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**UNITED NATIONS DEVELOPMENT ASSISTANCE
FRAMEWORK
2007-2009**

(UNDAF)

MOZAMBIQUE

Maputo

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Acronyms and Abbreviations:

ACTs:	
ACDI-VOCA:	
AMODEFA:	Mozambican Association for Family Development
ASVIMO:	
ARV:	Anti-Retroviral
AVIMAS:	Widows and Single Mothers Association
AWP:	Annual Work Plan
BER:	Budget Execution Report
CCA:	Common Country Assessment
CBOs:	Community Based Organizations
CDC:	Centers for Disease Control
CEP:	Centre for Population Studies
CEDAW:	Convention on Elimination of all Forms of Discrimination Against Women
CFJJ:	
CFS:	
CIDA:	Canadian International Development Agency
CNCS:	HIV/AIDS National Council
CNJ:	National Youth Council
CNMAM:	National Council for Women Progress
CSB:	
CP:	Country Programme
CSO:	Civil Society Organizations
CUAMM:	International College for Health Cooperation in Developing Countries
DANIDA:	Danish International Development Agency
DBS:	Direct Budget Support
DFID:	Department for International Development
DNA:	National Directorate of Water
DCI:	
DPG:	Donors Partners Group
DSF:	
EC:	European Commission
ECOSIDA	
EmOC:	Emergency Obstetric Care
EPI:	Upper Primary and first levels
EP2:	Upper Primary and secondary levels
ESDEM:	Social and Demographic statistics of Mozambique
ESSPP:	
FAO:	Food and Agriculture Organization
FDC:	Community Development Federation
FSN:	Food Security and Nutrition
GAS:	Water and Sanitation Group
GB program:	
GEF	
GNI:	Gross National Income
GTT:	Global Task team
GTZ:	German Development Cooperation
HAART:	Highly Active Anti-Retroviral Treatment

HAI	
HBC programmes	
HH level	
HIPC –HIS Policy	
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	
HPSI:	Health Promotion School Initiative
IAF:	Household income and Expenditure Survey
ICT:	Information and Communication Technology
IEC/BCC	
ILO:	International Labour Organization
IMCI	
IMF:	International Monetary Fund
INAS:	National Institute of Social Action
INE:	National Institute of Statistics
INGC:	National Institute for Disaster Management
INJAD:	National Youth and Adolescent Survey
IPCC:	
IPT:	
JSM:	Joint Strategic Meeting
KUYAKANA	
LLINs	
MAE :	Ministry of State Administration
MDGs:	Millennium Development Goals
M&E:	Monitoring and Evaluation
MEC:	Ministry of Education and Culture
MF:	Ministry of Finance
MIC:	Ministry of Industry and Trade
MICOA:	Ministry for Coordination of Environmental Affairs
MIINAG	
MJS	
MMR	
MINT:	The Ministry of Interior
MINJUS:	Ministry of Justice
MISAU:	Ministry of Health
MONASO:	Network of Mozambican Associations fighting against AIDS
MOPH:	Ministry of Public Works and Housing
MPD:	Ministry of Planning and Development
MSF:	Medicins sans Frontieres
MoU:	Memorandum of Understanding
NEPAD:	New Partnership for Africa's Development
NGO:	Non-Governmental Organization
NORAD:	Norwegian Development Agency
ODA:	Overseas development assistance
OIs:	
OR:	Other Resources
OVC:	Orphans and Vulnerable Children
PAP:	Programme Aid Partnership
PARPA:	Action Plan for the Reduction of Absolute Poverty
PAMS:	Poverty Analysis and Monitoring Systems

PDD:	
PEN:	National Multi-Sectoral Strategic Plan to Combat HIV/AIDS
PES:	Economic and Social Plan
PESS:	Strategic Plan for Social Health
PLWHA:	People Living with HIV/AIDS
PMTCT:	Prevention of Mother-to-Child Transmission
PPFD project	
PRRO	
PTAs	
RC:	Resident Coordinator
RED:	Reaching Every District
RENSIDA:	National Network of People Living with HIV&AIDS
RH:	Reproductive Health
RR:	Regular Resources
SRH services:	
SWAp:	Sector Wide Approach
SETSAN:	Technical Secretariat for Food Security and Nutrition
SHR/MMR:	National Reproductive Health Policy
SIDA:	Swedish International Development Agency
SWOT analysis:	Strengths, Weaknesses, Opportunities and Threats Analysis
TAP program	
TA	
UEM:	Univertsity Eduardo Mondlane
UN:	United Nations
UNAIDS:	Joint United Programme on HIV/AIDS
UNCDF:	United Nations Capital Development Fund
UNCT:	United Nations Country Team
UNDAF:	United Nations Development Assistance Framework
UNDMT:	UN Disaster Management Technical Working Group
UNDP:	United Nations Development Programme
UNDG:	United Nations Development Group
UNESCO:	United Nations Education, Scientific and Cultural Organization
UNFPA:	United Nations Population Fund
UNGASS	
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children Fund
UNICRI:	United Nations Interregional Crime and Justice Research Institute
UNISP:	United Nations Integrated Strategic Plan
UNODC:	United Nations Office of Drugs and Crime
UN OMT:	UN Operations Management Team
UN TWG:	UN Technical Working Group
USAID:	United States of America Agency for International development
UTRESP:	Technical Unit for Public Sector Reform in Mozambique
VAC:	Vulnerability Assessment Committee
WB:	World Bank
WFP:	World Food Programme
WHO:	World Health Organization

YFHS:

Youth Friendly Health Services

¹⁴ The National target is 144,000 HIV+ pregnant women receiving ARV prophylaxis by 2009.

Annex A: Result Matrices

UNDAF OUTCOME 1: GOVERNANCE

MDG(s):

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

NATIONAL PRIORITIES

- Rationalize the functions of the State organs to respond to the planned objectives and improvement of inter-sectoral coordination.
- Decentralize the functions of the State organs with budget implications to the district level to facilitate local development.
- Consolidation of national unity, peace, justice and democracy.
- Improve productivity, particularly in rural areas through a higher integration of the national economy.

UNDAF Outcome:

By 2009, Government and CSO capacity at national, provincial and local level, strengthened to plan, implement and monitor socio-economic development in a transparent, accountable, equitable and participatory way in order to achieve the MGDs

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>1.1 Decentralised government capacity strengthened in all provinces, at least 50 districts and at least 3 municipalities for participatory and gender responsive planning, monitoring and evaluation, gender sensitive needs assessment as well as coordination and partnership</p>	<p>1.1.1 Capacities supporting planning, monitoring and the participatory evaluation of strategic integrated plans, with an emphasis upon cross-cutting issues such as gender and HIV/AIDS, strengthened (UNDP, UNCDF, UNICEF, WFP, FAO, UNFPA, UNESCO)</p> <p>1.1.2 Capacities supporting the coordination of decentralized policies, plans and partnership building at the sub-national level strengthened (UNDP, UNCDF, UNICEF, UNHABITAT, UNESCO)</p> <p>1.1.3 National financial and management systems and mechanisms including gender responsive budget developed and implemented (UNDP, UNCDF, UNHABITAT)</p> <p>1.1.4 Information systems providing disaggregated socio-demographic data for planning, monitoring and evaluation by region, sex, vulnerable groups, reliable socio-cultural and gender-sensitive for improved planning and M&E and increased access to information strengthened (UNDP, UNFPA, UNICEF, UNHABITAT, UNESCO)</p>	<p>Government: Ensure that national, province and district development plans and budgets reflect participatory and gender sensitive as well as other cross cutting issues. GoM committed to increase Budget allocation to the districts. Ministry of Planning and Development (MPD) in liaison with Ministry of State Administration (MAE), Ministry of Finance (MoF), Ministry of Environment (MICOA Territorial Planning and Natural resources component), will coordinate the implementation of Decentralization Policy and decentralised planning and financing and the integrated rural development strategy.</p> <p>Civil Society: Will be engaged in systematically planning, monitoring and evaluating the development plans. IPCC, local community structures and other stockholders will be strengthened to participate actively in the development process</p> <p>Bilateral and multi-lateral development partners: National Policy and strategy on decentralization will facilitate coordination and harmonization within bilateral and multilateral interventions. Will provide financial support and technical assistance.</p>	<p>UNDP/UNCDF: US\$ 1,000,000 (RR) US\$ 6,500,000 (OR)</p> <p>UNICEF: US\$ 500,000 RR US\$ 400,000 OR)</p> <p>UNFPA: US \$ 300,000 (RR)</p> <p>WFP: US\$ 250,000 (OR)</p> <p>UNESCO: US\$ 41,000 (RR)</p> <p>FAO: USD 800,000 (RR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>1.2 Government capacity in all provinces, at least 50 districts</p>	<p>1.2.1 Government decentralised and restructured to promote efficient, effective and accountable</p>	<p>Central Level: The decentralized planning process should constitute a mechanism to</p>	<p>UNDP/UNCDF:</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>and 3 municipalities (South, Centre and North) improved to implement, coordinate and support the efficient and accountable delivery of integrated basic services</p>	<p>delivery of integrated services (UNDP, UNCDF, FAO, UNESCO)</p> <p>1.2.2 Provincial government, selected districts and municipalities capacities improved to coordinate, implement and oversee delivery of integrated services strengthened (UNDP, UNCDF, UNHABITAT, FAO, UNICEF, UNAIDS, UNESCO)</p> <p>1.2.3 National e-Government platform to support service delivery at provincial, municipal and district level established (UNDP, UNHABITAT)</p>	<p>increase communities' resource base for development. MPD in liaison with MAE, MoF, and MICOA will coordinate the implementation of Decentralization Policy and decentralised planning and financing and the integrated rural development strategy.</p> <p>Provincial/District /Municipality Level: The provincial, district and Municipality Government will coordinate: (a) enhancement the Provincial Government' capacity to lead the participatory development process including, strategic planning, coordination of implementation, monitoring and evaluation; b) development of the capacity of civil society organizations to effectively participate both in the policy making process and to become effective service delivery agents at provincial and district and community level and c) consolidation of the development observatory as the participatory development process supporting mechanism both at provincial and district levels.</p> <p>Civil Society: Will be engaged in systematically implementing the development plans and provision of integrated service delivery.</p>	<p>US\$ 2,000,000 (RR) US\$ 7,000,000 (OR)</p> <p>UNICEF: US\$ 600,000 (RR) US\$ 200,000 (OR)</p> <p>FAO: US\$ 200,000 (RR)</p> <p>UNESCO: US\$2,900,000 (OR)</p> <p>UNAIDS: US\$ 50,000 (RR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>1.3 National level policy management, harmonization and alignment capacities strengthened at downstream and upstream level</p>	<p>1.3.1 Upstream and downstream policy formulation and reforms capacity strengthened (UNDP, UNCDF in liaison with all UN agencies)</p> <p>1.3.2 Capacity of public servants to formulate and manage policies and strategies at national level increased (UNDP, UNCDF, FAO, UNICEF, WFP, UNFPA, UNESCO)</p> <p>1.3.3 Systems established and operationalised to ensure the continuous and consistent monitoring of the development in the country in relation to the MDGs and national development plans, including disaggregated state budget monitoring (UNDP, UNICEF)</p> <p>1.3.4 National, Provincial and/districts mechanisms -Poverty/Development Observatories for participatory in planning and mechanisms - monitoring mechanisms strengthened (MDGs, PARPA) (UNDP, UNICEF)</p> <p>1.3.5 Population census conducted in 2007 and updated socio-demographic disaggregated data for development available in all provinces and selected districts (UNFPA, UNICEF)</p>	<p>Government: At central level the MPD will coordinate the aid management and capacity development for MDGs M&E within Government and civil society including consolidation of the poverty observatories particularly at decentralized level. INE and the MPD will monitor and disseminate child well-being indicators and use ESDEM (DevInfo) at national and provincial levels for monitoring of national and international development objectives and for planning purposes.</p> <p>Bilateral and multi-lateral development partners: National Policy and strategy on decentralization will facilitate coordination and harmonization within bilateral and multilateral interventions. Will provide financial support and technical assistance.</p>	<p>UNDP/UNCDF: US\$ 3,000,000 (RR) US\$ 9,000,000 (OR)</p> <p>UNICEF: US\$ 2,000,000 (RR) US\$ 500,000 (OR)</p> <p>WFP: US\$ 700,000 (OR)</p> <p>UNFPA: US\$ 2,600,000 (RR) US\$ 1,000,000 (OR)</p> <p>FAO: US\$ 1,700,000 (OR)</p> <p>UNESCO: US\$ 400,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>1.4 Democratic Governance and legislative reforms strengthened to enhance human rights based approaches at all levels</p>	<p>1.4.1 Democratic governance and efficient and accountable enforcement of laws promoted and consolidated by strengthening key democratic institutions (UNDP, UNICEF, UNESCO)</p> <p>1.4.2 National Capacity to formulate, advocate and implement gender sensitive legislation, including civil society enhanced (UNDP, UNICEF, UNFPA)</p> <p>1.4.3 Network established to monitor implementation of Human Rights, CEDAW and Children’s Act (UNDP, UNICEF)</p> <p>1.4.4 Capacity of Parliament and Justice sector to address gender issues and cope with likely effects of HIV & AIDS, gender based violence and Human Security strengthened (UNDP, UNICEF, UNFPA, FAO)</p>	<p>Government: Parliament - revises, approve and oversee law reforms. - Ministry of Justice and prisons (MoJ),–Ministry of Interior (MINT - Police and prisons), National AIDS Council (NAC)– coordinating role and advocacy across sectors, – <i>Conselho Nacional para o Avanco da Mulher</i> (CNMAM), Technical Unit for Public Sector Reform (UTRESP)/ the National Commission. The central Government will promote democratic institutions at central and decentralised level, including capacity building. MMAS at central level and DPMAS in Zambézia, and other NGOs, will promote women’s rights, including special emphasis on the feminization of the HIV/AIDS epidemic.</p> <p>Provincial/District Level: Provincial Assemblies – apt to enforce legislation at the local level and exercise its mandate. AIDS Council – coordinating role and advocacy across sectors.</p> <p>Bilateral and multi-lateral development partners: will facilitate coordination and harmonization within bilateral and multilateral interventions. Will provide financial support and technical assistance.</p>	<p>UNDP: US\$ 1,500,000 (RR) US\$ 6,000,000 (OR)</p> <p>UNICEF: US\$ 500,000 (RR) US\$ 400,000 (OR)</p> <p>UNFPA: US\$ 300,000 (RR)</p> <p>UNESCO: US\$20,000 (RR)</p> <p>FAO: US\$ 100,000 (RR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>1.5 Rule of law, access to justice and penal reforms improved with emphasis on public and human security</p>	<p>1.5.1 Awareness on human rights with focus on women and children’s rights and PLWHA raised within civil society and improved protection by justice institutions (UNDP, UNICEF, UNFPA)</p> <p>1.5.2 Improved juvenile justice mechanisms in place and all provinces have piloted a model section for children in the existing courts for children in contact and conflict with the law (UNICRI and UNICEF)</p> <p>1.5.3 Attorney General’s Office, MoJ and MINT strengthened to combat organized crime, corruption and improvement of prisons (UNDP, UNODC)</p> <p>1.5.4 Capacity of the national police and of civil society organizations to effectively address the issues of public security including gender-based violence strengthened (UNDP, UNODC, UNICEF)</p> <p>1.5.5 Capacities of national training institutions for police and judiciary strengthened towards an improved response to children’s issues in line with the Children’s Act and CRC (UNICRI, UNICEF)</p>	<p>Central Level: MoJ, MINT, Attorney General’s Office (PGR) will promote access to justice, including violence against women and human rights. Will develop national capacities of the Police and Judiciary through technical support to put sustainable systems in place, and simultaneously support the development of comprehensive model centres for victim assistance and children’s sections within provincial courts.</p> <p>Provincial/District Level: Provincial and identified district Police entities combat violence against women and promote human rights. The police will be capacitated at central and decentralised level</p> <p>Bilateral and multi-lateral development partners: Will provide financial support and technical assistance.</p>	<p>UNDP: US\$ 1,000,000 (RR) US\$ 9,033,000 (OR)</p> <p>UNICEF/UNICRI: US\$ 700,000 (RR) US\$ 1,000,000 (OR)</p> <p>UNFPA: US \$ 200,000 (RR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>1.6 Civil society organizations and structures (including traditional authorities) strengthened and involved in the development agenda at national and decentralised level</p>	<p>1.6.1 Regulatory framework for the involvement in the social and economic development of civil society elaborated and adopted (UNDP, FAO, UNICEF)</p> <p>1.6.2 Capacity of CSOs, CBOs, volunteer organisations, and particularly women-led organizations, strengthened to implement, manage and report on project execution, to build partnership and to become full-fledged development agents (UNDP, FAO, UNICEF, UNESCO)</p> <p>1.6.3 Established systems and capacities developed to monitor and evaluate the development agenda (including the poverty and development observatories) at all levels (UNDP, FAO, UNICEF)</p> <p>1.6.4 Capacity to effectively mainstream HIV/AIDS, gender and vulnerable group issues into governance processes at all levels strengthened (UNDP, FAO, UNICEF, WFP, UNFPA, UNESCO, UNICEF)</p>	<p>Government: Will promote CSO and structures (including traditional authorities), providing legal status for the involvement in the social and economic development, capacity building, and technical assistance at decentralised level.</p> <p>Bilateral and multi-lateral development partners: Will provide capacity building and technical assistance to civil society organisations in relation to the outcomes/outputs it is contributing to the Human Capital matrix. Will provide financial support and technical assistance.</p>	<p>UNDP: US\$ 1,000,000 (RR) US\$ 6,000,000 (OR)</p> <p>FAO: US\$ 500,000 (OR)</p> <p>WFP: US\$ 500,000 (OR)</p> <p>UNICEF: Reflected in Human capital and HIV Pillars</p> <p>UNFPA: US\$ 300,000 (RR)</p> <p>UNESCO: US\$ 28,000 (RR) US\$ 2,600,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
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<p>1.7 Institutions responsible for the promotion of pro-poor and sustainable economic development strengthened</p>	<p>1.7.1 Capacity building for Rural Development and natural/environmental resources management strengthened (FAO, UNDP, UNIDO, GEF, UNHABITAT, UNESCO)</p> <p>1.7.2 Community access to business and financial services, disaggregated by district, area, and beneficiaries (in particular women & other marginalised groups) increased (UNDP, UNCDF, UNIDO, ILO, UNFPA, FAO)</p> <p>1.7.3 Small and medium sized enterprises involved in economic development promoted and their capacity to access markets strengthened (UNCDF, UNDP, ILO, UNIDO, UNESCO)</p>	<p>Government: Ensure that national integrated rural development strategy reflects local demands and needs. MPD in liaison with MAE MoF, MICOA will coordinate the implementation of rural development strategy.</p> <p>Civil Society: Will be engaged in the systematic provision of small-scale economic services and business opportunities.</p> <p>Bilateral and multi-lateral development partners: Will support micro-credit and microfinance activities and promote small-scale enterprises. Will provide financial support and technical assistance.</p>	<p>UNDP/UNCDF: US\$ 1,500,000 (RR) US\$ 7,000,000 (OR)</p> <p>UNIDO: US\$ 3,000,000 (RR)</p> <p>UNHABITAT: US\$ 100,000 (RR)</p> <p>UNFPA: US\$ 1,400,000 (RR)</p> <p>UNESCO: US\$1,970,000 (OR)</p> <p>FAO: USD 1,000,000 (RR)</p>
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Coordination Mechanisms and Programme Modalities

The pillar of *governance* in the PARPA II (2006-2009) is intended to turn the state apparatus into a machine that stimulates the development of human capital and of the economy. The improvement in the governance system remains an area of focus to the Government and its partners. The programme of the decentralization of public finances up to the district level has to be speeded up to materialize the Government's programme to broaden the base of wealth creation. This decentralization is to be accompanied by the monitoring of priority expenditures at the district level (PARPA II, version of 15 November). The UN within this framework will use existing mechanisms to coordinate the UNDAF results both at sectoral level and territorial level (central, province and district).

