

Analysis of SRHR Policy and Portfolio: Gender Equality, Environment and Climate Change Analysis of the SRHR Spearhead of EKN

MOZAMBIQUE





Advisory Report by the Dutch Sustainability Unit

Subject: Analysis of SRHR Policy and Portfolio: Gender Equality,

Environment and Climate Change Analysis of the SRHR

Spearhead of EKN Mozambique

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Reference: SU04-41

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GLOSSARY

Administração de Infraestruturas de Água e Saneamento: the Administration for the AIAS water and sanitation infrastructure ARA Administração Regional de Águas: Regional water board DRR Disaster Risk Reduction DUAT Direito de Uso e Aproveitamento da Terra: Law on land titling Mozambique EKN Embassy of the Kingdom of the Netherlands FIPAG Fundo de Investimento e Património do Abastecimento de Água: Investment fund for water supply GCE Gender, Climate Change and Environment PSI Population Services International SRHR Sexual Reproductive Health and Rights UNFPA United Nations Population Fund WASH Water, Sanitation and Hygiene

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1. Introduction

1.1 The DSU assignment

In October 2013 a review¹ was conducted of the gender, climate change and environment (GCE) linkages of the spearhead programmes Water and Food Security of the Embassy of the Kingdom of the Netherlands (EKN) in Mozambique. At that time little attention could be provided to an analysis of the spearhead Sexual Reproductive Health and Rights (SRHR). A more detailed analysis was recommended. In February 2014, EKN requested support from the Dutch Sustainability Unit (DSU) for the analysis of the SRHR policy and portfolio:

- o Work collaboratively with EKN staff (Spearhead Head and the Gender Advisor) to:
 - identify synergy/gaps concerning critical gender, climate, environment aspects in the SRHR spearhead;
 - develop suggestions to enhance attention to gender equality, climate relevance and climate robustness, and environmental sustainability within the SRHR policy and related portfolio;
 - develop indicators to monitor, report and communicate on output/outcome and impact on gender, climate, environment aspects based on the (adapted) 'result fiches'.
- o Present the findings in a meeting to all EKN staff in a concrete, clear and implementable, and concise manner. Develop an advisory report that focuses on the presentation of the recommendations, and less so on the documentation of the analyses undertaken.

Because the report focuses on the recommendations and less on analysis, this report does not include a description of the SRHR activities of EKN and might be hard to read for outsiders. Background information is mostly provided in the appendix or can be requested from EKN and partner organizations.

The DSU mission was conducted by Mr. P. de Koning and Ms. K. Taela between 31 March and 11 April 2014 and included a desk study and interviews with EKN staff and partner organisations. The results of the mission were discussed with EKN staff and partner organisations.

1.2 Critical issues and Binding constraints

Building on the advice of October 2013 the main gender, climate change and environment issues of the spearheads water, food security and SRHR are presented in Appendix 1. The binding constraints presented in this appendix apply to all spearheads.

At first glance the linkages between SHRH and gender equality are obvious. Linkages with environment and climate change are far-fetched at first glance, but several linkages can be defined.

¹ Report "Advice on integrating Gender, Climate Change (incl. Disaster Risk Reduction) and Environment into the Multiannual Plan and Activities of the EKN Maputo" (25/10/2013).

2. Gender, Environment and Climate Change issues of SRHR

In appendix 2 a concise description of the context of SRHR in Mozambique is provided.

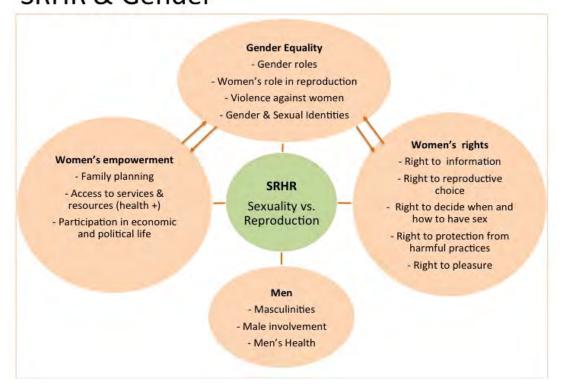
Gender Equality

SRHR are at the core of gender equality, women's rights and women's empowerment (as illustrated in figure 1). The interconnections between SRHR and gender equality transverse several women's rights, such as, the right to information, to reproductive choice (the number and spacing of their children), to decide when and how to have sex, to protection from harmful practices, and to sexual pleasure. Knowledge and attitudes towards violence against women have an impact on women's SRHR; a woman's refusal to have sex with a partner may lead to violence and the belief that men are not able to control their sexual behaviour generates tolerance to sexual violence and puts pressure on women to have sex. SRHR services are an entry-point for provision of violence against women services.

There is a strong link between gender power relations, women's traditional roles in reproduction and childrearing and context specific cultural beliefs that encourage aggressive masculinities and practices that are harmful to women (such as, dry sex, sexual cleansing and wife inheritance, and tolerance of rape within marriage), with a negative effect on the fulfilment of women's and men's SRHR. The complex intertwining of socio-cultural and economic health determinants demands that SRHR initiatives address the highly gendered behaviours, practices and attitudes that influence availability, access and use of SRHR information and services. SRHR programmes in Mozambique generally address harmful practices, masculinities, violence against women and gender identities but tend to overlook the sexual component of the equation (particularly sexual identities and the right to pleasure) as well as men's health.

