contraceptives and other commodities and equipment to the static health facilities on the island that were forced to serve a greatly expanded clientele.

Jamila was one of the persons receiving support from UNFPA. Attending a health clinic supplied by UNFPA, she was able to get the contraceptives she needed to avoid a pregnancy at a time in her life when she was not prepared for another child.



THREE TRANSFORMATIVE RESULTS



41% of the country's contraceptive needs met by UNFPA

12,000+ adolescents in Cabo Delgado visited a youthfriendly health centre for the first time

60% of country's secondary schools offer in-school SRH services

One new self-injectable contraceptive piloted

Mozambique's development goals are directly linked to the empowerment of women through access to family planning and the ability to decide if, when, and with whom they want to have children. This is particularly true for young people: Mozambique has one of the highest adolescent fertility rates in the world, with consequences such as curtailed education, inability to enter the paid workforce, large families throughout their lifetimes, and heightened health risks. The development costs of Mozambique's high fertility rate are mirrored in the lives of the women and families that are not able to reach their full potential.

Helping to ensure a continuous supply of contraceptives

In order to ensure that Mozambique is able to reduce the number of unintended pregnancies by promoting the use of modern, safe and effective contraception, UNFPA works at the policy level to advocate for the financing of contraceptives and to support logistics and supply chain management. In responding to the specific conditions of 2021, UNFPA helped to pre-position supplies to avoid stock-outs during the COVID-19 response.

In the course of 2021, through UNFPA Supplies, the agency supported the procurement of approximately 41 per cent of the country's contraceptive commodity needs. UNFPA's projections showed that the country would experience a contraceptive funding gap for 2021-2024 and was able to mobilize funds to meet contraceptive needs up to 2023. To ensure sustainability, UNFPA organised a high-level meeting in 2021 to analyse the data on the projected use of family planning to support the Government's planning. This contributed to reinforcing the Government's FP2030 commitment for the sustainable supply of contraceptives to the end of the decade.

The year also saw a major breakthrough with national endorsement for expanding the provision of a subcutaneous injectable contraceptive (Sayana-Press) using self-injection, thereby expanding the number of women, girls and couples who have control over their family planning decisions.

Ensuring access of the vulnerable to family planning

In addition to its work nationally, UNFPA targets particular vulnerable populations at the local level by providing information on family planning and supplying contraceptives. The 'My Choice' programme, for example, is working to increase the availability and use of contraceptives as part of adolescent sexual and reproductive health programmes in Tete and Cabo Delgado provinces. The programme creates demand for contraception by supporting door-to-door consultation and family planning provision by activists and community health workers and by promoting comprehensive sexuality education in schools. In Tete province, 51,000 adolescents and youth were reached with community-based family planning services, commodities and counselling, while this number reached 45,561 in Cabo Delgado through the My Choice Programme. Sixty per cent of the country's 710 secondary schools were reached with sexual and reproductive health services provision, with adolescents and youth benefitting from integrated sexual and reproductive health services delivered by nurses in primary and secondary schools.