Alignment and Harmonization and Simplification? The UNCT will coordinate the implementation of programme modalities, including mobilization of resources, monitoring and evaluation. The UNDAF has identified areas where the UN agencies with the Government institution will coordinate. Regular meeting will be held to harmonize and align the implementation of the UNDAF outcomes among UN agencies. The Joint AWP (annual work Plans) will ensure alignment of the implementation of activities that contribute to the attainment of the UNDAF outcome and corresponding Country Programme outcomes. The Programme Aid Partnership (PAP) mechanisms for joint review and evaluation will be used through concerted and co-ordinated participation of UN agencies. Joint-programming modalities to reach the UNDAF results will be used by UN agencies contributing to the joint UNDAF outcome and outputs. The UN will also collaborate with the Partners involved in the area of Governance, the Decentralization and Gender working Group. The UN will cooperate and involved in other relevant working groups.

Monitoring and Evaluation: UN will carry out its monitoring and evaluation activities, in the context of UNDAF monitoring and evaluation activities. This will involve the preparation of semi-annual and annual reports and partner agency support to relevant UNDAF priority areas and outcomes. Particular attention will be paid to the timely preparation of reports, particularly financial reports, and their submission to government and donor stakeholders. The reports should be reviewed by the relevant PARPA working groups or steering committees with a view of assessing the contributions of UN system support to UNDAF outcomes and PARPA objectives. The reports will form part of UNDAF annual reporting processes.

1. At National level

UNDP/UNCDF: Provide technical and financial support to the Ministry of State Administration and the Ministry of Planning and Development to implement Policy and Decentralised Planning and Financing strategy; UNDP will support access to justice, including violence against women and human rights to the Ministry of Justice and prisons, The Ministry of Interior (Police and prisons), PGR - Attorney General's Office and democratic institutions; provide technical assistance at national, research and policy advice and decentralised level; support the establishment of an Aid Management Unit at MPD; support capacity development for MDGs M&E within Government and civil society including consolidation of the poverty observatories particularly at decentralized level; UNDP will support provision of institutional capacity building and technical support to INE and the MPD in selected provinces, municipalities, and districts for integrated planning that prioritise the needs of the most vulnerable and for use of ESDEM as a planning and monitoring tool.

FAO: Support the policy and legislative development in land, natural resources and community natural resources management programmes, local level participatory planning initiatives, and community level capacity building. These activities have lead onto a range of other new initiatives, including food security and development initiatives that build upon the community elements of the new laws to promote a dynamic and participatory model of local development; continued assistance to MIC in the areas of agricultural marketing and trade policies and market and trade information system operation; support the development of the new Territorial Planning Law with MICOA.

UNICEF: Strengthen the capacity of INE and the MPD to monitor and disseminate child well-being indicators and use ESDEM (DevInfo) at national and provincial levels for monitoring of national and international development objectives and for planning purposes; provide institutional

capacity building and technical support to establish a coordinating body to monitor the implementation of the Children's Act and Human Rights and ensure that children are registered at birth; support the MPD to establish a mechanism for the systematic monitoring of State Budget resource allocation and expenditure for child poverty and disparity reduction; provide TA to the MJD to strengthen participation of young people in national and provincial Poverty Observatories; support national capacities of the Police and Judiciary through technical support to put sustainable systems in place, and simultaneously support the development of comprehensive model centres for victim assistance and children's sections within provincial courts; support a reference group led by MINJUS comprising the ministries of Social Action, Health, Education and State Administration, Civil Society organisations, bi-lateral and UN agencies to meet on a monthly basis to coordinate and monitor the implementation of the National Plan of Action on Birth Registration at the national level.

UNFPA: Support INE institutional capacity for the realization of the census, including mobilization of resources; provide policy dialogue tools and research on matters relating to population issues including gender, sexual and reproductive health and HIV/AIDS and support INE and CEP (Centre for Population Studies) in promotion of population issues on national research agenda.

WFP & UNESCO: Provide training for planners at provincial level and in selected districts; the best practice survey in schools will be used in building capacity for planning of the education activities at the school and local level; UNESCO will provide institutional capacity building for policy dialogue and participation of stakeholders at the local level; support training for the development of province specific simulation models. Capacity building of MEC officials and cultural organizations at central and decentralized levels in planning, monitoring and evaluation as well as in their particular areas of technical expertise.

UNAIDS: Support capacity building of provincial nucleos to collaborate with civil society in HIV/AIDS interventions.

ILO: Provide business management training.

UNIDO: Support private sector development under the coordination of the MIC and sectoral ministries, through improving access to private sector business and environmental services, including ICT, promotion of technology transfer through pilot and/or training facilities, private sector association building, improving food safety and quality assurance system, mainstreaming entrepreneurship training in secondary curriculum and further improving one-stop-shops for business licensing and registration.

2. At Provincial level

UNDP/UNCDF: Provide technical and material assistance to the provincial government, in the development of its strategic plan including the implementation of the administrative and financial decentralization process. The principle of local development includes setting the following strategic objectives of technical cooperation: (a) long-term capacity building rather than short-term performance improvements, (b) stressing the importance of long-term institution building (especially in the area of policy coordination and development management), (c) advancing greater use of local expertise and existing structures, and (d) encouraging broadened participation, including intended beneficiaries and stakeholders, in all phases of technical cooperation projects; provide technical assistance and methodologies for planning, monitoring and evaluation at decentralised level.

FAO: Extend the close partnership with the provincial SETSAN to the overall planning framework developed with support from the new FNPP project; provide technical assistance to integrate food security objectives and methodology into the provincial planning process; and ensure that the community level dimension is fully taken into account. FAO experience with participatory planning and community development approaches will be especially important in this context; provide training at sub-national level, in particular community participation and consultation mechanisms. While this assistance will be provided nationwide specific attention will be paid to the arid and semi arid zones with high levels of vulnerability.

UNICEF: Provide institutional capacity building and technical support in selected provinces, municipalities, and districts for integrated planning that prioritises the needs of the most vulnerable and for use of ESDEM as a planning and monitoring tool.

UNFPA: (Central and Zambézia): Provide support to integrated planning, monitoring and evaluation systems, incorporating population concerns

such as gender and HIV/AIDS.

WFP: Support district directorate capacity to plan, manage and monitor integrated safety net systems.

UNESCO: Support training of staff for capacity in management of water resources and promotion of participation in regional networks of management of water resources; capacity building in rehabilitation and safeguarding of cultural heritage and promotion of cultural industries through capacity development in product development and marketing; provide training for planners at provincial level and in selected districts; The best practice survey in schools will be used in building capacity for planning of the education activities at the school and local level

ILO: Provide business management training.

UNIDO: Support private sector development under the coordination with the Provincial Governments, through improving access to private sector business and environmental services, including ICT, promotion of technology transfer through pilot and/or training facilities, private sector association building, improving food safety and quality assurance system, mainstreaming entrepreneurship training in secondary curriculum and further improving one-stop-shops for business licensing and registration.

3. At District/Municipal and community level

UNDP/UNCDF: Introduce participatory development approach and empower citizens, groups and organizations, to improve the effectiveness and efficiency of development programmes and eventually linking to good governance; provide immediate support to provincial and district governments, in the specific areas of provincial strategic planning and its implementation, district development plans in 5 selected districts; UNDP/UNCDF will concentrate in developing the mechanisms for community capacity building, facilitate access to resources for diversification and sustainability of the livelihoods, as well, provision of integrated basic services to the communities; further develop capacity in government and CSOs (including capacity for poverty monitoring and evaluation, analysis, statistics, programme/project design and implementation, and legislation) at the local levels, technical assistance will contribute to strengthening local capacity.

FAO: Through food security funds programme, support activities with an immediate impact on food security: seed distribution, development of local markets, agricultural investment activities; at community level, the focus will be on building the capacity of the communities to improve livelihoods through management of the available resources and establish the infrastructure to facilitate access to non-available but necessary ones; provide training at sub-national level, in particular community participation and consultation mechanisms.

UNICEF: Provide institutional capacity building and technical support in selected municipalities, and districts for integrated planning that prioritises the needs of the most vulnerable and for use of ESDEM as a planning and monitoring tool. Officials of the district registry and notary department will coordinate and monitor the implementation of district level birth registration activities, with relevant sectoral departments, CBOs and NGOs.

WFP: Support district directorate capacity to plan, manage and monitor integrated safety net systems.

UNESCO: Build capacity for the protection of human rights through education for Human rights and democracy. Capacity building of selected local cultural institutions for improved outreach to the public. Communities will be involved in the implementation of local cultural activities as means to improved their response to own needs and reduction of poverty

Promotion of cultural industries and their role in poverty reduction by organization of events and training in Crafts production and marketing activities will take place. Local Institutions will be also equipped to better implement their role and improve their outreach to the public
Improve the access of local communities to information and knowledge and strengthen the role of communication in poverty reduction trough community radios and Multimedia Community Canters as well as strengthening the capacity of media associations for delivery of relevant services to communities' development.

ILO: Provide business management training.

UNIDO: Support private sector development under the coordination with the Municipalities, through improving access to private sector business and environmental services, promotion of technology transfer through pilot and/or training facilities, private sector association building, and further improving one-stop-shops for business licensing and registration.

UNDAF OUTCOME 2: HUMAN CAPITAL DEVELOPMENT

MDG(s):

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

National priorities in the Human Capital Pillar as per PARPA version dated 15 November 2005

Human capital is a key asset for the initiative and engagement of citizens and all institutions of society. Such capacity has to be enhanced permanently, strengthening human rights and, in particular, the rights of children. To this end, priority action areas are education, health, water and sanitation, social services, HIV/AIDS, housing and cross-cutting issues. Through these areas the policies of redistribution of income and wealth are put in place, increasing the immediate welfare of the people, and contributing to lay the foundations to higher efficiency in the work process, expanding the capacity to accomplish and act and ensuring long-term sustainability (PARPA, paragraph 331).

- Relevant priorities (PARPA, paragraphs 145 to 155):
- Increase the enrolment rates in education;
- Increase the levels of coverage of the health services;
- Reduce mother and child mortality
- Halt the incidence rates of HIV/AIDS; and reduce the incidence of deaths caused by malaria and tuberculosis;
- Develop and consolidate social nets to support the most disadvantaged citizens, orphan children, the elderly, and people with disabilities and maimed, and the chronically ill.
- Open the support system to citizens that are malnourished and subjected to hunger through the development of the food production system.

UNDAF Outcome 2

Increased access to and use of quality basic services and social protection for the most disadvantaged populations, particularly children, youth and women, to reduce their vulnerability by 2009

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>2.1 Net enrolment rate in primary education increased to 90% and learning environment improved in all primary schools in targeted districts, especially for girls and the most vulnerable</p>	<p>2.1.1 100% of primary schools in 7 pilot districts supported to implement a minimum quality education package (UNESCO, UNICEF, FAO, WFP)</p> <p>2.1.2 80% of primary schools in the 7 pilot districts have water and sanitation services and hygiene education, and a minimum package of school health (UNICEF, WFP, WHO)</p> <p>2.1.3 500,000 vulnerable children (especially girls and OVC) reached by school based food and nutrition programmes in at least 750 primary schools in targeted districts (WFP, FAO, UNICEF, UNESCO)</p> <p>2.1.4 Strengthened capacity of the education sector for emergency preparedness and response to reduce disruption in school service in districts affected by natural disasters (WFP, UNICEF, UNESCO)</p> <p>2.1.5 Illiteracy rate reduced to 46% through improved services to deliver literacy for empowerment, in particular for women and out-of-school youth in rural areas (UNESCO, UNFPA)</p>	<p>Government: Ensure that the national plans and budgets reflect child friendly and gender sensitive school perspectives and focus on girls and the most vulnerable children; the national curriculum for pre-service teacher training reflects lessons learned from the CFS pedagogical model; district education plans are informed by evidence and lessons learned concerning access, quality and achievement for learners of CFS model. GoM to commit to increased Budget allocation to the Education Sector (minimum 25% of total State Budget)</p> <p>Civil Society: Systematically use knowledge, research and M&E to address issues of vulnerabilities and disparities; through the support to the Communication Strategy of the Ministry of Education and Culture (MEC), create demand for quality free primary education; through School Councils improve linkages and support for girls and OVC to access and remain in school.</p> <p>Bilateral and multi-lateral development partners: Leverage and allocate adequate funds (through FASE) for the identified prioritised sub-sector of the education system (primary education - reduction of disparities, and addressing vulnerabilities); provide financial support and technical assistance.</p>	<p>FAO: US\$ 100,000 (RR) - other financial resource referred to in the HIV/AIDS Matrix</p> <p>UNESCO: US\$ 85,000 (RR)</p> <p>UNFPA: US\$ 200,000 (OR)</p> <p>UNICEF: US\$ 6,200,000 (RR) US\$ 14,500,000 (OR)</p> <p>WFP: US\$ 39,000,000 (OR)</p> <p>WHO: US\$ 15,000 (RR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>2.2 Access to, and use of quality basic health services increased, especially for the most disadvantaged populations</p>	<p>2.2.1 National Reproductive Health Policy (SHR/MMR) and National Child Health Policy (including neo-natal component) approved and implemented (UNFPA, UNICEF, WHO)</p> <p>2.2.2 Health information systems providing quality disaggregated data on key health indicators designed and implemented nationally (WHO, UNFPA, UNICEF)</p> <p>2.2.3 80% of health facilities in all provinces implementing IMNCI, including C-IMNCI, for treatment of childhood diseases (WHO, UNICEF)</p> <p>2.2.4 75% of 1 year old children are fully immunized through implementation of the RED approach in 45 districts (Reaching Every District) (WHO, UNICEF)</p> <p>2.2.5 Increased access to and use of quality SRH services for 50% of women (including EmOC) and 10% of men in reproductive age in all provinces (UNFPA, WHO, UNICEF)</p> <p>2.2.6 Malaria treatment and prevention packages (ACTs, IPT, home based treatment, LLINs) implemented in all provinces (UNICEF, WHO)</p> <p>2.2.7 Strengthened capacity of the health sector for emergency preparedness and response to reduce mortality and morbidity levels in districts affected by natural disasters and high cholera incidence (UNICEF, WHO, FAO, UNDP, WFP)</p>	<p>Government: The Ministry of Health (MISAU) will set national strategies and policies and coordinate planning, implementation, monitoring and evaluation. GoM to commit to increased Budget allocation to the Health Sector (minimum 15% of total State Budget)</p> <p>Civil Society: Non-governmental organisations and other civil society organisations to support delivery of services, paying special attention to vulnerable groups.</p> <p>Bilateral and multi-lateral development partners: Leverage and allocate adequate funds for the identified prioritised sub sector in the health sector (primary health care - reduction of disparities, and addressing vulnerabilities); provide financial support and technical assistance.</p>	<p>UNFPA: US\$ 1,000,000 (RR) US\$ 1,000,000 (OR)</p> <p>UNICEF: US\$ 2,500,000 (RR) US\$ 6,000,000 (OR)</p> <p>WHO: US\$ 166,000 (RR) US\$ 1,030,000 (OR)</p> <p>WFP: US\$ 1,500,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>2.3. Access to and use of safe drinking water and adequate sanitation for rural communities and urban slums increased</p>	<p>2.3.1 Decentralised planning and financial management guidelines under the national water policy implemented in 8 municipalities (UNICEF, UNDP)</p> <p>2.3.2 Planning, monitoring, and evaluation systems for drinking water and sanitation operationalised in five provinces (UNICEF, UNDP)</p> <p>2.3.3 At least 1,000,000 additional users among vulnerable groups have access to and use safe water and appropriate sanitation and improved hygiene practices (UNICEF, WHO)</p> <p>2.3.4 Strengthened capacity of the water sector for emergency preparedness and response to reduce mortality and morbidity levels in districts affected by natural disasters and high cholera incidence (UNICEF, WHO, UNDP)</p>	<p>Government: Ministry of Public Works (MOPH) and National Water Directorate (DNA) will set national strategies and policies and coordinate planning, implementation, monitoring and evaluation and prepare and evaluate procurement processes. GoM to commit to increased Budget allocation to the Water Sector.</p> <p>Civil Society: Involvement of NGOs and CBOs in hygiene promotion, self-help construction of household sanitation facilities and operation and maintenance of water schemes. The private sector will be involved in the design, construction and technical supervision.</p> <p>Bilateral and multi-lateral development partners: Support coordination, information sharing, medium/long term strategic planning, including National Policy and Guidelines reviews and setting up of effective monitoring and evaluation systems at the national and sub-national levels; resource leveraging for water and sanitation particularly for poor urban areas.</p>	<p>UNICEF: US\$ 3,100,000 (RR) US\$ 18,900,000 (OR)</p> <p>WHO: US\$ 15,000 (RR) US\$ 50,000 (OR)</p> <p>UNDP: Financial resource referred to in the Governance Matrix</p> <p>FAO: US\$ 300,000 (RR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>2.4. National and sub-national level capacity increased to implement the National Strategy on Food Security and Nutrition</p>	<p>2.4.1 Strengthened capacity of SETSAN to coordinate and implement the National Strategy on Food Security and Nutrition (FAO, UNICEF, WFP, WHO)</p> <p>2.4.2 Improved availability at household level of diversified food types (including fortified food) (FAO, WFP, UNICEF)</p> <p>2.4.3 Underweight prevalence is reduced by 5% and vitamin A deficiency by 10% in 90 districts through the implementation of the Community and Health Facility Basic Nutrition Packages (UNICEF, WFP, FAO, WHO)</p> <p>2.4.4 Strengthened capacity of SETSAN for emergency preparedness and response for timely response to acute food and nutrition insecurity to prevent increased morbidity and mortality in all provinces (WHO, WFP, FAO, UNICEF)</p> <p>2.4.5 Disparities in malnutrition prevalence between vulnerable groups (OVC and PLWHA) and the general population reduced by half through the implementation of targeted interventions in 6 provinces (FAO, UNICEF, WHO, WFP).</p>	<p>Government: MISAU will set national strategies and policies and coordinate planning, implementation, monitoring and evaluation, in the area of nutrition. GoM to commit to addressing the high level of malnutrition through a coordinated approach by implementing the national FSN strategy, empowering SETSAN and increasing State Budget allocation.</p> <p>Civil Society: Non-governmental organisations and other civil society organisations to support delivery of services, paying special attention to vulnerable groups.</p> <p>Bilateral and multi-lateral development partners: Leverage and allocate adequate funds for the identified for addressing vulnerabilities; provide financial support and technical assistance.</p>	<p>FAO: US\$ 500,000 (RR) US\$ 5,000,000 (OR)</p> <p>UNICEF: US\$ 1,200,000 (RR) US\$ 2,400,000 (OR)</p> <p>WHO: US\$ 29,000 (RR) US\$ 50,000 (OR)</p> <p>WFP: US\$ 900,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>2.5. Social protection safety nets for the most disadvantaged are strengthened and expanded</p>	<p>2.5.1 National policy and strategy formulated that integrates safety net interventions, including cash transfer, by Government and partners and promotes the allocation of adequate budgets for social safety net programmes (UNICEF, WFP, FAO)</p> <p>2.5.2 In 7 provinces, comprehensive models are established and operationalised that create local demand for and access to high quality safety net interventions (UNICEF, WFP, FAO).</p>	<p>Government: Ministry of Women and Social Action (MMAS – National Institute for Social Action, INAS) to revise eligibility criteria for governmental social protection schemes; develop and test effective mechanisms for the implementation of social protection schemes in coordination with civil society organisation. Advocate for budgetary allocations (under the State’s Budget) for the expansion of cash transfer schemes.</p> <p>Civil Society: International and national NGOs and CBOs to coordinate with Governmental partners for the identification and referral of beneficiaries for social protection schemes.</p> <p>Bilateral and multi-lateral development partners: Provide financial and technical support to MMAS for the rollout of safety net programmes (including direct support to Provincial Governmental partners).</p>	<p>UNICEF: US\$ 1,200,000 (RR) US\$ 3,700,000 (OR)</p> <p>WFP: US\$ 500,000 (OR)</p> <p>FAO: US\$ 500,000 (RR)</p>

Coordination Mechanisms and Programme Modalities

Within the framework of the PARPA II (2006-2009), the GoM 5-Year Plan (2005-2009) and sectoral plans, the UN will use existing coordination mechanisms in each sector to ensure that the UNDAF results are achieved. The Programme Aid Partnership (PAP) mechanisms for joint review and evaluation will be used, through concerted and coordinated participation of UN agencies. Joint programming modalities to reach the UNDAF results will be used by UN agencies contributing to the joint UNDAF outcome and outputs.