Addressing the linkages between SRHR and participation in political and economic life is a crucial component of an integrated approach to the promotion of women's rights. High illiteracy rates among women reinforce a gendered distribution of labour force and occupation (with the majority of women dedicated to subsistence agriculture) and less economic empowerment opportunities for women. Economically and socially disadvantaged adolescent girls are at great risk of child marriage, have less autonomy in reproduction and sexual life and less access to family planning services. The linkages between early pregnancy, nutrition risk for pregnant and breastfeeding women and high mortality rates are also well documented.

SRHR & Gender



Sustainability: Climate Change and Environment

SRHR is often linked to environmental issues and climate change through population growth (more people and people consume more) whereby SRHR contributes by promoting family planning (e.g. UNFPA 2014 Factsheet on sustainability). The relation "family planning – population growth – sustainability" is widely recognized but complex and indirect (especially for SRHR–climate change)³. Secondly, increased income and consumption is essential to improve the living standards of poor households. For developing countries, family planning is also an important macro–economic consideration. A fast growing population that outpaces economic growth, job creation and the provision of services by the government leads to growing poverty and worsening services. Slowing population growth through increased access to family planning services facilitates demographic transitions and supports all segments of society to profit from improved economic conditions. One could thus argue that any support to sound family planning contributes to gender equality, environment and climate change mitigation and adaptation.

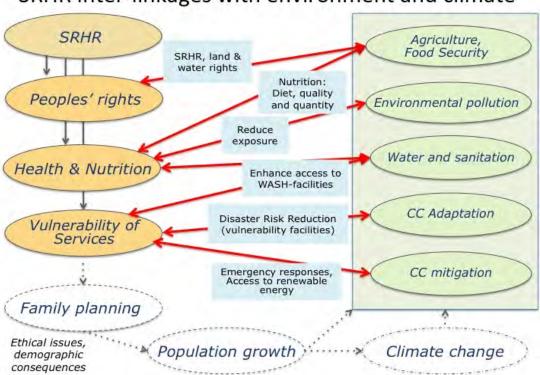
This relation between population growth versus environment and climate change is however considered by the DSU to be too macro and too indirect to be of practical use for the

² This is in line with many international discussions that focus on the population – development nexus (e.g. the 2008 workshop in Istanbul by the European Parliamentary Forum on "SRHR-Population-Environmental degradation-Climate change".

³ Increased global consumption (stimulated by a growing population and more wealth) causes more Green House Gas emissions. Households with higher incomes and education level have more interest in family planning and show declining fertility rates. They contribute thus less to global population growth. But they consume more energy and emit more GHG.

programmes supported by EKN. The advice will explore more concrete linkages with the supported programmes and potential synergy with Water and Food Security. Climate related extreme events like floods and droughts in Mozambique are the norm, not the exception. Responses such as Integrated Water Resource Management and emergency planning are thus Disaster Risk Reduction actions as well as a way of climate change adaptation. Vice versa, climate change and environmental degradation have health impacts: increased infectious disease transmission (e.g. more malaria in warmer areas), food insecurity in drought and flood–prone areas, exposure to toxic substances and polluted food, increased water scarcity, etc. The benefit of family planning for the environment is considered a potential positive impact on national level. The more concrete identified linkages are presented in the figure below.

SRHR inter-linkages with environment and climate



The main SRHR issue related to the spearhead Water is access to 'safe drinking water' and 'sanitation' (result area 3). The main SRHR issues currently defined in the spearhead Food Security are 'access to land' (production: result area 1) and 'food' (nutrition: result area 2). These are also important gender issues. Women's access to safe drinking water at short distance and participation in water management structures and decision making processes as well as equitable rights for women and men in property and inheritance, in access to and control of sources of production, access to extension services (including irrigation) and credit, participation in value chains, and participation in community consultations and private–community partnerships are critical for improving SRHR and food and nutrition security.

In addition several other important issues can be identified. An important issue is avoidance of land degradation (i.e. often food insecure areas). Because an increase in food production is

not necessarily similar to increased access to nutritious food (recognized by the EKN in its spearhead Food Security), food security programming could benefit from more explicit attention to nutrition (or % malnutrition) in the target provinces. The opportunity exists to create linkages with SRHR activities on enhanced food quality and education on dietary habits.

'Access to (renewable) energy' is another important SRHR issue. Energy is essential for storing medicines (cold chain), for medical practises in hospitals and clinics and for cooking food for the patients. This subject is not mentioned in the EKN programmes, whereas The Netherlands provides support to this subject through FUNAE (in partnership with Belgium BTC and via the German-Dutch partnership 'Energy for Development'). The vulnerability of energy infrastructure is also an important consideration in emergency planning and responses.

3. Analysis and Recommendations

The EKN provided background information on the main activities it supports on SRHR:

#24255 - ProSaúde 4: common fund support to Ministry of Health

#24256 - MAP PSI 4: social marketing by PSI (Population Services International)

#25815 - Geração Biz: implemented by UNFPA (United Nations Population Fund)

together with Coalizão (Associação Coalizão da Juventude Moçambicana) and PSI.

During the mission the SRHR EKN staff made clear that another activity also had a relation with SRHR and gender-related issues.

#24399 - AGIR: umbrella programme in support of various Civil Society Organisations.

AGIR I ended in 2013 and the programme is currently under revision. EKN will also support AGIR II. It is foreseen that the number of funded organisations will increase from 3 to 15. EKN is currently finalizing the new contract with Oxfam Novib, which acts as an intermediary organisation within AGIR.

The programmes currently supported under the SRHR spearhead programmes are very focused. They target adolescents and young adults (including young mothers, whom have higher rates of premature labour, spontaneous abortion, low birth weight of babies and other complications), and focus on access to information (condoms, sexual and reproductive health information), expansion of coverage and quality of health services, expansion of the network of inter-personal communication (PC peer educators), and community-based family planning.

