



MOZAMBIQUE GENDER ASSESSMENT

# Leveraging women and girls' potential

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# Acronyms

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<b>AGYW</b>	Adolescent Girls and Young Women	<b>GNI</b>	Gender Inequality Index
<b>AIDS</b>	Acquired Immunodeficiency Syndrome	<b>HDI</b>	Human Capital Index
<b>AMODEFA</b>	Mozambican Association for Development of the Family	<b>HIV</b>	Human Immunodeficiency Virus
<b>AYFS</b>	Adolescent and Youth-Friendly Services	<b>ICT</b>	Information and Communication Technology
<b>CAI</b>	Centro de Atendimento Integrado (Integrated Service Center)	<b>ID</b>	Identification
<b>CCGAP</b>	Climate Change and Gender Action Plan	<b>ILO</b>	International Labor Organization
<b>CCT</b>	Conditional Cash Transfer	<b>IMAGES</b>	International Men and Gender Equality Survey
<b>COVID-19</b>	Coronavirus Disease	<b>IMASIDA</b>	Inquérito de Indicadores de Imunização (Survey of Immunization, Malaria and HIV/AIDS)
<b>CSA</b>	Climate-Smart Agriculture	<b>IPAJ</b>	Instituto do Patrocínio e Assistência Jurídica (Institute for Legal Assistance and Representation)
<b>CSO</b>	Civil Society Organizations	<b>IPV</b>	Intimate Partner Violence
<b>CWC</b>	Children with Disabilities	<b>MGCAS</b>	Ministério de Género, Criança e Acção Social (Ministry of Gender, Child and Social Action)
<b>DHS</b>	Demographic Health Survey	<b>MINEDH</b>	Ministério da Educação e Desenvolvimento Humano (Ministry of Education and Human Development)
<b>DUAT</b>	Direito do Uso e Aproveitamento de Terra (Right to Land Use and Land Benefit)	<b>MISAU</b>	Ministério da Saúde (Ministry of Health)
<b>ELA</b>	Empowerment and Livelihood for Adolescents	<b>MMR</b>	Maternal Mortality Ratio
<b>FCV</b>	Fragility Conflict and Violence	<b>MSF</b>	Médecins Sans Frontières (Doctors Without Borders)
<b>FDI</b>	Foreign Direct Investment		
<b>GBV</b>	Gender-Based Violence		
<b>GDP</b>	Gross Domestic Product		
<b>GIL</b>	Gender Innovation Lab		

<b>MSM</b>	Men who have Sex with Men	<b>SOGI</b>	Sexual Orientation and Gender Identity
<b>MSME</b>	Micro, Small and Medium-sized Enterprises	<b>SRH</b>	Sexual and Reproductive Health
<b>NEET</b>	Not in Education, Employment or Training	<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>NGO</b>	Non-Governmental Organization	<b>SRHS</b>	Sexual and Reproductive Health Services
<b>OHCHR</b>	Office of the High Commissioner for Human Rights (UN)	<b>STAT</b>	Statistics
<b>PEPFAR</b>	US President's Emergency Plan for AIDS Relief	<b>STEM</b>	Science Technology Engineering and Math
<b>PLWD</b>	Persons Living with Disabilities	<b>STI</b>	Sexually Transmitted Infection
<b>PLWHA</b>	Persons Living with HIV/AIDS	<b>TFR</b>	Total Fertility Rate
<b>PNAD</b>	Plano Nacional de Acção para Área da Deficiência (National Plan of Action on Disability)	<b>TVET</b>	Technical and Vocational Education and Training
<b>PNDDR</b>	Programa Nacional de Desmobilização, Desarmamento e Reintegração (National Program for Disarmament Demobilization and Reintegration)	<b>UCT</b>	Unconditional Cash Transfer
<b>PPP</b>	Purchasing Power Parity	<b>UK</b>	United Kingdom
<b>SAAJ</b>	Serviços de Saúde Amigos dos Adolescentes e Jovens (Adolescent and Youth-Friendly Services)	<b>UN</b>	United Nations
<b>SDI</b>	Service Delivery Indicators	<b>UNFPA</b>	United Nations Population Fund
<b>SINTEF</b>	Survey on Living Conditions Among People with Activity Limitations	<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>SME</b>	Small and Medium-sized Enterprises	<b>USAID</b>	United States Agency for International Development
		<b>VAC</b>	Violence Against Children
		<b>VSLSA</b>	Village Savings and Loans Association
		<b>WASH</b>	Water Sanitation and Hygiene
		<b>WBL</b>	Women Business and the Law
		<b>WLWD</b>	Women Living with Disabilities



# Executive Summary

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**M**ozambique has made great strides in reducing poverty rates in recent years. However, a series of overlapping crises, compounded by the COVID-19 pandemic, has caused scores of vulnerable people to slide back into poverty and has reversed recent human development gains, particularly for women and girls. Putting women and girls at the center of the recovery and development agenda will be key to regaining lost ground, as well as to achieving the productivity and human capital gains needed to drive the country's economic and spatial transformation, to reaping the demographic dividend, and to building social cohesion and resilience to climate and conflict shocks.

**This gender assessment has been prepared as an input for the preparation of the World Bank's Country Partnership Strategy for Mozambique (2023–2027).** However, this assessment is not limited to areas of the World Bank's current country engagement; rather, it seeks to provide a general overview of the key challenges and opportunities facing Mozambican women and girls across different dimensions of their lives. The assessment adopts a life-cycle approach identifying key inflection points in the lives of women and girls that either limit or facilitate their empowerment. The assessment is based on a desk review of available studies, reports, and data from Mozambique, and draws on global evidence, largely from the Africa region.

**Much of the data used in this assessment was drawn from the World Bank's open access World Development Indicators Databank.<sup>1</sup>** The primary household

surveys from which these data are drawn are (i) the 2011 Demographic Health Survey (DHS 2011),<sup>2</sup> and (ii) the 2015 Survey of Indicators of Immunization, Malaria and HIV/AIDS (IMASIDA 2015),<sup>3</sup> which collected similar data to the DHS on key gender-related topics. More recent administrative data from the Ministries of Education and of Health, as well as the Service Delivery Indicators 2018 Survey,<sup>4</sup> was used to complement the DHS 2011 and IMASIDA 2015 data. Data on labor force participation is largely drawn from the World Bank's 2018 Jobs Diagnostic.<sup>5</sup> Population data is drawn from the 2017 Census. Stakeholder consultations were also held in Maputo in July 2022 to confirm the assessment's key findings and recommendations. Data being collected at the time of this assessment's writing (2022–23) for the next DHS will be key for understanding recent trends; a similar update to the Jobs Diagnostic is also needed. Unfortunately, there are indications that many human development and economic indicators are expected to have worsened as a result of the COVID-19 pandemic. In order to target programs to regain this lost ground, such new data will be important.

**Findings point to numerous challenges facing women and girls in Mozambique.** While the country has largely achieved gender parity in primary school education, once girls reach puberty, they start to drop out at higher rates than boys. A significant driver of this is high rates of adolescent pregnancy and child marriage with nearly half of all adolescent girls

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<sup>1</sup> <https://databank.worldbank.org/source/world-development-indicators>.







<sup>2</sup> MISAU, INE, and ICF International (2013).

<sup>3</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>4</sup> <https://www.sdindicators.org/>.

<sup>5</sup> Lachler and Walker (2018).




**Table 1: Summary of policy and programmatic interventions**

Strategic Priority 1: Reduce child marriage and adolescent pregnancy and keep girls in school	
Policy & Programmatic Interventions	
Driver	Intervention Options
 <p>High rates of adolescent school dropouts</p>	<ul style="list-style-type: none"> <li>• Improve access to education addressing the specific constraints affecting girls</li> <li>• Improve quality of education</li> <li>• Ensure schools are safe and inclusive</li> <li>• Facilitate continued enrollment and/or the return to school or technical and vocational education and training (TVET) of pregnant and parenting adolescents</li> </ul>
 <p>Economic constraints and harmful social norms</p>	<ul style="list-style-type: none"> <li>• Cash transfers to girls and their families to mitigate the financial burden of secondary school enrollment and prevent early marriage</li> <li>• Behavior change interventions and public awareness campaigns to increase awareness of returns to girls' education</li> <li>• Integrate income generation support in life skills and sexual and reproductive health interventions for adolescents</li> </ul>
 <p>Early marriage and childbearing</p>	<ul style="list-style-type: none"> <li>• Strengthen enforcement of 2019 Child Marriage law and monitor impacts</li> <li>• Behavior change interventions to reduce early marriage and childbearing</li> <li>• Increase access to adolescent and youth-friendly sexual and reproductive health services providing the full range of contraceptive methods</li> <li>• Deliver age-appropriate sexual and reproductive health education at all levels of schooling and ensure sex education reaches out-of-school youth</li> </ul>
Strategic Priority 2: Increase women's economic opportunities and agricultural productivity	
Policy & Programmatic Interventions	
Driver	Intervention Options
 <p>Gender gap in quality of labor force participation</p>	<ul style="list-style-type: none"> <li>• Reduce sectoral segregation and improve women's access to better jobs through increased vocational and educational attainment</li> <li>• Reduce domestic time constraints to better economic opportunities across the economy through access to childcare services and behavior change interventions promoting equitable division of domestic work</li> <li>• Strengthen enforcement of laws on employment discrimination and sexual harassment</li> <li>• Improve laws on pension, parenthood, and pay, and remove sex-based work restrictions</li> </ul>
 <p>Low agricultural productivity</p>	<ul style="list-style-type: none"> <li>• Increase women's access to secure land tenure under statutory and customary legal systems</li> <li>• Increase women's access to access to capital</li> <li>• Increase adoption of cash crops by women farmers through skills training, subsidies, and out-grower contracts</li> <li>• Increase women's access to inputs and use of mechanization and productive labor through subsidies, cash transfers, and direct, gender-targeted input provision</li> </ul>
 <p>Low entrepreneurial productivity</p>	<ul style="list-style-type: none"> <li>• Increase women's access to banking and credit through improved mobile networks in rural areas for mobile banking; incentivize financial institutions to implement innovative credit schemes that are inclusive of women; increase women's financial literacy through public awareness campaigns to increase women entrepreneur's access to capital</li> <li>• Increase women's entrepreneurial skills and mindset by integrating socio-emotional and personal initiative skills training with business development skills training</li> </ul>

**Table 1: Summary of policy and programmatic interventions (continued)**

Strategic Priority 3: Reduce high rates of fertility; improve women and girls' sexual, reproductive, and maternal health; and reduce unequal burden of HIV/AIDS on women and girls	
Policy & Programmatic Interventions	
Driver	Intervention Options
 <p>Insufficient access to sexual, reproductive, and maternal health care</p>	<ul style="list-style-type: none"> <li>Expand coverage of community and facility-based sexual, reproductive, and maternal health care (SRMH) services to underserved areas</li> <li>Prioritize continuity of care in conflict and disaster affected areas</li> <li>Increase coverage of emergency obstetrical care to underserved areas</li> <li>Expand access to safe abortions through increasing numbers of trained providers and availability of medical equipment throughout the country</li> </ul>
 <p>Low uptake of modern contraception and family planning services</p>	<ul style="list-style-type: none"> <li>Remove any formal or informal requirements for parental or spousal consent to access SRMH and family planning services</li> <li>Increase access to modern contraception and increase numbers of community health workers and services offering contraceptive methods</li> <li>Behavior change interventions and campaigns to educate public, including men and boys, on contraceptive use and access information</li> </ul>
 <p>Prevalence of risky sexual behaviors and sexual power relations</p>	<ul style="list-style-type: none"> <li>Integrate issues of gender, power relations, and consent in sex and HIV/AIDS education programs</li> <li>Strengthen protections against violence, discrimination and abuse of persons living with HIV/AIDS</li> <li>Improve targeting of social safety nets to support persons living with HIV/AIDS (PLWHA), their caregivers, and caregivers of HIV/AIDS orphans</li> </ul>
Strategic Priority 4: Reduce high rates of GBV and improve quality and access to support services	
Policy & Programmatic Interventions	
Driver	Intervention Options
 <p>Harmful social norms</p>	<ul style="list-style-type: none"> <li>Decrease women's dependence on intimate partners through cash transfers and other economic empowerment programs</li> <li>Behavior change campaigns and interventions targeting, men and boys, couples, and women to reduce acceptance and rates of GBV</li> </ul>
 <p>Low rates of reporting</p>	<ul style="list-style-type: none"> <li>Strengthen data collection and case management systems</li> <li>Behavior change campaigns to reduce stigma and backlash associated with reporting GBV</li> <li>Increase access to survivor-focused police and legal services, such as specialized police stations and pro bono legal representation</li> </ul>
 <p>Inadequate support to survivors of GBV and child marriage</p>	<ul style="list-style-type: none"> <li>Provide resources and establish responsibility for the implementation of the National Plan to Prevent and Combat GBV, and strengthen and enforce legal framework for GBV prevention</li> <li>Strengthen referral systems and the capacity of service providers including medical, psychosocial, police, and legal</li> <li>Expand access to Integrated Survivor Support Service Centers (CAIs)</li> </ul>

**Table 1: Summary of policy and programmatic interventions (continued)**

Strategic Priority 5: Strengthen women and girls' resilience to climate change, natural disasters, and conflict	
Policy & Programmatic Interventions	
Driver	Intervention Options
 <p>Socioeconomic inequality</p>	<ul style="list-style-type: none"> <li>• Increase women's ex ante socioeconomic standing through poverty reduction and economic inclusion programs</li> <li>• Increase women's ability to benefit from safety nets following disaster</li> </ul>
 <p>Less access to decision-making and resources</p>	<ul style="list-style-type: none"> <li>• Strengthen implementation of Gender and Climate Change Strategy and increase women's participation in peace processes and local efforts to build social cohesion</li> <li>• Increase women's access to climate smart agricultural information, technologies, insurance, and capital to increase resilience to shocks</li> <li>• Increase income diversification to increase resilience at the household level</li> </ul>
 <p>Increased vulnerability/dependence</p>	<ul style="list-style-type: none"> <li>• Include women in climate change and disaster risk reduction planning</li> <li>• Ensure provision of SRMH and GBV survivor support services in emergency responses</li> <li>• Provide direct economic support to women</li> <li>• Integrate sexual exploitation and abuse prevention in emergency responses</li> </ul>

pregnant or already mothers by the time they reach 19 years of age. Rates of child marriage are similarly high and there is concern that, as a result of COVID-19's economic impacts, lockdowns and disruption of basic services, dropout rates, child marriage, and adolescent pregnancies have all likely increased. Entering the reproductive phase of their lives is another critical juncture for women and girls, and early pregnancies particularly reduce their opportunities to pursue education and employment. Women who begin child-bearing early are likely to have more children and less economic opportunities over their lifetimes as a result of the heavy burden of childcare and domestic labor. There are also significant risks associated with pregnancy and childbirth in Mozambique where the maternal mortality ratio, although declining, remains high. While recent reductions are associated with increasing national rates of assisted births, there are significant variations in access based on region and location, and particular challenges for those living in conflict- and disaster-affected areas. COVID-19 also led to disruptions in the provision of maternity health services, estimated to have resulted in a 15 percent increase in maternal deaths.<sup>6</sup>

**Access to sexual and reproductive health services (SRHS), including family planning, is limited by both supply and demand challenges.** For adolescent girls in particular, accessing SRHS is often stigmatized, and services are not always sufficiently youth and adolescent-friendly. Unequal power relations and gender norms disadvantage girls' and women's ability to negotiate safer sex and control their reproductive lives. Young men's risky sexual behaviors in particular drive HIV/AIDS infection rates, which remain among the highest in the world. Involving men in family planning, reducing risky sexual behaviors, and increasing women and girls' sexual and reproductive agency will be key to reducing adolescent pregnancies, HIV/AIDS, and high fertility rates, which are putting the country's hoped-for demographic dividend at risk.