Education: The UN will use existing coordination mechanisms in the Education sector (CP partners - Education SWAP) to support the implementation of the ESSP II and ensure that the UNDAF results are met. While exact modalities for joint programming have not yet been defined, this includes: (i) Support to MEC for implementing the Child Friendly Schools programme, including school feeding (UNICEF and WFP). Other joint programming opportunities will be defined in the course of 2006. Agencies' specific contributions are outlined below:

FAO: Support the empowerment of orphaned and vulnerable children through agriculture and life skills (Junior Farmer Field and Life Skills Schools); support the strengthening of children's environmental awareness and healthy living through Garden Based Learning in primary schools in three provinces.

UNESCO: Provide technical and financial support for the mapping of the missing out and in particular the girls and promotion of girls' participation in science, technical and vocational education; build capacity for the promotion of literacy for empowerment initiative; link formal and non-formal basic education for synergy and contribution to quality basic education, in particular for learners in rural Mozambique.

UNICEF: Capacity building support to MEC and DNA at national and sub-national levels for improved planning, M&E and service delivery; support the provision of water points and separate sanitation facilities in targeted schools in the seven targeted districts, the establishment of child-to-child sanitation committees, hygiene education programmes, school health, and screening for physical readiness to learn; outreach activities to identify and enrol girls and OVC, monitor attendance for retention, provide materials, psycho-social support and birth registration certificates and referrals to other service providers; capacity building for emergency preparedness and response.

WFP: Provide services and resources for day-school feeding and take-home rations to build models for Government ownership, and assist MEC in the development and operationalisation of a National School Feeding Programme; continued support to PTAs and monitoring in schools; support to MEC and INGC in districts vulnerable to natural disasters.

WHO: Collaborate with MoH and UNFPA in the training of teachers in Health Promotion School Initiative (HPSI) in one province to be indicated by the MoH.

Health: The UN will use existing co-ordination mechanisms in the Health Sector (SWAP) to support the implementation of the National Health Policy Declaration and the PESS and ensure that the UNDAF results are met. Co-ordination among UN agencies will be strengthened through the appointment of a UN Health Advisor that will operate under the Resident Co-ordinator Office, and whose main task will be to

represent the UN family in the Health SWAp process. Joint programming opportunities include: (i) UNFPA and WHO on developing RH policy and guidelines with WHO as Managing Agent; (ii) UNICEF, WHO, UNFPA on developing an HIS policy with WHO as Managing Agent; (iii) WHO and UNFPA on access to quality SRH services (specifically training) with UNFPA as Managing Agent; (iv) WHO and UNICEF on developing a framework for comprehensive child health policy including newborn, with WHO as Managing Agent; (v) WHO and UNICEF on joint implementation of an integrated child health and nutrition package at community level with UNICEF as Managing Agent; (vi) UNICEF and WHO will jointly support MoH in the planning, implementation, monitoring and evaluation of the EPI RED (Reach Every District) approach, especially focusing on low coverage areas, with UNICEF as Managing Agent. Other joint-programming opportunities will be defined in the course of 2006. Agencies' specific contributions are outlined below:

UNFPA: Provide technical assistance at central level for the development of national policies, strategies and plans, as well as revision/update of existing norms, standards, guidelines and procedures for services provision; support to conduct a National Maternal Health Needs Assessment, including dissemination of its results for policy dialogue/influence; at provincial level, support to implement EmOC training. Furthermore, UNFPA will consistently advocate mainstreaming of SRH on the MISAU and SWAP agenda, as well as ensuring a sufficient share of Common Funding allocations for RH/MMR Programme implementation.

UNICEF: Provide technical assistance in the development of policies and plans at both central and local levels, while at the same time advocating for the hard-to-reach and most vulnerable groups and adequate resource allocation; support the monitoring and supervision of training activities and micro-planning; some key supplies could be purchased, and some operational cost may be covered, especially during the start-up-phases; development, production and dissemination of IEC materials; coordination with UN and other civil society partners will be actively sought, especially in the area of emergency preparedness and response.

WHO: Provide technical assistance for the development of the policy and strategies related to reproductive Health Policy (SHR/MMR) and Child Health; for performing SWOT analysis of the health information system, and identifying technical and financial assistance needed for development of specific sub-components of health information system; for updating IMCI training tools; for developing or revising RH /EmOC norms, standards and procedures for service delivery; and for developing emergency preparedness and response plans for epidemic prone diseases and health effects of disasters; Advocacy for regular supervision at all levels with focus at district level, operational research, monitoring of interventions, implementation of evidence based WHO recommended strategies like Home based treatment/care; support to the implementation of priority interventions through training, monitoring, transport, social mobilization, mobile brigades, procurement of ACTs and kits for provincial rapid response teams) with the aim of achieving tangible results in terms of health gains.

WFP: Support the integration of potential health emergencies in the National Contingency Plan; support to INGC in districts affected by cholera and natural disasters.

Water: The UN will use existing co-ordination mechanisms in the Water Sector (SWAP, GAS WG) to support the implementation of the National Water Policy and ensure that UNDAF results are met. Joint programming opportunities will be defined in the course of 2006. Agencies' specific contributions are outlined below:

UNICEF: Provide institutional support for planning, monitoring, evaluation and improved service delivery in targeted districts; provide

technical assistance for emergency assistance and mitigation including rehabilitation of water facilities and the development of a mid-long term plan on water management in drought prone areas.

WHO: Provide technical assistance to support the development of plans, financial support for training, and kits for provincial rapid response teams.

Food Security and Nutrition: The UN will use existing co-ordination mechanisms operating under SETSAN to support the implementation of the national Food Security and Nutrition Strategy and ensure that UNDAF results are met. The capacity of these co-ordination mechanisms will be strengthened. The UN Nutrition Group will continue to meet to discuss technical issues and work towards a closer collaboration of support to SETSAN and the MISAU Nutrition unit. The UN disaster management team will also continue to work in close collaboration supporting the INGC national monitoring of natural disasters, developing emergency preparedness plans and coordinating any required response in times of need. While exact modalities for joint programming have not yet been defined, these will include: (i) SETSAN capacity building (WFP, UNICEF and FAO); (ii) Capacity building of INGC for disaster management and contingency planning (WFP, UNICEF and UNDP); (iii) Supplementary feeding programmes (UNICEF and WFP). Other joint programming opportunities will be defined in the course of 2006. Agencies' specific contributions are outlined below:

FAO: Capacity building of SETSAN staff at national and provincial level; technical support on FSN for capacity building, monitoring, evaluation and policy intervention; technical support on use of tools and methodologies to improve the understanding of household consumption pattern and dietary condition; training of trainers on best nutrition practices; technical support on vulnerability assessment; support on national information system for multisectoral information on food security and nutrition; support integration of food and nutrition security in PDD; support development and implementation of drought mitigation plan including trade fair; build capacity of CBOs, government and civil society to improve nutrition and health education in schools and at community and HH level; technical support to improve food security and livelihoods of poor HH through agricultural training, investments in micro-projects, community based natural resource planning and land related conflict resolution.

UNICEF: Technical support on issues related to nutrition, capacity building, support to policy and strategy development, M&E, advocacy and communication; financial and supplies support to the MoH and SETSAN; facilitation of improved multi-sectoral linkages and use of multi-sectoral data in the development and implementation of interventions to reduce FSN vulnerability; technical assistance for vulnerability monitoring.

WFP: Provide resources and technical assistance in relation to the national capacity to produce, purchase and distribute fortified foods and CSB, among others in supplementary feeding activities; continued support to SETSAN in line with requests against the annual action plans and for vulnerability assessments.

WHO: Technical support in implementation and assistance to MoH for regular monitoring of the sentinel sites.

Protection and safety nets: Within the framework of the PARPA II and to some extent the Action Plan for OVC, the UN will support the Government to establish formal co-ordination mechanisms through the strengthening of MMAS and the MPD capacity. Joint programming

opportunities include: (i) WFP and UNICEF for prevention of sexual exploitation, with UNICEF as the managing agent. While exact modalities for other joint programming have not yet been defined, other opportunities include: (ii) Support comprehensive, integrated Safety Net Systems (WFP and UNICEF). Other joint programming opportunities will be defined in the course of 2006. Agencies' specific contributions are outlined below:

UNICEF: Provide support to MMAS/INAS in the development and implementation of the policy; provide technical support to define standards and mechanisms for the delivery of safety nets, pilot comprehensive models and build capacities of provincial and district level stakeholders through ongoing training (linked to Outcome 1.4 under HIV/AIDS Pillar).

WFP: Provide food resources to safety net activities through the PRRO (relief component), which will promote models for Government ownership; these resources are additional to those mentioned under resource mobilisation targets, which are only those dedicated exclusively to technical assistance and training for increase national capacity to establish and manage a national safety net system.

UNDAF OUTCOME 3: HIV AND AIDS Result Matrix

MDG(s): **Goal 6: Combat HIV/AIDS, Malaria and other diseases**

NATIONAL PRIORITIES:

National Multisectoral Strategic Plan to Combat HIV/AIDS 2005-2009 (PEN II) - the operational framework of PARPA II

- **Prevention:** To reduce the number of new infections from the current level of 500 a day among adults to 350 in 5-years and 150 in 10-years
- **Advocacy:** Transform the fight against HIV/AIDS into a national emergency
- **Stigma and Discrimination:** To reduce stigma and discrimination related to HIV and AIDS
- **Treatment:** To prolong and improve the quality of life of people infected with HIV and AIDS patients
- **Mitigation of the consequences of HIV/AIDS:** To mitigate the consequences of HIV/AIDS at the level of the individual, the household, community, company as well as overall impact.
- **Research:** Increase the level of scientific knowledge on HIV/AIDS, its consequences and best practices to fight against it
- **Coordination of the National response:** To build capacity for planning and coordination, and decentralise the mechanisms for decision-making and resource management in order to scale up the national response.

UNDAF Outcome:

Individuals, civil society, national and local public and private institutions are empowered to halt the spread of HIV/AIDS among population at higher risks and to mitigate its impact.

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>3.1 A comprehensive HIV prevention package addressing vulnerability of children/adolescents 10-14 years and young people 15-24 years, especially girls and young women, defined, implemented and scaled up by Sectoral Ministries and civil society organisations</p>	<p>3.1.1 Institutional and technical capacity of government and civil society partners to scale up a sustainable, coordinated, evidence-informed HIV prevention response for children/adolescents and young people strengthened (UNFPA, UNICEF, UNESCO, UNAIDS)</p> <p>3.1.2 A national policy framework, strategy and coordination mechanisms for HIV prevention among children/adolescents and young people, reflecting the key principles of an effective HIV prevention response and defining an integrated prevention package that addresses factors of vulnerability formulated and approved by the end of 2007 (UNFPA, UNICEF, UNAIDS)</p> <p>3.1.3 The national, multidimensional and multisectoral HIV/AIDS prevention programme, that promotes in particular gender equality and addresses gender norms and relations, scaled up to reach at least 60% of the target population of children/adolescents and young people by end of 2009 (UNFPA, UNESCO, UNICEF, UNAIDS)</p> <p>3.1.4 Socio-cultural norms and beliefs in communities addressed to improve the effectiveness of prevention activities, combat sexual and domestic violence and reduce stigma and discrimination, through quality communication initiatives (UNFPA, UNESCO, UNICEF, UNAIDS)</p> <p>3.1.5 Key prevention information, regularly collected, analyzed and used to determine the mix of appropriate HIV prevention measures, and the gaps and barriers in policy and programme implementation (UNFPA, UNAIDS)</p>	<p>Government: (MOH, MEC, MMAS, MJS, ICS provincial departments - DPSs, DPES, and DPJDs) to ensure a coordinated implementation of the HIV package and definition of policies and strategies.</p> <p>Civil Society: (AMODEFA, AVIMAS, Pathfinder, and Nucleo de Mavalane, National Youth Council (CNJ), Provincial Youth Council – CPJ, GTO, GESSOM, FORCOM): to support in the implementation of elements of the HIV prevention package, fully harmonized with the national policy and strategy.</p> <p>Bilateral/Multilateral development partners: (DANIDA, NORAD, SIDA, CDC, Flanders Government, World Bank): Implementation support.</p>	<p>UNFPA: US\$ 2,770,000 (RR) US\$ 9,400,000 (OR)</p> <p>UNICEF: US\$ 1,000,000 (RR) US\$ 1,900,000 (OR)</p> <p>UNESCO: US\$ 250,000 (OR)</p> <p>UNAIDS: US\$ 100,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>3.2 Capacity of MOH and key stakeholders to provide access to a full PMTCT package strengthened to cover at least 22,000 pregnant women and their newborns</p>	<p>3.2.1 Protocols and policy related to PMTCT developed and regularly reviewed by MISAU (UNICEF, WHO, UNFPA)</p> <p>3.2.2 In UN supported PMTCT sites, uptake of ARV prophylaxis for HIV+ women and children increased from 47% to 70% and acceptance of testing for pregnant women increased from 71% to 85% (UNICEF, WHO, WFP)</p> <p>3.2.3 A communication strategy aimed at creating an enabling environment at community level to increase the utilization of the PMTCT services adopted and implemented by key stakeholders (UNICEF, WHO)</p> <p>3.2.4 Follow up system for mothers abandoning PMTCT service prior to completion designed and implemented at half of the PMTCT sites (UNICEF, WHO)</p> <p>3.2.5 The national HIV/AIDS information system strengthened to generate high quality disaggregated data on uptake, defaulting, and successful compliance of prophylaxis for the child in PMTCT services (UNICEF, WHO)</p>	<p>Government: (MOH and provincial departments): Coordination and harmonization, provide technical assistance, support coordination, quality control, and service delivery.</p> <p>Civil Society: (MSF, HAI, CUAMM): Provide technical assistance, support coordination, quality control.</p> <p>Bilateral/Multilateral development partners: (USAID, CDC, GTZ, Columbia University): Implementation support.</p>	<p>UNICEF: US\$ 1,000,000 (RR) US\$ 4,700,000 (OR)</p> <p>WHO: US\$ 800,000 (OR)</p> <p>WFP: US\$ 2,300,000 (OR)</p> <p>UNFPA: US\$ 30,000 (RR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>3.3 Increased capacity of MOH and key stakeholders to improve coverage from 13 % to 50 % of PLWHA, with emphasis on children, benefiting from a standard support package in at least one of the following areas: ARV therapy, prophylaxis and treatment of OIs, nutritional support, HBC and counseling.</p>	<p>3.3.1 Qualified health staff in all district hospitals adequately trained (WHO, UNICEF)</p> <p>3.3.2 National protocols updated, approved and distributed in all facilities providing the standard support package (WHO, UNICEF)</p> <p>3.3.3 All facilities providing the standard support package (including nutrition) for adults, women and children are efficiently and adequately supplied with necessary drugs and other relevant items (WHO, UNICEF, WFP)</p> <p>3.3.4 60% public and 80% of private institutions have adopted and implemented a policy on HIV/AIDS in the workplace (WHO, UNIDO, UNESCO)</p> <p>3.3.5 Capacity for collection and management of routine health information and epidemiological surveillance reinforced (WHO, UNICEF, UNAIDS)</p>	<p>Government: (MOH, MMAS, Provincial departments): Coordination and harmonization, provide technical assistance, support coordination, quality control, and service delivery.</p> <p>Civil Society: (MSF, Santa Egidio, Pathfinder): Provide technical assistance, support coordination, quality control.</p> <p>Bilateral/Multilateral development partners: (CIDA, Belgium, CDC, USAID) Implementation support.</p>	<p>WHO: US\$1,500,000 (OR)</p> <p>UNICEF: US\$ 800,000 (RR) US\$ 4,600,000 (OR)</p> <p>WFP: US\$ 11,300,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>3.4 At least 165,000 OVC (or 15 per cent of Plan of Action for OVC target), together with their families, have access to basic services and social protection.</p>	<p>3.4.1 Strengthened capacity of duty bearers (government and civil society) and right holders (communities, households and OVC) to ensure access to, and use of, basic services and safety nets (UNICEF, FAO, WFP, UNIDO)</p> <p>3.4.2 Improved coordination and M&E capacity of MMAS at national and provincial level (UNICEF, WFP, FAO, WHO)</p> <p>3.4.3 Duty bearers have adopted implemented and disseminated legal instruments that relate to protection and prevention of discrimination of PLWHA and OVC (UNICEF, FAO)</p>	<p>Government (MMAS, INAS, MEC/MISAU, MIINAG, CFJJ, INE, CNCS): Coordination between various line ministries to ensure a national response, provide technical assistance, support coordination, quality control, and service delivery.</p> <p>NGOs/CSOs/Private Sector (ASVIMO, ACDI-VOCA, Kubasirana, HAI, HIV/Alliance, DSF, RENSIIDA, FDC, Save the Children): Provide technical assistance, support coordination, quality control.</p> <p>Bilateral/Multilateral development partners: CIDA, DFID, USAID, Netherlands, UK, Germany, Irish) Implementation support.</p>	<p>UNICEF: US\$ 653,000 (RR) US\$ 5,900,000 (OR)</p> <p>WFP: US\$ 39,000,000 (OR)</p> <p>UNIDO: US\$ 1,500,000 (OR)</p> <p>FAO: US\$ 5,000,000 (OR)</p> <p>WHO: US\$ 350,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>3.5 Provincial and district plans have mainstreamed HIV/AIDS and gender, including corresponding resources for implementation.</p>	<p>3.5.1 A National Mechanism to build a critical mass of Government and Civil Society experts in mainstreaming HIV/AIDS and Gender established (UNDP, UNAIDS, UNICEF, UNFPA, UNESCO)</p> <p>3.5.2 HIV/AIDS and Gender mainstreaming tools and methodology applied by 180 District and Provincial planners and programme implementers (UNDP, UNAIDS, UNFPA, UNESCO, FAO)</p> <p>3.5.3 HIV/AIDS and Gender mainstreaming tools and methodology applied by 10 large national CSOs in their planning and implementation processes (UNDP, UNAIDS, UNFPA, UNESCO)</p> <p>3.5.4 Capacity of 10 large national CSOs to develop and implement proposals meeting NAC standards to access funding strengthened, including making interventions social and culturally adapted to their target groups. (UNDP, UNAIDS, UNFPA, UNIDO, UNESCO)</p> <p>3.5.5 Capacity of 10 large national CSOs in Organizational Development strengthened (UNDP, UNAIDS, UNFPA, UNESCO)</p> <p>3.5.6 The Provincial Poverty Monitoring System strengthened to monitor HIV/AIDS and Gender Mainstreaming (UNDP, UNAIDS, UNICEF, UNFPA and UNESCO)</p>	<p>Government: (MPD) within the framework of PARPA M&E Project, NAC, capacity building project; MMAS with relation to the gender component and G20, as members of the Poverty Observatory.</p> <p>NGOs/CSOs/Private Sector: (MONASO, KUYAKANA, RENSIDA, ECOSIDA, World Vision, Save the Children MSF and others): Provide technical assistance, support coordination, quality control.</p> <p>Bilateral/Multilateral development partners: (DFID, DANIDA, DCI, NORAD, Flanders Government, SIDA, WB): Implementation support.</p>	<p>UNDP: US\$ 1,000,000 (RR) US\$ 3,000,000 (OR)</p> <p>UNAIDS: US\$ 250,000 (OR)</p> <p>UNICEF: US\$ 200,000 (RR) US\$ 300,000 (OR)</p> <p>UNESCO: US\$ 50,000 (RR)</p> <p>FAO: US\$ 100,000 (OR)</p> <p>UNIDO: \$50,000 (OR)</p>

