

Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: MOZAMBIQUE

Development of maturity model and assessment
tools for harmful practices policies

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Acknowledgment

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For more information about the tool, please contact Joseph Mbirizi(jmabirizi@unicef.org)

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List of acronyms

| | |
|--------|---|
| GPECM | Global Programme on the Elimination of Child Marriage |
| SDGs | Sustainable Development Goals |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children’s Fund |

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I. Background

Mozambique is home to over 4 million child brides. Half of all young women were married in childhood; 1.6 million girls are married before the age of 15, and 4.4 million are married before the age of 18 years.¹

Mozambique has the sixth highest prevalence of child marriage in the world, with 16.8 per cent of women aged 20-24 years married at less than 15 years and 52.9 per cent of girls married before 18 years. Child marriage mainly affects poor families in the centre and north of the country and in rural areas. It is seen as a major constraint towards achieving the Sustainable Development Goals (SDGs).² According to the 2017 Census, large social inequalities characterize the occurrence of child marriage in Mozambique: girls aged 15-17 who are in school are about eight times less likely to marry as a child than girls who have never attended or have left school.

Child marriage constitutes a violation of human rights and can result in: (i) the perpetuation of poverty, (ii) gender-based violence, (iii) reproductive health problems, and (iv) the loss of opportunities for empowerment of female children and, consequently, women. Poverty is a significant driver of child marriage, as well as violence and gender-based discrimination. Child marriages occur more frequently in the most vulnerable communities, where birth and mortality rates are high, and where the level of education and access to health care and employment are low.³

Purpose

This report aims to accelerate progress towards the SDG target of eliminating harmful practices. A draft maturity model, or framework, for harmful practices, with articulated benchmarks, was developed for review and feedback from country-level stakeholders. The model is designed to provide an integrated strategy for measuring processes, systems, services and information, based on a public policy management (PPM) approach.⁴ It is intended to complement and augment the Global Partnership Framework on Elimination of Child Marriage (GPECM) and the Joint Partnership on the Abandonment of Female Genital Mutilation (JPFGM).

Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries⁵ to measure the level of maturity of their processes, systems and services to eliminate harmful practices. Draft action plans were developed based on identified actions (short, medium and long-term), to inform existing national action plans and advocacy strategies.

Subsequently, a desk review was conducted and the draft maturity model was completed and prototyped. This report presents the draft findings. This reflects the inception stage of sensitizing country-level stakeholders on the potential utility of a comparable maturity model to accelerate action for change across 12 countries.

II. Methodology

The desk review comprises core documents shared by the country including various documents such as laws, policies, strategies, guidance and standards, monitoring and evaluation reports which touch on the topic of harmful practices. Furthermore, competency frameworks from other countries are included to provide insight into the format, methodology and content of harmful practices frameworks that have been developed in other contexts. The findings of the review will be included in an Appendix to complement the findings of this desk review and will help to inform the strengths and gaps in harmful practices programming.

The desk review was completed by using several key questions or 'lenses' defined by the six operational/ functions areas and sub-domains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

- 1. What is the effectiveness of government structures, including coordination across government departments, between centralization levels, and between formal and informal actors?
- 2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?
- 3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?
- 4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?
- 5. What is the availability and access to prevention and response services for women and children most-at-risk of harmful practices?
- 6. What is the effectiveness of data collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and the review of the draft completed maturity model are organized according to the above six areas, which relate to the model's intermediate outcome areas. Where information was limited or gaps were identified, this is mentioned. Each of the six

areas comprises a number of sub-domains. For example, the governance and coordination structures area includes three sub-domains: political commitment, coordination structures, and national action plans. Each one is rated in the maturity model from 1 to 4.

1. Weak - Building **2. Average - Enhancing** **3. Good - Integrating** **4. Excellent - Mature**



Governance and coordination structures

Measurement standard for mature rating: The country has a strong political commitment to eliminate harmful practices, with a high-level declaration that spells out its commitments. There are national multisectoral coordination structures in place, with an institutionally mandated lead, which meets routinely. A plan of action sets clearly defined targets aligned to national statistics frameworks.

While Mozambique has a relatively favourable policy and legal framework for promoting and protecting adolescent girls, major challenges remain in coordinating the implementation of these policies and laws at the national and decentralized levels.

A1. Political commitment: The President made a strong commitment to preventing harmful practices, but there are some grey areas about which he has not been vocal, such as initiation rites and the inclusion of pregnant girls in schools. The Director of the Ministry of Gender, Children and Social Action (MGCAS) participates in important meetings, and Graca Machel has been a global champion for the elimination of harmful practices. There is a costed strategy in place to end child marriage, but the Government's contribution towards this is unclear as there is no defined national budget allocation.

A2 Coordination structures: MGCAS leads a multisectoral group created by the National Strategy (2016-2019) but it has insufficient funds or staff to adequately lead on this issue, and has limited convening authority. At district level, meetings do not take place regularly, and are highly dependent on donor funds. UNICEF and UNFPA provide technical assistance and funds for coordination meetings at provincial level, but only for focus provinces. In the last three years, due to other priorities (COVID 19 and emergencies such as cyclones and conflicts) the coordination was very poor. Additionally, the MGCAS is waiting for the child marriage strategy to be approved by ministerial cabinet.

A.3 National action plans: Mozambique has been implementing its National Strategy to Prevent and Eliminate Child Marriage (2016-2019), with a costed action plan, under the leadership of the MGCAS. However, there is no clear indication of roles and responsibilities, no identified national targets or indicators, and the funding source is yet to be identified. The strategy states that harmful practices represent a violation of human rights. It contains a strong commitment to develop a draft national plan of action for children, which will integrate components of harmful practices. Importantly, the strategy recognizes that premature marriages constitute a violation of human rights and lead to (i) the perpetuation of poverty, (ii) gender-based violence, (iii) reproductive health problems and (iv) the loss of opportunities for empowerment of female children and, consequently, women.

| Name of Country | Overall Score | Sub-Domains | Specific Score |
|---------------------------|---------------|-----------------------------|----------------|
| Governance & Coordination | 2,6 | A1: Political commitment | 2,7 |
| | | A2: Coordination structures | 2,7 |
| | | A3: National Action Plans | 2,4 |

Policy and legislative framework

Measurement standard for mature rating: Laws and policies exist to specifically protect women and girls, including the most at-risk, from harmful practices. These are implemented and enforced at national and sub-national levels, and routine monitoring and review mechanisms are in place to ensure that laws are in line with international human rights standards.

B1. Legislation, policies and implementation mechanisms to prevent harmful practices: Laws to protect women and girls from harmful practices include the progressive Child Marriage Law. The Constitution, the Children Act and Penal Code prohibit and punish discrimination based on by age, sex, race, or colour of skin. However, the implementation of these laws and policies is not uniform nationwide due to lack of knowledge by both rights holders and duty bearers. Perpetrators of discrimination are rarely prosecuted or sentenced. Penalties are not enforced by law enforcement bodies due to onerous legal and administrative procedures.

There has been a review of some laws, including the Penal Code and change of the age of marriage which was based on the SADC model law. However, not all laws concerning initiation rites have been reviewed. There are implementation mechanisms in place to engage actors such as the police, judiciary and health sectors.

| Name of Country | Overall Score | Sub-Domains | Specific Score |
|------------------------|---------------|---|----------------|
| Policy and Legislation | 3 | B1: Legislation, policies and implementation mechanisms for harmful practices | 3 |

Engagement and participation

Measurement standard for mature rating: An independent complaints mechanism accepts complaints by or on behalf of women refused or receiving harmful practices services. Civil society organizations are extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting on harmful practices. Further support comes from government-supported engagement forums for women, youth and children and community-based protection mechanisms that engage with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1. Independent complaints mechanism: There are several phone platforms, run primarily by civil society organizations (CSOs) such as LFC, Info Violencia and Green Line, though coordination between them is an area for support.

C2. Civil society engagement, including women and children: National stakeholder meetings take place, the most recent being in September 2022 following a two-year hiatus. CSOs are engaged in the planning process, and to a lesser extent in budgeting, through the coalition for ending of child marriage (CECAP). CSOs have also been engaged in social accountability mechanisms through the Universal Periodic Review (UPR) process, which has an action plan. There are some forums functioning at local level, largely through the efforts of NGOs, including the Rapariga Biz, and the Eu Sou Capaz.

