

# Sexual and Reproductive Health and Rights

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## Result area 1 - Better information and greater freedom of choice for young Sexual and Reproductive Health and Rights

### RESULTS

Comprehensive Sexuality Education (CSE) is not only provided at health facilities, the largest groups of young people are reached at schools. (29312) IOM has provided over 170.000 beneficiaries access to SRHR information in southern Africa. (29245) READY+ aims at young people living with HIV. Although large numbers of young people are reached, it is clear that the messages about family planning and SRHR need to be repeated over and over again. The quality of CSE is important, as well as the support of teachers, parents and the community. A lot of energy is invested in convincing these groups about the necessity of CSE for young people. There are a lot of misconceptions about CSE.

INDICATORS	Baseline	Target	Result	Source
ST_# of health facilities that adopt and implement youth-friendly SRHR and HIV/AIDS services pregnancy and contraception	0	17	11	4000000991; 4000001585
	0	563160	195713	29245; 29312; 4000000991; 4000001585

### Assessment of the results achieved across the entire result area 1

role in the project is played by the Change Agents in the communities. The project invests heavily in them by providing them with refresher tailored trainings, community capacity enhancement skills and mentorships. At the same time, the turnover of these Change Agents is high. (29552) PSI Mozambique: achieved greater efficiency in the TEM+ family planning service delivery model and the sale of socially marketed condoms through a private sector distributor. Family planning health impact exceeded forecasts by 33%. PSI was able to realize this increase through high quality service delivery and an emphasis on provider comfort and capacity to offer the full range of contraceptive methods, especially Long Acting Reversible Contraceptives (LARCs). (4000001585) The GFF/World Bank: reports show that the targets for coverage of institutional deliveries and Couple Years of Protection are on track. (400000991) UNFPA: During 2018 My Choice project contributed to about one fourth (24%) of the national contraceptives procurement plan. The contribution of My Choice to CYP at the provincial level was approximately 28,992 or 15%. In the My Choice 6 districts, the programme contributed to an overall increase in CYP of 29% between 2017 and 2018, ranging from 13% in Zumbo to 76% in Chiúta. The mentorship, which is one of the pillars of the My Choice towards improving the knowledge, capacity and agency of adolescent girls aged 10-19 years. A total of 24 outcome (6) and output (18) indicators were defined in project proposal. From the 24 indicators defined 12 (50%) achieved in full or surpassed the targets; 6 (25%) were partially achieved; 3 (12.5%) were not achieved at all. For the other 3 (12.5%) there was no information available. (29245) READY+: Most of the targets were achieved both at Outcome and at Output levels. At Outcome level for the six indicators that were evaluated five of them surpassed the defined targets (between 107% and 369%) and only one was not achieved (32%). At Output levels for the ten indicators that were evaluated five surpassed the defined targets (between 120% and 2.140%), two almost achieved the fixed target (92% and 93%) and three did not achieved the defined targets (between 42% and 66%).

Assess achieved results compared to planning:

(29552) In 2018 PSI Mozambique achieved greater efficiency in the TEM+ family planning service delivery model and the sale of socially marketed condoms through a private sector distributor. Family planning health impact exceeded forecasts by 33%. PSI was able to realize this increase through service delivery and an emphasis on provider comfort and capacity to offer the full range of contraceptive methods, especially Long Acting Reversible Contraceptives (LARCs). PSI approach proves that when young girls and women are counselled-well and informed about all (dis-)advantages of family planning methods, they are eager to adopt a longer term family planning method. Health staff who is well-trained, supported by mentors and has the tools to counsel and provide services is much more motivated to do a good job. (400000991) The reasons given why this one indicator "Nr. and % Primary schools providing SRH services in the 6 target districts" under "Output 2.2: By 2021, quality youth-friendly SRH information and services are accessible to young people in all 35 HFs, all 13 public secondary schools, 32 primary schools and 96 communities of the 6 target districts" was because DKT was in charge of this component and they faced logistical challenges and ongoing restructuring of administrative divisions, which delayed the programme roll-out and posed challenges to the validation of programme data collected in the districts. From the 23 total indicators defined in the proposal 13 outcomes (2) and output (11) indicators included in the Bemo. From these 13 indicators 1 did not achieved at all the expected results, 4 did not fully achieved the targets and 8 achieved in full or surpassed the targets. the project register relatively low implementation due to several issues. The project experienced a later-than-expected start, which resulted in the need to adapt certain activities in the work plan and to delay other activities to 2019. There were also challenges related to: Recruitment of new project staff to be based in Tete, due to weak availability of qualified people to be based at provincial level. Restrictions on the provision of certain family planning methods (injectable, implants) in school corners due to the changes on the Strategy of School Adolescent Health Strategy set by the Ministry of Health in coordination with the Ministry of Education and Human Development. (29245) The READY+ programme continues to thrive at country level with implementing partners, CATS, the Ministry of Health and health providers all playing their critical roles. With the CATS model now in place, READY+ consortium partners started grappling with more complex issues of addressing gender inequality and diversity and providing integrated SRHR, HIV and psychosocial support services.

Reasons for result achieved.

(29312) While the project is on track to achieving its set targets for 2020, coverage of SRH and HIV services for cross-border and migration affected communities in the countries of operation and the region remains low. Innovative approaches are needed to further strengthen cross-border programming in the context of migration. Given the state of SRH and HIV response in the region together with political and climate change effects, Southern Africa has only one programme aiming to respond to the adverse effects of HIV, SRHR and migration. This makes the SRHR HIV Knows No Borders project the only one of its kind in the entire region. Additionally, the unique positioning of this programme to comprehensively provide multi-faceted interventions spanning from community to national and regional levels, highlights the importance of the program. (400000991) Despite above mentioned challenges and delays important achievements and progress was made towards the annual targets and laid the ground for accelerated implementation to ensure delayed activities will be back on track in 2019. (29245): CATS will work more closely with service providers at the health facilities to identify A&YPLHIV lost to follow-up to treatment including those with missed clinic appointments. In addition, CATS will also ensure that they track A&YPLHIV who would have been transferred to other health facilities so that they are retained within care.

Implications for planning.

## Result area 2 - Better public and private health care for family planning, Sexual and Reproductive Health and Rights

### RESULTS

Although abortion is legalised in Mozambique, this policy is not widely known. In addition, not many health providers do have the knowledge and skills to perform an abortion and/or are able to provide post-abortion care. PSI is one of the few organisations in the country which trains medical staff on safe- and post-abortion. They also provide counselling to practitioners, because among this group there is resistance towards abortion. This is done in close consultation with the national and provincial health authorities. IOM provides only information and takes care of referrals.

INDICATORS	Baseline	Target	Result	Source
ST_# of comprehensive safe (post)-abortion care services provided	0	15	15	29552
ST_# of health workers trained in ANC and PNC, safe delivery and abortion care	0	2095	1052	29312; 29552

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

(29552) PSI: has equipped 15 health facilities to conduct safe abortion practice and they have trained 141 staff of health centres on performing safe abortion and post abortion care. These activities have been undertaken in close cooperation with the health authorities of Mozambique. (29312) IOM has trained less Change Agents (CA) than originally planned. There is a high turnover of CA. In the programme areas the number of skilled staff is low and CA easily find alternative ways of employment (often better paid). In Malawi, through door to door health promotion activities, CAs have saved lives of sex workers from unsafe abortion practices through timely interventions.

Assess achieved results compared to planning:

Reasons for result achieved. See above

PSI will continue to train more staff on safe abortion and post-abortion care. In addition they have already offered the Ministry of health to develop a costed plan including all the costs involved to roll-out the national abortion policy. (29312) IOM has decided to pay more attention to the Change Agents and pay them a reasonable fee for their work for the programme.

Implications for planning.