Country Team Programme Outcomes	Country Programme Outputs	Role of Implementing / Collaborating Partners	Resource mobilization Targets in US\$ Over 3 years
<p>3.6 A single, unified and coherent national monitoring and evaluation system that collects and disseminates high quality disaggregated data to inform, support and evaluate the national HIV/AIDS response strengthened</p>	<p>3.6.1 One integrated and well-defined national M&E operational plan developed, fully costed and funded by at least 50% (UNAIDS, UNICEF)</p> <p>3.6.2 Capacity of NAC at all levels, and other key stakeholders to conduct and apply operational research findings to inform evidence-based HIV and AIDS programming enhanced (UNAIDS, UNICEF, WHO, UNFPA)</p> <p>3.6.3 National and provincial HIV/AIDS financial tracking system to effectively and efficiently track HIV/AIDS financial flows and expenditures established (UNAIDS, UNICEF, WHO)</p> <p>3.6.4 Linkages between existing HIV/AIDS data management systems strengthened (UNAIDS, UNICEF, WHO, UNFPA)</p> <p>3.6.5 All 27 national standardised multi-sectoral HIV/AIDS indicators monitored (UNAIDS, UNICEF)</p>	<p>Government: (MISAU, MoF, MPD, MEC, MMAS, MINAG, INE, CNCS): Coordination and harmonization of the M&E provide technical assistance, support coordination, quality control, and service delivery.</p> <p>NGOs/CSOs/Private Sector: (MONASO, KUYAKANA, RENSIIDA, ECOSIDA, World Vision, Save the Children MSF and others): Provide technical assistance, support coordination, quality control.</p> <p>Bilateral development partners: (DFID, USAID, CDC, DANIDA, DCI, NORAD, SIDA, WB): Implementation support.</p>	<p>UNAIDS: US\$ 200,000 (OR)</p> <p>UNICEF: US\$ 500,000 (RR) US\$ 600,000 (OR)</p> <p>WHO: US\$ 50,000 (OR)</p> <p>UNFPA: US\$ 400,000 (OR)</p>

Coordination Mechanisms and Programme Modalities:

The Programme will be implemented within the framework of the National Multisectoral Strategic Plan to Combat HIV/AIDS 2005-2009 (PEN II). The UNCT Theme Group on HIV and AIDS will coordinate programme/project modalities, including mobilization of resources, monitoring and keeping informed on strategic changes in the implementation of the UNDAF HIV and AIDS outcome. Under the CP outcome on prevention and mitigation, the UNCT has identified areas where two or more agencies cooperate with the same Government institution on the same programme area, and will ensure identification of specific programming modalities such as joint programmes, joint work planning and parallel resource disbursement modalities.

The UN Technical Working Group will develop joint annual HIV/AIDS work plans within the framework of the UNISP to implement activities that contribute to the attainment of the UNDAF outcome and corresponding Country Programme outcomes. Each Lead UN Agencies will be accountable for ensuring the achievement of the CP outcomes as recommended by the GTT UN Division of Labour.

The UN will also collaborate with the Partners Forum and Health Pre-Swap and SWAP, coordination fora chaired by the NAC and MoH to coordinate the HIV response of all Government partners (bilateral, multilateral, and civil society organizations) to ensure the achievement of the UNDAF HIV Outcome.

Role of implementing UN Agencies

Prevention:

According to the recommendations of the GTT UN Division of Labour, UNFPA will be the lead Agency for prevention.

UNFPA: scale up support to the national multi-sectoral adolescent sexual and reproductive health and HIV/AIDS prevention programme “Geração Biz”, through technical and financial support to Government at central level including policy development, significant expansion of YFHS, youth corners in schools and community based youth centres, M&E, and integration with other HIV/AIDS related services; provide technical and financial support to Provincial Directorates in all 11 Provinces for the implementation and expansion of the GB programme. Support will include elaboration of training and information materials, advocacy through the use of community radios and theatres, and in developing new approaches to improve the reach and effectiveness of the programme; in order to reach out-of-school adolescents and youth, support to capacity strengthening of NGOs and CBOs and Youth/Sports Associations in the areas of advocacy, IEC/BCC and implementation of community level activities; partnership with Pathfinder (through the World Bank TAP program) will continue to advocate and implement increased integration of VCT, HAART and home care with the YFHS.

UNICEF: in school youth: implementation of the schools awareness programme by PLWA associations in 8 provinces in the country, focused on children and adolescents 10 to 14 years old (EP1); YFHS: reinforce MoH capacity in policy development for YFHS and improve monitoring mechanisms; advocacy for integration of VCT, HAART and PMTCT and communication initiatives; use community media (child to child radio programmes, mobile units, and community theatre) to raise awareness, disseminate knowledge on HIV/AIDS and promote dialogue between stakeholders and duty bearers on HIV prevention, treatment and care; support CBOs such as PLWA associations in order to design and implement HIV/AIDS prevention programmes and advocacy activities against stigma and discrimination.

UNESCO: Capacity building of teachers education institutions in HIV/AIDS prevention by providing teacher training in HIV/AIDS in selected teacher training institutions in the 11 provinces, as well as support the MEC in curriculum development for teacher training, through the results of the

EDUCAIDS Mapping Study on Prevention Education Activities in Mozambique; participate through technical inputs for integration of socio-cultural approaches in comprehensive package for youth and for the scaling up of preventive interventions that are more adequate for the needs and constraints of target groups. Mainstreaming of HIV/AIDS preventive education in cultural institutions through the creation of special youth and children information corners.

UNAIDS: Support overall policy development monitoring and advocacy on prevention.

PMTCT:

According to the division of Labour, UNICEF will be the lead Agency for PMTCT.

UNICEF: Provide technical assistance in the development of policies, plans, guidelines and standards; contribute and support regular revision and updating of curricula; provide financial support to training activities, including reorientation sessions for health workers; support the development, production and distribution of training materials; provide financial support for the training of health workers; provide operational costs to support follow-up of training activities and formative supervision, and support implementation of the Communication Strategy and M&E.

WHO: Provide support for strengthening screening in health care facilities for ARV drugs management in service-training for health personal in charge of PMTCT sites; contribute to the introduction of a component on PMTCT activities in the national health system; and promote operational research and studies in a sample of sites implementing PMTCT.

WFP: Provide food support for vulnerable pregnant women and children through PMTCT programmes to improve maternal and infant nutrition, enhance PMTCT uptake and attendance, and increase acceptance of related drug and care regimes. WFP and partners aim to develop a model food assistance programme for possible integration in the national care and treatment programme.

UNFPA: Provide technical assistance to support policy development.

Treatment:

According to the recommendations of the GTT UN Division of Labour, WHO will be the lead Agency for Treatment.

WHO: Provide technical assistance in the development and the implementation of treatment policies, plans, guidelines and standard norms; work with the MOH and partners to review and update (if necessary) the current treatment norms and standards; support the development, production, dissemination and utilisation of a standard support package (including nutrition) for adults, women and children; support the production and dissemination of training materials; provide financial and technical support for the training of health staff and post training visits; conduct formative supervision, operational research and disseminate good practices.

UNICEF: Advocacy and technical support to MOH, in order to influence MOH's decision on budget allocation and utilisation for paediatric AIDS; provide technical support in the development of policies, plans, guidelines, standards and norms, and advocacy for the allocation of adequate resources to support implementation; reinforce MOH capacity in planning for paediatric AIDS treatment; support training and exchange of experiences to strengthen MOH planning capacity; and provide support to MOH for effective coordination and leadership.

WFP: Provide food support to vulnerable ART clients during 6-month initiation and stabilization period for improved adherence and nutritional well-being; provide household food support to clients in HBC programmes, referred through the health system, for improved rehabilitation, disease management and drug adherence as well as promotion of household care & support. WFP and partners aim to develop a model food assistance programme for possible integration in the national care & treatment programme.

UNHCR: Provide support for displaced people needing treatment, care and counselling.

Mitigation:

According to the recommendations of the GTT UN Division of Labour, UNICEF will be the lead Agency for Mitigation.

UNICEF: Develop capacities at national, provincial and district level of MMAS for the implementation of the OVC National Plan; work with CSOs to strengthen community structures to ensure improved access to basic services and social protection by OVC.

WFP: Provide food support to OVC, AIDS affected households and clients in community mobilized home care (home visits) for improved social and physical well-being; work closely with MMAS and INAS in strengthening national capacity in food assistance programming and implementation; work with MEC to encourage and maintain OVC attending (pre)primary schools.

FAO: Strengthen capacities of CSOs and relevant Government partners and expand opportunities for vocational training in agriculture, in nutrition and life skills to ensure self-reliance of vulnerable families and communities including OVC.

UNIDO: Pilot propagation and processing methods for income generation and nutritional supplements of local produce e.g. Fruits, Hypoxia Tuber for vulnerable families and communities.

UNDP: Support the capacity development of government institutions.

WHO: Strengthen health systems and improve access to routine health care by vulnerable families and communities.

Capacity Building, Mainstreaming and Partnerships

According to the recommendations of the GTT UN Division of Labour, UNDP will be the lead Agency for the mainstreaming of cross cutting issues.

UNDP: Support the development of the PARPA M&E system; provide additional support to include HIV/AIDS and Gender indicators into the PARPA monitoring system and mainstream these indicators into sectoral plans and budgets at provincial and district level; support the development of effective capacity in CSOs to manage funds.

UNICEF: Support the expansion and strengthen of NAC's communication fora to coordinate the provincial communication activities on HIV prevention, mitigation and care.

UNESCO: Support NAC in habilitating CSOs in the elaboration of comprehensive preventive interventions that are socio-culturally appropriated by building capacity of 10 CSOs in applying specific tools for communication and education.

UNAIDS: Coordination and harmonization, advocacy, tracking, HIV/AIDS mainstreaming, monitoring and evaluation.

UNIDO: Strengthen provincial private associations.

FAO: Strengthen provincial and district Government institutions in their capacity to mainstream HIV/AIDS and include mitigation activities in their annual programmes, in addition to increasing their capacity to access financial resources for mitigation activities.

Monitoring and Evaluation

According to the recommendations of the GTT UN Division of Labour, UNAIDS will be the lead Agency for Monitoring and Evaluation.

UNAIDS: Provide technical assistance to NAC and sectoral ministries to strengthen strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building, advocacy, and monitoring and evaluation including estimation of national prevalence and projection of demographic impact.

UNICEF: Provide technical assistance to the NAC Secretariat and strengthen linkages with INE and line ministries to operationalise one M&E system for PEN II monitoring; support research and dissemination of findings in the areas of Children and AIDS; work with UNAIDS and the national multi-sectoral M&E group to improve epidemiological knowledge about the state of the pandemic and its impact on children.

UNFPA: National Youth and Adolescent Survey (INJAD II), capacity building, strengthening HMIS, operational research, advocacy.

WHO: Undertake operational research, strengthen health Management Information systems and M&E.

Annex B : Monitoring and Evaluation Framework

UNDAF OUTCOME 1: GOVERNANCE

MDG(s):

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

NATIONAL PRIORITIES

- Rationalize the functions of the State organs to respond to the planned objectives and improvement of inter-sectoral coordination.
- Decentralize the functions of the State organs with budget implications to the district level to facilitate local development.
- Consolidation of national unity, peace, justice and democracy.
- Improve productivity, particularly in rural areas through a higher integration of the national economy.

UNDAF Outcome:

By 2009, Government and CSO capacity at national, provincial and local level, strengthened to plan, implement and monitor socioeconomic development in transparent, accountable, equitable and participatory way in order to achieve the MGDs