On Friday 4 April an open discussion with SRHR experts of these programmes was organised. PSI and UNFPA attended whereas Coalizão, the Ministry of Health, and the AGIR supported organisations were absent.

3.1 Gender equality in the current SRHR portfolio

The SRHR spearhead has a strong focus on women's reproductive health and rights and gender equality is implicitly discussed. Gender inequalities are explicitly addressed in an integrated manner through support to AGIR. The main issues addressed in the context analysis of the SRHR spearhead are family planning, abortion, sexual minorities' rights

(lesbians, gays, bisexuals and transgender, and sex workers), culturally based perceptions about SRHR, feminization of HIV/AIDS, and malaria.

This spearhead places great emphasis on SRHR of adolescents, particularly on the prevention of teenage pregnancies and prevention of HIV infection through promotion of safe sex and increased use of modern contraceptive measures. Project activities foresee training for peer educators on adolescent sexual and reproductive health, gender based violence, human rights, and HIV (with focus on adolescent girls). Reduction of maternal and infant mortality through improved family planning services, antenatal control and basic (emergency) obstetric and neonatal care are also an important component. Supported activities have a clear focus on girls and women. The main approaches adopted are: a) health systems strengthening and improvement of human resources; b) social marketing for behavioural change; and c) improved demand side for health services through vouchers for transport for pregnant women to reach maternities or health insurance for specific groups.

People's sexual rights are addressed through increased availability of abortion services and protection of the rights of sexual minorities and sex education. Work with sexual minorities focuses on health and men who have sex with men (MSM), i.e. increasing availability of SRHR information, distribution of lubricants and condoms, awareness raising about discrimination of sexual minorities. This work also includes advocacy initiatives targeting public health institutions at central and provincial levels (Ministry of Health, National Aids Council, Provincial Health Directorates and Provincial AIDS Departments) for the inclusion of sexual minorities' health needs, monitoring of the implementation of health public policies – particularly those related to prevention of STIs/HIV – and training of healthcare providers and peer educators.

Health interventions have also been complemented by sexuality education that addresses the sociocultural barriers that prevent people from exercising their sexual rights. Civil society organisations supported through AGIR have been active in the identification of policy and legal barriers for the SRHR of women, young people, sexual minorities and sex workers and in advocacy for revision of legal provision that discriminate women. For instance, the Sexual and Reproductive Rights Network has been advocating for the inclusion of SRHR, for the decriminalisation of some abortion typologies and for girls and women's rights in the new Penal Code. CSOs have also contributed to the integration of women's human rights in the National AIDS Strategic Plan IV and to the integration of gender in the new HIV and AIDS law. Lastly, through EKN support new evidence on the effects of initiation rites on girls' sexual and reproductive rights has been generated.

The issue of male involvement in SRHR and men's health is vaguely mentioned in Prosaúde, MAP and Geração Biz. To illustrate, the Geração Biz project document underscores the potential positive impact that private sector provision of family planning commodities (mainly through pharmacies) might have on boys' access to these services "as they are more convenient (...) for those who may be less willing to go to public services (p.16)". Nevertheless, it is unclear whether there is a purposeful strategy to increase boys and men's responsibility to prevent pregnancy.

Recommendation:

SRHR programmes that target girls and young women are important, but need to be complemented by promotion of male involvement in family planning and prevention of teenage pregnancy. Interventions in this area need to be made explicit given the central role men play in women's sexual and reproductive health, illustrated by the weight that partner approval has on a women's decision to use contraceptive to prevent pregnancy and diseases as well as to utilize of pre and post natal services.

The foreseen provision of support to the network HOPEM (that works on male involvement in the promotion of SRHR and in addressing gender based violence) through AGIR is an excellent opportunity to foster synergies with MAP and Geração Biz. There is also room for improving accountability in relation to young people SRHR and the participation of girls and young women in policy-making processes.

SRHR Result Fiche

The MASP's section on the SRHR spearhead outlines the objectives, results chain, activities and risks. The activities have a clear focus on girls and young women and the result fiche includes indicators at outcome and output level, but they focus on activities implemented through three main programmes: Prosaúde, MAP PSI, and Geração Biz. The MASP and SRHR results fiche capture only some dimensions of EKN's contribution to addressing gender related barriers to sexual and reproductive health and rights; these are focused on sexuality education and access to information, commodities and services. The current outcome and output indicators do not capture the full extent of EKN's support to gender equality in Mozambique, specifically interventions implemented through the AGIR programme which include: support to women's equality organizations, gender training, policy influencing for gender mainstreaming, identification of legal and policy barriers for women's exercise of their SRHR, male involvement in SRHR and prevention of violence against women, advocacy for eradication of harmful practices associated to initiation rites and for the abandonment of child marriage.

The DSU suggests that these interventions are incorporated in the results fiches of each spearhead given the centrality of women's access to information and services, participatory representation and decision–making, support to women's equality organisations and gender expertise in policy making processes in the area of SRHR, water, and food and nutrition security. A recommendation for the articulation between SRHR and gender equality in supported programmes is included in the section on synergies. Below we provide a recommendation related to specific gender dimensions of SRHR.

Recommendation:

The SRHR result fiche could address more explicitly the dimension "people rights", in particular the activities supported under the AGIR programme. Such integration will strengthen the rights dimension of the SRHR programme. The MASP could include a section on gender together with good governance and social protection (also crosscutting issues), which would improve the visibility of relevant gender work that does not fall under a particular spearhead.