C.3 Community-based mechanisms for harmful practices prevention: Guidelines exist for journalists reporting on harmful practices, but they appear not to be followed. Community-based mechanisms are in place, led and supported by partners and NGOs.

| Name of Country | Overall Score | Sub-Domains | Specific Score |
|------------------------------|---------------|---|----------------|
| Engagement and participation | 3 | C1: Independent complaint mechanism exists for children and women | 4 |
| | | C2: Civil society engagement, including women and children | 3,1 |
| | | C3: Community-based mechanisms for harmful practices prevention | 2 |

Financing and human resources

Measurement standard for mature rating: Adequate financial resources have been allocated by the Government and its partners, with the Government meeting the majority of the costs. The funding is provided on time and is accessible to the relevant sectoral ministries, and regular reviews of allocation take place. Routine capacity building is provided to key stakeholders with supportive supervision services on harmful practices with significant sustained coverage.

D1. Financing of harmful practices services: There are significant financial constraints on services to eliminate harmful practices. The Government of Mozambique does not earmark resources for harmful practices activities but does integrate these activities into the plans and initiatives agreed with development partners, which provide financial support. Resources allocated by Government and development partners are not effectively realized at the line Ministry level for utilization. Mozambique experiences a significant lack of fiscal space for increases in social expenditure.

D2. National budget allocation: There are standardized budget procedures, but there is no specific line for the elimination of harmful practices. The renewal of the National Strategic Plan provides an opportunity to identify budget sources.

D3. National budget execution: The Government frequently delays releasing funds to service-providers. This is a systemic weakness, which compounds the lack of a budget for these specific services. There is a heavy reliance on development partners to fund services.

D4. National budget amount: The level of Government funds for the elimination of harmful practices is not clear, and there is no sectoral review of this. Donors are the primary source of funding for harmful practices interventions.

D.5 National budget monitoring and review: No formal budget review processes exist, although development partners undertake budget reviews, especially as part of the GPECM.

D6 Human resources: Local protection mechanisms/ services have limited financial and human resources. It is unclear what training and capacity building has taken place for health, education or policy professionals to prevent and respond to risk factors.

| Name of Country | Overall Score | Sub-Domains | Specific Score |
|-----------------|---------------|---|----------------|
| Financing & HR | 1,5 | D1: Financing of harmful practices services | 1,8 |
| | | D2: National budget establishment | 2,2 |
| | | D3: National budget execution | 1 |
| | | D4: National budget amount | 1 |
| | | D5: National budget monitoring and review | 1,5 |
| | | D6: Human resources | 1 |

Access to services

Measurement standard for mature rating: Clearly defined and gender-responsive standard operating procedures or protocols for the elimination of harmful practices are regularly reviewed and revised to adapt to the emerging situation. There is an excellent awareness of harmful practices among policymakers. Government-led and funded national-level prevention and response services, including integrated case management and referral services, are accessible at national and sub-national level, and are user-friendly and gender-responsive.

E1: Availability of standard operating procedures and/or protocols for harmful practices services: Standard operating procedures (SOPs) are being developed for conflict humanitarian situations. SOPs are in place for social workers, though these do not articulate the link with other services such as the judiciary.

E2 Understanding and articulation of harmful practices systems: There are formal awareness-raising and education programmes on harmful practices, though there are inadequately resourced at district level, and coordination is poor between district and community levels.

E3: Modelling, testing and scaling of harmful practices services: Harmful practice services are limited, mostly ad hoc and do not address all protection concerns. There is weak identification of community-level cases and referral for district-level services.

E4: Availability of harmful practices services, case management and referral systems: Adolescent health friendly services, known as SAJJ (providing SHR support), exist but they are not all well-equipped. Child-friendly legal aid support specifically for harmful practices is not in place. Children’s court works only with civil, not criminal, cases. Some child-friendly materials have been developed.

Data collection, monitoring and evaluation

Measurement standard for mature rating: Administrative data systems exist as part of a broader national statistics system which regularly generates gender- and age-disaggregated data on harmful practices. This includes information on hard-to-reach populations. Data is regularly used for policy, planning and monitoring of programmes. Data security and governance mechanisms, such as legislation, ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys, which inform the design of prevention and response service interventions. Data is centrally coordinated by the national statistics offices with relevant ministries and agencies.

F1: Administrative data systems and monitoring to routinely generate data on FGM: There are some administrative data systems in place, but these mainly focus on violence rather than on harmful practices in general. UNICEF, with funds from CDC, supported MGCAS to launch the VAC survey (INVIC 2019) report in May 2021. MGCAS also developed an easy-to-read booklet about the study to support its launch in the focus provinces. In addition to the VAC survey, UNICEF, in collaboration with the Ministry of Justice, finalized the VAC administrative data review study. The parties are working on a plan to address the key conclusions and recommendations to improve the collection, analysis and storage of VAC administrative data. Civil registration is captured on a regular basis, disaggregated by age and gender. Sociodemographic factors are captured in the demographic census.

F2: Data security and governance: There is no legislation on the collection, transfer, sharing or use of data, and no accountability in terms of the roles and responsibilities of relevant actors involved in the generation of data. There are no policies or procedures to ensure the safety of all those involved in data-collection processes and management and no data protection or confidentiality protocols.

F3: Research and surveys: Various surveys and research reports are cited in the desk review, but it is unclear whether harmful practices are integrated into national data-collection tools. According to the Demographic and Health Survey of 2011, 48.2 per cent of women aged between 20-24 years had married before they were 18 years old, and 14.3 per cent before they were 15 years. It is unclear when the next survey will take place.

| Name of Country | Overall Score | Sub-Domains | Specific Score |
|--------------------|---------------|---|----------------|
| Access to Services | 2 | E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services | 2 |
| | | E2: Understanding and articulation of harmful practices system | 2,5 |
| | | E3: Modelling testing and scaling of harmful practices services | 1 |
| | | E4: Availability of harmful practices services, case management and referral systems | 2,5 |

| Name of Country | Overall Score | Sub-Domains | Specific Score |
|--|---------------|--|----------------|
| Data collection, monitoring and evaluation | 1,8 | F1: Administrative data systems and monitoring to routinely generate data on harmful practices | 2,3 |
| | | F2: Data security and governance | 1 |
| | | F3: Research and surveys | 2 |

IV. Prioritization of actions for Mozambique

Governance & Coordination

A1 Political commitment.

Rating: 2.7

- Short Term (1-2 yrs)**
- Advocate for inclusion of more sensitive HP issues in public statements (e.g., initiation rites, inclusion of pregnant girls in schools)
 - Ensure that the next PNAC III, which will include the part of Child Marriage, includes a costed plan, with clear indication of budgets for the MGCAS and other ministries
- Medium Term (2-5 yrs)**
- Advocate for thematic budget areas (and not only salary fuel etc.); and to increase the amount of state budget allocated to the MGCAS

A2 Coordination structures.

Rating: 2.7

- Short Term (1-2 yrs)**
- Ensure that the new Plan has a multisectoral group in place and their functioning is revised periodically
 - Advocate for more funds at provincial and district level, and more staff training
 - Ensure that district plans include indicators, activities and allocated state budget for the prevention of, and response to, harmful practices
 - Re-introduce regular meetings with line ministries and CSOs on harmful practices
- Medium Term (2-5 yrs)**
- Advocate for the approval of evaluation of the child marriage strategy by Cabinet
- Long Term (5+ yrs)**
- Advocate for more state budget allocation to the MGCAS

A3 National Action Plans.

Rating: 2.4

- Short Term (1-2 yrs)**
- Finalize the draft NPA for children
 - Conduct a budget exercise to assess the level of funds for the implementation of the Strategy
 - Support wide dissemination of the finalized NPA for children
- Medium Term (2-5 yrs)**
- Support the implementation and costing of the NPA, and develop a monitoring and evaluation framework
 - Clearly define NPA budget and allocated funds from state budget

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices.

Rating: 3

- Short Term (1-2 yrs)**
- Need second-level regulations for implementation of the holistic HP intervention – such as protection for victims and intervention for perpetrators
 - Disseminate information for rights holders and train key actors on the core aspects of discrimination
 - Continue the dissemination of the law and train actors in the justice sector
 - Continue advocacy efforts to track incidences of religious and traditional marriages celebrated by community and religious leaders in order to ensure they comply with marriage requirements
 - Together with other development partners, map the policy and legislative work needed to increase safeguards in line with international standards
- Medium Term (2-5 yrs)**
- Advocate and fundraise for shelters for victims, and for economic and social empowerment programmes
 - Produce information materials and advocate for the implementation of the United Nations Convention on the Rights of the Child concluding observations
 - Work with human rights entities, especially the Human Rights Commission and ombudsman, to address/take active action, monitor and document the cases of HPs
 - Document court cases and production of case court Jurisprudence
 - Compile legislation that applies to marriage (family, civil registry, child marriage laws, Penal Code and Children's Act)
 - Raise legal awareness around safeguarding measures
- Long Term (5+ yrs)**
- Advocate for the adoption of the Child Protection Policy and conduct in-depth mapping of harmful practices beyond child marriage and FGM
 - Conduct a gap analysis of existing legal and policy implementation mechanisms and address the gaps
 - Organize child marriage stocktaking session with all actors to investigate lessons learned and map the gaps

Engagement and participation

C1 Independent complaint mechanism exists for children and women.