MOBILE BRIGADES ENSURE FAMILY PLANNING SUPPLIES IN REMOTE DISTRICTS

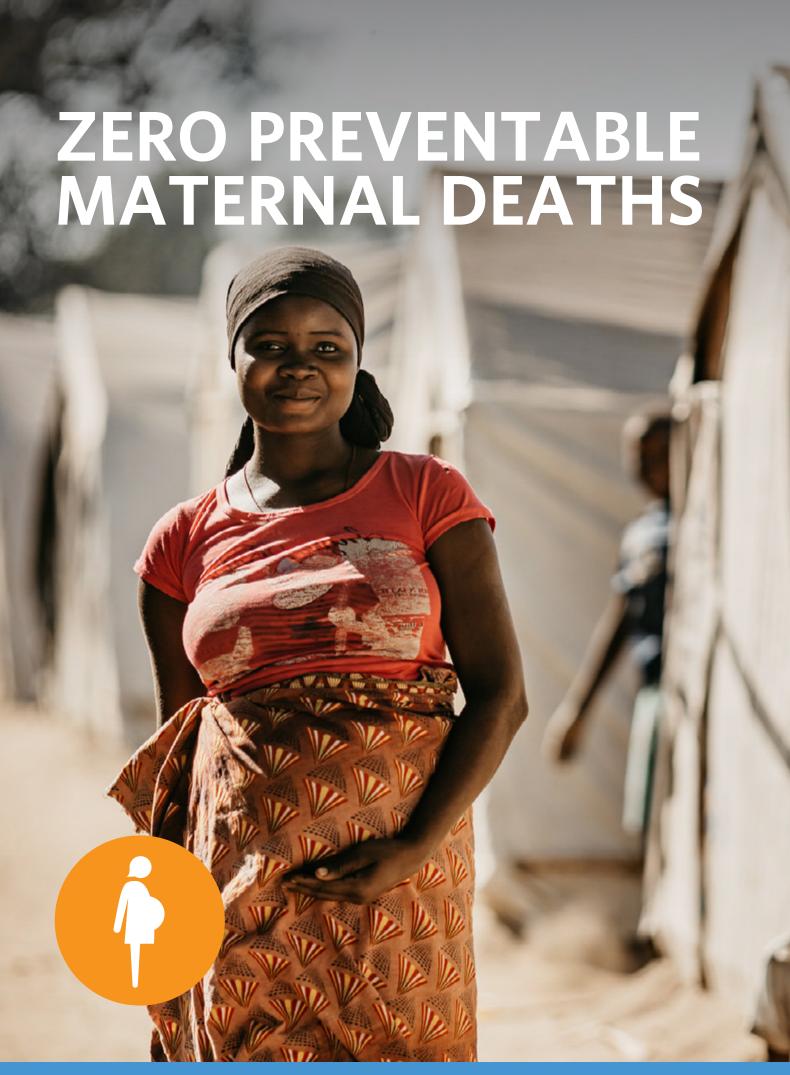
Malua is one of hundreds of young women in Tete province receiving family planning services through mobile brigades. These services ensure that the most vulnerable - who may otherwise not have direct or easy access to health centres - get life-saving health and protection support when they need it most. For women and girls, restricted mobility, reduced economic opportunities, and limited access to schools or health centres during the COVID-19 pandemic meant that accessing family planning methods became more of a challenge.

Malua had started using the Sayana press [a female contraceptive injection lasting 3 months] in 2019. "The nurse warned me that this method has a duration of three months and that after that time, I could receive another injection through mobile brigades in my community. Because of COVID-19, the brigade did not come for a short period of time. This caused [me to go through two months] unprotected, running the risk of having a new pregnancy. I had condoms and bought more, but they ran out".

"We had to resort to the 'rhythm' method (a 'calendar-based' method where you track your menstruation history to determine when you're most fertile), but it was not easy because it left me insecure, and [the] anxiety to see my period was much higher and did not give me peace of mind."

Through mobile brigades and with contraceptives supplied by the Dutch-funded 'My Choice' programme, UNFPA was able to restart visits from medical teams to remote areas of Tete province: "With the new normal, I feel relieved, because I returned to receive an injection and in three months, the nurse will be in my community again to support me with new and continued methods of contraception," shares Malua.





THREE TRANSFORMATIVE RESULTS



101 health facilities and 41 hospitals equipped with maternal health supplies

41 inter-agency reproductive health kits procured and distributed

31 health staff trained on emergency obstetric care

678 women received obstetric fistula repair surgeries

In recent years, Mozambique has seen increasing numbers of pregnant women delivering in health facilities, but this has only partly translated into reduced maternal deaths, with the country having one of the 20 highest maternal mortality ratios worldwide. Reaching the goal of zero maternal deaths depends on effective programmes in terms of reducing the high fertility rate (through greater use of modern contraception), providing access to health facilities that are equipped and stocked with necessary supplies, and strengthening the health system through training of staff.

Equipping the country to address maternal mortality

In order to reduce the number of women who die in childbirth, it is first necessary to understand the causes of maternal deaths. To that end, UNFPA supported the national maternal and perinatal death surveillance system and maternal audit committees to investigate, and ultimately, reduce maternal mortality. Using data, UNFPA is supporting the Mozambican Midwifery Association in developing its first strategy for combatting maternal morbidity and mortality.