Another critical issue related to reporting is data disaggregation <u>and</u> analysis. The availability of sex-disaggregated data is crucial to assess the extent to which girls and boys, women and men are involved in and benefiting from supported activities as well as to identify gender-specific SRHR barriers. Many outcome and output indicators in the result fiche are sex-disaggregated, but not all particularly in the result area 1(e.g. % of adolescents and young-sters tested for HIV at health facilities or # of student leaders capacitated by PSI to report on cases of sexual abuse). This might be a reflection of the absence of a requirement for sex-disaggregated data in partners' project proposals and annual reports. Indeed, partner documentation across the three spearheads does not include sex-disaggregated data in a systematic manner or gender analysis.

Recommendation:

The EKN support to partners' monitoring and evaluation frameworks needs to include sex disaggregation of data (men and women) as well as the identification of gender-specific indicators.

3.2 Environment and Climate Change in the current SRHR portfolio

The EKN supports three major SRHR programmes. These SRHR programmes are sectoral and focused as expressed through their activities and indicators. The April 4th meeting showed that partner organisations mainly think of the link "family planning – population growth – environment/climate change". EKN staff also considers the environmental impacts of SRHR–related waste. The link is mostly based on (widely accepted) assumptions and not measured or reported upon by the partners. In the opinion of the DSU, waste collection and disposal from hospitals is also a relation that should be handled on national level in the working group for the health sector and discussed with the waste sector stakeholders. Subsequently it could become a point of attention of partner organisations.

SRHR inter-linkages with Environment and Climate Change

The inter-linkages discussed in section 2 have been presented and discussed in the April 4th meeting. Such inter-linkages have been further specified in a more detailed table (see appendix 3) and sent to each partner organisation for comments and specification of the concrete links they already have or can pursue.

Of the partners, UNFPA responded with some minor changes to the overview, PSI has not responded yet and the working group of the Ministry of Health was not available to comment (representatives were on a field visit or holiday). Some follow-up consultation is needed by the EKN staff. In the meeting, partner organisations considered the effect of environmental pollution (indoor air pollution, polluted food, poisoning from spraying pesticides) on pregnant women and birth weight less relevant than malnutrition.

Peoples' Rights (Rights-based approach): Both the SRHR sector as well as many environmental and social CSOs use a rights-based approach to support local communities and people. Because malnutrition is closely linked to SRHR, food security should be a consideration of SRHR programmes. As such all SRHR programmes that promote SRHR rights (with special attention to girls and women) should consider other rights was well.

Recommendation:

The SRHR programmes have a rights-based approach. They could co-operate more closely with other organisations that are also rooted in a 'rights-based approach' but consider other essential rights such as land rights (food security), water rights (access to drinking water, irrigation), human rights (violence against women, safety of services). One activity that could bring these elements together is the AGIR programme (which involves for example Forum Mulher, WLSA, N'weti and Lambda) supported by EKN. An increased co-operation between the CSOs on peoples' rights with common outcomes might be very interesting.

Reproductive Health – Nutrition: In another meeting, the expert person of the Danish embassy (Kirsten Havemann) stated that the importance of 'nutrition' for reproductive health of men and women is under-estimated in the SRHR-sector. There are some interesting linkages (to be) made:

PSI (#24256): PSI can include feasible (i.e. based upon locally available and affordable food) nutrition advice into their dietary advice to women to improve the dietary habits of the household (Movercado).

Recommendation:

The SRHR programmes could provide more attention to "nutrition" as an integral part of their awareness raising and education activities.

Reproductive Health – WASH: The partner proposals do not describe actions or synergies related to providing safe drinking water, proper sanitation (WASH4), access to energy, or nutritious food to pregnant women and to health facilities. There is no link with activities by AIAS and FIPAG (also not the other way around: those organisations do not report on the health benefits of their work). There is also no link defined/discussed with the focus and priority regions of FUNAE for their provision of renewable energy to hospitals. From the discussions with SRHR programme officers it became clear that the respective organisations have some related activities. These can be made more explicit.

Recommendation:

EKN could make the synergies between the programmes its support more clear, e.g. by using the proposed result fiche on synergies.

Health Services -Disaster Risk Reduction: SRHR is an important and recognised issue in disaster risk reduction and emergency planning.

PSI (#24256): The PSI activity pilots using the established 'Troca Aki' network in emergency situations (DRR) whereby radio stations can send a code to listeners, so they can send text messages and they will receive a voucher in return (e.g. for water purification tablets).

UNFPA (#25815): UNFPA provides Dignity and safe delivery kits in emergency situations and works on SRHR gender sensitive contingency plans for emergencies.

⁴ WASH = Water, Sanitation and Hygiene. This subject is often treated as a specific sector by dedicated organisations such as FIPAG and AIAS in Mozambique.

In addition the vulnerability of health infrastructure to floods is an issue to be addressed that needs to be considered (both in planning as well as in emergency responses) by the health sector with municipalities and responsible authorities (such as AIAS, FIPAG and FUNAE).

Recommendation:

The SRHR programmes should make their contribution to reducing the impact of natural disasters (DRR) and emergency contingency plans more explicit. The existing synergy with the support already provided to AIAS, FIPAG and FUNAE can also be made more explicit.

SRHR Result Fiche

The SRHR result fiche is focused on very specific SRHR related results. Because the result fiche has been defined in consultation with DGIS the Hague and was made coherent with other embassies it is deemed not possible to re-define these result areas. Gender is an integral part of the SRHR fiche but can be slightly improved. As it stands now it is not possible to integrate environment and climate change in a meaningful manner and no changes are proposed.