Rating: 4

- Short Term (1-2 yrs)**
- Ensure coordination and collaboration among the different reporting platforms to avoid double counting

C2 Civil society engagement, including women and children.

Rating: 3.1

- Short Term (1-2 yrs)**
- Ensure that the decisions from national stakeholder meetings are widely shared, and actions are followed up
 - Ensure CSO engagement meetings take place regularly
 - Ensure CSOs' active participation in the elaboration of the new PNAC III (for the section related to child marriage)
 - Support dissemination of the UPR action plan and recommendations among broader civil society

- Medium Term (2-5 yrs)**
- Empower CSOs to hold the Government accountable for the correct implementation of the action plan and use of allocated funds
 - Strengthen CECAP capacity for monitoring
 - Disseminate UPR actions at provincial level

- Long Term (5+ yrs)**
- Ensure that CSOs work closely with the Government to monitor evidence and data for discussion in the UPR session

C3 Community-based mechanisms for harmful practices prevention. **Rating: 2.5**

- Short Term (1-2 yrs)**
- Ensure that journalist guidelines for reporting on harmful practices are endorsed by the Government
 - Advocate for evidence-informed, community-based service delivery mechanisms to be developed at scale

- Medium Term (2-5 yrs)**
- Support training on journalist guidelines

- Long Term (5+ yrs)**
- Provide long-term support to ensure all media and social media/news articles adhere to guidelines and principles

Financing & HR

D1 Financing of harmful practices services. **Rating: 1.8**

- Short Term (1-2 yrs)**
- Ensure that the annual planning and budgeting exercise conducted at the district level integrates programmatic indicators and allocates budgets for social functions
 - Advocate for public financing
 - Analyse allocation of resources (domestic or international) across sectors and strengthen capacity to measure and monitor investments in ending child marriage, to effectively advocate for maximizing the size and impact of investments
 - Support the Government on the new strategy as soon as the process starts
 - Continue evidence-gathering and advocacy on the investment case for the elimination of harmful practices

- Medium Term (2-5 yrs)**
- As soon as there are clearer indications of an expanding general fiscal space, work at central and sub-national level to allocate more resources to this function (within the office strategy towards more resources to be allocated for child development and the protection of child rights)

D2 National budget establishment. **Rating: 2.2**

- Short Term (1-2 yrs)**
- Advocate for the Government to create a sub-programme that allocates specific indicators, targets and budgets

D3 National budget execution. **Rating: 1**

- Medium Term (2-5 yrs)**
- Work with the Government and PFM development partners to assess constraints, underlying causes and steps to overcome them

D4 National budget amount. **Rating: 1**

D5 National budget monitoring and review. **Rating: 1.5**

- Short Term (1-2 yrs)**
- Advocacy at central and sub-national levels to strengthen government ownership of the review results

D6 Human resources. **Rating: 1**

Access to Services

E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services. **Rating: 2**

- Short Term (1-2 yrs)**
- Implement a referral protocol among social-justice and health services (in the context of PROSAS)

- Medium Term (2-5 yrs)**
- Budget line in the district level

- Long Term (5+ yrs)**
- Strengthen monitoring and evaluation of the system

E2 Understanding and articulation of harmful practices system. **Rating: 2.5**

- Short Term (1-2 yrs)**
- Improve multisectoral coordination at district level and strengthen links between community level and district services

- Medium Term (2-5 yrs)**
- Establish functional reference groups at district level and allocate funds for its effective functioning

- Long Term (5+ yrs)**
- Strengthen monitoring and evaluation systems

E3 Modelling testing and scaling of harmful practices services. **Rating: 1**

- Short Term (1-2 yrs)**
- Increase presence of social workers at community level and allocate funds for district/ community level

- Medium Term (2-5 yrs)**
- Implement at national level the remote referral and identification of CM and VAC cases through the mobile application (USSD)

- Long Term (5+ yrs)**
- Scaling up the remote referral system (USSD) at national level

E4 Availability of harmful practices services, case management and referral systems.

Rating: 2.5

Short Term (1-2 yrs)

- Strengthen the nexus between development and humanitarian setting, (for example adding the emergency component into the guidelines for social workers) and approve the guidelines
- Undertake courts capacity gap assessment for four provinces (Nampula, Zambezia, Sofala and CaboDelgado) to identify what needs to be done to establish children and family courts. This is part of a national expansion programme
- Train social workers to interview children

Medium Term (2-5 yrs)

- Advocate for a budget line at the district level
- Following the completion of the capacity gap assessment, establish a roll out strategy that initially focuses on the four focus provinces and Maputo
- Update the curriculum of social workers to incorporate modules on technical methodology, interviewing children, psychosocial support (PSS) and children's rights

Long Term (5+ yrs)

- Improve monitoring and evaluation of the system
- Roll out nationally the victim-/child-friendly system in Mozambique, including a review of current procedures and processes to strengthen the system
- Strengthen multisectoral coordination
- Improve coordination between justice, social workers and health on specialized services for children

Data collection, M&E

F1 Administrative data systems and monitoring to routinely generate data on harmful practices.

Rating: 2.3

-

F2 Data security and governance.

Rating: 1

-

F3 Research and surveys.

Rating: 2

-

Appendix A: Desk review

No. 1 National Education Plan

Name of document:

Ministério da Educação e Desenvolvimento Humano, Plano Estratégico da Educação 2020-2029.

The Strategic Education Plan (PEE) 2020-2029 is an instrument that guides the interventions of the Government of Mozambique in the education sector. It continues the efforts made by various actors to grow the national education system (SNE), extending the provision of quality services and ensuring transparent, participatory and effective management.

Recent important advances include: i) the establishment of preschool education as a subsystem of education, based on Law No. 18/2018 of December 28, law of the National Education System; ii) improving equity in access to and participation in education, with a focus on girls. In 2018, 48 per cent of the students in EP1 and 46.8 per cent in EP2 were girls. At teaching level, there was a rate of 51 per cent of teachers in EP1 in 2018; (iii) between 2008 and 2017, there was an 89 per cent increase in the number of schools at ES1 (from 285 to 539) and an increase of more than 300 per cent at ES2 (from 76 to 262). The number of secondary school teachers also increased in the last seven years; (iv) an improvement in the learning of young people and adults with a performance of around 67 per cent in literacy discipline and 70 per cent in numeracy.

No. 2 Annual report

Name of document:

UNFPA-UNICEF Global Programme to End Child Marriage: Annual results report for 2021 for Mozambique (draft).

Includes an update on the programme status reflecting on the country context, a summary of significant achievements in 2021, changes to the country's programme strategy and components, and a section on innovative approaches. Also identifies partnerships and joint UNFPA-UNICEF work and reflects on how key principles are being applied, such as via human rights, 'leave no one behind' and gender transformative approaches. The document also highlights key programme challenges and support needed and provides details on achievement of results.

Programme performance is measured around the global partnership output and outcome performance metrics based on the immediate outcome categories in the results framework.

These categories include:

- Empowerment of adolescent girls: Enhanced knowledge, education and life-skills, and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health, and financial literacy, including in humanitarian contexts.
- Community engagement and transformation: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender-equitable attitudes and support for girls' rights.

- Strengthening systems: Increased capacity of education, health, child protection and gender-based violence (GBV) systems to deliver coordinated, high-quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.
- Social protection and partnerships: Increased capacity of national and sub-national social protection, poverty reduction, and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts.
- Policies and legislation: Enhanced capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage.
- Data and evidence generation and use: Increased capacity of governments and NGOs to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons,
- Programme effectiveness and efficiency,

No. 3 PowerPoint study findings

Name of document:

UNICEF, Ending Child Marriage (ECM) Study: Assessment of the integration of ECM policies and plans into government budgets, 2022.