## Result area 3 - Improved access to contraceptives and medicines Sexual and Reproductive Health and Rights

### RESULTS

(29552, 4000001585) PSI and GFF/WB-The results are on track although the adoption of LARCs (Long Acting Reversible Contraceptives) remains very low. The unmet demand for Family Planning is high. Each 1 out of 4 woman is in need for contraceptives, but does not have access to them. Apart from stock-outs, gender inequality and lack of health staff to provide family planning services play a role. Men favour large families and many children (at least 5). Often women have to hide their contraceptives. Apart from this there are many misconceptions about LARCs. PSI has shown that good quality care including counselling of couples can increase the number of adopters substantially.

INDICATORS	Baseline	Target	Result	Source
ST_# of additional women and girls using modern contraceptives	0	81600	52526	29552
ST_# of couples protected by various contraceptives over a 1-year period (couple-years protection)	4169877	15643551	4015530	29552; 4000000991; 4000001585

### Assessment of the results achieved across the entire result area 3

(29552) PSI: Jeito (condom brand) sales through the distributor unfortunately decreased from 20 million in 2017 to 13 million units in 2018. This also impacted negatively the CYP. (4000001585) GFF/WB is more or less on schedule (CYP). See above for 4000000991.

Assess achieved results compared to planning:

Reasons for result achieved.	See above for 400000991.
Implications for planning.	<b>(29552) PSI:</b> In order to overcome the challenges with regard to condom distribution, PSI will look into the possibility to find another distributor. In the meantime a new contract was concluded with CICOTI a new distributor.
<b>Result area 4 - More respect for the sexual and reproductive rights of groups Sexual and Reproductive Health and Rights</b>	

**RESULTS**  
 In general changes in law, policies and practices is complex and takes a lot of time. **(27163)** Hands Off and (29244) UNDP. The Hands Off regional programme is succesful in decreasing the violence against sex workers. This success is based on: 1) building a strong sex worker movement with rights awareness, 2) setting up rapid emergency response systems through paralegals and peers, and 3) turning the police into an ally. An independent study shows that where the model is implemented, it works. (29312) IOM, with regard to the rights of migrants there is an increasingly hostile attitude towards migrants in the region, in particularly South Africa. This makes it extremely difficult to promote the SRHR-rights for migrants. One way to deal with this is to involve traditional leaders, support cross-border mechanisms and raise awareness at community level. For the UNDP programme four countries (Angola, Madagascar, Zambia and Zimbabwe) finalized the Legal Environment Assessments (LEA) and conducted a national validation meeting. The LEA could not be finalized in Mozambique.