One of the major factors in reducing maternal deaths is ensuring that health facilities are equipped with the equipment they need. During 2021, much of UNFPA's supply activities were directed at replacing equipment destroyed or damaged by the series of cyclones in central Mozambique and by equipping health facilities faced with assisting displaced persons in the north in addition to supplying other parts of the country as well. Some of this was in the form of Reproductive Health Kits, pre-packaged equipment, supplies and medicines.



In total, during 2021, UNFPA supplied family planning commodities and furnished hospital consumables and equipment for 101 health units and 41 hospitals through a United Kingdom-funded project. The same multi-year programme, which concluded in 2021, also procured 52 ambulances and boat ambulances for 11 provinces to respond to emergency cases.

Innovative Approach:

It is well known that the key to reducing maternal deaths is to ensure that a woman has access to trained professional care at the time of delivery, preferably in a well-equipped health facility. The innovative "Chopela Mama" project was created with the aim of finding a cost-effective method for vulnerable women to access obstetric care for safe births. The innovative project is being piloted in Zambezia province and, if successful, could reduce the number of maternal deaths.

The project utilizes a method of sending simple text messages that allows anyone with a basic mobile phone to access a ride and a call centre to facilitate the communication between expectant mothers, local drivers, and health facilities. Similar to mobilebased ride-sharing services, the developers of the app mapped over 560 kilometres of access roads in rural parts of Zambezia to find the shortest routes to transport an expectant mother to a health facility.

With the help of local developers, Chopela Mama is developing a system that has the potential of reaching about 400,000 pregnant women in Mozambique every year to ensure more positive pregnancy outcomes.

Training staff to reduce risk of maternal mortality

UNFPA focuses much of its work in preventing maternal deaths by improving the competencies of healthcare staff to provide emergency obstetric and newborn care through training and formative monitoring visits. In 2021, activities through UNFPA's Reproductive Health Trust Fund, for example, included providing 31 nurses, medical doctors and surgery technicians with a 10-day emergency obstetric care training programme.

Through the midwifery support project in Tete province, a technical assistance team inducted 15 student nurses into their internships and provided them with theoretical and practical sessions. The culmination of the project was the return of three senior maternal and child health nurses who had completed post-graduate training overseas.

Maternal morbidity: supporting women who suffer from obstetric fistula

Among the most debilitating forms of maternal morbidity is obstetric fistula, a hole between the vagina and the bladder or rectum resulting from prolonged labour without access to emergency care. UNFPA's obstetric fistula project is helping women who suffer from the condition through awarenessraising, increasing the capacity for treatment by training doctors, integrating treatment into the health system throughout the country, and empowering women who have suffered from obstetric fistula, including through economic empowerment.

In 2021, 678 women with fistula received life-saving treatment and support to begin to rebuild their lives. The programme also provided on-the-job training for four additional surgeons in fistula repair. The first fistula centre was rehabilitated to serve as a regional referral centre serving four provinces. With support from civil society associations, more than 6,000 at-risk women were reached with messages regarding the prevention of fistula. Finally, through partnership with the Ministry of Gender, Children and Social Action, 39 fistula survivors received social reintegration support.



ZERO GENDER-BASED VIOLENCE AND HARMFUL PRACTICES



THREE TRANSFORMATIVE RESULTS



700,000 boys and girls reached with awareness programmes on gender-based violence



700+ survivors of gender-based violence assisted by mobile brigades



1,000+ community leaders engaged to fight child marriage



Less than 1% of girls married while enrolled in the Rapariga Biz mentorship programme



As in every country in the world, gender-based violence in Mozambique manifests itself in many ways, and is often further exacerbated in times of humanitarian crisis. One example of a harmful practice that the country is tackling is that of child marriage, with one of the highest rates in the world. Child marriage is a scourge that impedes the full empowerment and potential of young people, especially girls. The most vulnerable and marginalized adolescent girls are among those left behind in Mozambique and consequently at the greatest risk of child marriage.

Engaging young people to end violence

A variety of UNFPA programmes are working to end gender-based violence, including child marriage, in Mozambique. One of the most comprehensive is the Spotlight Initiative, which reached more than 420,000 girls and 280,000 boys in 2021 with out-of-school programmes that promote gender-equitable norms and guide access to sexual and reproductive health and gender-based violence services. A total of 13,389 adults and 11,524 adolescents were engaged in 210 community dialogues through the Spotlight Initiative to raise awareness about gender-based violence. These dialogues led to 239 cases of child marriage and abuse being identified and referred to the local authorities for swift intervention.