Key facts:

- Mozambique has the sixth-highest prevalence of child marriage in the world
- 16.8 per cent of women aged 20-24 were married at <15 and 52.9 per cent at <18 years old
- Child marriage mainly affects poor families in the centre and north, and in rural areas
- Child marriage is a major constraint on development and achieving the SDGs
- Government policies and laws recognize the importance of the issue

Purpose of the study:

To assess the level of integration of ECM national and sectoral policies and plans in government budgets of six African countries: Mozambique; Chad; Ethiopia; Mali; Nigeria; Zimbabwe

Key findings:

- It is not possible in Mozambique to track policy commitments through to budgets using publicly available documents so it is difficult for stakeholders to hold the Government to account
- Allocations and spending have risen faster than the overall budget
- Despite seemingly slow progress in government financing for ECM, it is now a visible public policy issue in Mozambique

Recommendations:

- Advocate for a costed national plan (one plan/ one budget) with strong leadership, an effective coordination mechanism and a detailed monitoring system with baseline.
- UN Agencies, DPs and CS should help to finance the plan with as much predictability as possible.
- High-level advocacy should continue to increase internal and external resources for ECM.
- Sectors should prioritize the inclusion of ECM programmes in their PESOE via the SPO, with support from MEF/DNPO, UNICEF/UNFPA and other development partners.
- Training and capacity development in PESOE/ SPO should be provided at all levels and at intervals throughout the planning and budget cycle for both managers and technical staff.
- There is a need for further dissemination of the law and increased psychosocial support, assessment and assistance for young people, families and communities throughout the legal process.
- Useful lessons and best practice should be learned from MINEDH and shared across the sectors in the approach and implementation of the ECM programme and other cross-cutting issues.

No. 4 Policy brief

Name of document:

UNFPA, Trends and patterns of child marriage in Mozambique: Evidence from the 2017 Census, 2020.

- The prevalence of child marriage has only modestly decreased since 1997, with a persisting north-south divide. In the majority of districts, child marriage decreased between 2007 and 2017. However, there was an increase or no substantive change in 60 districts.

- Large social inequalities characterize the occurrence of child marriage in Mozambique. Girls aged 15-17 who are in school are about eight times less likely to marry as a child than girls who have never attended or have left school.
- The document highlights the prevalence of child marriage by district in various maps..

No. 5 Infographic

Name of document:

UNICEF, Mozambique Current levels of child marriage, 2020.

Mozambique is home to over 4 million child brides; 1 in 2 young women were married in childhood. 1.6 million girls are married before age 15 and 4.4 million are married before the age of 18 years.

No. 6 Constitution

Name of document:

Republic of Mozambique. Constituição da República, www.stj.pt/wp-content/uploads/2018/01/mocambique_constituicao.pdf

Highlights the country's commitment to international treaties in Article 18 (International law):

- 1. International treaties and agreements, validly approved and ratified, shall be in force in the

Mozambican legal order after their official publication and as long as they bind the State of Mozambique internationally.

- 2. The rules of international law have in the domestic legal order the same value as the infra-constitutional normative acts emanating from the Assembly of the Republic and the Government, depending on their respective form of reception.

No. 7 One page theory of change document

Name of document:

Global Programme to End Child Marriage Phase II Theory of Change.

This includes the theory of change for the GPECM aligned to the SDG target. These are indicated in the 2021 GPECM annual report. It cites the following drivers and causes of child marriage:

- Gender inequality and control of adolescent girls' sexuality; social norms that promote harmful and discriminatory gender stereotypes for girls, women, boys and men
- Manifestations of multidimensional poverty: material deprivation to meet basic needs, social isolation,

inequality, exclusion and powerlessness, denial of fulfilment of one's capabilities, physical and psychological well-being

- Lack of economic opportunities, disruption of the economy Adolescent pregnancy
- Inaccessible or low-quality health (including SRH), education, social protection, GBV and child protection services
- Lack of implementation of laws and policies that protect adolescent girls
- Conflicts, natural disasters, displacement, lack of respect for international humanitarian laws

No. 8 National strategy for the prevention and combat of premature marriages

Name of document:

Republic of Mozambique, Estratégia Nacional de Prevenção e Combate dos Casamentos Prematuros em Moçambique 2016-2019.

Mozambique is the tenth country in the world, with a higher prevalence of premature marriages, where 14 per cent of women, between 20 and 24 years of age married before the age of 15 and 48 per cent married before the age of 18. Correcting this situation requires multisectoral and coordinated intervention, both at government and civil society level.

Importantly, the strategy recognizes that premature marriages constitute a violation of human rights and lead to (i) the perpetuation of poverty, (ii) gender-based violence, (iii) reproductive health problems and (iv) the loss of opportunities for empowerment of girls and, consequently, women.

Poverty is one of the determinants of premature marriages such as violence and gender-based discrimination. The factors contributing to gender discrimination include ideological, symbolic, legal and practical aspects, and result in the premature marriage of girls. Premature marriages occur more frequently in the most vulnerable communities, where birth and mortality rates are high and where there are the lowest levels of education, access to health care and employment.

Premature marriage is defined as marital union involving children under the age of 18. The strategy states the following vision: "Mozambique promoting respect for the rights of the child and free of premature marriages". It includes a mission to materialise the vision, as follows " Promoting a socioeconomic and cultural framework to

| | Feminino | | Masculino |
|--------|----------|------|-----------|
| | < 15 | < 18 | < 18 |
| Total | 14,3 | 48,2 | 8,7 |
| Urbano | 11,5 | 36,1 | 4,8 |
| Rural | 16,1 | 55,7 | 11,8 |

Fonte: UNICEF et al., 2014a. Com base no IDS 2011.

No. 9 National communication strategy for the development prevention and elimination of premature marriages 2018-2022

Name of document:

UNICEF-UNFPA, Estratégia de Comunicação para o Desenvolvimento Prevenção e Eliminação de Casamentos Prematuros 2018-2022.

- Strategic outcome 2: families and communities adopt gender-sensitive attitudes and practices contrary to PC and favourable to the postponement of the marriage age
- Strategic outcome 3: girls and families access SDDR, education and social protection services
- Strategic outcome 4: institutional and community actors frame CCS in the broader socioeconomic context
- Strategic outcome 5: families, communities and institutions know and observe the legal and normative framework on the age of marriage

This strategy is informed by a communication model that focuses on three pillars of intervention: (1) social mobilization; (2) promoting the postponement of PC through multiple media; and (3) is intended to lead decision makers, examples of behaviour and opinion leaders to advocate social and behaviour change and to create an environment that facilitates change.

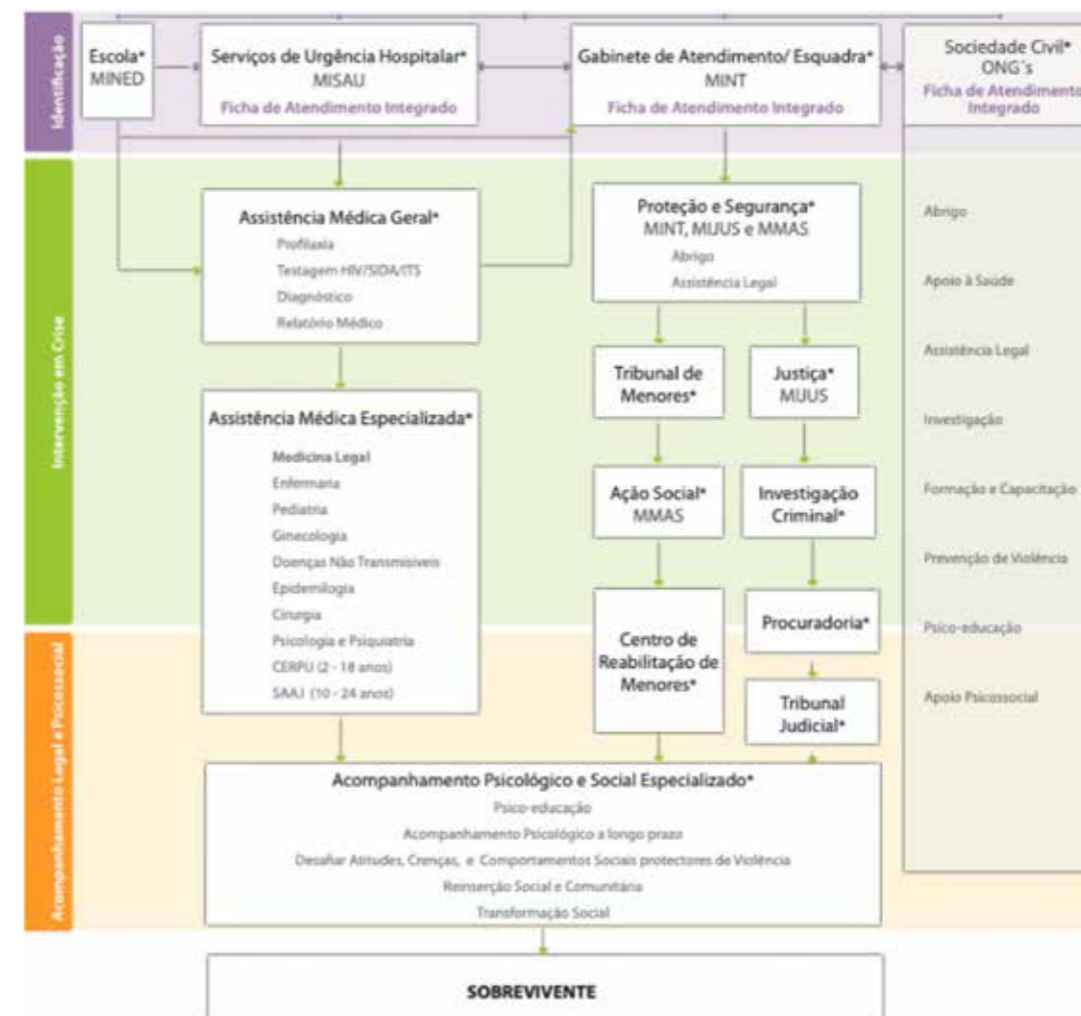
The strategy sets out five main strategic outcomes:

- Strategic outcome 1: empowered and resilient girls resist the pressure for premature marriages

No. 10 Flow chart

Name of document:

Flow chart of identity and care of children victims of violence and sexual abuse.