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 1.1</p> <p>1.1 Decentralised government capacity strengthened in all provinces, at least 50 districts and at least 3 municipalities for participatory development and gender responsive planning, monitoring and evaluation, gender sensitive needs assessment as well as coordination and partnership</p>	<p>CP Outcome 1.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> • Proportion of selected districts and municipalities with MDG-based plans prepared through active continuous participation of all segments of society, by 2009. • Proportion of province and district plans that fully integrate cross-cutting issues, in particular HIV/AIDS, gender, disaster management, environment, information and communication technologies <p>Baseline data:</p> <ul style="list-style-type: none"> • At present, only 18 of districts in Nampula and 7 in Cabo Delgado have prepared development plans in a participatory way. 	<p>Annual reports of projects related to CP outputs</p> <p>Annual Work plans Reports (Balanço do PES)</p> <p>Annual reports of projects related to CP outputs</p>	<p>Adequate institutional capacity to manage and deliver the political and fiscal functions of sub-national governments</p> <p>Continuing commitment & support at national & provincial levels</p>
<p>CP Output</p> <p>1.1.1 Capacities supporting planning, monitoring and the participatory evaluation of strategic integrated plans, with an emphasis upon cross-cutting issues such as gender and HIV/AIDS, strengthened</p>	<p>CP Output 1.1.1</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Percentage of planning processes and consultations at province and district level undertaken according to a set of predefined criteria (i.e. participation of women) • Percentage of provinces implementing the decentralised planning and finance strategy • Percentage of women members of consultation councils at sub-national level (gender balancing) • Percentage of provinces using ESDEM <p>Baseline data:</p> <ul style="list-style-type: none"> • At present, only 18 of districts in Nampula and 7 in Cabo Delgado have prepared development plans in a participatory way. • Existence at present, guidelines for provincial strategic planning and being 128 district profiles to support District Development Plans. 	<p>Ministry of Planning and Development</p> <p>Routine monitoring field visit reports</p> <p>Technical reviews</p> <p>Regular monitoring evaluation reports</p>	<p>Willingness to collaborate amongst all key stakeholders</p> <p>Inter-provincial and inter-district harmonization</p> <p>Commitment of the partners to implementation of the policies</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 1.1.2 Capacities supporting the coordination of decentralized policies, plans and partnership building at the sub-national level strengthened</p>	<p>CP Output 1.1.2 Indicators:</p> <ul style="list-style-type: none"> • Number of provincial and selected districts plans produced according to a set of predefined criteria (socially acceptable, economically feasible, ecological sustainable) • Number of provinces, districts and municipalities with established participatory and inclusive coordination mechanisms <p>Baseline data:</p> <ul style="list-style-type: none"> • Consultation and community participation mechanisms approved by the government (1998) 	<p>Provincial Strategic Plans progress report District Development Plans progress report including Provincial balance do PES UNDAF Mid Term Review and Evaluation</p>	<p>Continuing commitment & support at national & provincial levels</p> <p>Expansion of the budgetary allocation</p>
<p>CP Output 1.1.3 National financial and management systems and mechanisms, including gender responsive budget developed and implemented</p>	<p>CP Output 1.1.3 Indicators:</p> <ul style="list-style-type: none"> • Number of coordination units established and operational at provincial and selected districts • Number of provinces and districts implementing financial management (<i>Sistafe</i>) • Criteria developed for the allocation of investment funds to district governments in place (yes/no) <p>Baseline data:</p> <ul style="list-style-type: none"> • Nampula experience on Provincial Government coordination can be replicated. Current works with the MoF to strengthen and extended to the members in all provinces (SISTAFE) 	<p>Annual Work Plans progress report and UNDAF Mid Term Review and Evaluation UNDP HDI Report</p>	<p>Continuing commitment & support at national & provincial levels</p> <p>Willingness to collaborate amongst all key stakeholders.</p> <p>Availability of resources to support implementation</p>
<p>CP Output 1.1.4 Information systems providing disaggregated socio-demographic data for planning, monitoring and evaluation by region, sex, vulnerable groups, reliable socio-cultural and gender-sensitive for improved planning and M&E and increased access to information strengthened</p>	<p>CP Output 1.1.4 Indicators:</p> <ul style="list-style-type: none"> • Population census conducted in 2007 and updated socio-demographic disaggregated data for development available in all provinces and selected districts • Improved availability of updated socio-demographic data <p>Baseline data:</p> <ul style="list-style-type: none"> • Strengthened technical capacity to support the integration of population dynamics, into development and poverty planning/monitoring/evaluation process and territorial disparities in the development plans • Population dynamics, gender and poverty. 	<p>National Strategic planning documents (PARPA, Provincial Plans) UNDAF Mid Term Review and Evaluation</p>	<p>Government and society assume the commitment to promote social economic development</p> <p>Expansion of the budgetary allocation Commitment of the partners to implementation of the policies</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 1.2</p> <p>Government capacity in all provinces, at least 50 districts and 3 municipalities (South, centre and North) improved to implement, coordinate and support the efficient and accountable delivery of integrated basic services</p>	<p>CP Outcome 1.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> All provinces and selected districts and municipalities have systems to implement monitor and review development progress, with active participation of all segments of society <p>Baseline data:</p> <ul style="list-style-type: none"> At present provincial and district services delivery are sector oriented 	<p>Annual Work Plans Report MDG Monitoring Report</p>	<p>Willingness to collaborate amongst all key stakeholders</p>
<p>CP Output 1.2.1 Government decentralised and restructured to promote efficient, effective and accountable delivery of integrated services</p>	<p>CP Output 1.2.1</p> <p>Indicators:</p> <ul style="list-style-type: none"> Number of provincial governors' offices with coordination mechanisms established and operational (including internet connection and access to government network and services) Percentage of resources allocated spent at provincial and district level, and districts audited (achieving minimum accountability standards). <p>Baseline data:</p> <ul style="list-style-type: none"> Districts and provincial functional analysis concluded and being implemented. 	<p>Annual Work Plans Reports Annual reports Progress Reports</p>	<p>Commitment and willingness of the provincial government</p>
<p>CP Output 1.2.2 Provincial government, selected districts and municipalities capacities improved to coordinate, implement and oversee delivery of integrated services strengthened</p>	<p>CP Output 1.2.2</p> <p>Indicators:</p> <ul style="list-style-type: none"> Percentage of local infrastructures procured by the provincial and district government entities Number of provinces and selected districted with personnel trained in the using of standardized tools for managing investment projects, including citizen participation in local infrastructures building <p>Baseline data:</p> <ul style="list-style-type: none"> Public Works Procurement mechanisms being revised (2005). LOLE (Law 8/2003) and its regulation approved 	<p>Public Works Law/Regulation or procedures/mechanisms approved Norms and technical instructions available</p>	<p>Level of decentralization of procurement procedures/norms</p>
<p>CP Output 1.2.3 National e-Government platform to support service delivery at provincial, municipal and district level established.</p>	<p>CP Output 1.2.3</p> <p>Indicators:</p> <ul style="list-style-type: none"> National e-Government strategy accepted Number of Provinces and Districts linked to Government Network by 2009 <p>Baseline data:</p> <ul style="list-style-type: none"> TBD 	<p>Evaluations and missions reports</p>	<p>Governments keep efficient strategies of development</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 1.3</p> <p>National level policy management, harmonization and alignment capacities strengthened at downstream and upstream level</p>	<p>CP Outcome 1.3</p> <p>Indicator:</p> <ul style="list-style-type: none"> • By 2009 institutional capacity development framework enhancement of the Public Sector focusing on support for public sector and democratic institutions reforms and training of civil servants at high level and Government strengthened <p>Baseline data:</p> <ul style="list-style-type: none"> • PRS strategy under implementation and fundamental review done 	<p>Source</p> <p>Evaluations and missions reports Annual Reports by agencies incorporated into Resident Coordinator Annual Report</p>	<p>Public sector and democratic institutions reforms and training of civil servants</p>
<p>CP Output 1.3.1 Upstream and downstream policy formulation and reforms capacity strengthened</p>	<p>CP Output 1.3.1</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of policy documents (strategies) and researches undertaken and published (working papers) periodicity by year • Number of ministries, provinces, and selected districts provided Technical Assistance in policy and Reforms • Number of academic & research institutions involved in the network or with partnership established. <p>Baseline data:</p> <ul style="list-style-type: none"> • At present, there is decentralised programmes undertaking capacity development and Deliver capacity 	<p>Annual Reports UNGG newsletter Research documents (Working Papers) Project documents and concept notes Monitoring and evaluation reports</p>	<p>Connectivity and flow of information within UN and other development actors</p> <p>UN engagement in policy dialogue, best practices and policy replication</p>
<p>CP Output 1.3.2 Capacity of public servants to formulate and manage policies and strategies at national level increased</p>	<p>CP Output 1.3.2</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of provincial, district and Municipalities agents trained and qualified in the provision of quality services. • Number of public servants trained in policy management at national level • Number of sectoral policies taking the cross-sectoral nature of service delivery into account <p>Baseline data:</p> <ul style="list-style-type: none"> • At present, there are only 3 regional public administration training institutes (IFAPAs) in Maputo, Sofala and Niassa 	<p>Annual Reports by agencies incorporated into Resident Coordinator Annual Report</p>	<p>Partners participating in ESSP II are opposed to a national school feeding programme and do not permit the allocation of ESSP II funds to promote increased cash-based school feeding</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 1.3.3 Systems established and operationalised that ensure the continuous and consistent monitoring of the development in the country in relation to the MDGs and national development plans, including disaggregated state budget monitoring</p>	<p>CP Output 1.3.3 Indicators:</p> <ul style="list-style-type: none"> • Number of experiences and best practices/lessons from the provincial and districts level mainstreamed and reflected in emerging national policy. • MDG progress report fully adopted at provincial and district level <p>Baseline data:</p> <ul style="list-style-type: none"> • MDG progress report impact only at central level. At present the monitoring mechanisms (e.g. Balanço PES and other reports) are not integrated 	<p>MDG progress report UNDAF Mid Term Review and Evaluation</p>	<p>Government and society assume the commitment to promote social economic development</p>
<p>CP Output 1.3.4 National and Provincial and/districts mechanisms - Poverty/Development Observatories for participatory in planning and mechanisms - monitoring mechanisms strengthened (MDGs, PARPA)</p>	<p>CP Output 1.3.4 Indicators:</p> <ul style="list-style-type: none"> • Number of provinces and districts using ESDEM (Devinfo) • Number of public institutions with at least one trained member in analysis of the impact of macroeconomic policies over the execution feasibility of priority programs and over poverty reduction. • One shared database managing all development statistics <p>Baseline data:</p> <ul style="list-style-type: none"> • At present, participation mechanisms are limited in the poverty observatories (at provincial and national) 	<p>MDGs Progress reports Balanço de PES Annual Reports by agencies incorporated into Resident Coordinator Annual Report</p>	<p>Commitment of the partners to implementation of the policies</p>
<p>CP Output 1.3.5 Population census conducted in 2007 and updated socio-demographic disaggregated data for development available in all provinces and selected districts</p>	<p>CP Output 1.3.5 Indicators:</p> <ul style="list-style-type: none"> • By 2007, disaggregated socio-demographic data available and disseminated • Number of staff at provinces and selected districts trained in census <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 	<p>National Strategic planning documents (PARPA, Provincial Plans), PES UNDP HD Report</p>	<p>Level of alignment and harmonization among different development actors</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 1.4</p> <p>Democratic Governance and legislative reforms strengthened to enhance human rights based approaches at all levels</p>	<p>CP Outcome 1.4</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of districts with courts, prosecution offices and defense services in place. • New legislation on domestic violence drafted and submitted for approval by 2009 <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 	<p>Source:</p> <p>Justice sector institutions statistics and reports</p>	<p>Continuing commitment & support to reinforce national laws and standards</p>
<p>CP Output 1.4.1 Democratic governance and efficient and accountable enforcement of laws promoted and consolidated by strengthening key democratic institutions</p>	<p>CP Output 1.4.1</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of parliamentarians, policemen, judges etc, capacitated including technical assistance • Number of democratic institutions using ICT • Number of courts, prosecution offices and defence services staff trained • Number of children aged 0-18 whose births are registered (disaggregated by sex) <p>Baseline data:</p> <ul style="list-style-type: none"> • At present, there is very limited number of qualified staff in the sector. Legal and Justice sector reform under implementation. 	<p>PAF review mechanisms (PARPA monitoring) Annual Reports. Ministry of Justice MIS</p>	<p>Commitment of the partners to implementation of the policies</p> <p>Ministry of Justice is able to mobilize key line Ministries such as education, health and State administration to create sustainable routine birth registration systems</p>
<p>CP Output 1.4.2 National Capacity to formulate, advocate and implement gender sensitive legislation, including civil society enhanced</p>	<p>CP Output 1.4.2</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Legislation on Gender-based violence drafted and approved by 2007 • National Human Rights Commission established and operational by 2008 • Number of court infrastructures rehabilitated <p>Baseline data:</p> <ul style="list-style-type: none"> • There are no specific norms dealing with domestic violence in the present version of the Penal Code • International treaties and instruments ratified by the Government of Mozambique. 	<p>Official Magazine (Boletim da Republica) UNDAF Mid Term Review and Evaluation</p>	<p>Commitment of the partners and political will from Government</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 1.4.3 Network established to monitor implementation of Human Rights, CEDAW and Children's Act</p>	<p>CP Output 1.4.3 Indicator:</p> <ul style="list-style-type: none"> • National Coordinating body established and operational by 2008 <p>Baseline data:</p> <ul style="list-style-type: none"> • The Children's Act is about to be finalised by UTREL, which foresees the monitoring of its enforcement. International treaties and instruments ratified by the Government of Mozambique. 	<p>Annual and progress reports of projects related to CP outputs reports</p>	<p>Favourable policies will foster accountability and the administrative transparency</p>
<p>CP Output 1.4.4 Capacity of Parliament and Justice sector to address gender issues and cope with likely effects of HIV&AIDS, gender based violence and Human Security strengthened</p>	<p>CP Output 1.4.4 Indicators:</p> <ul style="list-style-type: none"> • Number of projects and activities with HIV/AIDS based approach • Access to HIV/AIDS counseling in prison increased – Proportion of prisoners accessing VCT, number of VCT accessible to prison population • HIV/AIDS in workplace policy produced by the Ministry of Justice by 2009 • Proportion of (selected provincial assemblies equipped including ICT) • Staff organigram common, professional, civil services statutes for staff recruited developed • Key post in secretariat of all (selected provinces) and internal roles/codes established for functioning of provincial parliaments needs clarification • Training of key members and staff in their departmental responsibilities and relations with other actors by 2009 <p>Baseline data:</p> <ul style="list-style-type: none"> • HIV/AIDS counseling is provided only in a few prisons 	<p>Annual reports of projects related to CP outputs</p>	<p>The institutions of the judicial system accept the modernization efforts</p> <p>The institutions of the judicial system accept the modernization efforts</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 1.5</p> <p>Rule of law, access to justice and penal reforms improved with emphasis on public and human security</p>	<p>CP Outcome 1.5</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of reported crimes answered • Number of reported crimes reduced from z to y. • Percentage of citizens who declare to trust the PRM • Number of corruption cases prosecuted and sentenced <p>Baseline data:</p> <ul style="list-style-type: none"> • (?) 	<p>Source:</p> <p>Justice sector institutions statistics and reports PAF review mechanisms (PARPA monitoring)</p>	<p>Continuing commitment & support to reinforce national laws and standards</p>
<p>CP Output 1.5.1 Awareness on human rights with a focus on women and children's rights and PLWHA raised within civil society and improved protection by justice institutions</p>	<p>CP Output 1.5.1</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number civil society organizations and networks that actively promote women's rights • Number of women protected against domestic violence increased • Initiatives to protect women' rights in prison established <p>Baseline data:</p> <ul style="list-style-type: none"> • Victimization survey 	<p>PAF review mechanisms (PARPA monitoring)</p>	<p>The institutions of the judicial system accept the modernization efforts</p>
<p>CP Output 1.5.2 Improved Juvenile Justice mechanisms in place and all provinces have piloted a model section for children in the existing courts for children in contact and conflict with the law</p>	<p>CP Output 1.5.2</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Juvenile Tribunal (penal section) operational • Number of provinces and selected districts with section for children in the existing courts <p>Baseline data:</p> <ul style="list-style-type: none"> • The Juvenile Court penal section is not functional because specialised correctional centres are not in place 	<p>Annual reports of projects related to CP outputs</p>	<p>The institutions of the judicial system accept the modernization efforts</p>
<p>CP Output 1.5.3 Attorney General's Office, Ministry of Justice and MINT strengthened to combat organized crime, corruption and improvement of prisons</p>	<p>CP Output 1.5.3</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Strategies and action plans to combat organized crime and corruption formulated by 2009 • Number of training initiatives held • Number of prosecutions for organised crime, number of prosecutions for corruption. <p>Baseline data:</p> <ul style="list-style-type: none"> • Anti-corruption strategy basic framework approved and Anti-corruption cabinet reformed 	<p>PAF review mechanisms (PARPA monitoring) MDG Monitoring Report Agencies mid-term and end of cycle reports</p>	<p>Government and society assume the commitment to promote social economic development</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 1.5.4 Capacity of the national police and of civil society organizations to effectively address the issues of public security including gender-based violence strengthened</p>	<p>CP Output 1.5.4 Indicators:</p> <ul style="list-style-type: none"> • Strategic and operational plan formulated by 2009 • Number of staff trained and retrained • Number of offices with adequate infrastructure and equipment <p>Baseline data:</p> <ul style="list-style-type: none"> • Investigation police reform in implementation 	<p>PAF review mechanisms (PARPA monitoring) UNDAF Mid Term Review and Evaluation</p>	<p>Government willingness to support investigation police</p>
<p>CP Output 1.5.5 Capacities of national training institutions for police and judiciary strengthened towards an improved response to children's issues in line with the Children's Act and CRC</p>	<p>CP Output 1.5.5 Indicators:</p> <ul style="list-style-type: none"> • Integrity National Plan impact reflected in terms of increased cases being tried • Ministry of Interior and Justice Prisons unified by the end 2007. • N. of prisons with adequate infrastructures and equipment • Numbers trained and/or percentage of trainees achieving minimum standards, etc. <p>Baseline data:</p> <ul style="list-style-type: none"> • The new Prison Policy was approved in 2002 that foresees a unified and reformed system. A study on integrity of the judges was concluded and another on prosecutors and court clerks is under way 	<p>Annual Reports by agencies incorporated into Resident Coordinator Annual Report.</p>	<p>Government willingness to support the prisons</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 1.6 Civil society organizations and structures (including traditional authorities) strengthened and involved in the development agenda at national and decentralised level</p>	<p>CP Outcome 1.6 Indicators:</p> <ul style="list-style-type: none"> • Civil society organisations and structures recognised by government and development partners as active agents of development • Percentage of national policies/agendas/development frameworks that report involvement of civil society • Percentage of civil society organizations that report an active involvement in the national development agenda and processes <p>Baseline data:</p> <ul style="list-style-type: none"> • Informal local structures are not recognised unless with official registration to access specific benefits 	<p>Source: Regulation approved and being implemented UNDP HDI Report</p>	<p>Low level of sensitivity of local governments and local communities</p>
<p>CP Output 1.6.1 Regulatory framework for the involvement in the social and economic development of civil society elaborated and adopted</p>	<p>CP Output 1.6.1 Indicator:</p> <ul style="list-style-type: none"> • Laws and administrative regulations formalising the involvement of civil society in the social and economic development <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 	<p>Annual Statistics Annual reports of projects related to CP outputs s</p>	<p>Convergence in programmes of the various actors and about partnerships between (local) government, private sector and civil society</p>
<p>CP Output 1.6.2 Capacity of CSOs, CBOs , volunteer organisations, particularly women-led organizations, strengthened to implement, manage and report on projects execution, to build partnership and to become full-fledged development agents</p>	<p>CP Output 1.6.2 Indicator:</p> <ul style="list-style-type: none"> • Number of civil society organisations and structures trained in needs assessment, strategy development and results-based management <p>Baseline data:</p> <ul style="list-style-type: none"> • Community participation based on existing participation and consultation mechanisms 	<p>Annual Statistics Annual Reports by agencies incorporated into Resident Coordinator Annual Report</p>	<p>Willingness of NGOs and continuing commitment & support at national & provincial levels</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 1.6.3 Established systems and capacities developed to monitor and evaluate the development agenda (including the poverty and Development Observatories) at all levels</p>	<p>CP Output 1.6.3 Indicators:</p> <ul style="list-style-type: none"> • Number of civil society organisations and structures trained to deliver services according to national quality standards and guidelines • Number of CSOs able to access national poverty monitoring data and government inf. <p>Baseline data:</p> <ul style="list-style-type: none"> • The majority of national CSO and structures are presently not adequately geared to provide good quality services 	<p>Annual reports of projects related to CP outputs Preparation of MDG Monitoring Report.</p>	<p>Government and society assume the commitment to promote social economic development</p>
<p>CP Output 1.6.4 Capacity to effectively mainstream HIV/AIDS, Gender and vulnerable group issues into governance processes at all levels strengthened</p>	<p>CP Output 1.6.4 Indicators:</p> <ul style="list-style-type: none"> • Number of trained experts in mainstreaming cross-cutting issues into governance in all provincial and selected districts and municipalities • Proportion of national policies and guidelines that mainstream gender and vulnerability <p>Baseline data:</p> <ul style="list-style-type: none"> • According with PARPA II there is very limited expertise in mainstreaming cross-cutting issues at all levels 	<p>Annual reports of projects related to CP outputs</p>	<p>Governments keep efficient strategies of development</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 1.7 Institutions responsible for the promotion of pro-poor and sustainable economic development strengthened</p>	<p>CP Outcome 1.7 Indicators:</p> <ul style="list-style-type: none"> • Number of provinces, districts, communities with integrated economic development initiatives • Number of business services provided/created at local level <p>Baseline data:</p> <ul style="list-style-type: none"> • (?) 	<p>Source: MDG progress Report NHD Report Census and Surveys</p>	<p>Willingness and commitment of involved parties</p>
<p>CP Output 1.7.1 Capacity building for Rural Development and natural/environmental resources management strengthened</p>	<p>CP Output 1.7.1 Indicators:</p> <ul style="list-style-type: none"> • Number of people trained in natural/environmental resources management • Natural resource management plans adopted at provincial and district levels • Number of farmers and extension workers (men & women) trained • Number of women, men and communities with land titles acquired <p>Baseline data:</p> <ul style="list-style-type: none"> • Very little or no critical mass for natural resources management at national and provincial levels. Local level schemes not officially acknowledged 	<p>Annual Statistics Annual reports of projects related to CP outputs Census and Surveys</p>	<p>Resource availability Stakeholders willingness to collaborate</p>
<p>CP Output 1.7.2 Community access to business and financial services, disaggregated by district, area, and beneficiaries (in particular women & other marginalised groups) increased</p>	<p>CP Output 1.7.2 Indicators:</p> <ul style="list-style-type: none"> • Number of artisans trained • Number of crafts organized and number of artisans participating • Number of successful income generating activities created at community level • Proportion of loans or other financial services granted to women • Number of new businesses established • Proportion of new business start-ups trading 12 months later <p>Baseline data:</p> <ul style="list-style-type: none"> • Informal and community structures marginalised or with difficult access to business and financial services 	<p>Annual Statistics Annual Reports by Agencies Census and Surveys</p>	<p>Willingness and commitment of stakeholders at national & provincial levels</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 1.7.3 Small and medium sized enterprises involved in economic development promoted and their capacity to access markets strengthened</p>	<p>CP Output 1.7.3 Indicators:</p> <ul style="list-style-type: none"> • Number of new SMEs registered • Number of enterprises using new technologies • Expanded and efficient <i>Balcão Unico</i> to the sub national levels • Number of new jobs created • Number of signatory companies in the Global compact <p>Baseline data:</p> <ul style="list-style-type: none"> • Poor linkages and synergies of SMEs within districts and provinces, Very limited or no market access for SMEs • Disintegrated interventions within the district/community. Inefficient <i>Balcão Unico</i> 	<p>Annual reports of projects related to CP outputs Census and Surveys</p>	<p>Government and society assume the commitment to promote economic development</p>

UNDAF OUTCOME 2: HUMAN CAPITAL DEVELOPMENT Monitoring and Evaluation Framework

MDG(s):

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

National priorities in the Human Capital Pillar as per PARPA version dated 15 November 2005

Human capital is a key asset for the initiative and engagement of citizens and all institutions of society. Such capacity has to be enhanced permanently, strengthening human rights and, in particular, the rights of children. To this end, priority action areas are education, health, water and sanitation, social services, HIV/AIDS, housing and cross-cutting issues. Through these areas the policies of redistribution of income and wealth are put in place, increasing the immediate welfare of the people, and contributing to lay the foundations to higher efficiency in the work process, expanding the capacity to accomplish and act and ensuring long-term sustainability (PARPA, paragraph 331).

- Relevant priorities (PARPA, paragraphs 145 to 155):
- Increase the enrolment rates in education;
- Increase the levels of coverage of the health services;
- Reduce mother and child mortality
- Halt the incidence rates of HIV/AIDS; and reduce the incidence of deaths caused by malaria and tuberculosis;
- Develop and consolidate social nets to support the most disadvantaged citizens, orphan children, the elderly, and people with disabilities and maimed, and the chronically ill.
- Open the support system to citizens that are malnourished and subjected to hunger through the development of the food production system.