The Spotlight Initiative's outreach encouraged 93,366 adolescents and young people to access sexual and reproductive health services. Among them were 2,107 survivors of violence, who could then be provided with services. Mobile brigades in three provinces registered and assisted 712 survivors of violence.





Likewise, in the two provinces in which the Global Programme to End Child Marriage worked, 120 cases of child marriage and 124 cases of early pregnancies were reported and, of these, 77 cases of child marriage were prevented or ended.

Innovative Approach:

UNFPA and UNICEF worked in partnership with the Ministry of Gender, Children and Social Action to develop a mobile phone application for reporting and referral of child marriage cases, an idea that came out of the 2020 child marriage "hackathon". The app aims to reach and support girls who have suffered from, or are at high risk of, human rights violations and/or child marriage.

Community leaders are powerful voices in ending child marriage

To combat gender-based violence, especially child marriage, it is necessary to involve community leaders, who are influential in changing social norms. In 2021, the Spotlight Initiative supported 800 community leaders to lead interventions to counter violence against women and girls.

The Initiative also worked with cultural leaders involved in initiation rites to ensure that they do not promote child marriage and to encourage the integration of lessons into these rites that promote positive masculinities for boys. These interventions led to the active involvement of about 30 community leaders in the fight against violence. Their work contributed to the resolution of 45 gender-based violence cases and facilitated the rescue of 25 girls from child marriage. Likewise, through the Global Programme to End Child Marriage, in Nampula province 160 community leaders received training on an integrated package to address child marriage while 2,500 community members were engaged in community dialogues.

The youth-focused adolescent sexual and reproductive health programme, Rapariga Biz, also engaged with 299 community and religious leaders in 2021. The programme held a total of 9,106 community dialogues reaching 132,045 community members. Combined with Rapariga Biz's mentorship programmes, these community outreach programmes are working: the number of child marriage and early pregnancy cases remains remarkably low. Of those who were mentored during 2021, only 0.62 per cent married before age 18 and 0.43 per cent became pregnant.

Innovative Approach:

The Spotlight Initiative continued to support the development of the innovative gender-based violence information management system InfoViolência. InfoViolência is software used to register and manage cases of violence and to collect and analyse data in order to enhance the quality and timeliness of services and access to justice for survivors. The software is being tested in selected sites, including in the three target provinces of Gaza, Manica, and Nampula.



COMMUNITY LEADERS CONFRONT THE ISSUE OF CHILD MARRIAGE

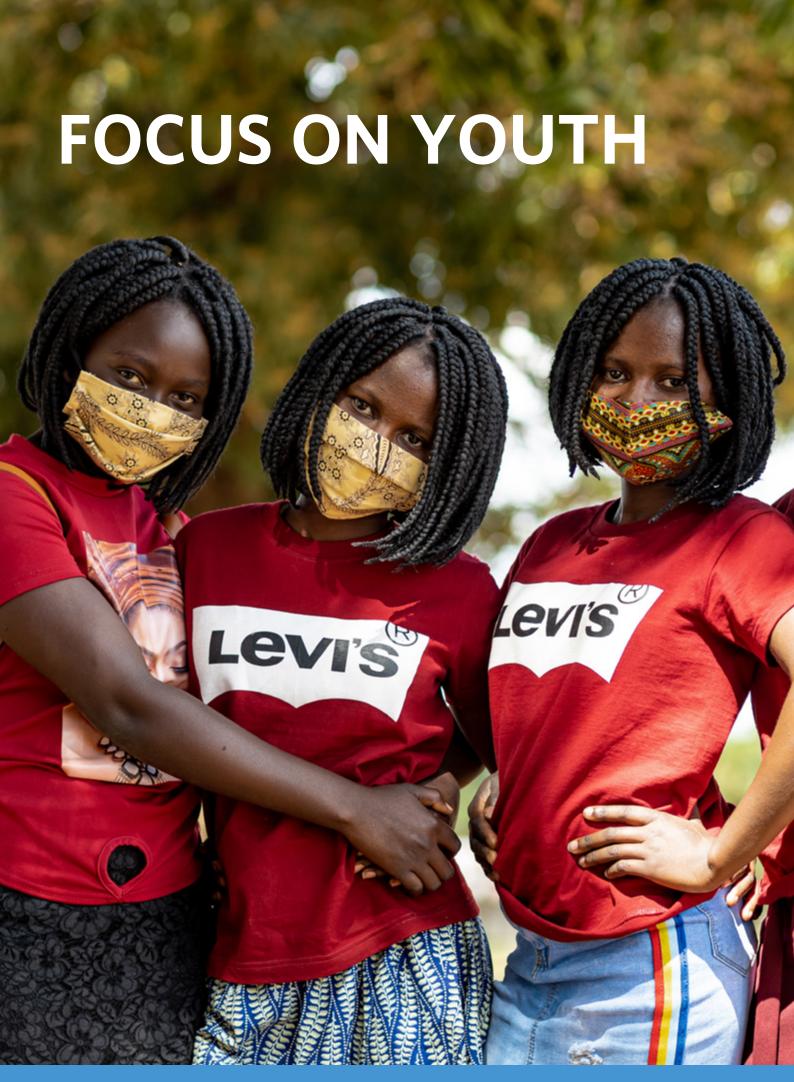
In 2019, Mozambique enacted a law that makes marriage under the age of 18 illegal. This important advance, however, only works if the law is respected and enforced.