No. 11 Infographic

Name of document:

UNFPA-UNICEF, 2018 Country Profile Mozambique, 2018 Annual Report: UNFPA-UNICEF GPECM

The document includes a section on the analysis of progress made in 2018 and priorities for 2019. There is a useful timeline of key events from 1997 to 2018.

48 per cent of young women (aged 20-24) married or in union before 18 years, and 14 per cent married or in union before age 15.

While Mozambique has a relatively favourable policy and legal framework for promoting and protecting adolescent girls, major challenges remain in coordinating the implementation of these instruments at the national and local levels.

The most promising approach will be to support the MGCAS to coordinate and oversee implementation of the National End Child Marriage Strategy, to better engage all sectors at national and provincial level, and to disseminate more information about the strategy, as well as other laws and policies.

Country Profile



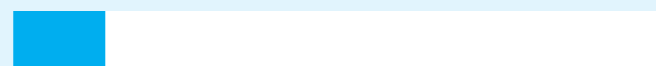
48%

Percentage of young women (aged 20-24) married or in union **by age 18**



14%

Percentage of young women (aged 20-24) married or in union **by age 15**



Headline priorities for 2019: In 2019, operationalizing the core package of end child marriage interventions and strengthening district coordination will be among the top priorities, along with strengthening the coordination of the response to cases of violence against children in schools through the National Reference Groups.

No. 12 National action plan for the response to violence based gender in the health sector, 2019-2022

Name of document:

Republic of Mozambique, Plano Nacional de Acção Para a Resposta à Violência Baseada no Género no Sector de Saúde 2019-2022.

Gender-based violence is currently one of the world's leading constraints on the psychological, social and material well-being of society, with a particular impact on women and children. Following its comprehensive strategy to combat violence against women, the Government of Mozambique has defined preventing and combating this type of violence as a national priority. This action plan is part of the global context of promoting human rights and the commitment of the health sector, in the search for synergies to respond effectively to the challenges facing the sector in relation to the prevention and mitigation of the effects of this type of violence.

The plan aims to contribute to reducing the frequency, severity and impact of GBV, through improved prevention actions and better quality of care for victims.

The document is structured in six chapters:

Chapter one describes the health system and presents the justification of the action plan.

Chapter two develops the theme of GBV in the international and national context, and the national and international legal instruments linking Mozambique to the promoting gender equality and combating violence against women, with a focus on Law No. 29/2009 on domestic violence committed against women.

Chapter three presents a framework for the health sector's response to the Action for the Prevention and Combating of Violence against Women (2008-2012), the National Committee for the Prevention and Combating of Gender-Based Violence (2018-2021) and the Multisectoral Integrated Care for Victims of Violence (2008) of the Ministry of Gender, Child and Social Action.

Chapter four presents four strategic areas for implementation:

- Area 1:- Strengthening the leadership and governance of the national health system to support the formulation and implementation of public policies, intra- and multi-sectoral sector and budget allocation for GBV prevention and mitigation actions.
- Area 2: Strengthening the capacity of the health system to provide humanized, high-quality care to victims, through in-service training of health professionals in GBV, improving access to and availability of health services at all levels.
- Area 3: Prevention of violence through the involvement of civil society and community primary prevention actions; improvement of multisectoral coordination.
- Area 4: Improvement of the epidemiological surveillance system, and monitoring and evaluation of care provided to victims of GBV in the health sector.

No. 13 National plan for the prevention and combat of GBV, 2018-2021

Name of document:

Republic of Mozambique, Plano Nacional de Prevenção e Combate a Violência Baseada no Género, 2018-2021.

The plan is part of the Government's five-year programme (PQG) 2015-2019, which includes the consolidation of national unity, peace and sovereignty as one of its pillars.

The objectives of the programme refer to a culture of non-violence; combating all manifestations of discrimination and exclusion based on differences in culture, ethnic origin, gender, race, religion, region of origin or political-party affiliation; and to intensify peaceful coexistence among Mozambicans, promoting a culture of peace, dialogue, tolerance, humanism and reconciliation in all spheres of political, economic, social, cultural and religious life.

One of the purposes of the plan is to guide the implementation of measures that help men and women to:

- Live in a world and a society free of violence, both in the domestic sphere and in the public sphere, where their human rights are respected.

- Feel that needs for medical, legal, protection and economic autonomy are met.
- Feel complementarity in the integrated response and provision of services for the victim.
- Avoid revictimization, through services that respect victims' rights, dignity and privacy.

The plan integrates five strategic areas:

- Strategic Area 1: Prevention, awareness and education;
- Strategic Area 2: Response to gender-based violence;
- Strategic Area 3: Improvement of the legal framework;
- Strategic Area 4: Studies and research;
- Strategic Area 5: Monitoring and evaluation,

No. 14 Research document

Name of document:

UNICEF, Study on shelters for women and girls survivors of violence in Mozambique (date unknown).

The main purpose of the study was to provide guidance for the MGCAS to improve shelters for survivors of violence against women and girls (VAWG), including girls survivors of early unions, regardless of their life circumstances.

It focuses on shelters that provide specialist services for survivors of VAWG, be they public (state-led) or private (led by women's rights organizations). Humanitarian shelters, which accommodate internally displaced people affected by natural disasters or by war, are out of this report's scope. Likewise, residential facilities that may also accommodate survivors of VAWG but are not solely intended for that purpose (homeless shelters, residential care institutions for children) are not the focus of this report.

Key recommendations to strengthen the provision of shelters and connected services for survivors of VAWG are as follows (see details and sources in section 3):

- Through a participatory process, in consultation with women's rights NGOs, co-design national minimum standards to standardize shelters' establishment, operation and supervision. Besides reflecting the country's needs, context and resources, the minimum standards should draw from international best practices and guiding principles (see section 3.2: Best practices and guiding principles for shelters); and from minimum standards used in the ESA countries covered in this report (see the annex).
- Strengthen communication and collaboration between service providers from different sectors within the 'Multi-sectoral mechanism for integrated assistance to women victims of domestic violence' at district, province and community levels, especially in isolated and rural areas. ⁶

- Build more CAIs and more emergency, transitional (medium-term), and long-term specialist shelters for survivors of VAWG, especially in rural and isolated areas, for survivors who cannot return to their households, where they may risk being re-exposed to violence, nor to their biological or extended families.
- Consider developing longer-term (second-stage/ transitional housing and third-stage housing) shelter options for complex cases, in line with UN Women's recommendation to make available long-term support for survivors. This support should include accommodation and economic empowerment to prevent survivors from returning to their perpetrator's household as a survival mechanism. Ensure that CAIs and shelters have enough personnel.
- Ensure that their practitioners, staff, managers, interns/ students and volunteers are adequately qualified and trained in skills, knowledge, and best practice in the gender-sensitive approach and the children's rights-based approach to support girls, women survivors of VAWG and their children. ⁷
- Develop family-based alternative care options for girl survivors of early marriages who cannot either be reintegrated into their biological or extended families nor return to their households. A foster care programme involving trained volunteers or paid families unrelated to the child could be a suitable alternative care option if the Mozambican foster care system were further developed and enhanced in line with international legislation.

No. 15 Research report

Name of document:

Ministry of Gender, Children and Social Welfare National Directorate of Children, Communication for Development Strategy (C4D) for the Prevention and Elimination of Child Marriages Formative Research Report: Nampula, Zambezia, Tete and Manica provinces, 2017.