Recommendation:

Do not try to integrate environment and climate change in the current Result Fiche SRHR. For this purpose use the developed result fiche on Synergies instead (see below).

3.3 Synergies: EKN spearheads and GCE issues

EKN already strived for synergy by incorporating results in a spearhead that provides results relevant to another spearhead. The current SRHR portfolio provides some interesting options to enhance SRHR related synergies with a bearing on gender equality, environment and climate change (in the sense of DRR). In appendix 4 a separate *result fiche for Synergies* is proposed for internal use by EKN. This result fiche mostly includes results and indicators that have already been defined and used by EKN and partner organisations (see references made in appendix 4).

Recommendation:

Use the developed result fiche on synergies to make inter-linkages more explicitly and to enhance internal communication and understanding. The result fiche may also be used to demonstrate such synergies to the Ministry (DGIS The Hague) during annual reporting. Also other embassies might be interested to learn about this fiche.

The supported spearhead programmes can report information and results on some important environment and climate change issues that relate to SRHR, Water and Food Security:

Peoples Rights: All three spearhead programmes and partner organisations contribute information on the "Number of households (disaggregated for vulnerable groups) with access to

land (DUAT5 land title), natural resources (food security, malnutrition) and services (extension services, WASH)". These are general statistics for the target provinces.

Nutrition: Partner organisations of the three spearheads have activities that contribute to improved health and "average % of malnutrition" in target provinces of Tete, Manica, Sofala, Zambezia and Nampula. Food security related programmes (e.g. BAGC, ZVDA) can report the effect of increased food production (Result Area 1 of Food Security) on the % of malnutrition in the target area (PESS indicator). This can be derived from general statistics information for the provinces of Tete, Manica, Sofala, Zambezia and Nampula.

Services and Disaster Risk Reduction: AIAS and FIPAG can report on the effect of increased coverage of rural drinking water and rural and urban sanitation (Result Area 3 of Water) on reduced water borne diseases (ProSaude indicator) and child mortality (PESS indicator). Another issue is the extent to which partner organisations contribute to reduced vulnerability to and reduced impact of natural hazards (floods and droughts) in the target provinces. For example, number of people in disaster–affected areas with access to proper WASH services (PSI Movercado, UNFPA). ZVDA and BAGC programmes include support for DRR emergency contingency plans (droughts and floods). The result can also be measured by "the number of affected people in disaster–affected areas with access to proper (health) services" (ProSaude and could be a PSI indicator).

To enhance gender integration and strengthen synergies between the three spearheads all indicators that target people (e.g. farmers, households, people, children) will need to be disaggregated by sex. The availability of sex-disaggregated data is crucial to assess the extent to which girls and boys, women and men are involved in and benefiting from supported activities as well as to identify gender-specific SRHR barriers. Not all indicators explicitly ask for sex-disaggregation, see appendix 4, because not all partners and national data collection instruments currently collect these data as such.

Many data shall further be disaggregated for other categories than sex. While there is an obvious age disaggregation of data for SRHR (given the focus on adolescents and young people), in the other spearheads such theme-specific disaggregation is not evident. In the water and food and nutrition security spearheads, it is critical to present the disaggregation of data by head of household (male or female headed) and to include indicators that focus on people's access to services in addition to their availability and coverage.

Recommendation:

EKN should encourage sex-disaggregate data collection even if not explicitly indicated in the result fiche. EKN may further wish to encourage disaggregation for factors such as age, rural/urban and socio-economic status where relevant.

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⁵ Direito de Uso e Aproveitamento da Terra

3.4 Conclusions and General Recommendations

Gender equality

- The SRHR spearhead has a strong focus on adolescents and on women's reproductive health and rights and there is a need to address the issue of male involvement in a clear and purposeful manner. Gender equality is implicitly discussed in SRHR programmes and explicitly addressed through support to AGIR, but the synergies between Prosaúde, MAP PSI, Geração Biz and AGIR need to be strengthened.
- The MASP and SRHR results fiche capture only some dimensions of EKN's contribution to addressing gender related barriers to sexual and reproductive health and rights; these are focused on sexuality education and access to information, commodities and services. Aspects related to support to women's equality organizations, gender training, policy influencing for gender mainstreaming, identification of legal and policy barriers for women's exercise of their SRHR, male involvement in SRHR and prevention of violence against women, advocacy for eradication of harmful practices associated to initiation rites and for the abandonment of child marriage are not well captured. The MASP could include a section on gender together with good governance and social protection (also crosscutting issues), which would improve the visibility of relevant gender work that does not fall under a particular spearhead.
- The SRHR result fiche could address more explicitly the dimension "people rights", in particular the activities supported under the AGIR programme. Such integration will strengthen the rights dimension of the SRHR programme.
- The availability of sex-disaggregated data is crucial to assess the extent to which girls
 and boys, women and men are involved in and benefiting from supported activities as
 well as to identify gender-specific SRHR barriers. It is recommended that the data is collected in a sex-disaggregated manner.

Environment and Climate Change

- The SRHR programmes can address some environment and climate change issues important in the context of Mozambique:
 - Peoples' Rights: Enable access to information on rights related to SRHR, land and water rights.
 - Reproductive health: Provide more attention to the relation with nutrition / food security.
 - Health services: Enhance the linkages between SRHR activities and activities by AIAS and FIPAG. The value of the FUNAE activities (supported by the Netherlands) on energy infrastructure to health facilities can be reported by EKN.
 - Disaster Risk Reduction: Reduce the vulnerability for natural disasters of the infrastructure for drinking water, sanitation, and energy infrastructure of the health services (and include them in emergency responses).
- The result fiche on SRHR is sectoral and focused on specific SRHR indicators. Integrating environment and climate change issues in this result fiche is not feasible and not advised (because it has to remain coherent with DGIS formats/instructions? in the Hague).