INDICATORS	Baseline	Target	Result	Source
ST_# of key populations having received SRHR and HIV/AIDS services information	NA	NA	10000	27163
	0	5000	55460	27163; 29245
ST_Changes in laws, guidelines, and (health)policies and practices leading to decrease of barriers to SRH and HIV/AIDS services	Aidsfonds being implemented in Mozambique, South Africa, Zimbabwe, Namibia and Botswana aims to reduce the violence against sex workers. The high rates of violence, stigma, discrimination and other human rights violations results in a HIV prevalence which is 10 times higher amongst sex workers than the general population. During project duration strategies were implemented to change guidelines, policies and laws to enhance the environment of sex workers. (source Evaluation report 2019, Hands Off!) ; Same sex relationship was criminalized in Angola. Age consent for SRHR services was in place in Zimbabwe. Child marriage for children above 16 years old was allowed if parents gave consent. No laws protecting sex workers in Madagascar. ; Since the start of the programme the 'SRHR-HIV Knows no Borders 2016 - 2020 project' has conducted two successful regional technical consultations involving implementing agencies, policy makers, governmental officials,	A more enabling (legal) environment, policies and guidelines aimed to reduce the violence against sex workers. ; Overall target was to reduce violence against sex workers. In the way towards reaching this target, the involved organisations aimed to influence policies, guidelines and law reforms. ; Removal of those legal barriers and enforcing enabling laws. ; Various recommendations coming out of the regional dialogues on enhancing SRHR/HIV status for migrants have been endorsed by the 16 SADC countries during the Migration Dialogue for Southern Africa on 28 June 2019 in Windhoek. This is regarded as an important milestone in enhancing an enabling environment for the realisation of migrant SRHR rights. (MTR-report July 2019)	Sisonke have been forming structures to ensure that sex workers have access to justice. With the establishment of the Legal Defence Centre (LDC) in 2017 sex workers now receive paralegal support, legal advice and representation in court. Human rights violations are documented through the LDC and used in lobby and advocacy efforts for decriminalisation. In Botswana Sisonke and BONELA set up a mobile response system through which sex workers can report cases immediately and thus have better access to the services they need. This in combination with the work of the paralegals and the rights trainings has led to an increased access to justice for sex workers and a rights-literate community. The COC together with the South African Police Service (SAPS) developed the Dignity, Diversity and Policing training manual. Sex workers and police officers now educate police on the needs and rights of sex workers, LGBTI and People using Drugs. The manual	27163; 29244; 29312
ST_Description of types and evidence of effective usage of accountability mechanisms to address violation of rights	capacity strengthening of key stakeholders on young key populations and human rights in national plans or curricula e.g. in law enforcement training or training for the judiciary. ; Sex workers in 5 countries were trained to do research on violence	stakeholders included in national plan or curricula in 2 countries out of 5 countries where the project has being implemented. ; Objective of this target was to hold the perpetrators of violence against sex workers accountable. This also often referred to the	by Pathfinder and Tiyanne Vavaste, sex workers and police officers now work directly together. With initiatives such as the National Platform for Sex Workers Rights, the work of the 27 peer educators and the emergency helpline sex workers have gained a voice in	27163; 29244

**Assessment of the results achieved across the entire result area 4**

Assess achieved results compared to planning:	<b>(27163) Hands Off:</b> An independent external evaluation showed (2019) that the approach of Hands Off yielded positive results: Violence has been reduced in every area where the Hands Off model was implemented by Aidsfonds' 14 partners. This has happened across the Hands Off countries by working constructively with the police and ensuring strong civil society representation in the follow-up of cases. <b>(29244) UNDP:</b> There were 6 Outputs defined in Results Framework and most of them have been fully achieved (11) and some have been partially achieved (5). Four countries (Angola, Madagascar, Zambia and Zimbabwe) finalized the Legal Environment Assessments (LEA) and conducted a national validation meeting. The LEA could not be finalized in Mozambique. Civil Society Engagement Scans (ES) were produced, presented to stakeholders, reviewed and finalized in all the five participating countries. An Advocacy Guide for YKP SRH was developed through a participatory process that involved YKP face-to-face regional meeting in April 2018 in Pretoria, South Africa. The final document was launched in Amsterdam at an event organized by AMSHeR on the margins of the International AIDS Conference.
Reasons for result achieved.	The <b>Hands Off</b> programme has a strong participatory element. Hands Off aimed to use police sensitisation, rapid response methods and sex worker protection systems as intervention strategies. Also data gathering and litigation have been deployed to support violence victims. The programme has a strong capacity building component focusing on sex workers and sex worker-led organisations in the region. Research was carried out to obtain more knowledge on the effectiveness of the implemented intervention strategies. Also lobby and advocacy activities have been rolled out on law reform and policies and practises involving sex workers. <b>(29244)</b> The LEA could not be finalized in Mozambique due to internal and external challenges, but a draft report was presented for an initial consultation to national stakeholder. A revised version incorporating the inputs and comments of this consultation is planned to be presented in a national validation and planning meeting in the 1st quarter of 2019.
Implications for planning.	The Hands-Off programme ended in 2019. Based on a positive evaluation report and experiences with the programme over the years, a second phase has been awarded. This 2nd phase will scale up the programme and cover more cities and areas. In addition more attention will be paid to building a platform for sex workers at regional level.

\* Find more information on the projects on [Openaid.nl](http://Openaid.nl) with the activity numbers listed under 'Source'