The document presents the results of the formative research to develop the communication for development (C4D) strategy in response to the high prevalence of child marriage in Mozambique, in line with the National Strategy to Prevent and Eliminate Child Marriage (2015-2019), led by the Ministry of Gender, Children and Social Welfare. Nineteen recommendations were included in the report.

- Scale of child marriages: Mozambique has a level of prevalence of child marriage, above that of the other countries of southern and eastern Africa, and second only to Malawi. For girls under 15 years of age, Mozambique has a child-marriage prevalence of 14

per cent compared with 13 per cent and 10 per cent for sub-Saharan Africa, and for southern and eastern Africa combined. For girls under 18 years of age, the prevalence of child marriage in Mozambique is around 48 per cent, compared with 39 per cent in sub-Saharan Africa and 38 per cent for southern and eastern Africa combined (UNICEF, UNFPA 2015).

- Prevalence of child marriage: According to the data from the demographic and health survey (IDS) of 2011, 48.2 per cent of women aged between 20-24 years had married before they were 18 years old, and 14.3 per cent before they were 15 years old. The proportion of girls who marry when they are children varies between the provinces of the south and those of the centre and north of the country, where the rates are higher.
- Prevalence of teenage pregnancy: As with child marriages, having children early is a social burden that falls more on girls than on boys. According to the analysis cited above, 40.2 per cent of girls are parents before their 18th birthday, compared with only 3.8 per cent of boys (of whom none reported becoming a father before they were 15 years old).

No. 16 Assessment report

Name of document:

GPECM, Joint Assessment of adaptations to the UNFPA-UNICEF Global Programme to end child marriage in light of COVID-19, 2021, <https://www.unicef.org/media/111236/file/Child-marriage-COVID-19-assessment.pdf>

The assessment was conducted from April 2021 to July 2021 and included all 12 programme countries and all implementation levels (global, regional, national and community). The assessment analyses the global programme response, mitigation and protection measures adopted during the COVID-19 pandemic, and the extent to which interventions were continued as planned, adjusted or postponed. Opportunities and challenges related to programme adjustments were considered in the analysis and recommendations. The assessment questions were organized around three criteria: relevance, effectiveness and coherence.

Findings included:

- Relevance: COVID-19 has reconfirmed the validity of the Phase II theory of change (ToC): no needs outside the scope of the global ToC were identified and the drivers of child marriage were still relevant, with some having increased in relevance.
- Effectiveness: Most country offices endeavoured to maintain contact with the adolescent girls targeted under the global programme through digital platforms or mass media and through community-based partners, committees, volunteers and networks. However, the adoption of virtual technologies raised concerns regarding the quality of these approaches and their ability to influence adolescent girls' agency or gender and social norms. Several learnings from the adjustments to the pandemic have the potential to shape future programming. These include i) the use of virtual methods, allowing larger reach (with some caveats); ii) the need for multi-pronged approaches in programmes aimed at changing gender norms or developing skills; and iii) flexibility in adjusting programming and reallocating budgets.

- Coherence: Overall, the process of adjusting the global programme to COVID-19 restrictions was coherent both internally, within agencies, and externally, between agencies.

Key recommendations include:

- The global programme should advocate for governments to continue developing aligned multisectoral policies, legal instruments and budgeted strategies to end child marriage, with a focus on addressing the various drivers of child marriage at national, sub-national and local levels, and seeking improved harmonization between sectors.
- The global programme should reinforce its efforts to reach the most vulnerable and marginalized adolescent girls, boys and their families through policy advocacy and programming that targets them specifically.
- The global programme should continue to develop complementary multichannel approaches to reach target populations based on country specifics and context.
- The global programme should continue advocacy and systems strengthening with governments with a view to maintaining access to essential services for adolescent girls and boys in contexts of heightened vulnerability, including in humanitarian crises.
- The global programme should articulate further its strategy to leverage social cash transfer programmes and other forms of income-generation opportunities for adolescent girls and their families, since these are a key tool to prevent child marriage.
- While the theory of change remains valid, the global programme should adjust its results framework and indicators, as well as further support country offices for monitoring, data generation and analysis, in order to reinforce evidence-based programming.

No. 17 Evaluation

Name of document:

UNFPA & UNICEF, Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital mutilation: Accelerating Change Phase III, 2021, www.unfpa.org/admin-resource/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation

This joint evaluation supports evidence-based decision-making and informs programming beyond 2021, including the strategic direction, gaps and opportunities for the UNFPA and UNICEF Joint Programme in addressing gender and social norm change.

Some of the key conclusions included:

- The joint programme continues to be a strategic and relevant response by UNFPA and UNICEF to the issue of FGM across 17 countries. Phase III of the programme appropriately recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
- There has been progress in the development of costed national action plans and monitoring functions, although lower than planned. The joint programme has appropriately recognized the need for dedicated budgets and has advocated for such.

Some of the key recommendations include:

- Continue to strengthen global policy and advocacy strategies
- Strategically strengthen and support the implementation of accountability systems
- The joint programme should also advocate for fully funded national legal and policy frameworks
- In countries where national governments are tackling complex situations around FGM, the joint programme should continue to build on its achievements to date
- Strengthen linkages with other streams of work towards enhanced access to quality services for FGM prevention, protection and care
- Accelerate usage of the ACT framework to generate data on social norm changes
- Build the post-Phase III joint programme to be gender-transformative
- Continue considered use of public declarations of abandonment as an indicator
- Incorporate a humanitarian approach within the post-Phase III joint programme design

No. 18 Evaluation report

Name of document:

UNFPA-UNICEF, Global Programme to Accelerate Action to End Child Marriage, 2019, <https://www.unicef.org/sites/default/files/2019-06/GP-2019-Evaluation.pdf>

The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the United Nations Population Fund (UNFPA) and UNICEF. It is implemented in 12 countries in four regions with multiple partners and stakeholders at the national, regional and global levels.

Some of the key findings and conclusions include:

- The programme is well aligned with global and regional frameworks and commitments to end child marriage
- The application of the GPECM has been responsive to local contexts and has been adapted in each country, although only a few countries have formally adapted the theory of change
- The widespread acknowledgement that child marriage impinges on children's rights and welfare provides a strong foundation and rationale for the ending child marriage agenda
- Despite efforts to target high-prevalence areas and reach the most vulnerable people, interventions have not yet reached the most remote areas in many instances, including many of those that are furthest behind
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities. It reached nearly 5.5 million girls by mid-2018, far exceeding the programme's objective to reach 2.5 million girls by the end of 2019

- Outcome 2 – Country offices have significantly expanded community outreach, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined
- Outcome 3 – Country offices have increased targets for girls' access to health and protection services every year of the GPECM and have collectively exceeded targets each year
- Outcome 4 – UNFPA and UNICEF have worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage
- Outcome 5 – GPECM investments in research and data have contributed to building a stronger evidence base on child marriage, although tracking has not offered an indication of data quality and usability to date

Some of the key recommendations include:

- Prioritize normative leadership
- Expand framework for country contextualization (theory of change)
- Consolidate and strengthen the evidence base and knowledge management
- Define and monitor jointness, convergence and complementarity
- Strengthen and contextualize monitoring and reporting systems
- Invest in human resources
- Strengthen the programme
- Find funds

No. 19 Assessment Tool

Name of document:

UNICEF, Child Protection Systems Strengthening: Approaches, benchmarks and interventions, 2021, <https://www.unicef.org/documents/child-protection-systems-strengthening> .

The Child Protection System Strengthening Maturity model developed by UNICEF elaborates the priorities, processes, and results to be achieved in each phase of child protection system strengthening. It also provides comprehensive benchmarks to effectively manage investments and results in systems strengthening. The benchmarks are defined by the “intermediate outcomes”, and defined by benchmarks or “sub-domains”. This assessment tool was completed by 155 UNICEF country offices, including Namibia, in December 2021. It serves to measure the level of maturity of child protection systems strengthening. UNICEF has developed detailed and summary guides on the benchmarking tool, which will be adapted for the Namibian context.