**Low levels of education and a high reproductive and domestic burden translate into less economic opportunities for women.** Although labor force participation of both men (79 percent) and women (78 percent) in Mozambique is high, the quality of female labor force participation is lower than that of men. There is a high degree of sex-segregation in terms of both sectors and types of jobs in each sector with women generally concentrated among the lower-skilled and less-remunerative jobs. Most women work in agriculture, but have less access to land, credit and other inputs than men. This makes them

<sup>6</sup> UN Women, UNFPA, and ILO (2021).



particularly vulnerable to the impacts of climate change as they have less access to climate-smart technologies and alternative sources of income than men.

**There are significant regional and rural-urban variations across almost all indicators of human and economic development in Mozambique.** Most are worse in the north of the country and among poor and rural households. Many gender gaps and gender-specific challenges are worse in the north as well, whether in access to education, rates of adolescent pregnancy, or economic inclusion. Furthermore, gender intersects with other forms of social exclusion, notably based on disability and sexual orientation and gender identity (SOGI).

**Lifetime exposure to gender-based violence (GBV) is high in Mozambique with more than a quarter of all women experiencing intimate partner violence (IPV) during their lifetimes.**<sup>7</sup> Women and girls living with disabilities are at particularly high risk of sexual and other violence as are people with non-conforming SOGI. The cycle of violence starts early with 32 percent of young women and 40 percent of young men having experienced some form of physical, sexual, or emotional violence during their childhoods.<sup>8</sup> Violence begets violence and men exposed to violence at young age or who witness it in their households more likely to become perpetrators and girls more likely to become victimized. High rates of child marriage, itself a form of GBV, are also associated with IPV. Exposure to urban violence and armed conflict drives violence behavior and both are significant challenges in Mozambique.

**Conflict, climate change, and natural disasters pose particular challenges to Mozambique, and their effects are not gender neutral.** Although more research is needed in Mozambique, international evidence suggests that climate and natural disasters have

worse health impacts on women and girls, in part linked to impacts on reproductive health. As well, in times of crisis, girls are more likely than boys to be taken out of school; and financial strain leads some parents to marry their daughters prematurely. Rates of GBV are higher in areas affected by conflict and displacement while access to support services is curtailed.

**Notwithstanding these challenges, Mozambican women are strong and resilient; empowering them to gaining greater control over their lives will be key to achieving gender equality.** Stimulating growth and development to increase their human capital and economic opportunities is only part of the solution—empowering women and girls to take those opportunities will be key. Building alliances with partners in government, civil society, and international organizations is essential to drive change.

**The six strategic priorities presented below are tied to specific gender gaps and gender issues identified in this assessment.** Policy and institutional reform proposals seek to create an enabling environment to empowering women and girls; programmatic options point to interventions for which there is existing or emerging evidence showing promise and impact. Transforming gender norms toward greater equality will be key to the sustainability of programs and policies. This, for example, would include interventions to rebalance the gender division of labor, combat GBV and child marriage, reduce sectoral segregation in the labor market, and increase women's bodily autonomy and ability to decide about sex and relationships, among other gendered social norms. The following strategic priorities are organized around five key entry points for removing critical constraints and leveraging the potential of women and girls to drive Mozambique's transformation. Table 1 presents a summary of the more detailed set of policy and programmatic interventions presented in the final section of this assessment.

<sup>7</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>8</sup> INS et al. (2020).

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# Introduction

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**M**ozambique faces a series of overlapping challenges compounded by direct and indirect impacts of COVID-19, which have caused thousands to slide back into poverty and reversed recent human capital gains, particularly for women and girls. A COVID-19 rapid gender assessment revealed that women and men experienced employment losses, but while women had a smaller decline, their household and childcare burdens increased. The study also revealed that one in four girls did not continue with their learning due to school closures.<sup>9</sup> Putting women and girls at the center of the development agenda will be key to regaining lost ground, achieving the productivity and human capital gains needed to drive the country's economic and spatial transformation, reap the demographic dividend, and build social cohesion and resilience to climate and conflict shocks.

**Mozambique's Gender Inequality Index places it 136th of the 191 countries ranked in the UNDP's 2021 Human Development Report.**<sup>10</sup> The country's index value of (0.537) reflects gender-based disadvantages across three dimensions: reproductive health (based on maternal mortality and adolescent birth rate), empowerment (based on male and female education levels and shares of seats in parliament), and labor market participation of men and women (Table 2: ). Women in Mozambique fare poorly across several of these indicators. Maternal mortality and adolescent birth rates remain very high, and women are half as likely as men to have some level of secondary education. While women and men's labor force

participation rates are similar, the quality of women's participation is lower. Women have notably achieved significant political representation in parliament; however, this does not translate into participation at lower levels of government and many other decision-making settings.

**Social norms restrict women's economic potential and contribute to high rates of GBV.** Overall, women have a larger share of childcare and household responsibilities, while men have the decision-making power in the home. Mozambique has the sixth highest rate of adolescent fertility and the tenth highest rate of child marriage in the world. Available data on GBV shows that 37 percent of women and girls have experienced physical or sexual violence, and 12 percent have reported being forced to have sex at least once in their lives; over 40 percent of women were married before they were 18 years old; and, one in every four children age 15–19 experienced physical violence, with girls three times as likely to experience sexual violence than boys. Evidence shows that experiencing or witnessing violence at home as a child increases the likelihood of becoming survivors or perpetrators as adults, in a vicious cycle that perpetuates violent behavior and its acceptance from one generation to the next.

**Geographic disparities interlink with fragility and poverty.** Decades of neglect and marginalization in Mozambique's northern provinces has meant populations in the north lack access to basic services and suffer from higher poverty rates and lower development indicators than the rest of the country. Adolescent pregnancy rates are considerably higher in the three northern provinces than in the rest of the country.

<sup>9</sup> UN Women, UNFPA and ILO (2021).

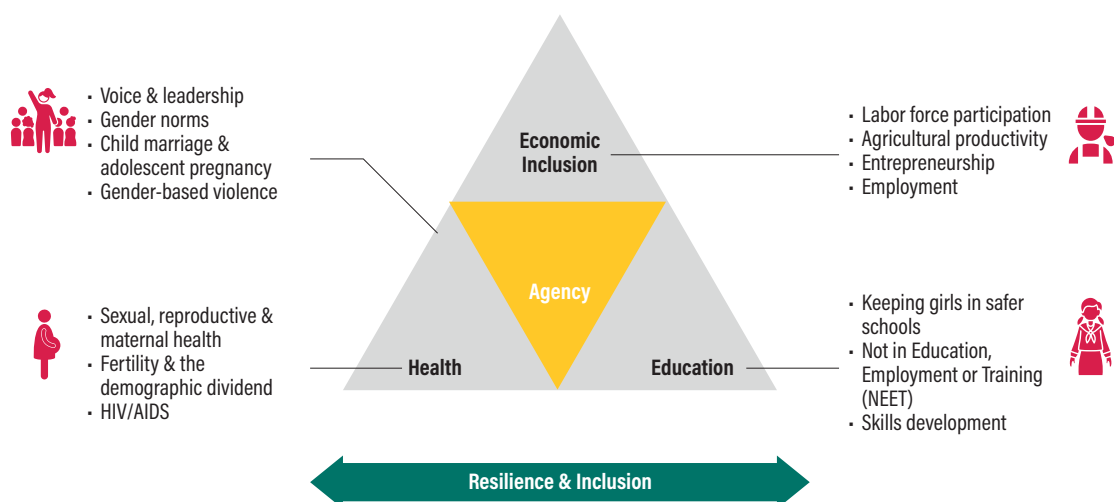
<sup>10</sup> UNDP (2022).

**Table 2: Mozambique's gender inequality index**

Value	Rank	Maternal Mortality (deaths per 100,000 live births)	Adolescent Fertility (births per 1,000 women ages 15-19)	Seats in parliament held by women (%)	Population with at least some secondary education (% ages 25 and older)		Labor force participation rates (% ages 15 and older)	
					Female	Male	Female	Male
0.537	136	289	165.8	42.4	10.8	20.2	77.7	78.9

Source: UNDP 2022.

**Figure 1: Gender assessment overview**



Countrywide, adolescent girls in rural areas are almost twice as likely to become pregnant as those in urban areas and, similarly, the poorest are more than twice as likely to become pregnant than the wealthiest.<sup>11</sup> The ongoing humanitarian crisis and natural disasters have further aggravated the situation of women and girls, further limiting their access to basic services and increasing their risk of facing GBV. Persons living with disabilities (PLWD) are particularly vulnerable during displacement due to either conflict or crisis and generally face difficulties accessing public services. There also continues to be social stigma associated with sexual orientation and gender identity (SOGI) minorities although legal protections are in place.

**This assessment has been prepared to accompany the preparation of the World Bank's Country Partnership Strategy for Mozambique, which will cover the period spanning from fiscal year 2023 to fiscal**

**year 2027.** The primary objective is to identify key gender disparities in Mozambique and strategic priority areas where coordinated and holistic approaches are both needed and would have greater impact. The gender gaps assessed in this assessment are, therefore, not comprehensive and focus primarily on areas where women and girls face disadvantages. The report is based on a desk review of available studies, reports, and data from Mozambique, and draws on global evidence, largely from the Africa region. Much of the data used in this assessment was drawn from the World Bank's open-access World Development Indicators Databank.<sup>12</sup> The primary household surveys from which these data are drawn are (i) the 2011 Demographic Health Survey (DHS 2011)<sup>13</sup> and (ii) the 2015 Survey of Indicators of Immunization, Malaria and HIV/AIDS (IMASIDA 2015),<sup>14</sup> which collected similar data to the DHS on key gender-related topics.

<sup>11</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>12</sup> <https://databank.worldbank.org/source/world-development-indicators>

<sup>13</sup> MISAU, INE, and ICF International (2013).

<sup>14</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

However, given different sample sizes, care should be taken when comparing the two surveys. Furthermore, these data are outdated; a new survey round would be needed to understand the evolution of key indicators—for example, to assess whether adolescent pregnancy rates are continuing to increase. This is particularly relevant in the post-COVID-19 period since some areas may have experienced setbacks. More recent administrative data from the Ministries of Education and of Health, as well as the Service Delivery Indicators 2018 Survey,<sup>15</sup> were used to complement the DHS 2011 and IMASIDA 2015 data. This report presents data and research available as of May 2022.

**This assessment is structured around a framework encompassing five key domains of women and girls' empowerment: Agency, Education, Health, Economic Inclusion, and Resilience and Inclusion** (Figure 1). This framework draws from several World Bank strategies including the Gender Strategy,<sup>16</sup> the Human Capital Project,<sup>17</sup> and the Social Sustainability and Inclusion Strategy.<sup>18</sup> The analysis presented in this assessment identifies key moments in the lives of women and girls when interventions can have significant impacts for unleashing their full potential. These are inflection points that can determine the course of women and girls' lives. This analysis focuses on some of these key moments. Section 1 starts with adolescence and focuses on early marriage, pregnancy, and GBV. Section 2 examines the challenges facing adolescents in completing their education and acquire skills needed to transition into the labor market. Section 3 then looks at risks to women's health as they enter their reproductive years, while Section 4 looks at barriers to their full economic inclusion. Section 5 focuses on inclusion and resilience to shocks such as natural disasters and conflict. Finally, Section 6 presents key considerations and identifies strategic priority areas.

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<sup>15</sup> <https://www.sdindicators.org/>.

<sup>16</sup> World Bank (2015).

<sup>17</sup> <https://www.worldbank.org/en/publication/human-capital>.

<sup>18</sup> Sivaraman (2020).





## CHAPTER 1

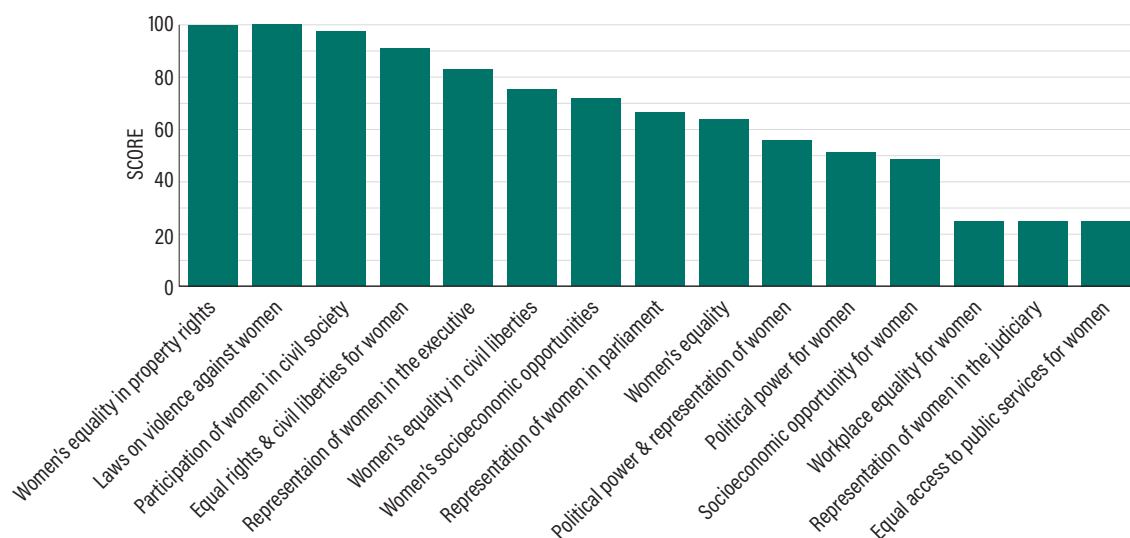
# Voice and Agency: Leveraging Women and Girls' Potential

**I**ncreasing women and girls' agency, namely, the ability to make choices and transform those choices into actions and desired outcomes,<sup>19</sup> is crucial for advancing gender equality and the empowerment of women and girls. Agency is the product of the intersection of both internal factors (such as internalized social norms and self-efficacy) and external factors (such as legal frameworks or labor market opportunities). In Mozambique, social and gender norms, legal and institutional frameworks, and socioeconomic conditions all affect the degree to which women and girls can exert agency throughout their lives. Addressing the intersection of these factors will be key to leveraging women and girls' potential both to enjoy meaningful and productive lives and to drive Mozambique's transformation.