General

- Instead a result fiche on synergies has been developed that provides results and indicators (on outcome and output level) that bring already developed indicators from SRHR partner organisations and the spearheads Water and Food Security together and that integrate gender, environment and climate aspects. It is recommended that the information is used to encourage discussion internally between EKN staff, and between partner organisations in the target provinces (building on the discussion that has already taken place in May 2014 to check the feasibility of the result indicators).
- The analysis and the result fiche Synergies as well as the separate advice on monitoring help EKN to respond to the motions of Ferrier (32605–45: mainstreaming environment and climate change and report to parliament) and this might also be interesting to other embassies with a SRHR spearhead. The Climate Cluster of DME–DGIS (contact person Rob van den Boom) and SIMAVI (contact person Rineke van Dam) have expressed interest in the analysis and the result fiche.
- Not all partner organisations' staff was available during this mission for consultation or response on the advice and matrices. EKN staff is advised to consult the working group of the Ministry of Health and the AGIR partners on this advice and to discuss the result fiche "synergies" with partner organizations to agree on their contribution to the intended results.

APPENDICES

Analysis of SRHR Policy and Portfolio: Gender Equality, Environment and Climate Change Analysis of the SRHR spearhead of EKN

(appendices 1 to 4)

APPENDIX 1

Main critical Gender, Climate Change and Environment issues in Mozambique related to the spearheads Water, Food Security and Sexual Reproductive Health and Rights

	Water	Food and Nutrition Security	SRHR
Gender Equality	- Access to safe drinking water at short distance - Participation in water management structures and decision-making spaces/ processes	 Land rights for women Equitable rights for men and women: Property and inheritance, Access to and control of sources of production, extension services and credit Participation of female smallholders in value chains Participation in community consultations and in private-community partnerships 	- Adolescents and young people's access to adequate SRHR information and services - Gender-based violence - Child marriage - Availability and access to adequate abortion services - Autonomy to decided when and how to have sex - Autonomy to decide the number and spacing of children - Availability and access to information and services by sexual minorities - Male involvement in the promotion of women's SRHR - Men's access to and use of SRHR services
CC Mitigation	- Hydropower	- Renewable energy for agriculture (storage, transport, processing)	- Renewable energy for health infrastructure and agriculture (see left)
CC Adaptation	- Climate-smart, resilient spatial flood/drought management planning - Salt intrusion / sea level rise	- Climate-smart, resilient spatial flood/drought management planning - Climate-smart resilient agriculture - Salt intrusion / sea level rise (brackish water)	- Disaster Risk Reduction
Environment (includes biodiversity)	- Water allocation and land degradation (IWRM) - Water quality and pollution	- Land degradation andDeforestation- Water quality and pollution- Agro-biodiversity /productdiversity	- Quality of Drinking Water and Food (nutrition value)

Binding constraints

The current mission (April 2014) as well as earlier missions (e.g. November 2011, October 2013) identified several critical issues (binding constraints) for progress on GCE-issues in the Mozambican context:

- Governance: (a) Weak capacity of integrated planning and very weak implementation capacity (especially where collaboration and partnerships are required); (b) bureaucracy and interference in business development (permits, extortion, conflicts with powerful elite); (c) lack of gender disaggregated data at operational level to inform policies, planning and implementation; and weak citizen participation in policy making.
- Production factors: (a) weak resource management (erosion control, flood and drought management); (b) very limited availability and use of high quality seeds and other inputs such as fertilizers and pesticides.
- Production infrastructure: (a) Weakly developed or absent infrastructure (such as feeder roads, irrigation works, flood control structures, etc.); (b) lack of energy for agriculture (irrigation, cold storage, transport, processing).
- Improved business climate: (a) limited land rights (DUATs) and water security (poor knowledge of laws, very weak or corrupted enforcement, very limited administration); (b) Very limited access to financial services in rural areas (interest rates are too high) particularly for women;
 (c) Very limited availability and quality of advisory/technical services (e.g. in the area of extension, laboratories, disease control etc.); limited contract security (legal enforcement).

APPENDIX 2

Context of SRHR in Mozambique

The international SRHR context is based upon the Programme of Action of the International Conference on Population and Development (ICPD) in 1994. At that time 179 governments agreed that individual human rights and dignity, including the equal rights of women and girls and universal access to sexual and reproductive health and rights, are a necessary precondition for sustainable development. The right to exercise control over one's own sexuality and reproduction is considered fundamental for all people. Sexual and reproductive health and the associated rights (SRHR issues) extend to the equal opportunities, rights and conditions of all people to have a safe and satisfying sexual life, and to be able to decide over their own bodies without coercion, violence or discrimination.

Today it is unfortunately still quite common to withhold knowledge, and discrimination and oppression occur in relation to sexual and reproductive health and rights. Globally, for girls and young women aged 15-19, pregnancy and childbirth is the number one killer – it's the cause of 50,000 deaths of teenage girls every year. There is also a marked increase in abuse – which is often systematised – in conflict, post–conflict and crisis situations.

Family planning and education play a crucial role in child and maternal health and survival and sexual rights. Planning means every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

Mozambique

There is a strong socio-cultural dimension with a high desire for large families in Mozambique. At least one young woman in three is a mother before the age of 20 and Mozambique has a 52% child (under 18) marriage rate, ranking 7th in the world¹. Child marriage is common in Mozambique with prevalence higher than the regional average for sub-Saharan Africa (37%). Most of the births to adolescent women in Mozambique occur within marriage or marital union (DHS 2011). Many of these pregnancies and births are unintended, although most of them are mistimed rather than unwanted.