UNDAF Outcome 2

Increased access to and use of quality basic services and social protection for the most disadvantaged populations, particularly children, youth and women, to reduce their vulnerability by 2009

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 2.1</p> <p>Net enrolment rate in primary education increased to 90% and learning environment improved in all primary schools in targeted districts, especially for girls and the most vulnerable.</p>	<p>CP Outcome 2.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> Net primary school attendance rate (6-12), by sex and province <p>Baseline data:</p> <ul style="list-style-type: none"> 60%; Girls: 57%; Boys: 63% (2003 DHS) <p>Indicator:</p> <ul style="list-style-type: none"> Net enrolment ratio in EP1 (6-10), by sex and province <p>Baseline data:</p> <ul style="list-style-type: none"> EP1 NER: 76%; Girls: 73%; Boys: 78% (2004, MEC) <p>Indicator:</p> <ul style="list-style-type: none"> Net Primary School enrolment ratio in targeted districts, by sex <p>Baseline data:</p> <ul style="list-style-type: none"> Less than 60% (2005 MEC); <u>Target:</u> 90% <p>Indicator:</p> <ul style="list-style-type: none"> Completion rate in EP1, by sex and province <p>Baseline data:</p> <ul style="list-style-type: none"> 39%; Girls: 35%; Boys: 42% (2003, MEC) <p>Indicator:</p> <ul style="list-style-type: none"> Primary School completion rate in targeted districts, by sex <p>Baseline:</p> <ul style="list-style-type: none"> Less than 40%; (2005 MEC) <u>Target:</u> 60% 	<p>MEC Annual School Surveys/Results DHS 2009</p>	<p>Insufficient MEC planning and implementation capacities.</p> <p>Insufficient State Budget Allocation to the Education Sector</p> <p>Effective coordination between water & sanitation, education and health sectors at Provincial and District levels</p> <p>Effective monitoring and evaluation mechanisms are put in place and funding is forthcoming for M&E</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.1.1 100% of primary schools in 7 pilot districts supported to implement a minimum quality education package</p>	<p>CP Output 2.1.1 Indicator:</p> <ul style="list-style-type: none"> • Primary school attendance rate in targeted Primary net enrolment rate in targeted districts, by sex • To be determined through assessment in year preceding implementation in respective pilot districts • Completion rate in EP1 in targeted districts, by sex • Transition to EP2 in targeted districts, by sex • Percentage of children with minimum competence in literacy, numeracy and life skills in targeted districts, by sex <p>Baseline data:</p> <ul style="list-style-type: none"> • To be determined through assessment in year preceding implementation in respective pilot districts 	<p>MEC Annual School survey</p> <p>Specific survey in Targeted districts</p>	
<p>CP Output 2.1.2 80% of primary schools in the 7 pilot districts have water and sanitation services and hygiene education, and a minimum package of school health</p>	<p>CP Output 2.1.2 Indicator:</p> <ul style="list-style-type: none"> • Percentage of primary schools with improved water and sanitation services • Percentage of primary schools implementing hygiene education programme • Percentage of primary schools implementing school health programme • Number of schools getting support for Health Promotion School Initiative (HPSI) <p>Baseline data:</p> <ul style="list-style-type: none"> • To be determined through assessment in year preceding implementation in respective pilot districts 	<p>MEC Annual School survey</p> <p>Specific survey in targeted districts</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.1.3 500,000 vulnerable children (especially girls and OVC) reached by school based food and nutrition programmes in at least 750 primary schools in targeted districts</p>	<p>CP Output 2.1.3 Indicator:</p> <ul style="list-style-type: none"> • Net primary school attendance rate, by sex and orphanhood status • Drop out rate in EP1, by sex and orphanhood status • Primary school completion rate in EP1 and EP2 , by sex and orphanhood status <p>Baseline data:</p> <ul style="list-style-type: none"> • To be determined in year preceding implementation 	<p>MEC Annual School survey Specific survey in targeted districts</p>	
<p>CP Output 2.1.4 Strengthened capacity of the education sector for emergency preparedness and response to reduce disruption in school service in districts affected by natural disasters</p>	<p>CP Outputs 2.1.4 Indicator:</p> <ul style="list-style-type: none"> • Primary school attendance rate, by sex and by month <p>Baseline data:</p> <ul style="list-style-type: none"> • n/a 	<p>Emergency assessment School records</p>	
<p>CP Output 2.1.5 Illiteracy rate reduced to 46% through improved services to deliver literacy for empowerment in particular for women and out-of-school youth in rural areas</p>	<p>CP Output 2.1.5 Indicator:</p> <ul style="list-style-type: none"> • Literacy rate by sex, areas of residence and provinces among 15-49 year old <p>Baseline data:</p> <ul style="list-style-type: none"> • 37.5% (women), 67% (male) (DHS 2003) 	<p>DHS 2009</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 2.2</p> <p>Access to, and use of quality basic health services increased, especially for the most disadvantaged populations</p>	<p>UNCT Outcome 2.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> Under five-mortality rate by province, area of residence and wealth index quintile (per 1,000 live births) <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 178/1,000; Urban: 143/1,000; Rural: 192/1,000, Poorest: 196/1,000, Richest: 108/1,000 (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Infant mortality rate by province, area of residence and wealth index quintile (per 1,000 live births) <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 124/1,000; Urban: 95/1,000; Rural: 135/1,000, Poorest: 143,000%, Richest: 71/1,000 (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Maternal mortality ratio <p>Baseline data:</p> <ul style="list-style-type: none"> 408/100,000 (national) (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of HH with access to health services, by province, area of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 36%; Urban: 68%; Rural: 21%, Poorest: 23%, Richest: 56% (2003 IAF) <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of people using health services when necessary, by province, area of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 69%; Urban: 84%; Rural: 64%, Poorest: 59%, Richest: 83% (IAF 2003) 	<p>IAF 2009, DHS 2009 MISAU website, MISAU Health Information System SWAP meeting reports, ACA report</p>	<p>Insufficient State Budget Allocation to the Health Sector</p> <p>Effective monitoring and evaluation mechanisms are put in place and funding is forthcoming for M&E</p> <p>Decentralisation mechanism to facilitate district planning and implementation is effective (staff posting and budgets)</p> <p>Coordination mechanisms between national and provincial authorities are effective.</p>

	<p>Indicator:</p> <ul style="list-style-type: none"> • Adolescents Fertility Rate <p>Baseline data:</p> <ul style="list-style-type: none"> • 7% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of children under-five year of age accessing and using IMCI/C-IMCI, by province and areas of residence. <p>Baseline data:</p> <ul style="list-style-type: none"> • To be determined in 2006 <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of children under-five years of age who were ill with fever in the last 2 weeks who received anti-malarial drugs, by province and area of residence <p>Baseline data:</p> <ul style="list-style-type: none"> • Total: 8%; Urban: 9%; Rural: 6% (2003 DHS) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of women who had their blood pressure taken during ANC visit, by provinces, areas of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> • Total: 73%; Urban: 87%; Rural: 65%, Poorest: 62%, Richest: 90% (DHS 2003) 		
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Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.2.1 National Reproductive Health Policy (SHR/MMR) and National Child Health Policy (including neo-natal component) approved and implemented</p>	<p>CP Output 2.2.1 Indicator:</p> <ul style="list-style-type: none"> • National Reproductive Health Policy (SHR/MMR) approved and implemented (Y/N) <p>Baseline data:</p> <ul style="list-style-type: none"> • No <p>Indicator:</p> <ul style="list-style-type: none"> • National Child Health Policy implemented (Y/N) <p>Baseline data:</p> <ul style="list-style-type: none"> • No 	MoH	
<p>CP Output 2.2.2 Health information systems providing quality disaggregated data on key health indicators designed and implemented nationally</p>	<p>CP Output 2.2.2 Indicator:</p> <ul style="list-style-type: none"> • Health information systems providing quality disaggregated data (Y/N) <p>Baseline data:</p> <ul style="list-style-type: none"> • No 	MoH	
<p>CP Output 2.2.3 80% of health facilities in all provinces implementing IMNCI, including C-IMNCI, for treatment of childhood diseases</p>	<p>CP Output 1.2.3 Indicator:</p> <ul style="list-style-type: none"> • Percentage of health facilities implementing IMCI/C-IMCI, by province and areas of residence <p>Baseline data:</p> <ul style="list-style-type: none"> • Less than 50% nation-wide <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of children under-five year of age accessing and using IMCI/C-IMCI, by province and areas of residence. <p>Baseline data:</p> <ul style="list-style-type: none"> • To be determined in 2006 <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of children under-five years of age with suspected pneumonia in previous 2 weeks that received 	MoH IMCI Assessment	

	<p>Baseline data:</p> <ul style="list-style-type: none"> • Not available <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of under-five children who had ARI and/or fever in the last 2 weeks and were taken to an appropriate health provider, by province, area of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> • Total: 51%; Urban: 62%; Rural: 47%, Poorest: 42%, Richest: 64% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of under-five children with diarrhoea in previous 2 weeks who received ORT <p>Baseline data:</p> <ul style="list-style-type: none"> • Total: 54%; Urban: 70%; Rural: 46%, Poorest: 40%, Richest: 68% (DHS 2003) 		
<p>CP Output 2.2.4 75% of 1 year old children are fully immunized through implementation of the RED approach in 45 districts (Reaching Every District)</p>	<p>CP Output 2.2.4</p> <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage 1 year old children are fully immunized, by province, area of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> • Total: 63%; Urban: 81%; Rural: 56%; Poorest: 45%; Richest: 90% (2003 DHS) 	<p>MoH EPI Information System Specific Survey</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.2.5 Increased access to and use of quality SRH services for 50% of women (including EmOC) and 10% of men in reproductive age in all provinces</p>	<p>CP Output 2.2.5 Indicator:</p> <ul style="list-style-type: none"> • Percentage of relevant health facilities equipped and trained for EmOC <p>Baseline data:</p> <ul style="list-style-type: none"> • To be determined in 2006 <p>Indicator:</p> <ul style="list-style-type: none"> • Contraceptive Prevalence Rate <p>Baseline data:</p> <ul style="list-style-type: none"> • 17% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> • HIV/AIDS prevalence among pregnant women, by province <p>Baseline data:</p> <ul style="list-style-type: none"> • 16.2% (2004) <p>Indicator:</p> <ul style="list-style-type: none"> • Proportion of Health Budget (Common Funds/State Budget) allocated for contraceptives <p>Baseline data:</p> <ul style="list-style-type: none"> • Not available <p>Indicator:</p> <ul style="list-style-type: none"> • Proportion of Health Budget (Common Funds/State Budget) allocated for National Maternal Mortality Reduction Plan <p>Baseline data:</p> <ul style="list-style-type: none"> • Not available 	<p>DHS 2006 MoH ANC HIV surveillance report (Ronda Epidemiologica)</p> <p>MoH ACA PES</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.2.6 Malaria treatment and prevention packages (ACTs, IPT, home based treatment, LLINs) implemented in all provinces</p>	<p>CP Output 2.2.6</p> <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of children under five years of age who slept under ITN the previous night <p>Baseline data:</p> <ul style="list-style-type: none"> 9.7% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of pregnant women who slept under ITN the previous night <p>Baseline data:</p> <ul style="list-style-type: none"> Not available <p>Indicator:</p> <ul style="list-style-type: none"> Number of HIV + children enrolled in day hospitals or at-risk child consultations who received an LLIN <p>Baseline data:</p> <ul style="list-style-type: none"> 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> Number of supported OVC who received an LLIN <p>Baseline data:</p> <ul style="list-style-type: none"> 800 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of women receiving at least two doses of IPT during the last pregnancy within the previous 2 years <p>Baseline data:</p> <ul style="list-style-type: none"> 0% (2005) 	<p>DHS 2009 MMAS Annual Report Specific Survey, Health Information System</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.2.7 Strengthened capacity of the Health sector for emergency preparedness and response to reduce mortality and morbidity levels in districts affected by natural disasters and high cholera incidence</p>	<p>CP Output 2.2.7</p> <p>Indicator:</p> <ul style="list-style-type: none"> • Wasting prevalence, by province <p>Baseline data:</p> <ul style="list-style-type: none"> • Total: 4% (VAC 2005) <p>Indicator:</p> <ul style="list-style-type: none"> • Availability of health facilities equipped and trained for EmOC (ratio of health units/population) <p>Baseline data:</p> <ul style="list-style-type: none"> • 4/500,000 (MOH 2001) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of health sector budgets earmarked for emergency preparedness and response <p>Baseline data:</p> <ul style="list-style-type: none"> • To be determined in 2006 <p>Indicator:</p> <ul style="list-style-type: none"> • Cholera case fatality rate <p>Baseline data:</p> <ul style="list-style-type: none"> • 1% (2005) 	<p>VAC surveys, Health Information System, Demographic and Health Survey</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 2.3</p> <p>Access to and use of safe drinking water and adequate sanitation for rural communities and urban slums increased</p>	<p>CP Output 2.3</p> <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of HH using improved drinking water sources, by province and area of residence <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 37%; Urban: 69%; Rural: 23% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of HH using of sanitary means of excreta disposal, by province and area of residence <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 48%; Urban: 77%; Rural: 36% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of HH with access to safe drinking water, by province and area of residence <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 40%; Urban: 36%; Rural: 41% (DNA, 2004) <p>Indicator:</p> <ul style="list-style-type: none"> Percentage of HH with access to safe sanitation, by province and area of residence <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 33%; Urban: 32.6%; Rural 33.3% (DNA, 2004) <p>Indicator:</p> <ul style="list-style-type: none"> Diarrhoea prevalence among under-five children, by province and area of residence <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 14.1% (DHS 2003) - In vulnerable districts: 37% (VAC 2005) 	<p>Population Census 2007 DHS, 2009 Annual MDG Progress Report JMP Reports (UNICEF/WHO) Annual Progress Reports Data Banks</p>	<p>Insufficient State Budget Allocation to the Water Sector</p> <p>Effective monitoring and evaluation mechanisms are put in place and funding is forthcoming for M&E</p> <p>Coordination between INE, DNA and Provincial Departments is strengthened</p> <p>MDG Road Map acts as a catalyst at national and provincial levels to strengthen coordination and strategic planning mechanism.</p> <p>Partnership and coordination among key donors in the sector is effective in terms of funding</p>

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.3.1 Decentralised planning and financial management guidelines under the national water policy implemented in 8 municipalities</p>	<p>CP Output 2.3.1 Indicator:</p> <ul style="list-style-type: none"> • # of Districts/Municipalities with annual planning and M&E tools in place and operational <p>Baseline data:</p> <ul style="list-style-type: none"> • 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • # % of Districts implementing WASH projects through direct funding mechanisms <p>Baseline data:</p> <ul style="list-style-type: none"> • 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • # of Districts/Municipalities with a WASH department or staff assigned/skilled <p>Baseline data:</p> <ul style="list-style-type: none"> • 0 (2005) 	<p>DNA Annual Report</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.3.2 Planning, monitoring, and evaluation systems for drinking water and sanitation operationalized in five provinces</p>	<p>CP Output 2.3.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> • # of Provinces with WASH data banks operational and harmonized with national systems (INE/DNA) <p>Baseline data:</p> <ul style="list-style-type: none"> • 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • # of Provinces with a Master Plan for WASH in line with the Road Map for MDGs and PRSP targets <p>Baseline data:</p> <ul style="list-style-type: none"> • 1 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • # of Districts/Provinces covered with GIS/Mapping of water points, including annual updates <p>Baseline data:</p> <ul style="list-style-type: none"> • 3(2005) 	<p>DNA Annual Report</p>	<p>Decentralisation mechanism to facilitate district planning and implementation is effective (staff posting and budgets)</p> <p>Fund raising capacity is effective (Government and partners)</p> <p>Coordination mechanisms between national and provincial authorities are effective.</p> <p>Timely disbursement of funds</p>
<p>CP Output 2.3.3 At least 1,000,000 additional users among vulnerable groups have access to and use safe water and appropriate sanitation and improved hygiene practices</p>	<p>CP Output 2.3.3</p> <p>Indicator:</p> <ul style="list-style-type: none"> • Number of new users with access to safe water <p>Baseline data:</p> <ul style="list-style-type: none"> • 36%: urban; 41%: rural, 40% total (DNA, 2004) <p>Indicator:</p> <p>Number of new users with access to safe sanitation</p> <p>Baseline data:</p> <ul style="list-style-type: none"> • 32.6% urban, 33.3% rural; total: 33% (DNA, 2004) 	<p>DNA Annual Report</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.3.4 Strengthened capacity of the water sector for emergency preparedness and response to reduce mortality and morbidity levels in districts affected by natural disasters and high cholera incidence</p>	<p>CP Output 2.3.4 Indicator:</p> <ul style="list-style-type: none"> • # of provinces with preparedness plans and with capacity to implement <p>Baseline data:</p> <ul style="list-style-type: none"> • No (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • Number of cholera cases: <p>Baseline data:</p> <ul style="list-style-type: none"> • 2,070 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • Case fatality rate for cholera <p>Baseline data:</p> <ul style="list-style-type: none"> • 1% (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • Drought: #/% of water sources dried-out in affected districts <p>Baseline data:</p> <ul style="list-style-type: none"> • n/a 	<p>MoH Information System DNA Annual Report</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 2.4.</p> <p>National and sub-national level capacity increased to implement the National Strategy on Food Security and Nutrition</p>	<p>CP Outcome 2.4</p> <p>Indicator:</p> <ul style="list-style-type: none"> Underweight prevalence, by province, area of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 24%; Urban: 15%; Rural: 27%; Poorest: 31%; Richest: 9% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Stunting prevalence, by province, area of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 41%; Urban: 29%; Rural: 46%; Poorest: 49%; Richest: 20% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Wasting prevalence, by province, area of residence and wealth index quintile <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 4%; Urban: 3%; Rural: 4%; Poorest: 6%; Richest: 3% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> Serum retinol deficiency in children 6-59 months <p>Baseline data:</p> <ul style="list-style-type: none"> Total: 69% (2002) 	<p>DHS 2009, SETSAN, MoH</p>	<p>Insufficient State Budget Allocation for the implementation of the national Strategy for Food Security</p> <p>Effective monitoring and evaluation mechanisms are put in place and funding is forthcoming for M&E</p> <p>Decentralisation mechanism to facilitate district planning and implementation is effective (staff posting and budgets)</p> <p>Coordination mechanisms between national and provincial authorities are effective.</p>
<p>CP Output 2.4.1 Strengthened capacity of SETSAN to coordinate and implement the National Strategy on Food Security and Nutrition</p>	<p>CP Output 2.4.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> Multisectoral food and nutrition security strategy is well-implemented (Y/N) <p>Baseline data:</p> <ul style="list-style-type: none"> No (as per 2005 evaluation of ESAN) 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.4.2 Improved availability at household level of diversified food types (including fortified food)</p>	<p>CP Output 2.4.2 Indicator:</p> <ul style="list-style-type: none"> • Percentage of nationally produced salt that is iodised <p>Baseline data:</p> <ul style="list-style-type: none"> • 33% (2004) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of HH consuming iodised salt <p>Baseline data:</p> <ul style="list-style-type: none"> • 54% (DHS 2003) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of school-age children with urinary iodine deficiency <p>Baseline data:</p> <ul style="list-style-type: none"> • (2004 study results, est. March 2006) <p>Indicator:</p> <ul style="list-style-type: none"> • % of diet which is staple, amount and variety of food being produced <p>Baseline data: Not available</p>	<p>DHS 2009, Specific Micro-nutrient deficiencies survey</p>	
<p>CP Output 2.4.3 Underweight prevalence is reduced by 5% and vitamin A deficiency by 10% in 90 districts through the implementation of the Community and Health Facility Basic Nutrition Packages</p>	<p>CP Output 2.4.3 Indicator:</p> <ul style="list-style-type: none"> • Percentage of health facilities implementing the basic nutrition package in target districts. <p>Baseline data:</p> <ul style="list-style-type: none"> • 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of health facilities in target districts where associated community nutrition activities are being implemented. <p>Baseline data:</p> <ul style="list-style-type: none"> • 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> • Percentage of children 6-59 months that received a high dose of Vitamin A within the past 6 months <p>Baseline data:</p> <ul style="list-style-type: none"> • Total: 50%; Urban: 65%; Rural: 43%; Poorest: 39%; Richest: 70% (DHS 2003) 	<p>MoH reports, DHS 2009, Specific Micro-nutrient deficiencies survey, SETSAN/VAC</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 2.4.4 Strengthened capacity of SETSAN for emergency preparedness and response for timely response to acute food and nutrition insecurity to prevent increased morbidity and mortality in all provinces</p>	<p>CP Output 2.4.4 Indicator:</p> <ul style="list-style-type: none"> • National W/H sentinel surveillance system is functional and providing timely data (Y/N) <p>Baseline data:</p> <ul style="list-style-type: none"> • No (2005) 	<p>MoH, SETSAN</p>	
<p>CP Output 2.4.5 Disparities in malnutrition prevalence between vulnerable groups (OVC and PLWHA) and the general population reduced by half through the implementation of targeted interventions in 6 provinces</p>	<p>CP Output 2.4.5 Indicator:</p> <ul style="list-style-type: none"> • Wasting prevalence among maternal orphans: <p>Baseline data:</p> <ul style="list-style-type: none"> • 8.6% (VAC 2003) <p>Indicator:</p> <ul style="list-style-type: none"> • Wasting prevalence among general population: <p>Baseline data:</p> <ul style="list-style-type: none"> • 4.3% (VAC 2003) 	<p>SETSAN VAC, 2009 DHS</p>	