**This section identifies both constraints and opportunities for increasing women and girls' agency.** The section first presents evidence on gender equality and women's agency under the law and in practice. It then zooms in on two powerful impediments to adolescent girls' agency with life-long impacts—namely, extremely high rates of adolescent pregnancy and child marriages or early unions. As with most other human development indicators, adolescent pregnancy and child marriage rates are particularly high in northern provinces. Finally, this section considers how other forms of gender-based violence, in both public and private spheres, harm both women and men throughout their lives. Unfortunately, emerging evidence suggests that COVID-19 has likely worsened all of these problems in Mozambique, requiring a redoubling of efforts to address these challenges.

<sup>19</sup> World Bank (2012).

**Figure 2: Ibrahim Index of African Governance: 2019 Gender Indicators**



Source: Ibrahim Index of African Governance. <https://iiag.online/> accessed September 13, 2023.

## Women's leadership and decision-making

**Mozambique has a history of strong women leaders, yet gender inequality in formal and informal institutions limits women's opportunities as well as the country's development.** The Constitution affirms the principle of gender equality “in all spheres of political, economic, social and cultural life” and that the state shall “recognize and hold in high esteem the participation of women in the national liberation struggle and in the defense of sovereignty and democracy.”<sup>20</sup> Women have held leadership positions in politics, state-run industries, collectives, and farms since the country's independence in 1975 and retained a significant national political representation during the country's transition to a market economy (ranking 22<sup>nd</sup> globally in terms of representation in parliament<sup>21</sup>). However, there are large disparities in women's representation in local institutions, authorities and provincial assemblies. Mozambique ranks low on the Organization for Economic Cooperation and Development's Social Institutions and Gender Index (SIGI), which measures gender-based discrimination

in social institutions.<sup>22</sup> Mozambique similarly ranks low—118<sup>th</sup>—on the Global Governance Forum's Gender Equality and Governance Index, which integrates a broad set of indicators of women's participation in governance such as holding important ministerial and judicial posts.<sup>23</sup> The Ibrahim Index of African Governance also presents a detailed and sobering picture: while in some domains of governance, gender equality has improved, gender equality and women's empowerment decreased between 2010 and 2019.<sup>24</sup> The Ibrahim Index measures various indicators of the political power and representation of women, equal civil liberties for women, socioeconomic opportunity for women, equal access to public services for women, and laws on violence against women (Figure 2).

**Nonetheless, there has been some progress in legal and policy reforms that contribute to greater gender equality.** According to the World Bank's Women, Business and the Law (WBL) database, Mozambique scores above the Sub-Saharan Africa index value of 71 with a score of 82.5.<sup>25</sup> The country received perfect scores under the mobility, workplace, marriage,

<sup>20</sup> Constitution of Mozambique (1975, amended and supplemented in 1990 and 2002), Articles 36 and 122.

<sup>21</sup> Inter-Parliamentary Union, global data on national parliaments monthly rankings. <https://data.ipu.org/women-ranking?month=1&year=2022>.

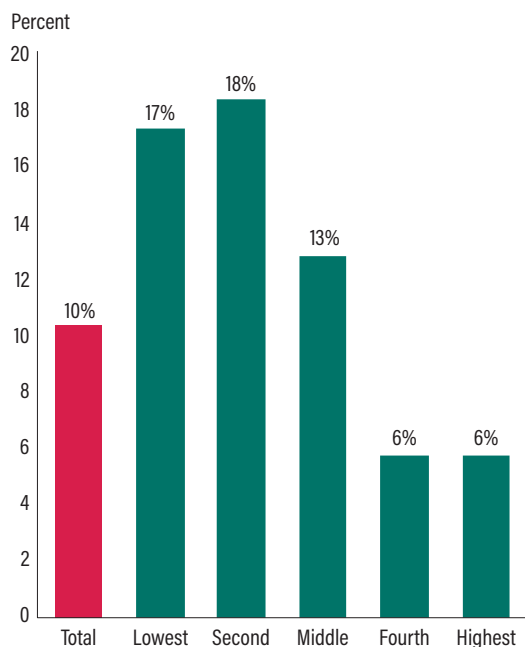
<sup>22</sup> The SIGI is a composite index that measures gender-based discrimination in social institutions taking into account formal and informal laws as well as attitudes and practices that discriminate against women in five dimensions: discriminatory family code, restricted physical integrity, son bias, restricted resources and assets, and restricted civil liberties. <https://www.genderindex.org/>.

<sup>23</sup> Lopez-Claros, Ellis, and Halperin-Kaddari (2020).

<sup>24</sup> Ibrahim Index of African Governance (IIAG). <https://iiag.online/>.

<sup>25</sup> World Bank (2020).

**Figure 3: Husband controls wife's earnings, by wealth quintile, 2015**



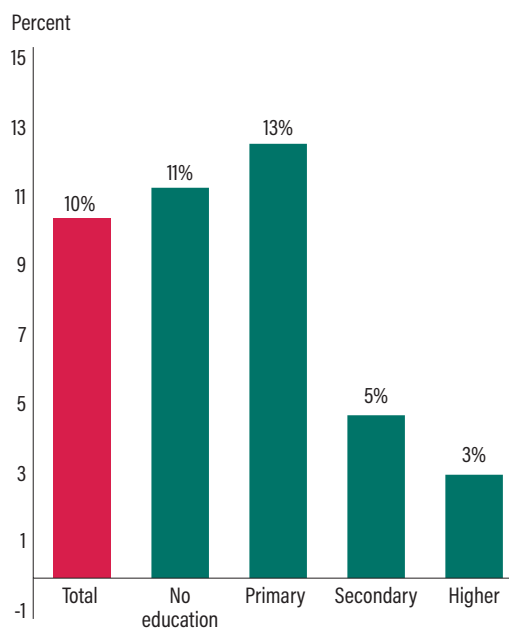
Source: IMASIDA 2015, STAT Compiler.

entrepreneurship, and assets indicators. However, further legal action is needed to guarantee equal remuneration for work of equal value, maternity leave of at least 14 weeks, and parental leave. Current legislation establishes different retirement ages for men and women and includes prohibitions for women to perform jobs deemed hazardous (see Annex 1 for a full list of relevant legislation).

**The 2004 Family Law contains various provisions establishing gender equality protections for women.**<sup>26</sup> The law establishes equality among spouses, and in the contexts of marriage, divorce, raising children, and sharing assets within marriage. Husbands and wives share equal standing—on paper—as heads of households and parents. In the case of unmarried couples and single mothers, the law requires that husbands pay child support upon recognition of paternity. In instances of divorce, it allows for equal splitting of property and payment of alimony and child support depending on which one of the spouses is at fault and their economic possibilities. The law also codifies gender equality in property ownership. It provides provisions equalizing rights in relation to

<sup>26</sup> Law No. 10/2004.

**Figure 4: Husband controls wife's earnings, by wife's education level, 2015**



Source: IMASIDA 2015, STAT Compiler.

marriage and inheritance, establishing that: (a) customary or religious marriages must be registered with civil authorities; (b) de facto unions are recognized as legal; and (c) all children have equal inheritance and legal rights regardless of whether they are born within or outside of a marriage.

**Notwithstanding the gender-equality provisions in various legal frameworks, in practice, women in Mozambique have less decision-making power than men in their households.** They are less likely to be involved in decision-making about their health-care, major household purchases, and visits to their family. Women are more likely to participate in these decisions if they live in urban areas, receive cash remuneration from employment, have higher levels of education, or are in wealthier households. Similarly, women's control over their own income varies significantly by province, educational achievement, and household level of wealth (see Figures 3 and 4, which show the percentage of women whose husbands decide how to use their earnings). Women in Tete have the lowest control of their income (14.6 percent), while women in Maputo City have the highest (59 percent). Women's control of their income is generally limited, but it is greater among those in the highest wealth quintiles, compared to low and middle

wealth quintiles (47 percent versus 40 percent). Low levels of education clearly limit a woman's ability to control her own earnings. Women with less than primary education are more than twice as likely to report that their husbands have full control of their earnings than women with more than secondary education (12.6 percent versus 4.7 percent).<sup>27</sup>

**Improving women's decision-making power has implications at the individual, household, and community levels.** A study undertaken in 23 Sub-Saharan African countries found improved maternal and child health outcomes among women who claimed that they were the primary or sole decision-maker of large household purchases. Among couples who agreed on the wife's role as primary or joint decision-maker, the positive maternal and child health outcomes were increased, and the prevalence of emotional, physical, and sexual intimate partner violence (IPV) was significantly lower. However, the study found a significant increase in IPV among couples who contested the woman's decision-making power in the household.<sup>28</sup> These findings highlight the importance of engaging men and facilitating communication between couples when implementing programs aiming to increase women's agency and decision-making power.

**Social and gender norms in Mozambique are in transition—some are questioned more openly while others remain 'sticky' and are changing slowly.** For example, the study "Being a Man in Maputo (City): Masculinities, Poverty and Violence in Mozambique" found that about two-thirds of all women and men believed that "*levirate*"—the tradition where a male family member 'inherits' the wife after her husband's death—should be abolished. At the same time two-thirds of men and over half of women felt that paying a bride price or "*lobolo*" was good as it made men behave more responsibly toward their wives and children.<sup>29</sup> Despite the existence of these customs, 56 percent of women and 44 percent of men in the study said that gender equality had already been achieved for the most part, suggesting that efforts will need to be made for inequality to be recognized before it can be addressed.

**Gender norms also vary by region.**<sup>30</sup> Under the patrilineal system of the south and center regions,

the family line passes through men (and thus *lobolo* or bride price is practiced as an exchange for a bride becoming the 'property' of her husbands' family), while under the matrilineal systems practiced in the north, the family line passes through women. While women enjoy some benefits under the matrilineal system—notably to relation to property, inheritance, and custody of their children—both systems nonetheless traditionally recognize men as head of the household and place women under men's authority. The north (Cabo Delgado, Nampula Niassa, and Zambezia provinces) is generally considered to have more traditional gender norms contributing to high levels of child marriage and adolescent pregnancy, lower levels of female education and literacy, and weaker economic participation of women. As well, the north has a large Muslim population and thus Islamic traditions influence gender norms in the region.<sup>31</sup>

**Communities in the central provinces of Sofala, Tete, and Manica are mostly patrilineal with influences of Muslim and Christian migrants and traders, and direct impact of Portuguese colonizers who established private agricultural companies.** These provinces were also the center of a long and brutal civil war (1977–92) between Soviet-backed Frelimo (controlling mostly urban areas), and Western-backed Renamo (operating largely in rural areas). The gendered legacy of this conflict continues to influence the region and is manifested through trauma and GBV, as well as high numbers of female-headed households (FHH). At independence, the socialist Frelimo government had as its explicit policy to work toward gender equality and the empowerment of women in the "new Mozambique" that it wanted to create by involving them in political and economic life.<sup>32</sup> Women's political participation increased as did their employment in state-controlled farms, cooperatives, and industries. Transition from a planned to a market economy led to many women losing their employment at 'unprofitable' state-run industries and in the public sector, which increased their economic insecurity and led to many returning to subsistence agriculture.<sup>33</sup>

**The southern region (Maputo City and the provinces of Maputo, Gaza, and Inhambane) has a history of out-migration to South African mines and is generally more economically dynamic.** More

<sup>27</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>28</sup> Annan et al. (2020).

<sup>29</sup> Slegh et al. (2017).

<sup>30</sup> For a fuller discussion, see Tvedten (2011).

<sup>31</sup> Bonate (2021).

<sup>32</sup> Abrahamson and Nilsson (1995).

<sup>33</sup> Tvedten (2011).

economic development and male out-migration has driven a higher degree of ‘modernization’ of gender relations,<sup>34</sup> although women suffer high rates of HIV/AIDS linked, in part, to high rates of male migration. Urbanization is also contributing to this modernization of gender norms and is reflected in higher levels female educational attainment and participation in the labor market. High levels of male unemployment in urban areas and has also led to many women effectively becoming the main family breadwinners.<sup>35</sup> Women have thus been gaining more economic independence which in turn tends to increase their bargaining power and autonomy within the household, although this autonomy can also contribute to male backlash. Notwithstanding all these changes, marriage continues to be seen as an avenue for both economic security and fulfilling social expectations.

**It will be important to consider the significant variation in gender norms throughout Mozambique when designing and implementing of programs and policies.** These variations will be a particularly important factor for the success of any gender-related behavior change interventions. For this, additional qualitative research will be needed to better understand how norms affect behaviors and what drives transformation of behaviors.

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## Protecting girlhood: child marriage and adolescent pregnancy

**Like adolescents elsewhere, young Mozambicans aspire to get good jobs, support themselves and their families, and be respected in their communities.** However, a study conducted in five communities in Zambezia, Sofala, and Maputo City<sup>36</sup> found that girls were significantly less optimistic than boys that they would be able to reach their goals.<sup>37</sup> According to caregivers, adolescents, teachers, and local leaders, the main barrier to success for girls was early marriage and childbearing, followed by inability to pay for education. Boys pointed to the inability to afford

education and limited skills, job opportunities, and motivation as barriers to their own success.