This tool will be used as the primary framework to benchmark the level of maturity of the Namibian Child Protection System, and to identify priority actions for improvement. The intermediate outcomes identified in the tool include:

- Legal and policy framework Governance and coordination structures
- A continuum of services
- Minimum standards and oversight mechanisms
- Human, financial and infrastructure resources
- Mechanisms for child participation and community engagement
- Data collection and monitoring systems

No. 20 Global policy document

Name of document:

OECD⁸, Building Blocks for Policy Coherence for Development, 2009, <https://www.oecd.org/gov/pcsd/44704030.pdf>

To meet the challenge of building strong child protection systems while building a global partnership for development, governments need to ensure that their policies are supportive of, or at least do not undermine, their development policies. In other words, there needs to be policy coherence for development (PCD), which exploits positive synergies and spillovers across public policies

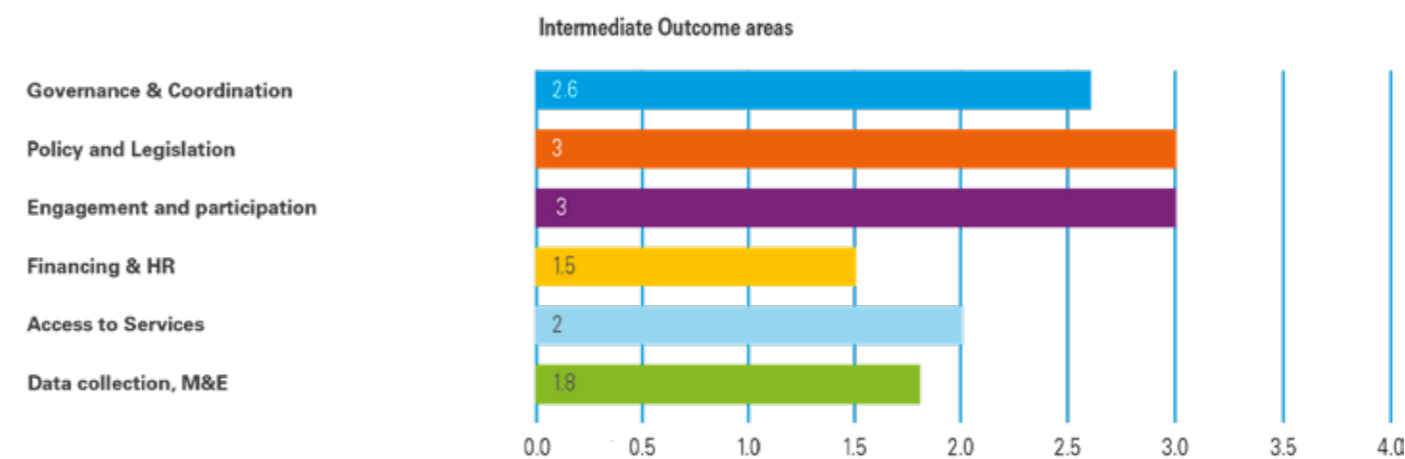
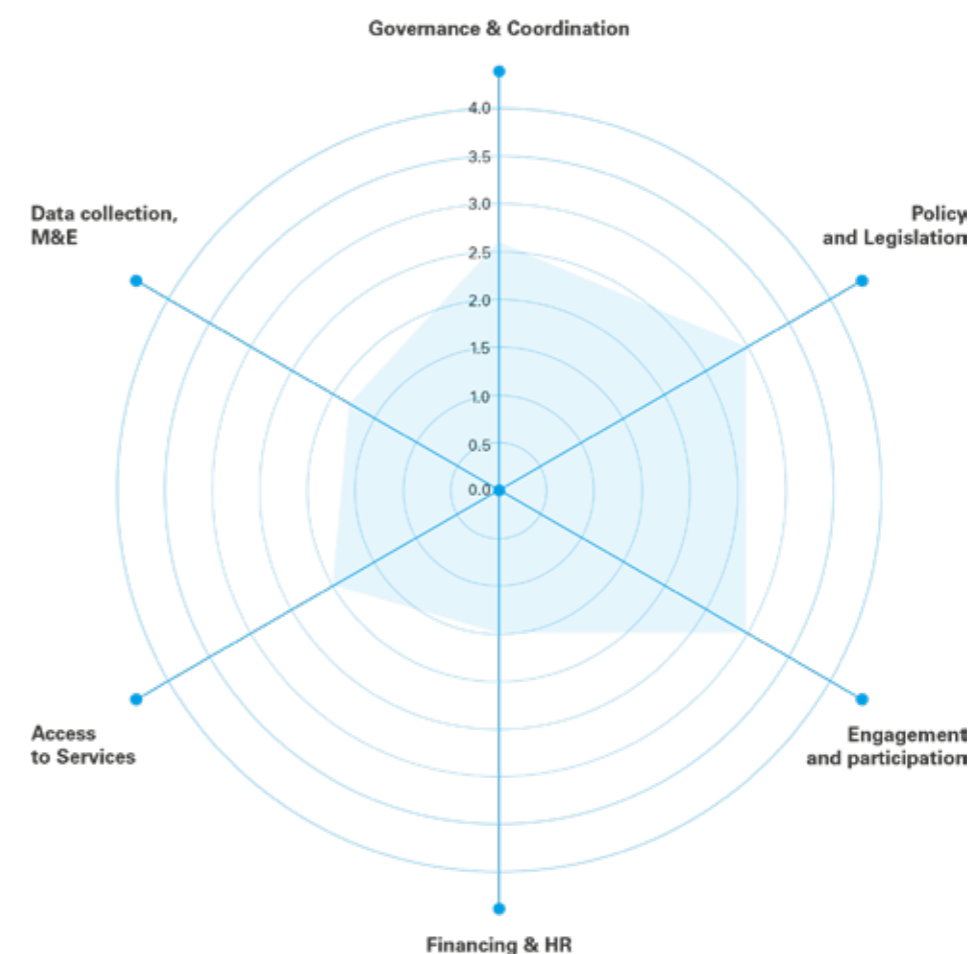
to foster development. The document states that PCD “entails the systematic application of mutually reinforcing policies and integration of development concerns across government departments to achieve development goals along with national policy objectives”.

Progress towards policy coherence is understood as a three-phase cycle: i) setting and prioritizing objectives; ii) coordinating policy and its implementation, and iii) monitoring, analysis and reporting. These three phases are also known as critical building blocks. The document presents nine lessons from the three phases of the cycle to promote PCD.

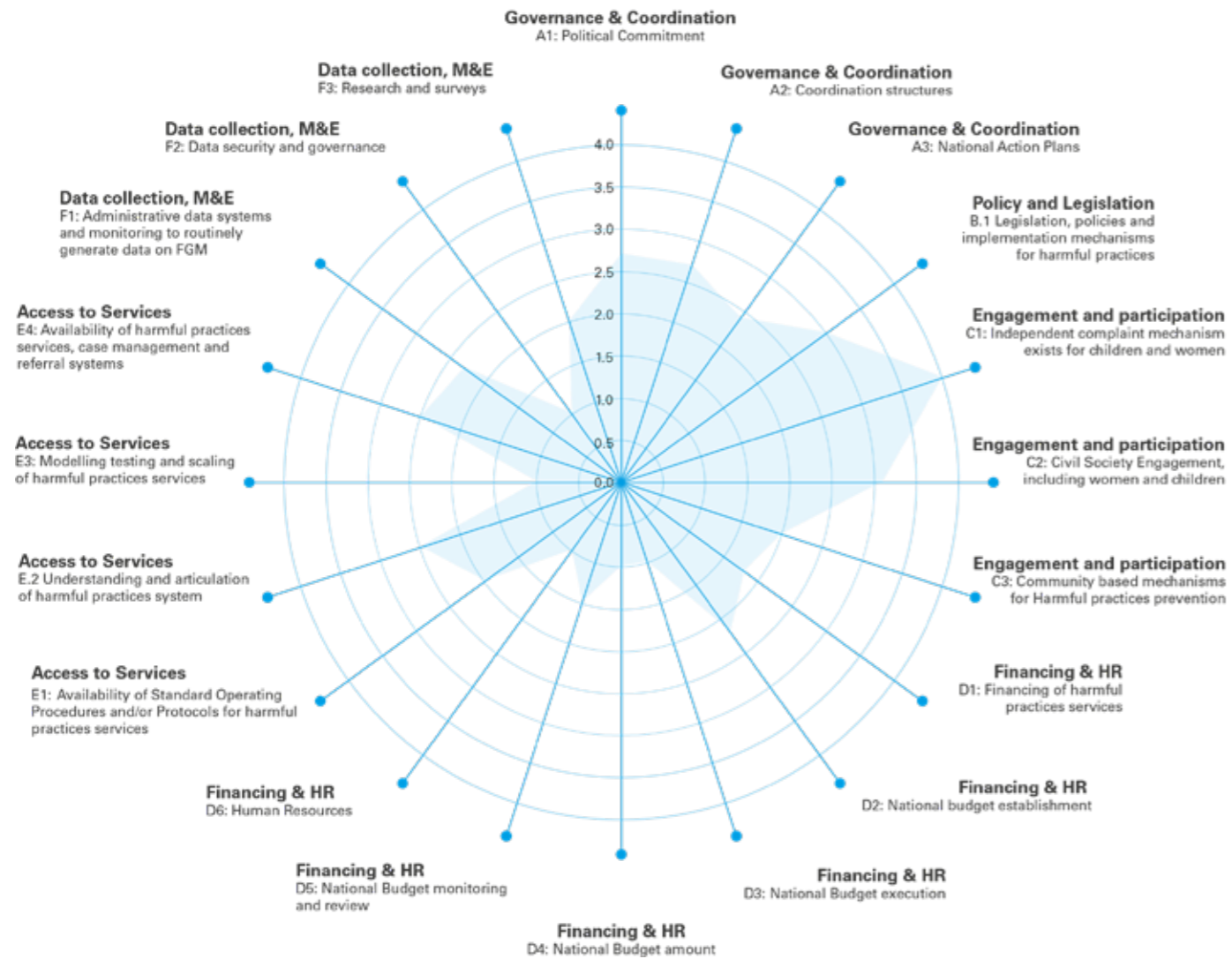
Appendix B: Country data visualization Mozambique