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 2.5</p> <p>Social protection safety nets for the most disadvantaged are strengthened and expanded.</p>	<p>CP Outcome 2.5</p> <p>Indicator:</p> <ul style="list-style-type: none"> Number of vulnerable households receiving cash transfers from INAS <p>Baseline data:</p> <ul style="list-style-type: none"> 69,000 households (2005) <p>Indicator:</p> <ul style="list-style-type: none"> Number of households referred for income generation activities. <p>Baseline data:</p> <ul style="list-style-type: none"> To be determined 	<p>MMAS</p>	<p>Insufficient State Budget Allocation to MMAS for core staff and related expenses.</p> <p>Commitment of donors for expansion and continued support to safety nets is conditional for MMAS to increase the proportion of households benefiting safety nets.</p>
<p>CP Output 2.5.1 National policy and strategy formulated that integrates safety net interventions, including cash transfer, by Government and partners and promotes the allocation of adequate budgets for social safety net programmes</p>	<p>CP Output 2.5.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> National policy on safety nets developed and approved <p>Baseline data:</p> <ul style="list-style-type: none"> 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> Government plans includes budget allocation for safety nets <p>Baseline data:</p> <ul style="list-style-type: none"> 0 (2005) <p>Indicator:</p> <ul style="list-style-type: none"> US\$ amount spent on cash transfer by GoM <p>Baseline data:</p> <ul style="list-style-type: none"> To be determined <p>Indicator:</p> <ul style="list-style-type: none"> National standards and guidelines developed and implemented <p>Baseline data:</p> <ul style="list-style-type: none"> INAS guidelines for cash transfers 	<p>MMAS</p>	<p>Decentralisation mechanism to facilitate district planning and implementation is effective (staff posting and budgets)</p> <p>Coordination mechanisms between national and provincial authorities are effective.</p>
<p>CP Output 2.5.2 In 7 provinces, comprehensive models are established and operationalised that create local demand for and access to high quality safety net interventions</p>	<p>CP Output 2.5.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> Number of provinces with comprehensive models operational <p>Baseline data:</p> <ul style="list-style-type: none"> To be determined 	<p>MMAS Specific Surveys</p>	

UNDAF OUTCOME 3: HIV/AIDS Monitoring and Evaluation Framework

MDG(s): Goal 6: Combat HIV/AIDS, Malaria and other diseases

NATIONAL PRIORITIES:

National Multisectoral Strategic Plan to Combat HIV/AIDS 2005-2009 (PEN II) - the operational framework of PARPA II

- Prevention: To reduce the number of new infections from the current level of 500 a day among adults to 350 in 5-years and 150 in 10-years
- Advocacy: Transform the fight against HIV/AIDS into a national emergency
- Stigma and Discrimination: To reduce stigma and discrimination related to HIV and AIDS
- Treatment: To prolong and improve the quality of life of people infected with HIV and AIDS patients
- Mitigation of the consequences of HIV/AIDS: To mitigate the consequences of HIV/AIDS at the level of the individual, the household, community, company as well as overall impact
- Research: Increase the level of scientific knowledge on HIV/AIDS, its consequences and best practices to fight against it
- Coordination of the National response: To build capacity for planning and coordination, and decentralise the mechanisms for decision-making and resource management in order to scale up the national response.

UNDAF Outcome:

Individuals, civil society, national and local public and private institutions are empowered to halt the spread of HIV/AIDS among population at higher risks and to mitigate its impact.

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 3.1</p> <p>A comprehensive HIV prevention package addressing vulnerability of children/adolescents 10-14 years and young people 15-24 years, especially girls and young women, defined, implemented and scaled up by Sectoral Ministries and civil society organisations (Lead Agency: UNFPA)</p>	<p>CP Outcome 3.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> • % of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission <p>Baseline data:</p> <ul style="list-style-type: none"> • 45% national; 58% urban; 38% rural <p>Indicator:</p> <ul style="list-style-type: none"> • % of young women and men who have had sex before the age of 15 <p>Baseline data:</p> <ul style="list-style-type: none"> • Women: 28% (21% urban, 33% rural). Male: 26% (urban 25%, rural 25%,) <p>Indicator:</p> <ul style="list-style-type: none"> • % of young women and men aged 15-24 who have had sex with a non-marital, non-cohabiting sexual partner in the last 12 months <p>Baseline data:</p> <ul style="list-style-type: none"> • Men: 84% Women: 37% <p>Indicator:</p> <ul style="list-style-type: none"> • % of young women and men aged 15-24 who used a condom in the last sexual intercourse <p>Baseline data:</p> <ul style="list-style-type: none"> • Men: 27% Women: 29% <p>Indicator:</p> <ul style="list-style-type: none"> • % of women (15-24%) who know 2 ways of prevention of MTCT of HIV <p>Baseline data:</p> <ul style="list-style-type: none"> • 26% national, 35% urban; 21% rural 	<p><u>Source:</u> DHS, 2003, DHS 2009, INJAD, UN reports</p> <p><u>Responsible Institution:</u> INE, MISAU, UN Agencies</p>	<p>Assumptions:</p> <p>Continous support and political will from central, provincial and district government</p> <p>Funds available for implementing programmes</p> <p>Complementary contribution from partners maintained</p> <p>Risk: None</p>

	<p>Indicator:</p> <ul style="list-style-type: none">• % of children (10-14) participating in life skills programmes who correctly state the three main ways of avoiding HIV infection (ABC) – by sex, district and age group <p>Baseline data:</p> <ul style="list-style-type: none">• TBD based on qualitative analysis of pre-training tests; Target: 80%		
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Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 3.1.1 Institutional and technical capacity of government and civil society partners to scale up a sustainable, coordinated, evidence-informed HIV prevention response for children/adolescents and young people strengthened</p>	<p>CP Output 3.1.1 Indicator:</p> <ul style="list-style-type: none"> • # of counterparts trained and engaged in prevention activities <p>Baseline data:</p> <ul style="list-style-type: none"> • None 		
<p>CP Output 3.1.2 A national policy framework, strategy and coordination mechanisms for HIV prevention among children/adolescents and young people, reflecting the key principles of an effective HIV prevention response and defining an integrated prevention package that addresses factors of vulnerability formulated and approved by the end of 2007</p>	<p>CP Output 3.1.2 Indicator:</p> <ul style="list-style-type: none"> • Approved policy framework and coordination mechanisms for HIV prevention among children/adolescents and young people <p>Baseline data:</p> <ul style="list-style-type: none"> • None 		
<p>CP Output 3.1.3 The national, multidimensional and multisectoral HIV/AIDS prevention programme, that promotes in particular gender equality and addresses gender norms and relations, scaled up to reach at least 60% of the target population of children/adolescents and young people by end of 2009</p>	<p>CP Output 3.1.3 Indicator:</p> <ul style="list-style-type: none"> • % of the target population reached by the national, multidimensional and multisectoral HIV/AIDS prevention programme <p>Baseline data:</p> <ul style="list-style-type: none"> • None 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 3.1.4 Socio-cultural norms and beliefs in communities addressed to improve the effectiveness of prevention activities, combat sexual and domestic violence and reduce stigma and discrimination, through quality communication initiatives</p>	<p>CP Output 3.1.4 Indicator:</p> <ul style="list-style-type: none"> • # of quality communication initiatives <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		
<p>CP Output 3.1.5 Key prevention information, regularly collected, analyzed and used to determine the mix of appropriate HIV prevention measures, and the gaps and barriers in policy and programme implementation</p>	<p>CP Output 3.1.5 Indicator:</p> <ul style="list-style-type: none"> • Dissemination of high quality prevention information to inform policy and programme implementation <p>• Baseline data: TBD</p>		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 3.2</p> <p>Capacity of MOH and key stakeholders to provide access package strengthened to cover at least 22,000⁴ pregnant women and their newborns (Lead Agency: UNICEF)</p>	<p>CP Outcome 3.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> • % and number of HIV+ pregnant women and neonates receiving prophylaxis to prevent the transmission of HIV <p>Baseline data:</p> <ul style="list-style-type: none"> • 4,821 (41%) HIV+ pregnant women received Nevirapine in 2004 and 371 newborns 	<p><u>Source:</u> Health Sector Annual Reports</p> <p><u>Responsible Institution:</u> MISAU</p>	<p>Assumptions: Collaboration with MoH, UN agencies, CNCS, bilateral donors, NGOs, CSOs and communities Availability and motivation of adequate human resources Funding availability Policy and aid environment</p> <p>Risks: Availability and access to Nevirapine</p>
<p>CP Output 3.2.1 Protocols and policy related to PMTCT developed and regularly reviewed by MISAU</p>	<p>CP Output 3.2.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> • Protocols and policy related to PMTCT <p>Baseline data:</p> <ul style="list-style-type: none"> • None 		
<p>CP Output 3.2.2 In UN supported PMTCT sites, uptake of ARV prophylaxis for HIV+ women and children increased from 47% to 70% and acceptance of testing for pregnant women increased from 71% to 85%.</p>	<p>CP Output 3.2.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> • % HIV+ women and children receiving ARV prophylaxis to reduce the risk of MTCT <p>Baseline data:</p> <ul style="list-style-type: none"> • 47% uptake of ARV prophylaxis for HIV+ women and children to reduce the risk of MTCT <p>Indicator:</p> <ul style="list-style-type: none"> • # and % of pregnant women tested for HIV <p>Baseline data:</p> <ul style="list-style-type: none"> • 71% acceptance of testing for pregnant women 		
Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions

<p>CP Output 3.2.3 A communication strategy aimed at creating an enabling environment at community level to increase the utilization of the PMTCT services adopted and implemented by key stakeholders</p>	<p>CP Output 3.2.3 Indicator:</p> <ul style="list-style-type: none"> • Communication strategy adopted and implemented <p>Baseline data:</p> <ul style="list-style-type: none"> • None 		
<p>CP Output 3.2.4 Follow up system for mothers abandoning PMTCT service prior to completion designed and implemented at half of the PMTCT sites</p>	<p>CP Output 3.2.4 Indicator:</p> <ul style="list-style-type: none"> • Total # and % of PMTCT sites implementing follow up system for mothers abandoning PMTCT service prior to completion <p>Baseline data:</p> <ul style="list-style-type: none"> • None 		
<p>CP Output 3.2.5 The national HIV/AIDS information system strengthened to generate high quality disaggregated data on uptake, defaulting, and successful compliance of prophylaxis for the child in PMTCT services</p>	<p>CP Output 3.2.5 Indicator:</p> <ul style="list-style-type: none"> • Monthly, and Annual Reports providing high quality disaggregated data on uptake, defaulting, and successful compliance of prophylaxis for the child in PMTCT services <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 3.3</p> <p>Increased capacity of MOH and key stakeholders to improve coverage from 13 % to 50 % of PLWHA, with emphasis on children, benefiting from a standard support package in at least one of the following areas: ARV therapy, prophylaxis and treatment of OIs, nutritional support, HBC and counseling. (Lead Agency: WHO)</p>	<p>CP Outcome 3.3 Indicator:</p> <ul style="list-style-type: none"> • % of PLWHA receiving 1 or more components of the standard support package <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 	<p><u>Source:</u> Health Sector Annual Reports, Drug stock supply report, Treatment Reports, UN agencies work plans</p> <p><u>Responsible Institution:</u> MISAU, DPS, Pharmaceutical, UN Agencies</p>	<p>Assumptions: Complementary contribution from partners maintained</p> <p>Adequate human and financial resources available</p> <p>Risks: Availability and access to ARV</p>
<p>CP Output 3.3.1 Qualified health staff in all district hospitals adequately trained</p>	<p>CP Output 3.3.1 Indicator:</p> <ul style="list-style-type: none"> • # of health staff trained to deliver the standard support package according to national standards. <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		
<p>CP Output 3.3.2 National protocols updated, approved and distributed in all facilities providing the standard support package.</p>	<p>CP Output 3.3.2 Indicator:</p> <ul style="list-style-type: none"> • % of health facilities providing the standard support package according to national protocols. <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		
<p>CP Output 3.3.3 All facilities providing the standard support package (including nutrition) for adults, women and children are efficiently and adequately supplied with necessary drugs and other relevant items.</p>	<p>CP Output 3.3.3 Indicator:</p> <ul style="list-style-type: none"> • % of facilities providing the standard support package with no drug stock outs of >1 week in the last 12 months (by district). <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 3.3.4 60% public and 80% of private institutions have adopted and implemented a policy on HIV/AIDS in the workplace.</p>	<p>CP Output 3.3.4 Indicator:</p> <ul style="list-style-type: none"> • % public and % large and medium scale private institutions which have adopted and implemented a policy on HIV/AIDS in the workplace. <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD (CNCS Assessment) 		
<p>CP Output 3.3.5 Capacity for collection and management of routine health information and epidemiological surveillance reinforced</p>	<p>CP Output 3.3.5 Indicator:</p> <ul style="list-style-type: none"> • % of health facilities with record-keeping systems for monitoring HIV/AIDS care and support. <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 3.4</p> <p>At least 165,000 OVC (or 15% of Plan of Action for OVC target), together with their families, have access to basic services and social protection (Lead Agency: UNICEF)</p>	<p>CP Outcome 3.4</p> <p>Indicator:</p> <ul style="list-style-type: none"> # and % of vulnerable households (incl. PLWHA) and OVCs with improved access to and use of basic package of services and safety nets <p>Baseline data:</p> <ul style="list-style-type: none"> TBD <p>Indicator:</p> <ul style="list-style-type: none"> Underweight prevalence among orphans and non-orphans (0-59 months) <p>Baseline data:</p> <ul style="list-style-type: none"> Underweight prevalence among orphans and non-orphans (0-59 months): 15% non-orphan; 30% maternal orphans <p>Indicator:</p> <ul style="list-style-type: none"> Primary school attendance rates among orphans to non-orphans (10-14 yrs) <p>Baseline data:</p> <ul style="list-style-type: none"> Ratio of school attendance among orphans to non-orphans (10-14 yrs) – 0.8 	<p><u>Source:</u> DHS, 2003; DHS, 2009, MMAS meeting minutes, MMAS OVC M&E Report,</p> <p><u>Responsible Institution:</u> INE, MMAS, INAS</p>	<p>Assumptions: Continous support and political will from central, provincial and district government</p> <p>Funds available for implementing programmes</p> <p>Complementary contribution from partners maintained Risk: None</p>
<p>CP output 3.4.1 Strengthened capacity of duty bearers (government and civil society) and right holders (communities, households and OVC) to ensure access to, and use of, basic services and safety nets.</p>	<p>CP Output 3.4.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> % of MMAS structures at national and provincial level that have developed and submitted the required number of M&E reports on time in the past 12 months <p>Baseline data:</p> <ul style="list-style-type: none"> TBD (CNCS Needs Capacity Assessment Study) 		
<p>CP Output 3.4.2 Improved coordination and M&E capacity of MMAS at national and provincial level.</p>	<p>CP Output 3.4.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> Availability of data on the % of orphans and vulnerable children whose households received free basic external support in caring for the child <p>Baseline data:</p> <ul style="list-style-type: none"> TDB 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 3.4.3 Duty bearers have adopted, implemented and disseminated legal instruments that relate to protection and prevention of discrimination of PLWHA and OVC</p>	<p>CP Output 3.4.3 Indicator:</p> <ul style="list-style-type: none"> • # of duty bearers who have adopted, implemented and disseminated legal instruments that relate to protection and prevention of discrimination of PLWHA and OVC. <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 3.5</p> <p>Provincial and district plans have mainstreamed HIV/AIDS and gender, including corresponding resources for implementation. (Lead Agency: UNDP)</p>	<p>CP Outcome 3.5</p> <p>Indicator:</p> <ul style="list-style-type: none"> # and % of provinces and districts with HIV/AIDS and gender mainstreamed in their plans <p>Baseline data:</p> <ul style="list-style-type: none"> TBD <p>Indicator:</p> <ul style="list-style-type: none"> Number and % of provinces and districts whose mainstreamed plans and budgets are approved and implemented <p>Baseline data:</p> <ul style="list-style-type: none"> TBD 	<p><u>Source:</u> Needs Assessments, Evaluation studies, Provincial and District Plans</p> <p><u>Responsible Institution:</u> CNCS, MPD</p>	<p>Assumptions:</p> <p>Continous support and political will from central, provincial and district government</p> <p>Funds available for implementing programmes</p> <p>Complementary contribution from partners maintained</p> <p>Risk: None</p>
<p>CP Output 3.5.1 A National Mechanism to build a critical mass of Government and Civil Society experts in mainstreaming HIV/AIDS and Gender established</p>	<p>CP Output 3.5.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> # of Government and Civil Society experts trained in mainstreaming HIV/AIDS and Gender <p>Baseline data:</p> <ul style="list-style-type: none"> TBD 		
<p>CP Output 3.5.2 HIV/AIDS and Gender mainstreaming tools and methodology applied by 180 District and Provincial planners and programme implementers.</p>	<p>CP Output 3.5.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> # of District and Provincial planners and programme implementers who have applied HIV/AIDS and Gender mainstreaming tools and methodology <p>Baseline data:</p> <ul style="list-style-type: none"> Assessment 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Output 3.5.3 HIV/AIDS and Gender mainstreaming tools and methodology applied by 10 large national CSOs in their planning and implementation processes.</p>	<p>CP Output 3.5.3 Indicator:</p> <ul style="list-style-type: none"> • # of large national CSOs applying HIV/AIDS and Gender mainstreaming tools and methodology in their planning and implementation processes <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		
<p>CP Output 3.5.4 Capacity of 10 large national CSOs to develop and implement proposals meeting NAC standards to access funding strengthened, including making interventions social and culturally adapted to their target groups.</p>	<p>CP Output 3.5.4 Indicator:</p> <ul style="list-style-type: none"> • # of Provincial NACs with capacity to improve liaison with Civil Society <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD <p>Indicator:</p> <ul style="list-style-type: none"> • # of large national CSOs whose proposals were approved by NAC <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		
<p>CP Output 3.5.5 Capacity of 10 large national CSOs in Organizational Development strengthened</p>	<p>CP Output 3.5.5 Indicator:</p> <ul style="list-style-type: none"> • # of large national CSOs with capacity in Organizational Development <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD 		
<p>CP Output 3.5.6 The Provincial Poverty Monitoring System strengthened to monitor HIV/AIDS and Gender</p>	<p>CP Output 3.5.6 Indicator:</p> <ul style="list-style-type: none"> • Production and dissemination of M&E reports, by the National Poverty Monitoring System that are HIV/AIDS and Gender Mainstreamed 		