**Social and gender norms undermine girls’ agency starting at a young age and constraints to women’s agency continue throughout their life cycle.** At puberty, as many as one in five Mozambican girls is subjected to sexual initiation rites signaling their readiness for marriage; these rites are often followed by payment of a bride price (*lobolo*) to the head of the girl’s family.<sup>38</sup> Initiation rites serve to broadly undermine young girls and adolescents’ agency to decide about sex and relationships. Girls are taught that they are responsible for sexually ‘provoking’ men who are unable to resist their ‘natural urges’ and that women are required to respond to a partner’s advances.<sup>39</sup> Although such rites vary by linguistic and religious group, sexual initiation rates are particularly high in the northern and central regions.<sup>40</sup> Boys are also subject to initiation with 29 percent of male participants in a study conducted in Maputo reporting having participated in initiation rites in order to “become men.”<sup>41</sup>

**Early school leaving, child marriage, and adolescent pregnancy put girls on a pathway of limited opportunities.** By some estimates, Mozambique has the sixth highest rate of adolescent fertility<sup>42</sup> and the tenth highest rate of child marriage in the world<sup>43</sup> (fourth highest for girls<sup>44</sup>). Worryingly, these rates appear to be increasing although comparisons between datasets should be made with caution and more updated data is needed (Figure 5). Such a high prevalence of child marriage prompted the government to introduce a law combatting child marriage in 2019.<sup>45</sup> The COVID-19 pandemic has likely exacerbated this trend since girls have been out of school and many are unlikely to return—a factor associated with higher rates of child marriage and early pregnancy. Many households have also either become poor or slipped deeper into poverty during the pandemic, leading to economic pressure to marry girls or for adolescents to engage in transactional sex.<sup>46</sup>

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<sup>38</sup> World Bank (2020).

<sup>39</sup> Bagnol (2022).

<sup>40</sup> World Bank (2020).

<sup>41</sup> Slegel et al. (2017).

<sup>42</sup> <https://databank.worldbank.org/source/world-development-indicators>.

<sup>43</sup> UN Women (2018).

<sup>44</sup> UNICEF Data Portal: <https://data.unicef.org>.

<sup>45</sup> A recently introduced law to prevent and combat child marriage (Law No. 19/2019 of 22 October 2019) establishes penalties for anyone entering or facilitating a child marriage or who has knowledge of a child marriage. The effectiveness of this new legal framework has not yet been established, and further efforts will undoubtedly be needed to achieve its intended effects.

<sup>46</sup> UN Women, UNFPA, and ILO (2021).

<sup>34</sup> Tvedten (2011).

<sup>35</sup> Tvedten, Paulo, and Tuominen (2009).

<sup>36</sup> Participants in interviews and focus group discussions included in-school girls and boys (ages 10–19); out-of-school girls and boys (ages 15–19); their guardians, teachers, and local leaders; and NGO local personnel. See Boisvert and Heaner (2020).

<sup>37</sup> Boisvert and Heaner (2020).

## Child marriage: robbing girls of childhood

**Child or early marriage is defined as a formal or informal union before the age of 18.** Early marriage is a harmful practice and form of GBV that limits girls' agency to make vital decisions about their sexual health and general well-being. It exposes them to increased risk of violence and adolescent pregnancy, and often forces them out of education and into a life of poor prospects. In Mozambique, age gaps between couples of five or more years are associated with higher rates of IPV.<sup>47</sup> Poverty leads families to marry off their daughters, or girls themselves decide to marry early to relieve the burden on their families.<sup>48</sup> Where bride price (*lobolo*) is practiced (primarily in the southern region) early marriage can become a household poverty reduction strategy.<sup>49</sup>

**In Mozambique, one of the countries with the highest prevalence of child marriage, 53 percent of women age 20–24 were married before 18 and 17 percent before 15.**<sup>50</sup> Child marriage is more prevalent in the rural areas and highest in the northern and central regions (Figures 6 and 7). According to 2015 IMASIDA data, 62 percent of women age 20–24 were married by the age of 18 in rural areas, compared with 38 percent in the cities. Marriage before the age of 18 was found to be particularly high in Zambézia (68 percent), Niassa (65 percent), Nampula (63 percent), Tete (62 percent), and Cabo Delgado (62 percent). In Zambézia, over one quarter of women (27 percent) were married by the age of 15. These rates of early marriage are putting more than half of all girls traps them in a cycle of lower levels of education, early childbirth, worse health outcomes for them and their children, higher risk of IPV, and less productive lives—most importantly, it robs them of their childhoods. However, the practice of child marriage has declined most sharply in the provinces where it is most common, suggesting that cultural norms about marriage are evolving in these areas. In Nampula, for example, the proportion of women age 20–24 who married before they were 15 fell from an incredibly high rate of 53 percent in 1997 to 23 percent in 2015, while the proportion married before age 18 fell from 82 percent to 63 percent. In the same current age group in Cabo Delgado, marriage before age 15 fell from 42 percent to 24 percent and marriage

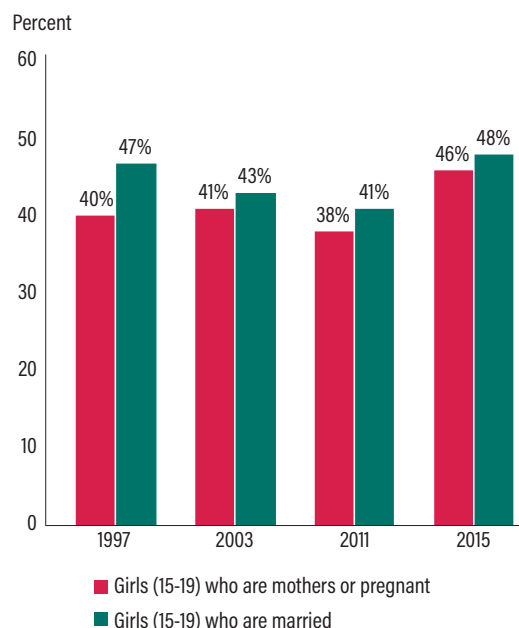
<sup>47</sup> Otieno (2017).

<sup>48</sup> Kok et al. (2022).

<sup>49</sup> World Bank (2020).

<sup>50</sup> IMASIDA 2015 (MISAU, INE, and ICF 2018).

**Figure 5: Child marriage and adolescent pregnancy rates, 1997–2015 (%)**



Source: DHS 1997, 2003, 2011; IMASIDA 2015.

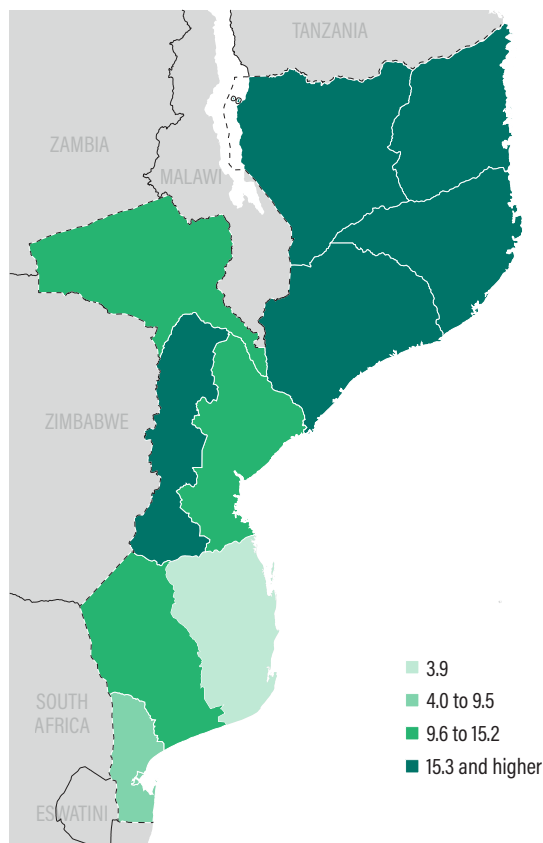
before age 18 fell from 78 percent to 62 percent. Tete also showed a decline in marriage before age 15, from 17 percent to 14 percent.

**Mozambique's legal framework provides protections to combat child marriage.** The National Strategy to Combat Early Marriages<sup>51</sup> outlined the country's framework to combat early marriage and paved the way for reforms to the legal framework through the adoption of the revised Family Law (Law No. 22/2019) and the Law to Prevent and Combat Early Marriage (Law No. 19/2019). These new laws include a comprehensive legal framework including prohibition, prevention, mitigation, and punishment of the perpetrators and accomplices of child marriages, as well as protection of children who are in or were in a child marriage (Box 1). The revised Family Law that came into effect in June 2020 eliminated provisions allowing minor girls and boys to get married with parental or other form of consent.<sup>52</sup> This new law took inspiration from the Southern African Development Community (SADC) Model Law on Eradicating

<sup>51</sup> República de Moçambique (2015).

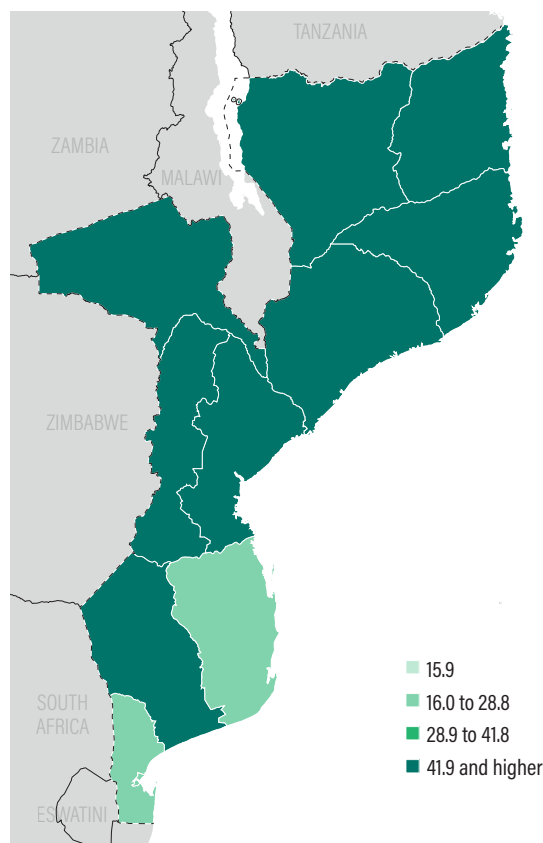
<sup>52</sup> Under the previous Family Law (Law No. 10/2004), other forms of consent included judicial consent, and by other authorities such as a ministry, president, government agency, public officer, or marriage registrar.

**Figure 6: Women age 20–24 first married by age 15, 2015**



Source: Mozambique DHS, IMASIDA 2015, STAT Compiler.

**Figure 7: Women age 20–24 first married by age 18, 2015**



Source: Mozambique DHS, IMASIDA 2015, STAT Compiler.

Child Marriage and Protecting Children Already in Marriage, which provides a common framework to end child marriage and protect children already in a marriage.

**Mozambique’s child marriage law represents a first step for the implementation of policies, programs, and services to prevent and address child marriage.** However, for changes to be effective, laws must also be accompanied by robust enforcement and monitoring mechanisms that monitor the broader impacts of the law. This is especially needed given conflicting evidence regarding the impact of child marriage laws

in other countries (see Box 2). The adoption of child marriage laws may have a role in shifting social attitudes;<sup>53</sup> however, criminalizing child marriage may also result in unintended negative consequences for children and families.<sup>54</sup> Girls and their families may face social stigma, retaliation, and mental distress associated with putting family members in prison, and similarly, families and communities may be destabilized. Criminalization may also deprive other family members of their primary caregivers and income providers. The obligation to report child marriage as well as the penalties for not doing so may result in less child marriages being reported.

<sup>53</sup> LSE (2019).

<sup>54</sup> UNICEF (2020).

## Box 1: Legal framework for child marriage

**The 2019 Family Law establishes 18 years old as the legal age of marriage.** This new law eliminated an exception that allowed children age 16–18 to get married with their parents' consent. However, the law still provides for an exception that can be granted by the Juvenile Court to allow the marriage of a minor of any age in case of pregnancy and under the condition that both spouses agree to contracting such a marriage. The law also establishes that a marriage can be annulled or is voidable if celebrated between minors or if one of the parties is a minor.

**The 2019 Law to Prevent and Combat Early Marriage prohibits child marriage, establishes procedures for the protection and care of the children, and introduces broad and severe criminal penalties for whoever enters into, allows, or facilitates a child marriage.** Chapter 2 of the law establishes that only individuals above the age of 18 can get married; no authority can allow a marriage when one or both parties are minors; and the celebrating authority must obtain a document proving the age of the parties. Criminal penalties of up to two years imprisonment are established for any adult who enters into a child marriage, and for whoever collaborates or enables the celebration of such a marriage, including public servants and religious, traditional, or local authorities. The Law establishes legal prohibitions against paying a bride price and punishes with up to 12 years of imprisonment the exchange of a child, for the purpose of a union or marriage, for money or goods.

**The Law to Prevent and Combat Early Marriage also establishes government responsibility for the prevention of child marriages.** This includes responsibility for the adoption of policies and programs to reduce child marriage, including the provision of services such as shelters, improving access to primary and secondary education, support for economic opportunities for low-income households, and awareness-raising activities, among others. However, no specific ministry or governmental agency is assigned the task of implementing the law, and nor have budgetary allocations for the overall implementation of the law been set.