To that end, the Spotlight Initiative trained community leaders on the new law and why it is advantageous to young people, their families and communities and the country as a whole. The endorsement of these community leaders is crucial to gaining acceptance of the law and ensuring that communities adjust their social norms to see marriage before age 18 as unacceptable.

And it is working. "The new law against child marriage is a huge milestone for community leaders. I am disseminating the law in my community and bringing more awareness on the consequences of child marriage," said Gonçalves Bernardo, a community leader from Manica province, who received training through the Spotlight Initiative.

Likewise, Armando Saide Júnior, a community leader from Nampula province expressed his appreciation for the new law and the training he had received. "Our work as community leaders [in preventing child marriage] used to be hard. But now we have the new law, and we must implement it."







91,000 adolescent girls and young women supported by Rapariga Biz programme mentors

Health facilities underwent accessibility assessments to support persons with disabilities

Youth mentors, activists and staff from the national COVID-19 call centre were trained on how to support persons with disabilities and answer related questions on the issue

One male mentorship manual was developed

Mozambique is a country that can look forward to benefiting from the 'demographic dividend' as its youthful population holds significant potential for economic and social transformation. However, to realize this benefit, young people have to be empowered with education and health programmes that allow them to reach their full potential. The Government of Mozambique is increasing its focus on youth development, empowerment and participation in the national development agenda, and UNFPA is supporting those efforts.

Peer-to-peer mentorship: a proven way to reach young people

In addressing adolescent reproductive health, a key strategy is to train youth mentors to engage their peers in vital discussions about reproductive health and rights and gender-based violence. In the case of the 'My Choice' programme, the mentorship programme enrolled 55,760 girls aged 10-19 years old in Tete and Cabo Delgado provinces in community mobilization activities that have led to an increase in the number of young people accessing local sexual and reproductive health services. In Cabo Delgado, for example, 12,161 adolescents and youth visited integrated youth-service centres for the first time in 2021.

Another of UNFPA's youth programmes, Rapariga Biz, also employs a mentorship model that provides a safe space for girls to explore questions regarding sexual and reproductive health and rights. The project supports health services, including youth-friendly clinics, mobile clinics and school corners dedicated to the provision of sexual and reproductive health consultations. It also works with the Ministry of Education and Human Development to develop a comprehensive sexuality education curriculum based on empowering women and promoting gender equity and equality.

Through Rapariga Biz, more than 4,200 mentors led mentorship sessions in 2021 that engaged more than 91,600 adolescent girls and young women in some 1,600 safe spaces in Nampula and Zambezia provinces. The mentorship provided information about adolescent and youth-friendly service centres. During the year, nearly 187,000 girls and young women visited these centres, of whom 48.9 per cent adopted a modern method of family planning to help them avoid an early, unintended pregnancy that would hamper their life prospects.

To strengthen the impact of its mentorship programme, the Global Programme to End Child Marriage developed a male mentorship manual that promotes positive masculinities and the bodily autonomy of all people. After the manual was tested, 120 boys and young men took part in training sessions to become mentors.