Within the Government's Health Sector Strategic Plan (PESS) the main objective is to improve the health of the Mozambican people by ensuring health care of acceptable quality, free or at a price affordable to a growing proportion of Mozambicans. A priority action is the health of women and children, which includes expanding the scope of specialised services in sexual and reproductive health (Programa Quinquenal Do Governo Para 2010–2014). The objectives of the Sexual and Reproductive Health policy are: i) to promote respect and exercise of sexual and reproductive

¹ UNFPA report (2012), Marrying too Young: End Child Marriage.

rights among all stakeholders; ii) to ensure the provision of services for sexual and reproductive health care, based on evidence, at all levels of care; iii) to provide timely and adequate care and services for sexual and reproductive health beneficiaries.

The health of the population is mainly related to the level of poverty typified by low income, chronic malnutrition, low education of women, low access to drinking water and sanitation and a reducing access to good health facilities. Unequal gender relations, particularly women's lack of access to resources and limited decision-making power have implications on sexual and reproductive health and rights. The most affected people are women, rural households and the remote provinces in the North of the country. The fast urbanisation and growth of slums are an increasing worry for the health sector.

The National Partnership for Health Promotion of Women and Children takes a multi-sectoral approach to promoting health and implementing low cost interventions. It mobilises resources and builds partnerships between the public and private sectors and civil society to promote health and recognises that the health of women and children is not only the responsibility of the Ministry of Health (MISAU), but also of all ministries.

At the London summit on family planning in July 2012 the government of Mozambique reaffirmed its commitment to continuing to provide free integrated sexual reproductive health services and commodities in all health facilities, and to revitalise family planning information and services for youth.

APPENDIX 3

Linkages between SRHR partner organisations and Gender Equality, Environment & Climate Change

Issues and inter-linkages defined from the Sexual and Reproductive Health and Rights perspective:

SRHR related subjects	Selected indicator	Source	Partner information / indicators	Env., CC or gender issue
People's Rights	Vulnerable groups (with a particular focus on women) demand and ensure production and productivity in the primary sector in order to increase their own food security	UNFPA CPD p7	Number of women smallholders obtained land registration through support of women's organizations.	Access to land (incl. land rights) and natural resources
Reproductive health	Access to SRHR information	PSI Movercado	# of women receiving dietary advice (during pregnancy and after) in order to influence household dietary habits	May include information on exposure to pollution (e.g. indoor air pollution, spraying pesticides, brackish drinking water, polluted fish, hormone levels in chicken).
	Level of malnutrition (quantity, quality) in food insecure and degraded areas	PESS (p XIV)	Reduction of the prevalence rate of moderate (-2SD) chronic undernourishment (low height for age) for children under the age of 5 yrs. Old. (sex-disaggregated)	Access to food and natural resources in fragile areas
	Men's access to family planning information and services	UNFPA, PSI	# of people (sex-disaggregated) accessing family planning commodities through private outlets)	Men's health
	Young people with knowledge of	UNFPA	No. & type condoms and other family	Availability of female-controlled

	and access to female condoms		planning commodities received by people aged 15-24 through the Troca Aki system (sex-disaggregated)	methods for prevention of HIV/STI
	Utilization of female condoms	PSI	# of young people (sex- disaggregated) who accept and use female condoms.	Women's empowerment
	High-risk groups access to sexual and reproductive health services		Distribution of water-based lubricants and condoms to men who have sex with men	Sexual minorities
Health services and Disaster Risk Reduction (DRR)	Improved health by reduced cases of Diarrhoea, Cholera and Dysentery cases (N)	PSI	Use of Certeza (drinking water tablet) to serve vulnerable or affected populations and in flood affected areas (# of vouchers).	WASH and DRR (= climate adaptation)
		UNFPA	Number of people making use of Dignity and safe delivery kits	WASH and DRR (= climate adaptation)
	SRHR gender sensitive contingency plans for emergencies developed.	PSI, UNFPA CPDp7	Number of national sector contingency plans that integrate gender.	Disaster Risk Reduction
Family planning	National demographic figures	National statistics	Partners do not link their work to national level developments	Macro effects through population growth
	Population growth in fragile areas	National statistics	Partners do not link their work to national level developments	Land degradation as a result of population pressure

APPENDIX 4

SRHR synergies with spearheads Food Security and Water and with Gender, Environment and Climate Change

Nexus from SRHR perspective: Peoples' Rights, Reproductive health and Health Services

The matrix has been discussed with SRHR partner organisations:

Result area 1	Peoples' Rights: SRHR, land and water rights							
OUTCOME LEVEL (=National, Regional)	baseline	target	Result '12	Result'13	Result'14	Result'15	Source of information	
No of households (disaggregated for vulnerable groups) with accces to land (DUAT title), natural resources (food security, no malnutrition) and services (extension services, WASH).							General statistics on Provinces of Tete, Manica, Sofala, Zambezia and Nampula, Land Fund	
Registration of women's tenure right in DUAT system.							General statistics on Provinces of Tete, Manica, Sofala, Zambezia and Nampula, Land Fund	
No.of communities with land registered in the national cadaster from the target regions.							Result Area 1 of Food Security: Land Fund	
OUTDIT LEVEL (baseline	target	Result '12	Result'13	Result'14	Result'15	Source of information	
OUTPUT LEVEL (= project level) % of overall ha of agriculture land in target region with secure tenure rights (title)	Dasenne	target	Result 12	Result 13	Result 14	Result 13	Spearhead FS: BAGC and ZVDA	
% of Women headed farmer' households in Partners' investments on access to credits, water, seed, market linkages and extension services.							Spearhead FS: BAGC, ZVDA, Technoserve, Mundo Mundo (ORIO).	
Number of women smallholders obtained land registration through support of women's organisations.							Spearhead SRHR: UNFPA CPD p.7	
Percentage of young people (15-24) with comprehensive correct knowledge of HIV/aids (MDG indicator 6.3) (f/m as %)	30,2% (2011)						Result Area 4 of SRHR: DNS DHS	
Percentage of girls aged 15-19 yrs who had given birth to a life-child (before the age of 20 yrs.)	29,3% (2013)						Result Area 4 of SRHR: DHS	
Percentage of married girls aged 15-19 yrs who had given birth to a life-child (before the age of 20 yrs.)	46,9% (2013)						Result Area 4 of SRHR: DHS	
Percentage of women that think it is normal to be punished / beaten if they refuse sex							Result Area 4 of SRHR: DHS	

Result area 2	Nutrition reduction: better health and food security						
OUTCOME LEVEL (=National, Regional)	baseline	target	Result '12	Result'13	Result'14	Result'15	Source of information
Average gross househould Income in target regions.							Result Area 2 of Food Security
Reduction of the prevalence rate of moderate (-2SD) acute malnutrition (MAM=wasting W/H -3 to -2 z-scores (SDs) or MUAC: 11 - 12.5 cm.) for children under the age of 5 yrs. old (nutritional status of a population)	5,9% (2011)						Source: DHS. Can desaggregated by province: Tete, Manica, Sofala, Zambezia and Nampula
Reduction of the prevalence rate of moderate (-2SD) chronic undernourishment (low height for age) for children under the age of 5 yrs. Old (food quality)	43% (2011)						Result Area 2 of Food Security: info PESS (p.XIV): "Crianças menores de 5 anos com desnutrição crónica" Can desaggregated by province: Tete, Manica, Sofala, Zambezia and Nampula
U5's with diarrhea (2w prior to interview) to health professional (%)							DHS
Child mortality rate (per 1,000 live births)	64 (2011)						PESS (p. XIV): "Taxa de mortalidade infantil (por 1,000 nados vivos)"
OUTPUT LEVEL (= project level)	baseline	target	Result '12	Result'13	Result'14	Result'15	Source of information
Total number of smallholders that have increased income in the target regions		J. 1					Result Area 2 of Food Security
increase in production of food crops in millions tons (food quantity)							Result Area 1 of Food Security
Institutional Maternal Mortality Ratio (per 100 000 live births)							Spearhead SRHR: UNFPA, ProSaude indicator
Live birth weight <2500 g (%)							Spearhead SRHR: UNFPA, ProSaude indicator
# of women receiving dietary advice (during pregnacy and after) in order to influence household dietary habits and reduce nutritional risks in pregnant women							Spearhead SRHR: PSI Movercado
# of pregnant and breastfeeding women receiving food suplements to reduce nutritional risks							Spearhead SRHR: ACA XIII, p.13
Reduced exposure to environmental pollution, polluted food and air pollution from smoke (cooking with charcoal and firewood)							Potential indicator for ARA Sul and Zambezia.
"% of measuring points on water quality with an unacceptable level of pollution (mercury, heavy metals, nitrates, sulfates, e-coli, etc.)")							Potential indicator for ARA Sul and Zambezia.

Result area 3	Improved health services and decreased vulnerability to natural disasters (DRR)							
OUTCOME LEVEL (=National, Regional)	baseline	target	Result '12	Result'13	Result'14	Result'15	Source of information	
Improved access to health facilities: Health post less than 45' distant (%)	65,2 % (08/09)						IOF (National Poverty Assessment)	
Improved coverage of rural drinking water							Result Area 3 of Water: JMP, DNA and MICS	
Improved coverage of rural and urban sanitation							Result Area 3 of Water: JMP, DNA and MICS	
U5's with diarrhea (2w prior to interview) to health professional (%)	11,1% (2011)						DHS	
# vulnerable farmers and institutions having access to climate information and early warning systems (droughts, floods).							INGC?	
OUTPUT LEVEL (= project level)	baseline	target	Result '12	Result'13	Result'14	Result'15	Source of information	
Number of doctors, nurses and midwives per 1000 inhabitants	68,6% (2013)						Spearhead SRHR: ACA-PAF	
Health Centers per 500.000 inhabitants offering BEOC (N)	3,1 (2013)						Spearhead SRHR: ACA-PAF	
Coverage of water supply in the target cities: %							Information from AIAS and FIPAG	
Coverage of water supply in the target cities: # of people							Information from AIAS and FIPAG	
Coverage of urban sanitation in the target cities: %							Information from AIAS and FIPAG	
Coverage of urban sanitation in the target cities: # of people							Information from AIAS and FIPAG	
Use of Movercado-Certeza (drinking water tablet) to serve vulnerable or affected populations and in flood affected areas (desaggregated by # sold, vouchers & free in-kind) .							Spearhead SRHR: PSI Movercado information	
# of people provide with Dignity and safe delivery kits in disaster-affected areas.							Spearhead SRHR: UNFPA information	
# vulnerable farmers and institutions having access to climate information and early warning systems (droughts, floods).							INGC?	
As much as possible, data shall be collected in a sex- disaggregated way (female/male famers, female/male headed households etc.).								