## Box 2: Do child marriage laws work?

**Research on child marriage laws suggests that such laws alone are not enough to curb this practice.** The Child Marriage Restraint Act of 2017 in Bangladesh only marginally influenced people's beliefs and attitudes toward child marriage within their community.<sup>55</sup> Similar laws in Benin, Mauritania, Kazakhstan, and Bhutan were not effective in curbing early marriages.<sup>56</sup> However, significant reductions in early marriage following the adoption of laws were observed in Tajikistan and Nepal.<sup>57</sup> While standalone laws and provisions banning child marriage are an important element of a multifaceted strategy to reduce child marriage, additional enforcement mechanisms, policies, and interventions are needed to support their implementation.<sup>58</sup> To be effective, child marriage laws should clearly set a strict and consistent minimum age of marriage and be accompanied by other measures such as capacity building of key actors and resources for legal enforcement.<sup>59</sup>

<sup>55</sup> [Amirapu, Asadullah, and Wahhaj \(2019\).](#)

<sup>56</sup> [Batyra and Pesando \(2021\).](#)

<sup>57</sup> [Batyra and Pesando \(2021\).](#)

<sup>58</sup> [Collin and Talbot \(2017\).](#)

<sup>59</sup> [Maswikwa et al. \(2015\); Kim et al. \(2013\).](#)



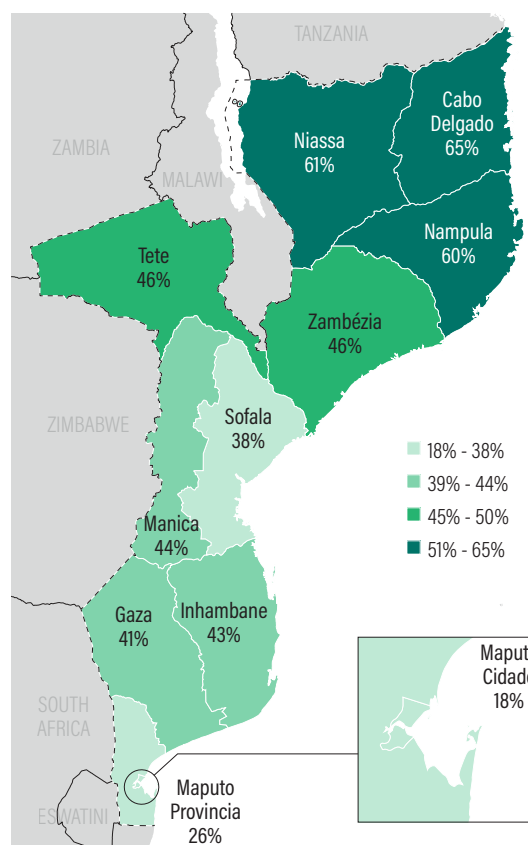
## Adolescent pregnancy: the early motherhood trap

**Child marriage and high rates of adolescent pregnancies are closely related.** Adolescents in child marriages begin their reproductive lives earlier, and conversely, unintended pregnancies often push adolescents into an early marriage. Child brides generally lack agency to negotiate marital relations, which puts them at greater risk, not only of premature pregnancy, but also of sexually transmitted infections (STIs).<sup>60</sup> This likely contributes to adolescents and young women age 15–24 bearing a higher Human Immunodeficiency Virus/Acquired immunodeficiency Syndrome (HIV/AIDS) burden of disease (9.8 percent) compared to that of their male counterparts (3.2 percent).<sup>61</sup> In urban areas, and particularly in the south of the country, there has also been a rise in adolescent pregnancies outside of marriage.<sup>62</sup> Drivers of these high rates of adolescent pregnancies include a combination of lack of accurate information about sexual and reproductive health; taboos around teen sexuality; lack of access, misinformation, and reticence to use modern contraception; as well the inability to negotiate ‘safer sex’<sup>63, 64</sup>

**The likelihood of becoming pregnant before age 19 varies significantly by wealth and location.** Adolescent pregnancy rates are considerably higher in the three northern provinces than in the rest of the country (see Figure 8). There are stark differences between rates observed in the northern province of Cabo Delgado (65 percent) and the southern province of Maputo City (18 percent). Countrywide, adolescent girls in rural areas are almost twice as likely to become pregnant as those in urban areas and similarly, the poorest are more than twice as likely to become pregnant than the wealthiest.<sup>65</sup>

**Young people in Mozambique become sexually active at an early age with one-quarter of females and males surveyed ages 15–24 reporting having sex before the age of 15.**<sup>66</sup> These rates increase significantly by age 18, especially for boys. A study using data from the Global School-Based Health Survey, found

**Figure 8: Share of adolescent girls (15–19) who have begun childbearing, 2015 (%)**



Source: IMASIDA 2015.

that among students in Mozambique ages 11–18, more than half (57.4 percent) reported at least one sexual experience: 68.4 percent of boys and 45.8 percent of girls. Furthermore, sexually active boys were more likely to have multiple sexual partners and they were almost twice as likely as girls to have engaged in multiple sexual risk behaviors (68.4 percent and 36.5 percent, respectively).<sup>67</sup> A review of risk and protective factors linked to sexual and reproductive health among adolescents found that greater educational attainment was associated with delayed sexual initiation and increased likelihood of contraceptive use, including condoms.<sup>68</sup>

**Mozambique’s high rate of adolescent pregnancies is closely tied to low use of modern contraception and high rates of unmet need for family planning.** The unmet need for family planning (the percent of women who do not want to become pregnant but are

<sup>60</sup> Ministério do Género, Criança e Acção Social (2016).

<sup>61</sup> MISAU, INE, and ICF International (2019).

<sup>62</sup> UNICEF (2015).

<sup>63</sup> The term ‘safer sex’ is used instead of ‘safe sex’ to indicate that risks of unwanted pregnancy, HIV/AIDS or other STIs cannot be completely illuminated through the use of condoms.

<sup>64</sup> Kok et al., “Being Dragged into Adulthood?”

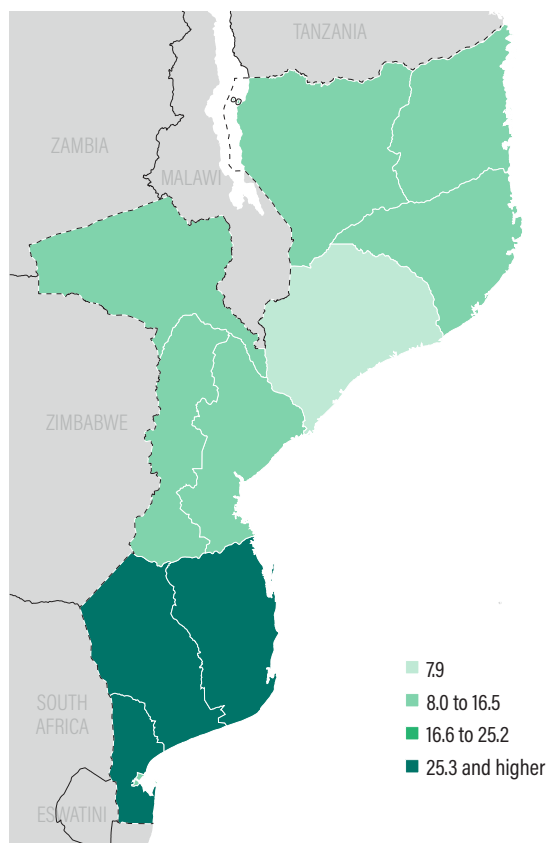
<sup>65</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>66</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>67</sup> Pengpid and Peltzer (2021).

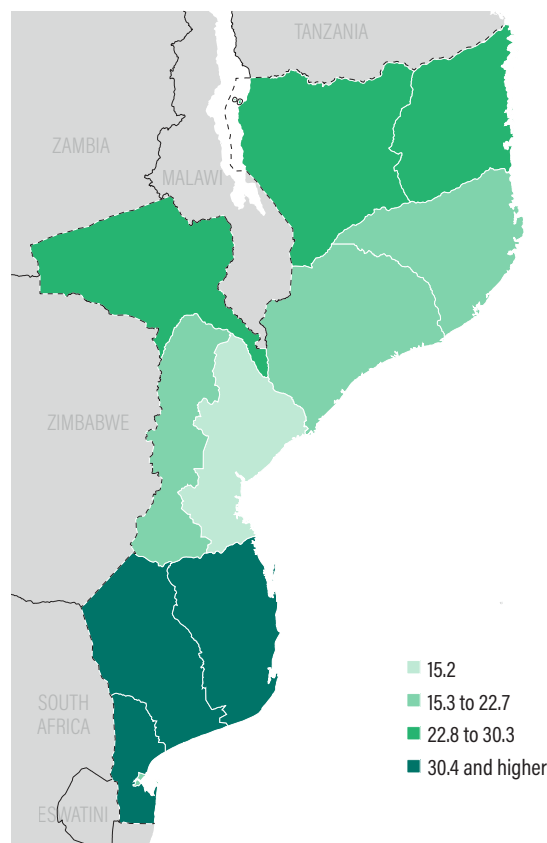
<sup>68</sup> Mmari and Sabherwal (2013).

**Figure 9: Use of any method of contraception by women ages 15–19, 2015 (%)**



Source: Mozambique DHS, IMASIDA 2015, STAT Compiler.

**Figure 10: Use of any modern method of contraception, all women, 2015 (%)**



Source: Mozambique DHS, IMASIDA 2015, STAT Compiler.

not using modern contraception) is estimated at 57 percent among adolescents ages 15–19 who are unmarried and sexually active and at 23 percent among those who are married.<sup>69</sup> Evidence from both developed and developing countries shows that adolescents are more likely to use effective modern contraceptive methods when they have access to: (i) high-quality services delivered by competent providers well trained in family planning and sexual and reproductive health and rights (SRHR) and including proper follow-up; (ii) improved counseling with shared decision-making and without provider bias against recommending long-acting reversible contraception to adolescents and nulliparous women; (iii) discounted or free services; (iv) integrated services with postpartum and post-abortion care; and (iv) reaching adolescents at school.<sup>70</sup> As a result, rates of modern contraceptive use among women vary significantly by region (see Figures 9 and 10).

<sup>69</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>70</sup> Track20 (2020).

**Adolescent and youth-friendly health services within public health facilities** (Serviços de Saúde Amigos dos Adolescentes e Jovens, **SAAJ**), were created in 2009–10 in Mozambique. In 2019, the national directives for the provision of sexual and reproductive health (SRH) in schools were revised by the Ministry of Health (*Ministério da Saude*, MISAU).<sup>71</sup> MISAU established the kind of SRHR services to be provided to students based on the school year in which they are enrolled as opposed to their age. Information, education, and communication on wellbeing, hygiene, and services is provided to all secondary school students (from grades 7 to 12). Certain contraceptive methods (oral contraceptives and condoms) are made available to students in grades 10 to 12.

<sup>71</sup> MISAU Despacho 765/GMS/002/2019.

### Box 3: Mozambican youth on use of modern contraception

**More young people would use contraception if more easily available.** In a recent qualitative study conducted in five communities in Zambezia, Sofala, and Maputo City, over half of in-school youth participants of both genders were more certain that young people would use modern contraception if available to them.<sup>72</sup> The number was lower (38 percent) for out-of-school youth, suggesting that community outreach in addition to comprehensive SRH education at schools is essential. Interestingly, boys and men were much more likely to believe young people would use contraception if available than did girls and women (71 percent versus 30 percent), suggesting that SRH education services need to take gender differences in attitudes and behaviors into account. When asked about the types of SRH services that are most needed for youth, respondents prioritized SRH education, followed by counseling and access to contraception. Youth pointed specifically to the fear that contraception could be harmful (leading to sterility, other health side effects, or contracting STIs, among others), embarrassment and taboos, as well as parents and guardians not allowing access.

Other challenges mentioned by respondents included: partners and parents disallowing use of contraception; insufficient depth and breadth of SRH education services; lack of youth-specific services for women's health; and general low quality of services. Fear that contraception will hurt a woman was more widespread among out-of-school than in-school youth, both boys and girls. Another qualitative study of unsafe sexual behavior among schoolgirls in Maputo found that poverty and class further disadvantage girls in their attempts to negotiate safer sex. Girls from lower socioeconomic classes tended to be less assertive, more accepting of gender power differentials, and more likely to be depending on partners for material needs than their better-off counterparts.<sup>73</sup>

**Access and uptake of SRH services is constrained by a combination of supply- and demand-side factors.** Demand is limited by adolescent girls' sexual and reproductive agency, which is often constrained regardless of their marital status. For married adolescents to access SRH services or to choose a family planning method, the husbands' consent may be needed (whether formally or informally).<sup>74</sup> For unmarried adolescents, a guardian's consent is often unofficially required and withheld as persistent social norms dictate that girls should not be sexually active outside of marriage (while for boys this is generally accepted and even expected). Given these social taboos, girls are often stigmatized for seeking SRH services—including by health providers themselves. Further, they may be subject to common misconceptions or providers' own biases regarding contraception. SOGI minority youth may face further stigmatization and discrimination by peers, adults, and SRH service providers. Similarly, adolescents and women living with disabilities (WLWD) experience higher rates of sexual abuse while simultaneously facing higher barriers to accessing SRH services due to physical accessibility challenges, stigma, and discrimination by service providers.<sup>75</sup>

**Poverty is also an important structural driver of both early marriage and pregnancy.** In a qualitative study conducted in five communities in Zambezia, Sofala, and Maputo City, participants explained how some parents arrange marriages for their daughters because they cannot afford to support their whole families. Study participants also pointed to the phenomenon of girls engaged in transactional sex (often for very small amounts of money or small personal items) either becoming pregnant unintentionally or, in some cases, trying to become pregnant in the hopes of financial support for themselves and their families.<sup>76</sup> In such contexts, unconditional cash transfers have shown some promise in delaying marriage in beneficiary households, although effects stop once grants do.<sup>77</sup> Cash transfers conditional on girls remaining unmarried may be effective in delaying fertility in settings where pregnancy primarily occurs inside of marriage but may hasten marriage (and, likely, pregnancies) after the cessation of transfers.<sup>78</sup> Thus, while cash transfers hold promise in the short term, in the longer term, evidence suggests that enhancement of girls' own human capital, opportunities, and agency is the most sustainable pathway for delaying marriage.<sup>79</sup>

<sup>72</sup> Boisvert and Heaner (2020).

<sup>73</sup> Machel (2001).

<sup>74</sup> UNFPA, "SRHS Situation Analysis in Mozambique," n.d.

<sup>75</sup> UNFPA (2018).

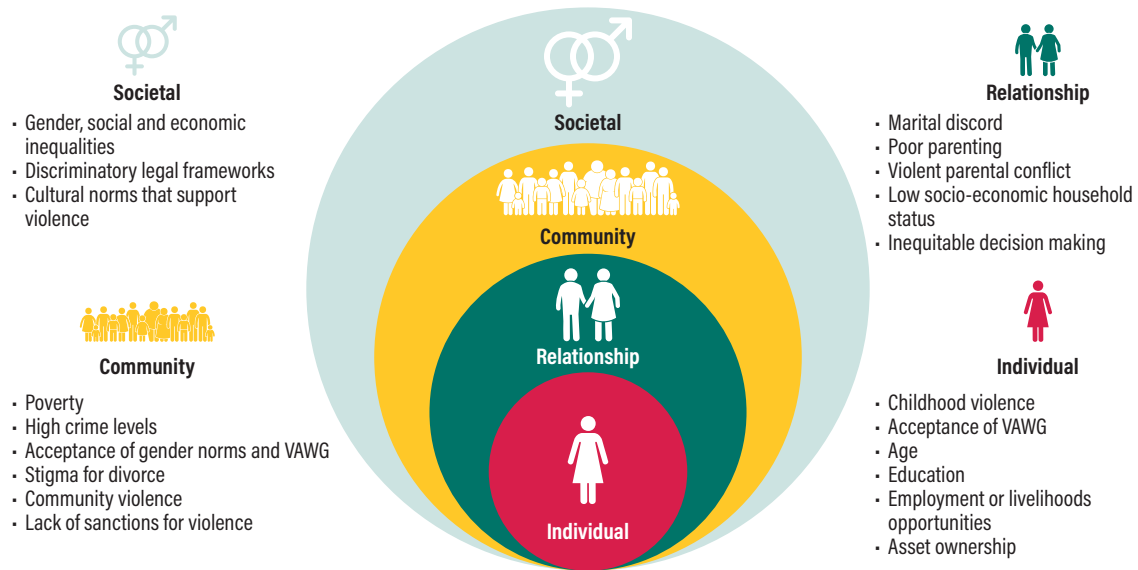
<sup>76</sup> Boisvert et. al. (2021)

<sup>77</sup> Bergstrom and Özler (2021).