Outcomes	Indicators and Baselines	Sources of Verification	Risk and Assumptions
<p>CP Outcome 3.6</p> <p>A single, unified and coherent national monitoring and evaluation system that collects and disseminates high quality disaggregated data to inform, support and evaluate the national HIV/AIDS response strengthened (Lead Agency: UNAIDS)</p>	<p>CP Outcome 3.6</p> <p>Indicator:</p> <ul style="list-style-type: none"> Dissemination of an annual publication, the National HIV/AIDS Report, by NAC at the annual Joint Partners AIDS Review <p>Baseline data:</p> <ul style="list-style-type: none"> None currently exists 	<p><u>Source:</u> Annual National HIV/AIDS report, Health Sector Annual reports, MMAS reports, NASA report</p> <p>Responsible Institution: CNCS, MISAU, INE, MMAS</p>	<p>Assumptions:</p> <p>Continuous support and political will from central, provincial and district government</p> <p>Funds available for implementing programmes</p> <p>Complementary contribution from partners maintained</p>
<p>CP Output 3.6.1 One integrated and well-defined national M&E operational plan developed, fully costed and funded by at least 50% (UNAIDS, UNICEF)</p>	<p>CP Output 3.6.1</p> <p>Indicator:</p> <ul style="list-style-type: none"> Fully costed integrated and well-defined national M&E operational plan <p>Baseline data:</p> <ul style="list-style-type: none"> None currently exists 		
<p>CP Output 3.6.2 Capacity of NAC at all levels, and other key stakeholders to conduct and apply operational research findings to inform evidence-based HIV and AIDS programming enhanced (UNAIDS, UNICEF, WHO, UNFPA)</p>	<p>CP Output 3.6.2</p> <p>Indicator:</p> <ul style="list-style-type: none"> # of NAC Provincial nucleos and other key stakeholders conducting and using M&E findings to inform policy and programme implementation <p>Baseline data:</p> <ul style="list-style-type: none"> TBD (CNCS Needs Capacity Assessment Study) 		
<p>CP Output 3.6.3 National and provincial HIV/AIDS financial tracking system to effectively and efficiently track HIV/AIDS financial flows and expenditures established (UNAIDS,</p>	<p>CP Output 3.6.3</p> <p>Indicator:</p> <ul style="list-style-type: none"> Report of public, international and private HIV/AIDS financial flows and resource expenditure produced by the national financial tracking system <p>Baseline data:</p>		

UNICEF, WHO)	<ul style="list-style-type: none"> • None currently exists 		
<p>CP Output 3.6.4 Linkages between existing HIV/AIDS data management systems strengthened (UNAIDS, UNICEF, WHO, UNFPA)</p>	<p>CP Output 3.6.4 Indicator:</p> <ul style="list-style-type: none"> • NAC and its partners undertake evidence-based HIV and AIDS programming based on research findings <p>Baseline data:</p> <ul style="list-style-type: none"> • TBD (M&E operational plan) 		
<p>CP Output 3.6.5 All 27 national standardised multi-sectoral HIV/AIDS indicators monitored (UNAIDS, UNICEF)</p>	<p>CP Output 3.6.5 Indicator:</p> <ul style="list-style-type: none"> • Data available for all 27 national multi-sectoral HIV/AIDS indicators <p>Baseline data:</p> <ul style="list-style-type: none"> • Data available for 7 national multi-sectoral HIV/AIDS indicators 		

Annex C: Monitoring & Evaluation Programme Cycle Calendar 2007-2009

	2007	2008	2009
Survey/Studies		Situational Analysis of OVC	
Monitoring Systems	ESDEM updated twice a year, VAC		
Evaluations		UNCT agency mid-term CP evaluations?	UNCT agency CP evaluations?
Reviews	CP Annual Review	CP Annual Review	
UNDAF Evaluation Milestones			End-of-cycle UNDAF evaluation
M&E Capacity Building	ESDEM rolled out at district level		
Use of Information	MDG Progress Report disseminated UNGASS Progress Report disseminated		MDG Progress Report disseminated UNGASS Progress Report disseminated
MPD	Review of Balanço de PES (BdPES) and Budget Execution Report (BER)	Review of Balanço de PES (BdPES) and Budget Execution Report (BER)	Review of Balanço de PES (BdPES) and Budget Execution Report (BER) Participatory review of PARPA II (2007/09)
Partner Activities	<p><u>Activity:</u> Government midterm and Annual Joint Review of Programme Aid Partnership (PAP) <u>Responsible:</u> Government/PAPs <u>Time:</u> Mar/Apr and Sept/Oct</p> <p><u>Activity:</u> Population Census <u>Responsible:</u> INE <u>Time:</u> ?</p> <p><u>Activity:</u> HIV Epidemiological Surveillance Round <u>Responsible:</u> MISAU/INE <u>Time:</u></p>	<p><u>Activity:</u> Government midterm and Annual Joint Review of Programme Aid Partnership (PAP) <u>Responsible:</u> Government/PAPs <u>Time:</u> Mar/Apr and Sept/Oct</p> <p><u>Activity:</u> IAF/DHS <u>Responsible:</u> INE, MISAU <u>Time:</u> ?</p>	<p><u>Activity:</u> Government midterm and Annual Joint Review of Programme Aid Partnership (PAP) <u>Responsible:</u> Government/PAPs <u>Time:</u> Mar/Apr and Sept/Oct</p> <p><u>Activity:</u> HIV Epidemiological Surveillance Round <u>Responsible:</u> MISAU/INE <u>Time:</u> ?</p>

ANNEX D: UNDAF Outcomes and Country Programme Outcomes			
Area	Governance	Human Capital	HIV/AIDS
UNDAF Outcome	By 2009, Government capacity at national, provincial and local level, strengthened to plan, implement and monitor socio-economic development in transparent, accountable, equitable and participatory way	Increased access to and use of quality basic services and social protection for the most disadvantaged populations, particularly children, youth and women, to reduce their vulnerability by 2009	Individuals, civil society, national and local public and private institutions are empowered to halt the spread of HIV/AIDS among population at higher risks and to mitigate its impact.
Country Programme Outcome 1	Decentralised government capacity strengthened in all provinces, at least 50 districts and at least 3 municipalities for participatory development, planning, monitoring and evaluation, gender sensitive needs assessment as well as coordination and partnership UNDP/UNCDF, UNICEF, UNFPA, WFP, UNESCO, FAO, WHO	Net enrolment rate in primary education increased to 90% and learning environment improved in all primary schools in targeted districts, especially for girls and the most vulnerable. UNICEF, WFP, UNESCO, WHO, FAO	A comprehensive HIV prevention package addressing vulnerability of children/adolescents 10-14 years and young people 15-24 years, especially girls and young women, defined, implemented and scaled up by Sectoral Ministries and Civil Society organisations UNFPA, UNAIDS, UNICEF, UNESCO
Country Programme Outcome 2	Government capacity in all provinces, at least 50 districts and 3 municipalities (South, centre and North) improved to implement, coordinate and support the efficient and accountable delivery of integrated basic services strengthened UNDP, UNCDF, FAO, UNESCO, UNAIDS	Access to, and use of quality basic health services increased, especially for the most disadvantaged populations. WHO, UNICEF, UNFPA, FAO, UNDP, WFP	Capacity of MOH and key stakeholders to provide access to a full PMTCT package strengthened to cover at least 22,000 pregnant women and their newborns UNICEF, WHO, WFP, UNFPA, UNESCO
Country Programme Outcome 3	National level policy management, harmonization and alignment capacities strengthened at downstream and upstream level UNDP, FAO, UNICEF, WFP, UNFPA, UNESCO	Access to and use of safe drinking water and adequate sanitation for rural communities and urban slums increased. UNICEF, UNDP, WHO	Increased capacity of MOH and key stakeholders to improve coverage from 13 % to 50 % of PLWHA, with emphasis on children, benefiting from a standard support package in at least one of the following areas: ARV therapy, prophylaxis and treatment of OIs, nutritional support, HBC and counseling. WHO, UNICEF, WFP
Country Programme Outcome 4	Democratic Governance and legislative reforms to enhance human rights based approaches at all levels strengthened UNDP, UNICEF, UNFPA, UNESCO	National capacity at national and sub-national level increased to implement the National Strategy on Food Security and Nutrition. FAO, UNICEF, WFP, WHO	Access and usage of basic services and safety nets increased to cover at least 100,000 vulnerable households and 165,000 OVC UNICEF, WFP, UNIDO, WHO, FAO
Country Programme Outcome 5	Rule of law, access to justice and penal reforms improved with emphasis on public and human security UNDP, UNICEF/UNICRI, UNFPA, UNAIDS	Social protection safety nets for the most disadvantaged are strengthened and expanded. UNICEF, WFP, FAO	Provincial and district plans have mainstreamed HIV/AIDS and gender, including corresponding resources for implementation. UNDP, UNAIDS, UNICEF, UNESCO, UNIDO, UNFPA
Country Programme Outcome 6	Civil society organizations and structures (including traditional authorities) strengthened and involved in the development agenda at national and decentralised level UNDP, FAO, WFP, UNICEF, UNV, UNFPA, UNESCO		A single, unified and coherent national monitoring and evaluation system that collects and disseminates high quality disaggregated data to inform, support and evaluate the national HIV/AIDS response strengthened UNAIDS, UNICEF, WHO, UNFPA
Country Programme Outcome 7	Institutions responsible for the promotion of pro-poor and sustainable economic development strengthened UNDP/UNCDF, FAO, UNIDO, UNHABITAT, UNFPA, UNESCO		

Annex E: Millennium Development Goals

STATUS AT A GLANCE

Mozambique's progress towards the development goals

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
EXTREME POVERTY & HUNGER								
Halve the proportion of people living in extreme poverty by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Halve the proportion of people who suffer from hunger by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
UNIVERSAL PRIMARY EDUCATION								
Ensure that all boys and girls are able to complete a full course of primary schooling by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
GENDER EQUALITY								
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
CHILD MORTALITY								
Reduce by two-thirds the under-five mortality rate by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
MATERNAL HEALTH								
Reduce by three-quarters the maternal mortality ratio by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
HIV/AIDS, MALARIA AND OTHER DISEASES								
Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
ENVIRONMENTAL SUSTAINABILITY								
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Halve, by 2015, the proportion of people without access to safe drinking water and sanitation	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
By 2020, to have achieved a significant improvement in the lives of slum dwellers	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
GLOBAL PARTNERSHIP FOR DEVELOPMENT								
Develop further an open, ruled based, predictable, non-discriminatory trading and financial system	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Address the special needs of the least developed countries	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak

Goal 1. Mozambique has made significant progress towards halving the proportion of people living in extreme poverty. The percentage of people living below the poverty line decreased from 69 per cent in 1997 to 54 per cent in 2003, making MDG target 1 one of the few targets with the potential to be reached by 2015⁵. The reduction in poverty, however, masks significant disparities, with higher levels of poverty registered among those living in particular provinces and rural areas. Poverty also tends to vary according to household characteristics, being higher for female-headed households and households with more than four children (65 per cent live in poverty, as compared with 24 per cent in households with no children).

In spite of progress made in reducing poverty, the target on halving the proportion of people who suffer from hunger by 2015 is less likely to be met. The prevalence of underweight children under five remains high, at 24 per cent, with little improvement registered between 1997 and 2003⁶. Disparities are again evident, with underweight prevalence ranging from less than 10 per cent in Maputo to 34 per cent in Cabo Delgado province and being almost twice as high in rural areas as in urban areas (27 per cent versus 15 per cent). Protracted drought, combined with the AIDS pandemic and limited coping capacities, has resulted in high levels of household food insecurity and persisting pockets of high malnutrition, particularly affecting the most vulnerable, such as pregnant women and orphaned children.

Goal 2. Despite major progress in improving access to primary education, and increasing the net enrolment ratio in lower primary level from 69 per cent in 2003 (66 per cent girls/72 per cent boys) to 83 per cent in 2005 (81 per cent girls/86 per cent boys)⁷, the quality of education has not improved and the MDG target is unlikely to be reached by 2015 unless substantial human and financial resources are invested in the system. Completion rates at lower primary level in 2004 were 48 per cent (39 per cent girls/57 per cent boys) and the net attendance rates in primary schools remained low, at 60 per cent (57 per cent girls/63 per cent boys). There are wide geographical disparities in net attendance rates, from over 90 per cent in Maputo City to less than 50 per cent in Zambezia and Nampula provinces, which account for 40 per cent of the country's child population. The quality of education is further compromised by the high learner/teacher ratio (74:1) and the increasing proportion of unqualified teachers (44 per cent in 2005). Progress has been made in increasing the literacy rate among 15-24 year olds, which rose from 52.1 in 1997 to 58.2 per cent in 2003. Moreover, the literacy rate of the population aged 15 years and above has increased from 39.5 per cent in 1997 to 46.4 per cent in 2003. There are almost twice as many literate men (63.3 per cent) as women (31.2 per cent), however, and there remains significant disparity between literacy levels in rural and urban areas (34.3 versus 69.7 per cent).

Goal 3. Gender inequality remains a significant barrier to development in Mozambique, and the country is currently ranked 133rd out of 140 countries in the Gender-related Development Index. In spite of progress made in reducing the gender inequalities in primary level education, with the ratio of girls to boys at lower primary level increasing from 0.71 in 1997 to 0.83 in 2003, the ratio remains low - around 0.67 - at the upper primary (EP2) and secondary levels, and has remained unchanged since 1997. These trends show that the target of achieving gender parity in higher primary and secondary education will require considerable progress if it is to be met by 2015. While some progress in increasing literacy has been made since 1997, illiteracy remains much higher among women than among men (68.8 versus 36.7 per cent). In addition, the most recent data

⁵ Household Income and Expenditure Survey, 2002/2003, Ministry of Planning.

⁶ Demographic and Health Survey, 2003, National Institute of Statistics.

⁷ Annual School Surveys, Ministry of Education and Culture.

indicate that the share of economically active women in wage employment in the non-agricultural sector was only 10.1 per cent, compared to 30.7 per cent for men, a situation likely to be linked to women's high illiteracy rates and the low proportion of girls and women in technical education at secondary and tertiary levels. Nevertheless, the representation of women in decision-making structures continues to improve, particularly within the parliament and central Government. The proportion of seats held by women in parliament is 35.6 per cent in 2005, although lower progress has been registered at the sub-national levels.

Goal 4. Mozambique has achieved a continual decrease in the rates of child mortality. Between 1997 and 2003, under-five mortality rates decreased by about 19 per cent, from 219 to 178 per 1,000 live births, while infant mortality rates decreased by about 16 per cent, from 147 to 124 per 1,000 live births⁸. If these trends continue, the country has the potential to reach the MDG targets by 2015. Mortality levels among children are strongly associated with the economic characteristics of their households and the education level of mothers. Among children in the poorest households, the under-five mortality rate is twice as high as that among children in better off households (196 versus 108), while children of mothers with no education are 130 per cent more likely to die before reaching five years of age than children of mothers with secondary education. Malaria remains the primary cause of under-five mortality, followed by acute respiratory infection. AIDS, however, is fast emerging as a major killer of children. Immunisation against measles (among one year-old children) increased by 19 percentage points between 1997 and 2003 (from 57.5 to 76.7 per cent, although residential disparities are significant, with 70.8 per cent measles immunisation coverage recorded in rural areas versus 90.8 per cent in urban areas in 2003).

Goal 5. Maternal mortality ratio trends show a substantial reduction over the past decade, from an estimated 1,000 per 100,000 live births in the early 1990s to 408 per 100,000 live births in 2003, putting the country on track to meet the MDG target by 2015. Despite improvements in the quality of obstetric care, the main causes of maternal deaths are due to direct factors (75 per cent), such as haemorrhage, rupture of the uterus, eclampsia and sepsis, while a quarter of deaths (25 per cent) are due to indirect causes, such as malaria and HIV/AIDS. The proportion of births attended by skilled health personnel (also known as institutional deliveries) has increased from 44.2 per cent in 1997 to 47.7 per cent in 2003, although disparities are considerable between rural and urban areas (34.2 and 80.7 per cent respectively in 2003).

Goal 6. The 2005 MDG Progress report found that without a significant acceleration in the national response to HIV/AIDS, the MDG target relating to the halt and reversal of the HIV/AIDS pandemic is unlikely to be met by 2015. The rate of HIV/AIDS prevalence among adults aged 15-49 has been steadily increasing over the past few years, from 12.2 per cent in 2000 to 16.2 per cent in 2004⁹, with the highest rates in the central and southern regions of the country, reaching 26.5 per cent in the province of Sofala. In 2006, an estimated 1.7 million people are living with HIV or AIDS and the disease is claiming over 120,000 lives each year¹⁰. HIV/AIDS in Mozambique has a women's face; the prevalence among women in the 15-24 age group is three times higher than that among men. The increasing HIV/AIDS prevalence is also leading to a greater number of children infected or affected by HIV/AIDS. In 2006, there are an estimated 99,000 children under the age of 15 living with HIV/AIDS, with approximately 80 per cent below the age of five. The AIDS pandemic also

⁸ Demographic and Health Surveys, 1997 and 2003, National Institute of Statistics.

⁹ Report on the Update of the HIV Epidemiological Surveillance Data - 2004 Round, Multisectorial Technical Group for the Fight against HIV/AIDS in Mozambique, Maputo, August 2005.

¹⁰ Impacto Demografico, INE, MISAU, MPF, CNCS, CEP/UEM, UEM, May 2004.

continues to compound the crisis of increasing numbers of orphaned and vulnerable children (OVC). It is estimated that there are over 1.6 million orphans in Mozambique and that more than 20 per cent of these are due to AIDS.

Malaria remains a major public health problem in Mozambique, particularly in rural areas where the majority of the population resides, largely due to the poor utilisation of preventive measures and limited access to health services. It is estimated that over 40 per cent of all outpatient cases and 60 per cent of paediatric cases in hospitals are a result of malaria. It is also estimated that malaria accounts for almost 30 per cent of all hospital deaths. The disease remains the primary cause of deaths among children under five, accounting for approximately 20 per cent of all deaths, although the disease is both preventable and treatable. There is also increasing evidence on the adverse interaction between HIV and malaria, with HIV/AIDS increasing the severity of malaria symptoms and malaria increasing the viral load among those living with HIV or AIDS. The situation in relation to tuberculosis, however, is more positive. The national target for the proportion of tuberculosis cases cured has almost been achieved, although detection remains a problem, and...

Goal 7. The context of extreme poverty puts extreme pressures on natural resources in Mozambique, which are the main source of subsistence for the majority of households. In addition, uncontrolled urban expansion and pollution due to increasing industrialisation are harming biodiversity and the quality of soils and water. It is thus fundamental to improve the environmental management of natural resources in Mozambique if the targets relating to MDG 7 are to be met. In addition, water and sanitation coverage is low, particularly among those living in rural areas. The 2003 Demographic and Health survey indicated that only 37 per cent of the population had access to an improved water source, with 23 per cent of those in rural areas and 69 per cent in urban areas. 48 per cent of the population had access to improved sanitation, with 36 per cent in rural areas and 78 per cent in urban areas. The lowest coverage levels of both water and sanitation were found in Zambezia, the most populous province, and the highest in Maputo city province. The Government is committed to the promotion of sustainable development and has adopted a number of legal instruments with transversal impact for the sustainable development of the country, but considerable efforts will be required to ensure that the pace of economic growth does not jeopardize the quality of life of future generations.

Goal 8. Mozambique remains one of the most aid dependent countries in the world. Overseas development assistance (ODA) accounted for over 50 percent of the State Budget in each of the past five years. However, aid dependence as a share of gross national income (GNI) has declined from 87.1 percent at the end of the civil war in 1992, to 29.5 percent in 1997 and 25.1 percent in 2003. While the Government has made good progress in raising revenues and improving public financial management through the implementation of an integrated public financial management system and action to fight corruption, government generated resources for financing Mozambique medium-term development goals fall short by about \$750 million a year. In April 1998, Mozambique was the sixth country to be declared eligible and to benefit from the HIPC initiative, which would reduce its debts by about \$3.7 billion. In 2004, the Government and the IMF established that Mozambique's debt was sustainable. Long-term debt sustainability, however, will depend on solid growth based on sound government policies, including prudent external borrowing and debt management.

Annex F: Interrelatedness – MDGs, PARPA II and UNDAF III