| Name of Country | Overall Score | Sub-Domains | Specific Score |
|--|---------------|---|----------------|
| Governance & Coordination | 2,6 | A1: Political commitment | 2,7 |
| | | A2: Coordination structures | 2,7 |
| | | A3: National Action Plans | 2,4 |
| Policy and Legislation | 3 | B1: Legislation, policies and implementation mechanisms for harmful practices | 3 |
| Engagement and participation | 3 | C1: Independent complaint mechanism exists for children and women | 4 |
| | | C2: Civil society engagement, including women and children | 3,1 |
| | | C3: Community-based mechanisms for harmful practices prevention | 2 |
| Financing & HR | 1,5 | D1: Financing of harmful practices services | 1,8 |
| | | D2: National budget establishment | 2,2 |
| | | D3: National budget execution | 1 |
| | | D4: National budget amount | 1 |
| | | D5: National budget monitoring and review | 1,5 |
| | | D6: Human resources | 1 |
| Access to Services | 2 | E1: Availability of Standard Operating Procedures (SOPs)and/or protocols for harmful practices services | 2 |
| | | E2: Understanding and articulation of harmful practices system | 2,5 |
| | | E3: Modelling testing and scaling of harmful practices services | 1 |
| | | E4: Availability of harmful practices services, case management and referral systems | 2,5 |
| Data collection, monitoring and evaluation | 1,8 | F1: Administrative data systems and monitoring to routinely generate data on harmful practices | 2,3 |
| | | F2: Data security and governance | 1 |
| | | F3: Research and surveys | 2 |

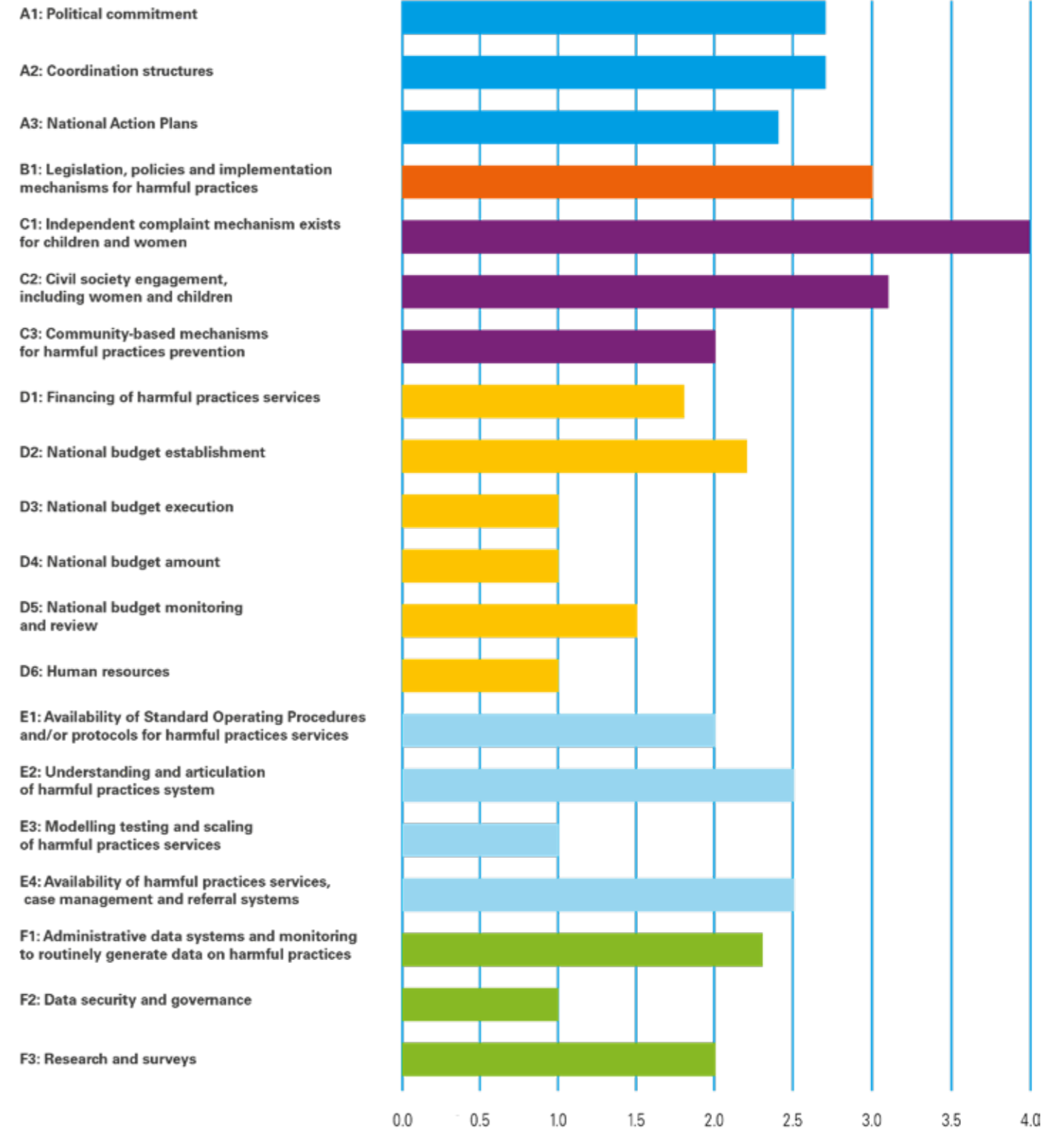
Intermediate Outcomes Summary



Sub-Domains Summary



Intermediate Outcome areas



Endnotes

- 1 Republic of Mozambique, Constituição da República, https://www.stj.pt/wp-content/uploads/2018/01/mocambique_constituicao.pdf
- 2 UNICEF, Ending Child Marriage (ECM) Study. Assessment of the integration of ECM policies and plans into Government Budgets, 2022.
- 3 Republic of Mozambique, Estratégia Nacional de Prevenção e Combate dos Casamentos Prematuros em Moçambique, 2016-2019, 2015.
- 4 The PPM approach formulates and influences public policy through a policy cycle which consists of five major stages: agenda setting; formulating and legitimization of goals and programmes; programme implementation; evaluation and implementation; and decision about the future of the policy and programme. Source: Ripley, Randall B., 'Stages of the policy process' in Daniel C McCool, Public Policy Theories, Models, and Concepts: an anthology, Prentice Hall, 1995, https://perguntasapo.files.wordpress.com/2012/02/rypley_19851995_stages-of-the-policy-process.pdf
- 5 These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, Niger, Sierra Leone, Uganda and Zambia.
- 6 UNFPA, Government of Mozambique/UNFPA 9th Country Programme Evaluation: Mozambique, 2017- 2020, p. 47, <https://www.unfpa.org/sites/default/files/board-documents/Mozambique%20-%20CPE%20-%20Country%20Programme%20Evaluation.pdf>. Medicus Mundi, Pesquisa descritiva sobre o funcionamento do Mecanismo Multissetorial de Atendimento Integrado às Vítimas de Violência na cidade de Maputo, 2018, p. 41, <https://www.medicusmundimozambique.org/files/2020/06/relatorio-de-pesquisa.pdf>
- 7 A complete guide to planning shelter staffing and management can be found in these two documents: UNFPA, UN Women, Guidance on estimating resource requirements for a minimum package of services, 2020, pp. 27-28. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2015/Essential-Services-Package-Module-7-en.pdf>; and UN Women, Staffing and management, <https://www.endvavnow.org/en/articles/1384-staffing-and-management.html>
- 8 OECD, Policy Framework for Policy Coherence for Development, 2012 Working paper 1

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Maturity Model Desk Review, Assessment and Action Planning

COUNTRY: MOZAMBIQUE

Development of maturity model and assessment
tools for harmful practices policies