<sup>78</sup> Bergstrom and Ozler (2021).

<sup>79</sup> Malhotra and Elnakib (2021).

**Figure 11: Ecological model of GBV risk factors**



**Migration linked to large infrastructure and mining projects also contributes to high rates of adolescent pregnancy.** Studies of the impact of the influx of workers from Mali, Senegal, Tanzania, and Malawi during the opening of ruby mines (*garimpos*) between 2012 and 2016 point to numerous negative impacts on women and girls living in these areas. The influx of “unattached” male migrants into impoverished communities led to an increase in transactional sex and unintended pregnancies, as well as child and forced marriages. One civil service organization (CSO) informant familiar with the mines said that when workers returned to their home countries, local communities were left with large concentrations of newly single mothers.<sup>80</sup> This experience points to the need for strong safeguards and safety nets in areas affected by ongoing infrastructure and mining projects in Mozambique.

**Efforts to empower adolescent girls and reduce teen pregnancy need to be multi-sectoral and address both supply- and demand-side constraints.** In health, there has been large-scale donor commitment and government buy-in to ensure contraceptive procurement; however, distribution and uptake among key segments of the population and different regions has not been uniform. Thus, the continued scale-up of contraceptive provision through multiple channels is necessary. This could include the further integration with other Maternal and Child

Health Services provided at health facilities, expansion of Adolescent and Youth Friendly Services (SAAJ), and distribution of a wider range of contraceptive methods at secondary and vocational schools, through the existing network community of health workers and mobile brigades in hard-to-reach areas and places where adolescents regularly meet.<sup>81</sup> However, increased provision of contraception is not enough. Ensuring favorable attitudes and knowledge of parents, partners, and other influential figures is needed, as well as addressing taboos, misinformation, and other factors preventing adolescents from seeking SRHS. Strategies therefore need to include interventions to reduce social stigma and counter misinformation; increase adolescents’ agency to make informed choices around sex, relationships, and marriage; and strengthen the delivery of specialized adolescent and youth friendly SRH services, including access to safe abortion.

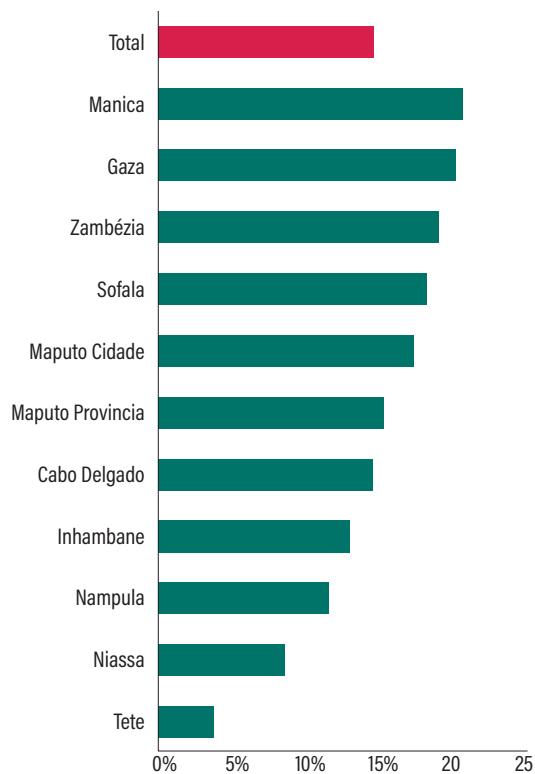
## Breaking the cycle of violence

Building on the ecological framework of factors that constrain or drive the empowerment of women and girls broadly, this section zooms in on overlapping risks factors for GBV at the level of the individual, relationships within households, community, and at a broader societal level (Figure 11).

<sup>80</sup> USAID (2019).

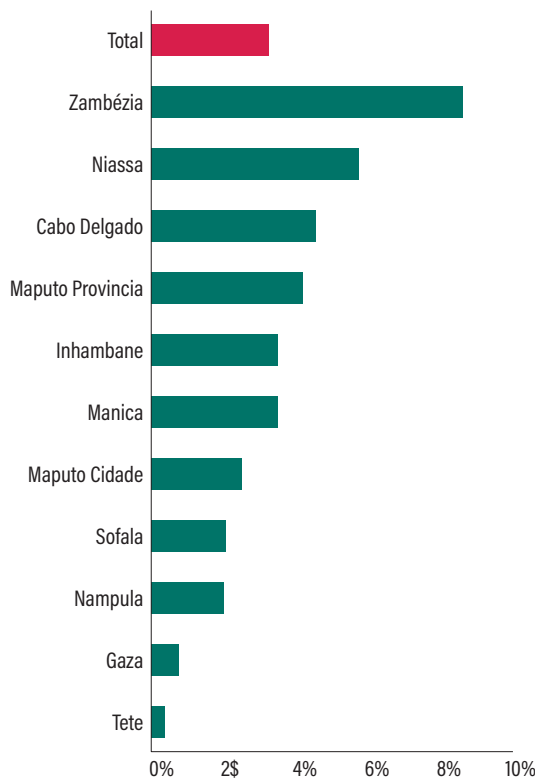
<sup>81</sup> World Bank (2021)

**Figure 12: Women experiencing physical violence in the past 12 months, 2015 (%)**



Source: Mozambique DHS IMASIDA, 2015.

**Figure 13: Women experiencing sexual violence in the past 12 months, 2015 (%)**



Source: Mozambique DHS IMASIDA, 2015.

**GBV is an extreme denial of agency and has significant costs.** In addition to the direct physical and psychological harm to women, GBV is a drain on human capital development, poverty reduction, and growth. Conservative estimates suggest that up to 3.7 percent of GDP can be lost annually due to GBV—about the amount most developing countries spend on primary education.<sup>82</sup> There are also direct costs on the health care system; for example, women survivors of violence make much greater use of health services than non-abused women, even years after the violence has ended.<sup>83</sup> GBV comes in many forms, including child marriage, IPV, sexual exploitation and assault, and sexual harassment, among others (see Annex 2 for GBV definitions).

### *Intimate partner violence*

**In Mozambique, 1 in 4 women ages 18–49 have experienced physical or sexual violence at some point in their lives, and many reported in 2015 that they experienced violence in the past 12 months with huge regional variation (Figures 12 and 13).** Most of this violence is perpetrated by a current or former intimate partner.<sup>84</sup> Although men are also subject to high rates of violence (1 in 5 have experienced physical violence), IPV (physical, sexual, or emotional) is more than twice as likely to affect women than men (24 percent compared to 13 percent, respectively).<sup>85</sup> A third of women and a quarter of men who had at one point been married reported that their partner was jealous or enraged if they spoke to a person of the opposite sex, while 40 percent of women and 18 percent of men were frequently or sometimes afraid of their partners.<sup>86</sup> Globally, girls and young women living with

<sup>82</sup> World Bank (2018).  
<sup>83</sup> Bonomi et al. (2009).

<sup>84</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).  
<sup>85</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).  
<sup>86</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

disabilities are even more likely to have experienced sexual violence by family members or neighbors.<sup>87</sup> A study in Maputo and Matola from 2010 found that as many as three-quarters of WLWD reported having suffered at least once from sexual violence.<sup>88</sup>

**Less than 50 percent of Mozambican women who experience physical violence seek help and only a quarter of victims of sexual violence do so.**<sup>89</sup> Women mostly seek help from their own or their partner's families; only 10 percent seek help from police or social services.<sup>90</sup> GBV support services are generally uneven and poorly coordinated. Access in conflict-affected areas, where sexual violence risks are heightened, is severely limited.<sup>91</sup>

**Attitudes and norms related to GBV are complex and at times contradictory.** About two-thirds of both women and men feel that GBV is a substantial problem in Mozambique.<sup>92</sup> Although relatively few women and men justify wife-beating (14 percent and 17 percent, respectively),<sup>93</sup> rape myths that blame the victim as well as the belief that forced sexual relations in marriage are not rape are widespread. A survey in Maputo found that 40 percent of men and 34 percent of women agreed that a woman who did not dress decently was asking to be raped; similarly, 40 percent of men and 13 percent of women said there were times a woman deserved to be beaten. Qualitative data collected as part of the survey revealed that men and women think that women generally cause “problems in families” because they possess “bad powers and are accused of controlling men with the use of “spirits.”<sup>94</sup> Belief that spirits play a role in provoking violence provide men an excuse for using violence and women a reason to forgive a partner who uses violence. Normalization of GBV persists in Mozambique despite the high levels of awareness of laws related to violence: 86 percent of men and 77 percent of women were aware of the law against violence against women, while 83 percent of men and 79 percent of women agreed that a man who forces his wife to have sex is committing a crime.<sup>95</sup> These findings suggest that laws and even knowledge of laws prohibiting GBV may be necessary but not sufficient in any efforts to reduce

the prevalence of such violence; transforming social norms and attitudes toward GBV will be key.

**Exposure to violence starts at a young age for both men and women.** A 2019 national survey on violence against children and youth found that among 18–24 year olds, 32 percent of young women and 40 percent of young men had experienced at least one form of physical, sexual, or emotional violence in childhood with women more likely to have experienced sexual assault than men.<sup>96</sup> Only 38 percent of young women and 22 percent of young men knew of a place to seek health, suggesting the need for increased awareness raising among children and young people on available support services. While rates of physical violence against women and men in Mozambique overall are similar, the perpetrators of this violence are different. Over 90 percent of women were assaulted by a current or previous intimate partner; while for men less than half of assaults were committed by intimate partners and 36 percent were committed by a parent, sibling, or other family member.<sup>97</sup>

**Rapid assessments conducted on the impact of COVID-19 suggest that violence against women and child abuse increased during the pandemic, but access to support services has been disrupted.** Almost half of women felt that GBV had gotten worse since the onset of COVID-19 and many reported directly knowing someone who had experienced physical violence.<sup>98</sup> Pandemics exacerbate GBV for several reasons, including those linked to poverty-related stress, the psychological stress of increased social isolation, and the decreased ability of women to escape from abusive partners.<sup>99</sup> Additionally, the sudden onset of increased economic stress and anxiety may lead to negative coping mechanisms and exacerbate violent behavior at the household level, including child maltreatment and corporal punishment, transactional sex, and exploitation of child labor to increase the family income.<sup>100</sup>

**Engaging men and boys is a key element of breaking the cycle of violence.** More than half of the men who participated in a survey on men and violence in Maputo had witnessed their siblings being beaten and 30 percent had witnessed violence between their

<sup>87</sup> UNFPA (2018).

<sup>88</sup> Handicap International (2010).

<sup>89</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>90</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>91</sup> UNHCR (2021).

<sup>92</sup> UN Women, UNFPA, and ILO (2021).

<sup>93</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>94</sup> Slegh et al. (2017).

<sup>95</sup> Slegh et al. (2017).

<sup>96</sup> INS et al. (2019).

<sup>97</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>98</sup> UN Women, UNFPA, and ILO (2021).

<sup>99</sup> Ptermanet al. (2020).

<sup>100</sup> De Paz Nieves, Gaddis, and Muller (2021).

## Box 4: What works to prevent violence against women and girls

The *What Works to Prevent Violence against Women and Girls* program, a six-year initiative, funded innovative prevention programs that were implemented by over 20 organizations in 12 countries. The prevention interventions researched the impact of community activism, couples' interventions, economic empowerment, and prevention of violence against children (VAC) interventions. The lessons learned include the following:

- Community activism interventions that trained community members as volunteer activists, engaged GBV survivors individually as well as in a couple, and had a longer training and implementation duration, were found to be the most successful interventions.
- Couples' interventions with greater impact were those that allowed for sufficient program exposure and tested and piloted the implementation of the curriculum before the delivery of the program. This allowed for critical program adaptations to be done in a timely manner.
- Economic empowerment interventions that worked with everyone in the household, reflected the drivers of violence in the program design, provided funds that were under the woman's control, and had lengthier and more frequent trainings and other program activities had greater impact. The intervention results also suggest that working with men and other family members, rather than only working with women, may have greater impact, especially in changing men's behavior.
- Prevention of VAC interventions had greater impact when these were implemented for a longer time, addressed social norms and multiple drivers of violence, and integrated experiential learning that sought to foster positive interpersonal relations.

Source: Elaborated based on Jewkes et al. 2020.<sup>101</sup>

parents.<sup>102</sup> Witnessing violence in childhood is known to contribute to the 'normalization of violence' and of violent and other abusive behaviors later in life. Alcohol often plays a role in men's use of violence: 16 percent of men reported using violence of some kind after consuming alcohol. The survey also found that 12 percent of men reported having at some point forced a woman or girl to have sex when she did not want to or said they had had sex with a woman when she was too drunk to consent.<sup>103</sup>

**There is an increasingly rich body of research on what works in other countries** (Box 4). However, there is a need for research on what works in Mozambique and how this varies between groups and settings: what works in Cabo Delgado may not work in Maputo City, and similarly what works in urban areas may not work in rural settings.

**The National Plan to Prevent and Combat Gender-based Violence (2018–2021) addresses the need**

**to prevent and raise awareness, respond, improve the legal framework, invest in research, and rigorously monitor and evaluate GBV activities.** While there are budgetary allocations for the implementation of the plan,<sup>104</sup> some of its priority actions are quite broad and no specific steps for their implementation have been set. For example, it is not clear how and if gender and social norms will be targeted or how the efficiency of the judicial system will be increased when it comes to GBV cases. Further, no clear monitoring and evaluation indicators are established to verify if the strategies adopted are effective.

**Prohibitions, penalties, and the provision of services for survivors are codified in three laws in Mozambique's legal framework.** Namely, the Law on Domestic Violence Perpetrated Against Women,<sup>105</sup> the Criminal Code,<sup>106</sup> and the Regulation on the Organization and Operation of Integrated Care Centers for Victims of Domestic and Gender-Based Violence.<sup>107</sup> Domestic violence, as defined by the domestic violence

<sup>101</sup> R Jewkes et al. (2020).

<sup>102</sup> Slegh et al. (2017).

<sup>103</sup> Slegh et al. (2017).

<sup>104</sup> República de Moçambique (2018).

<sup>105</sup> Law No. 29/2009.

<sup>106</sup> Law No. 24/2019.