These newly-trained mentors then collectively engaged thousands of other boys and young men, offering mentorship on topics including sexual and reproductive health and rights, bodily autonomy and positive masculinities.

The special needs of young people with disabilities

UNFPA programming includes understanding and meeting the needs of persons with disabilities and, in the context of Mozambique, persons with albinism. Among these efforts is the 'We Decide' programme designed to meet the reproductive health needs of young persons with disabilities. Among the most marginalized and vulnerable persons in any society, persons with disabilities are often more susceptible to sexual abuse and violence. UNFPA's work in Mozambique is tied to awareness-raising about the specific challenges faced by persons with disabilities and with building the capacity of service providers and institutions to respond to their needs. In 2021, UNFPA carried out a model accessibility analysis of two health facilities in Manica and Cabo Delgado so that they could meet the needs of persons with disabilities.

Much of the work in this regard in 2021 revolved around the ability of persons with disabilities to cope with the COVID-19 crisis. The work included trainings for mentors and youth activists on COVID-19 in Zambezia province and a training for the staff of the national COVID-19 call centre on how to answer questions on disability. Furthermore, a disability awareness-raising training of key stakeholders from government and civil society organizations took place in Manica and Cabo Delgado provinces. Two billboards were displayed in Maputo City on the issues faced by persons with disability and COVID-19.







STRATEGIC ENABLERS



1,400+ planning and administration officers trained on statistical literacy

400+ geo-referenced maps produced covering eight provinces

350+ Government staff trained in gender statistics

Roll-out of an interactive data dashboard to monitor the SDG indicators

Continuing the support provided for the 2017 population and housing census, UNFPA has continued its work with the National Statistics Institute (INE) in storing, analysing, and disseminating the census results so that demographic data and information can inform public policy and planning. In 2021, UNFPA supported the procurement of equipment and operational costs for data processing and the training of 1,416 planning and administration officers from the Government and civil society on statistical literacy.

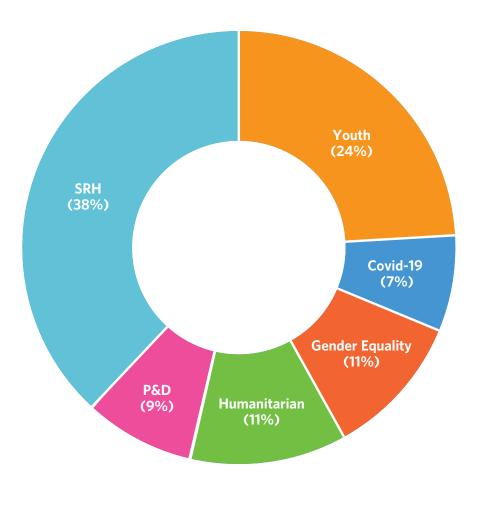
The planning processes of the Government, such as the annual economic and social plan and the national development strategy, rely on the availability and accuracy of census data as produced by INE. Given the extraordinary challenges of the year, UNFPA supported developing estimates of the populations left behind after the forced displacement of populations in Cabo Delgado, focusing particularly on groups such as adolescent girls and pregnant women. In response to the mitigation measures put in place to respond to COVID-19, UNFPA partnered with an international NGO to produce an "ease of social distancing index" for use by government authorities.

UNFPA continued to support the production of geo-referenced census maps showing the spatial distribution of the population to help plan and implement social services. In 2021, 404 geo-referenced maps covering 15 districts in eight provinces were produced and disseminated. In an innovative approach to providing greater usability for census data, the geo-referenced maps have been used to produce interactive demographic atlases, allowing the user to geo-locate the population size and characteristics of any region in Mozambique.