<sup>107</sup> Law No. 75/2020.

law, is any act perpetrated against a spouse, former spouse, partner (de facto union), former partner, boyfriend, former boyfriend, or family member, and including physical, sexual (including marital rape), psychological, and economic abuse. However, while article 17 of the domestic violence law criminalizes marital rape and punishes it with imprisonment from six months to two years,<sup>108</sup> the Criminal Code provides harsher penalties for rape outside of marriage, setting imprisonment between two to eight years.<sup>109</sup> The Domestic Violence Law provides for protection orders that include measures such as distancing between the perpetrator and the survivor, protection and restitution of the property of the victim, child custody rights, and financial support in favor of the plaintiff, among others. The law establishes procedures (related to the hearing, notification of the parties, and evidence, among others) to ensure that domestic violence cases have a quick response and allows for the survivor as well as third parties to file a complaint. Depending on the gravity of the crime committed, penalties under the law include community work and up to eight years in prison. The 2019 Criminal Code imposes aggravated penalties if a crime is committed against a spouse. The crime of “mistreatment” against a cohabiting partner is defined as “physical or psychological abuse, including corporal punishment, deprivation of freedom and sexual offenses, or cruel treatment;” it is punishable with a fine and imprisonment up to five years. No specific penalties are present for breaches of a protection order; nor is mediation prohibited. While it is broadly used and promoted as an alternative to criminal justice and family law processes, mediation is not considered a good practice for cases of domestic violence because it removes cases from judicial scrutiny, presumes that both parties have equal bargaining power, reflects an assumption that both parties are equally at fault for violence, and reduces the accountability of the offender.<sup>110</sup>

**As in many developing countries, services for survivors of violence in Mozambique are limited.**

The Multisectoral Mechanism for Integrated Care of Women Victims of Violence, approved in May 2012, defined the guiding principles and standard protocols for four GBV essential services—medical, social, police and justice—and provided for integration of

these services under the coordination of the Ministry of Gender, Children and Social Action (MGCAS). Each sector included in the multisectoral mechanism has its own specific protocols: (i) the health sector would provide emergency first aid and psychological support, including through *paragem única* or one-stop centers for GBV survivors; (ii) the police, through its specialized offices called *gabinetes*, provide protection for survivors and follow law enforcement and criminal investigations; (iii) the justice sector oversees the free legal support provided by the Institute for Legal Assistance and Representation (*Instituto do Patrocinio e Assitencia Juridica*, IPAJ); and finally social services, including psychosocial support and referral to other services, are under the direction of MGCAS. Mozambique’s 2020 Law on the Regulation on the Organization and Operation of Integrated Care Centers for Victims of Domestic and Gender-Based Violence<sup>111</sup> established the *Centro de Atendimento Integrado* (CAI) to provide protection, healthcare, legal, and social assistance to survivors of domestic and GBV. There are currently 25 CAIs in Mozambique; only four are in the north and central region while the rest are in Maputo, Gaza, and Inhanbane provinces. In addition to the geographic limitation, the services offered at CAIs are often limited.

**Data collection around GBV prevalence rates are also not routinely systematized.** Adequate funding for GBV services would focus on strengthening referral pathways and ensuring that good quality medical, legal, and psychosocial services are available for survivors. Integrating evidence-based social and behavior change communication interventions such as through safe spaces for girls, couples training, intervention with adolescent boys, and community interventions, among others, will also be key.<sup>112</sup>

### *Violence in public spaces*

**There are many ways in which violence in public and private spheres intersect in Mozambique, as elsewhere.** Being either a victim or a perpetrator in one sphere increases the likelihood of being a victim or perpetrator in the other. There is a higher risk of violence in more insecure areas, and the more violence is normalized in society, the more it is likely to permeate different aspects of life.

<sup>108</sup> Law No. 29/2009. Law on Domestic Violence against Women. [https://www.wlsa.org.mz/wp-content/uploads/2014/11/Lei\\_VD\\_2009.pdf](https://www.wlsa.org.mz/wp-content/uploads/2014/11/Lei_VD_2009.pdf)

<sup>109</sup> Law No. 24/2019. Law Revising the Penal Code. <https://www.wlsa.org.mz/wp-content/uploads/2021/08/Lei-24-2019-Lei-de-Revisao-do-Codigo-Penal.pdf>

<sup>110</sup> UN Women (2012).

<sup>111</sup> Law No. 75/2020

<sup>112</sup> Jewkes et al. (2020).



**Men and women have different experiences of public violence, with women being more exposed to risks of sexual harassment and assault while men are more likely to be victims of other forms of physical assault or involvement in gangs, particularly in urban areas.** A quarter of women and a fifth of men and women, respectively, in Mozambique report having experienced some form of physical violence since age 15 (combining both violence in and outside of the home). Rates of physical violence against both men and women are higher in urban areas by about 10 percentage points in both cases. Men are at highest risk of violence in Cabo Delgado where there is an ongoing armed conflict (40 percent of men report having experienced physical violence since age 15) followed by Zambezia, Manica, Sofala, and Maputo City (ranging between 25 percent-28 percent). For women, the highest risks occur in Gaza and Maputo provinces as well as Maputo City where 39 percent, 33 percent, and 35 percent of women report having experience physical violence, respectively. Men were also significantly more likely to suffer physical violence at the hands of a teacher, the police, a soldier or at work.<sup>113</sup>

**Poorer and more densely populated neighborhoods (bairros) in larger urban centers suffer particularly high rates of violence.** A study by UN Women conducted in two districts in Maputo City found that 43 percent of women and girls had suffered some type of physical violence in public spaces and this percentage rose to 61 percent for sexual violence (including harassment) and 77 percent for psychological violence.<sup>114</sup> Girls between the ages of 12 and 18 suffered higher rates of sexual violence in public spaces than older women. Only 16 percent of all respondents indicated that they knew of the existence of an organization or institutions in their neighborhood that could provide support in the case of violence, primarily an association, police station, hospital, or church. A separate study looking at the intersection of masculinities, poverty, and violence conducted in four districts in Matola and Maputo cities (including the two districts of the UN Women study) as part of the global International Men and Gender Equality Survey

(IMAGES)<sup>115</sup> found that residents were exposed to violence at a young age: 80 percent of men and 75 percent of women reported having witnessed at least one of act of violence before the age of 18.<sup>116</sup> Respondents had also been victims of violence at a young age with 45 percent of men and 30 percent of women having either been assaulted or beaten in the street, attacked or shot by someone with a gun, threatened with death, been subject to police violence, and/or had their home or workplace hit by gunshots before the age of 18. Notably, men and boys were exposed to high levels of violence at the hands of police with 21 percent of men reporting they had suffered police violence before age 18. By comparison, national statistics show that among the 20 percent of men who ever experienced physical violence, only 2.2 percent of this violence had been perpetrated by police.<sup>117</sup>

**A significant portion of IMAGES study participants in Matola and Maputo cities also reported being themselves aggressors.** Before the age of 18, 21 percent of men and 12 percent of women reported having fought using a gun or other weapon, threatened to kill someone, or participated in beating someone publicly.<sup>118</sup> In addition, 4 percent of men reported to be involved with a gang. Consistent with research on the intergenerational impacts of both public and private violence, the IMAGES study found that that experiencing physical or psychological violence at home or at school or witnessing father beating their mother was significantly associated with increased perpetration of IPV among participants. Similarly, the study also found an association between men involved in urban violence before the age of 18 and later perpetration of IPV. Additionally, violence was associated with other antisocial behaviors, notably excessive alcohol consumption, with nearly one in five men reporting having used violence of some kind after consuming alcohol. Furthermore, nearly half of all male respondents reported having at some point engaged in transactional sex and the study found an association between paying for sex and committing acts of both public and private violence. Men who reported having exchanged money or goods for sex were more likely to have perpetrated physical, psychological, or sexual violence and to have witnessed,

<sup>113</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>114</sup> Mariano et al. (2020). For the purpose of this study, psychological violence includes assaults, robbery, insults, threats, gross and sexual comments, gestures and innuendoes; physical aggression includes assaults and robberies of goods with use of force, pushing, battering, choking, and stabbing; and sexual violence encompasses touching of intimate parts of the woman's body and forced sexual intercourse.

<sup>115</sup> Slegh et al. (2017).

<sup>116</sup> Violence acts included assault or robbery with a firearm, police violence, beatings or assaults in the street, heard gunshots or saw a shooting, or saw someone threatened with being killed.

<sup>117</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>118</sup> Slegh et al. (2017).

experienced, or participated in urban violence in the last year. Given the overlapping drivers of different forms of violence, it will be important for violence prevention strategies to take a holistic approach tailored to the local context.

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## **Data and knowledge gaps**

Nationally representative data on rates of adolescent pregnancy and child marriage, as well as GBV prevalence, attitudes, and health seeking behaviors,

is outdated and updates to the 2011 DHS and 2015 IMASIDA surveys are needed. Statistical data on rates of urban and other forms of violence is also lacking. In order to reduce GBV, child marriage, adolescent pregnancy, and urban violence, norms will need to change and poverty be reduced. Successful interventions will need to be adapted to local contexts and founded on in-depth, qualitative research that investigates the drivers of these problems. Some behavior change interventions have had success, but they will need to be tested in Mozambique and in the particular socio-economic and geographic context in which they are implemented.

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## CHAPTER 2

# Educate: Learning and Skills Development for Life

**I**nvesting in girls' education not only increases their opportunities but is also a key driver of the poverty reduction and economic transformation. Mozambique's Human Capital Index (HCI) ranking is one of the lowest in the world: a child born in Mozambique today will only reach 36 percent of her human capital potential by the age of 18 relative to a benchmark of full health and complete education, signaling substantial productivity losses for the next generation (and today's) workers.<sup>119</sup> In Mozambique, as elsewhere, increasing human capital will be a critical driver of poverty reduction and inclusive growth.

**There are many challenges to increasing access and quality of education that affect both boys and girls in Mozambique; however, girls experience additional challenges requiring specific attention.** Although Mozambique has made progress in increasing enrollment rates and closing gender gaps in early grades, when girls hit puberty, they start dropping out at higher rates, primarily as a result of pregnancy and early marriage. While secondary school completion rates and learning outcomes are low for both girls and boys in Mozambique, girls generally perform worse on standardized tests than boys. Gender gaps in learning outcomes are particularly pronounced in northern provinces, where rates of adolescent pregnancy and child marriage are also highest. Furthermore, emerging evidence suggests that COVID-19 has led to increased rates of early school leaving with girls particularly affected. Improving access and quality of education for both boys and girls is essential for growing Mozambique's human capital. In addition, addressing the gender dimensions of school dropouts, improving girls' learning outcomes, and helping them build skills needed for transition into productive activities leads to greater opportunity and better outcomes for themselves and the next generation.

<sup>119</sup> Mozambique Human Capital Index 2020 (World Bank 2020).

## Keeping girls in school: Enrollment, retention, progression, and learning outcomes

Mozambique has made significant progress on increasing enrollment and reducing gender gaps in lower primary education, but at the upper primary and lower secondary levels, the gender gap increases. At higher levels, boys' enrollment drops which closes the gender gap; but few girls or boys complete secondary school (Figure 14). While Mozambique has achieved almost universal enrollment at primary level, completion rates remain stubbornly low, particularly for girls: there's gender parity at entry, but only 45.6 percent of girls complete primary education compared with 50.4 percent of boys,<sup>120</sup> and only 12.8 percent of girls who enroll in secondary school complete their studies.<sup>121</sup> Worryingly, primary completion rates have been worsening in recent years—a trend likely to be accelerated by disruptions in schooling during the pandemic with many children unlikely to return to class. Progression rates of both girls and boys to secondary education are also low (and lower than the average for Sub-Saharan Africa) with the gross enrollment ratio dropping from 113 in lower primary (grades 1–3) to 67 in upper primary (grades 4–7) and 36 in secondary.<sup>122</sup> Gender gaps in access to education are generally wider in northern provinces where girls' gross enrollment in upper primary is 10 percentage points below that of boys.<sup>123</sup>

**Incomplete education not only limits girls' learning and potential, but also comes at a significant cost in lost productivity and income.** The costs of not educating girls are high for girls, their future families, and Mozambique's development. Global data suggests that if a child stays one more year in school, she will earn 9.7 percent more as an adult. Women with primary education (partial or completed) earn only 14 to 19 percent more than those with no education. By contrast, women with secondary education may expect to make almost twice as much, and women

Figure 14: School enrollment is particularly low among girls, 2015



Source: Ministry of Education and Human Development (*Ministério de Educação e Desenvolvimento Humano*, MINEDH) administrative data, 2015.

with tertiary education almost three times as much as those with no education.<sup>124</sup>

**In Mozambique, girls are more likely than boys to be on track before the onset of puberty—when they start to fall behind or disappear from the system.**<sup>125</sup> In practice, this means that girls age 15 can often be found in early grades of primary education with the implication that sex education is important even at lower primary schools and certainly throughout secondary school. The national directives for the provision of SRH services in schools established that information, education, and communication on wellbeing, hygiene, and services is provided to all secondary school students (from grades 7 to 12) and certain contraceptive methods (oral contraceptives

<sup>120</sup> MINEDH, EducStat, 2020.

<sup>121</sup> MINEDH (2019).

<sup>122</sup> UNESCO UIS Education Statistics 2017.

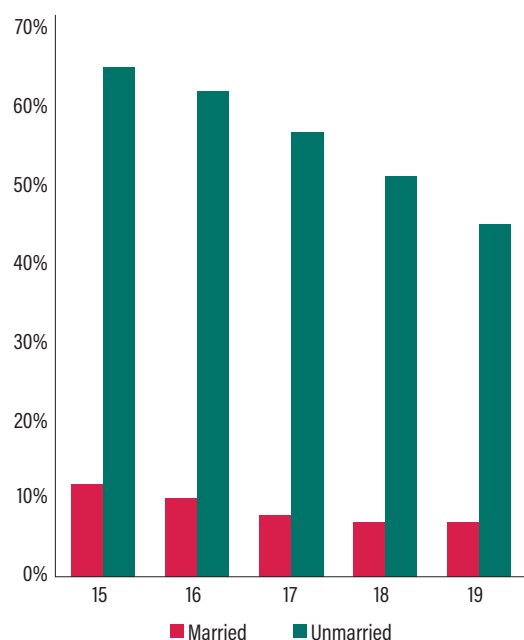
<sup>123</sup> MINEDH (2019).