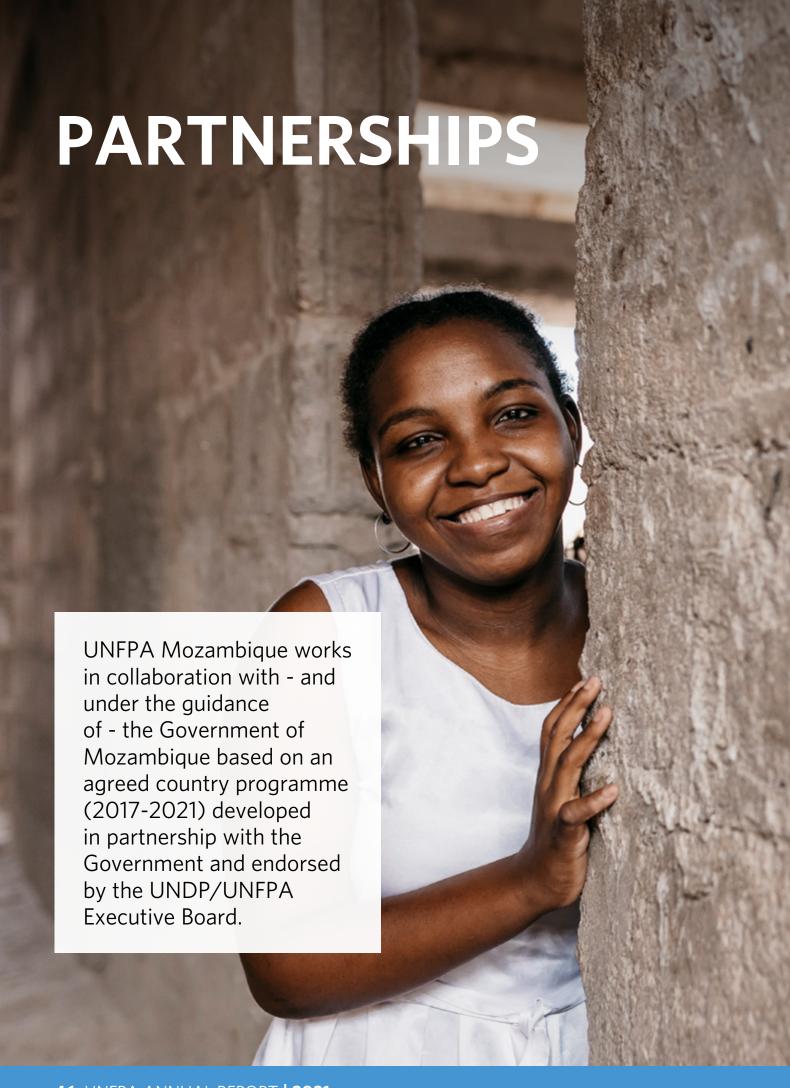
Another focus was the development of thematic studies of different aspects of the population. These ongoing studies are especially important in studying the characteristics of vulnerable and marginal groups. UNFPA continued supporting capacity building on gender statistics, with 357 government staff being trained in gender statistics. The training in 2021 added a focus on capturing and reporting gender-based violence statistics. UNFPA also supported INE to roll out a dashboard for monitoring the country's progress towards achieving 17 indicators within the Sustainable Development Goals.







Thematic area	Total spending
Sexual and Reproductive Health (SRH)	\$9,4 Million
Youth	\$5,9 Million
Covid-19	\$1,7 Million
Gender Equality	\$2,7 Million
Humanitarian Response	\$2,8 Million
Population and Development (P&D)	\$2,1 Million
TOTAL	\$24,6 Million





Several government agencies also act as 'implementing partners' for the projects outlined in this report. In addition, UNFPA works with international and national non-governmental organizations, including civil society groups and community organizations, to carry out its activities to achieve the "three zeroes" and reach the most vulnerable.

It is these governmental and non-governmental organizations on the ground that enable UNFPA to realize the objectives of its country programme in Mozambique. Without whom, there would be no achievements to report, and UNFPA is grateful for the collaboration of:

Government partners:

Ministry of Economy and Finance, Ministry of Education and Human Development, Ministry of Foreign Affairs and Cooperation, Ministry of Gender, Child and Social Action and related provincial authorities, Ministry of Health, and related provincial directorates, including the National Institute of Health, Ministry of Interior, Ministry of Justice, Constitutional and Religious Affairs, National Institute of Statistics, State Secretary for Youth and Employment

Non-governmental partners:

AMODEFA, Coalizão da Juventude, Cooperativa FSD, DKT, Focus Fístula, Fórum Mulher/Muleide, Fundação Wiwanana, Fundo para o Desenvolvimento da Comunidade (FDC), Help Code Itália, Johns Hopkins University, NAFEZA, Operation Fistula, Plan International, Médicos com África CUAMM, The Population Council, AIFO, Kutenga, and Rede Hopem.

Funding partners:

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