<sup>124</sup> Q. Wodon, C. Montenegro, H. Nguyen, A. Onagoruwa. 2018, *Missed opportunities: The High Cost of Not Educating Girls*. The Cost of Not Educating Girls Notes Series. Washington, DC: The World Bank. <https://openknowledge.worldbank.org/bitstream/handle/10986/29956/High-CostOfNotEducatingGirls.pdf?sequence=6&isAllowed=y>

<sup>125</sup> UNICEF, *Avaliação Longitudinal da Desistência Escolar em Moçambique*. 2018 Baseline results presented 11 March 2020 in Maputo.



**Figure 15: Share of married and unmarried girls attending school, 2017 (%)**



Source: 2017 Census.

and condoms) would be made available to students in grades 10 to 12.<sup>126</sup>

**Pregnancy, early marriage, and poverty are key drivers of dropouts for girls.** Married girls are much less likely to be enrolled in school than unmarried girls (Figure 15). In Mozambique, marriage and pregnancy were cited as top reasons for not being enrolled in school.<sup>127</sup> This affects all provinces, but there is significant regional variation; 1 in 10 girls in Maputo Province and 1 in 4 girls in Manica Province cite pregnancy as the reason for not being in school.

**Conversely, having lower levels of education is linked to a higher likelihood of early pregnancy and motherhood.** Causality between child marriage, early pregnancy, and education goes both ways.<sup>128</sup> Six in 10 adolescents without any level of education have children or are pregnant by age 19 whereas for those with secondary or higher levels of education this number drops to 3 in 10.<sup>129</sup> A recent

meta review found that increasing girls' education has been shown to be one of the most effective ways to reduce adolescent pregnancy and early marriage, suggesting the need to redouble efforts to keep girls in school.<sup>130</sup> Recent shifts in policy to allow pregnant girls to attend regular classes are encouraging but will need to be accompanied with efforts to address root causes.<sup>131</sup>

**School-related costs also drive dropouts of both girls and boys.** In a recent study conducted in Zambezia, Sofala, and Maputo provinces, lack of financial resources, early marriage or pregnancy, and pressure to work or get a job were the top reasons for dropout cited by both in- and out-of-school youth as well as their guardians.<sup>132</sup> Both in- and out-of-school youth also complained of lack of quality or interesting content in school as a reason for not achieving the desired level of education. Although a 2018 National Education System Law abolished fees for grades 1 through 9, there remain many costs to attending school—fees for uniforms, school materials—that limit poor families' ability or willingness to send their children to school. Cost barriers vary in importance across regions and poverty levels. For example, in Nampula cost is the primary impediment to school enrollment (although only slightly higher than pregnancy) while nationally it is the third reason after lack of interest/relevance and marriage.<sup>133</sup>

**Financial incentives such as cash transfers with accompanying measures promoting behavioral change that encourage families to send their children to school and provide relevant information have been shown to be very effective at keeping girls (and boys) in school.**<sup>134</sup> The most robust evidence is of the effectiveness of conditional cash transfers and labelled cash transfers (that is, which provide information on the importance of girls education and 'nudge' parents to send daughters to school) at keeping girls in school as well as getting recent dropouts to return. This is true for both transfers whose conditionality or labelling focus specifically on girls' education as well as those focused ensuring school-aged children

<sup>126</sup> Despacho 765/GMS/002/2019 issued by MISAU

<sup>127</sup> MINEDH (2019).

<sup>128</sup> Chata Malé and Quentin Wodon, *Basic Profile of Child Marriage in Mozambique*, World Bank, 2016; Chata Malé and Quentin Wodon, *Basic Profile of Early Childbirth in Mozambique*, World Bank, 2016.

<sup>129</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>130</sup> Bergstrom and Ozler, "Improving the Well-Being of Adolescent Girls in Developing Countries."

<sup>131</sup> USAID, "Gender Assessment for USAID/Mozambique Country Development Cooperation," p. 18. In December 2018, the government revoked an earlier law requiring schools to transfer pregnant students to evening classes.

<sup>132</sup> Boisvert and Heaner (2020).

<sup>133</sup> MINEDH (2019).

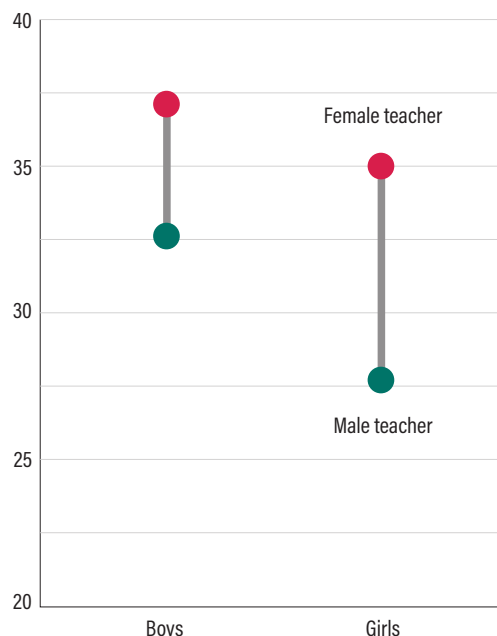
<sup>134</sup> Bergstrom and Ozler, "Improving the Well-Being of Adolescent Girls in Developing Countries."

generally are going to school. Regardless of whether interventions are targeted to girls or not, attention to the specific barriers constraining girls' access to education are important, as is addressing the challenges that specific groups of girls may face relative to the general population of girls. Such challenges include the obstacles girls in rural areas face, including long distances and lack of safe transportation to secondary schools, or the lack of safe accommodation at secondary schools.

**Even when they stay in school, girls are also not doing as well as boys.** The 2018 Service Delivery Indicators (SDI) student assessment results showed that on average, students scored only 31.3 out of 100 with similar outcomes in math and Portuguese. Worryingly, while learning outcomes are improving overall, regional and rural-urban inequalities are widening. Educational attainment and outcomes in the center and north of the country are generally worse than in southern areas, including higher rates of absenteeism by both teachers and students, lower numeracy and literacy, and higher dropout rates.<sup>135</sup> Furthermore, the SDIs reveal that gender gaps have not been narrowing: girls scored lower in both math and Portuguese with gender gaps of almost 4 percentage points in math and around 6 percentage points in Portuguese. The size of gender gaps in these subjects also varied significantly by region. In the south there was almost no gender gap in mathematics, and girls scored over 7 percentage points higher than boys in Portuguese. In the north and center, however, the disadvantage of girls compared to boys is evident.<sup>136</sup> Learning outcomes have likely worsened as a result of COVID-19 as dropout rates have likely increased and it is expected that many will not return to school.

**While cash transfers are effective at improving girls' enrollment and retention rates, research has also demonstrated that improving the general quality of teaching and teaching materials benefits children, especially girls.**<sup>137</sup> A recent review of 270 education interventions in 54 low- and middle-income countries suggests that general interventions to improve access and learning have comparable impacts to girl-targeted interventions, such as investments that

**Figure 16: Association between gender of teacher and student test scores, 2018**



Source: Service Delivery Indicators (2018).

increase access, reduce costs, and improve quality of education.<sup>138</sup> This would suggest that understanding the specific barriers to access, retention, and learning outcomes of both boys and girls in each context is essential to determining whether general or girl-targeted interventions are likely to have the greatest impact on improving educational outcomes broadly and on reducing gender gaps where these persist. Improving the quality of teaching, reducing teacher absenteeism, improving infrastructures, and providing educational resources such as textbooks are all general interventions that improve the quality of education for both boys and girls.

**The 2018 SDIs revealed that students of female teachers performed better than students of male teachers, and the difference was larger for girls.** (Figure 16). This is consistent with broad research findings suggesting that increasing the presence of women in education can improve learning outcomes.<sup>139</sup> In Mozambique, this effect was great enough to largely erase the gender gap in average students' test scores,

<sup>135</sup> Bassi et al. n.d.

<sup>136</sup> Marina Bassi, Octavio Medina and Lúcia Nhamossa. n.d. Education Service Delivery in Mozambique: A Second Round of the Service Delivery Indicators Survey.

<sup>137</sup> In Mozambique, a government reform that included a reduction in direct costs for households and the provision of free textbooks was found to have particularly benefitted girls' enrollment (Fox et al. 2012).

<sup>138</sup> David and Yuan (2022).

<sup>139</sup> Eble, A., & Hu, F. (2017). Stereotypes, role models, and the formation of beliefs. Columbia University, Center for Development Economics and Policy, CDEP-CGEG Working Paper, (43).

with both girls and boys performing better.<sup>140</sup> However, while women constitute 51 percent of teachers in lower primary, this share decreases sharply to 30 percent in upper primary, then to 23 percent in lower secondary, and falls to 19 percent in upper secondary education, suggesting the need to redouble efforts to train, hire, and retain female teachers, particularly at upper levels of education.<sup>141</sup>

**Lack of gender-friendly sanitation facilities is another contributing factor to the low retention rates of girls upon reaching puberty.**

In general, access to basic water, sanitation, and hygiene (WASH) at school in Mozambique is low. Only 20 percent of schools have facilities for students to wash their hands; and while most schools have toilets, many do not meet basic standards as they are either not clean or accessible.<sup>142</sup> During menses, girls are often unable to go to school when they do not have access to adequate facilities and/or to sanitary menstrual products. A lack of safe and private WASH facilities also increases opportunities for school-related sexual exploitation and abuse. Furthermore, WASH facilities are often not sufficiently accessible for children with disabilities, further driving their exclusion from education. Increasing access to accessible, gender-friendly WASH facilities that support the management of menstrual hygiene is an important component of any effort to increase the retention of girls at upper primary and secondary school levels.

**Progress in enrollment and retention rates have been set back by COVID-19.**

A recent COVID-19 rapid gender assessment found that about 25 percent of children between 7–18 years old did not continue their education from home after the onset of the pandemic.<sup>143</sup> While no differences were yet observed with regard to gender, there are reasons to believe that schooling interruptions brought on by crisis may increase girls' risk of early childbearing and permanent school drop-out. This impact was observed during the Ebola outbreak, with research in Sierra Leone showing that villages highly disrupted by Ebola saw the teenage pregnancy rate increase by 11 percentage points. A program that used girls-only clubs as safe spaces to provide adolescent girls with life skills, livelihood skills, and credit for income-generating activities

was found to have almost entirely prevented the rise in teenage pregnancies for villages where it was implemented.<sup>144</sup> These results highlight the importance of providing girls with alternative 'safe spaces,' away from men and boys, that can be used to build their skills and social connections, especially when they do not have access to school. Such safe space interventions can also be useful for reaching the large number of girls who drop out of school outside of a pandemic or other similar crisis, especially as this group of girls may be at a higher risk of early marriage and childbearing, which can combine with early school drop-out to further reduce their ability to transition into productive employment. Unconditional cash transfers can also be effective at reaching these high-risk girls who have already dropped out: one study found that UCTs effectively significantly delay marriage and childbearing for out-of-school girls, while conditional cash transfer (CCTs) may be more effective for reaching those still in school.<sup>145</sup>

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## Safe and inclusive schools

**In Mozambique, as elsewhere, schools are not always safe spaces for children.** This not only undermines learning but is detrimental to children's physical and emotional well-being. Girls and boys experience bullying, abuse, and harsh discipline perpetrated by both teachers and peers. Baseline results for 2018 from an ongoing UNICEF longitudinal study on the determinants of school dropouts in Mozambique found that 17 percent of primary school children complained about other children in school, with girls being slightly more likely than boys to do so. There were also regional variations with close to 30 percent of children in Gaza and Maputo City feeling mistreated by peers compared to under 10 percent in Zambezia. The same study found that complaining about other children in school reduces the odds of regular attendance by 54 percent. Harsh punishment was also widely reported by more than half of all children, who complained about teachers and referred to 'hits or pinches' and 'physical punishment' as their

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<sup>140</sup> Bassi et al, n.d.

<sup>141</sup> MINEDH, "Relatório de Desempenho do Sector da Educação" (República de Moçambique, 2020).

<sup>142</sup> Bassi et al, n.d.

<sup>143</sup> UN Women, UNFPA, and ILO (2021).

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<sup>144</sup> Oriana Bandiera et al., "Women's Empowerment in Action: Evidence from a Randomized Control Trial in Africa," *American Economic Journal: Applied Economics* 12, no. 1 (January 2020): 210–59, <https://doi.org/10.1257/app.20170416>.

<sup>145</sup> Sarah Baird, Craig McIntosh, and Berk Özlér, "Cash or Condition? Evidence from a Cash Transfer Experiment \*," *The Quarterly Journal of Economics* 126, no. 4 (November 1, 2011): 1709–53, <https://doi.org/10.1093/qje/qjr032>.

explanations for complaints.<sup>146</sup> The 2017 study “On Being a Man in Maputo” found that, of the 1,014 male survey respondents, a third reported that they had been subject to threats, intimidation, or harassment by other students and 57 percent had experienced physical violence by a teacher.<sup>147</sup>

**Girls face additional risks of sexual harassment, coercion, exploitation, or abuse by both teachers and peers.** A 2019 national survey of violence against children and youth found that 14.3 percent of young women ages 18–24 had experienced sexual violence before age 18; that 20 percent of assaults were committed by a friend, classmate, or schoolmate; and that 13.1 percent of assaults had taken place at school.<sup>148</sup> “Sex for grades” and abuse perpetrated by male teachers against female students is common and often results in the pregnancy of young girls, further driving female dropout rates.<sup>149</sup> The issue is widely known; across Mozambique, 7 in 10 girls report knowing of cases of sexual harassment and abuse in their school.<sup>150</sup> However, currently, no law or regulation explicitly criminalizes or prohibits sexual harassment in schools. While the government has put in place strategies to address this issue, most parents and students are not aware of the legal and institutional protections in place.<sup>151</sup> The Ministry of Education and Human Development (*Ministério da Educação e Desenvolvimento Humano*, MINEDH) and its partners developed a “Zero Tolerance for Abuse and Sexual Harassment in Schools” campaign to raise awareness of the issue. There are few mechanisms for reporting abuse or protection of a complainant.<sup>152</sup> A new mechanism has been developed by UNICEF and civil society organizations. Although there have been some localized efforts to encourage denunciation, impunity remains a problem as there are rarely any consequences for abusers.<sup>153</sup>

<sup>146</sup> UNICEF, Avaliação Longitudinal da Desistência Escolar em Moçambique. 2018 Baseline results presented 11 March 2020 in Maputo.

<sup>147</sup> Slegh et al. (2017).

<sup>148</sup> INS et al. (2020). The Survey defined sexual violence as including unwanted sexual touching, attempted forced sex, pressured/coerced sex, or physically forced sex.

<sup>149</sup> “Gender-Based Violence in Mozambique.”

<sup>150</sup> See USAID (U.S. Agency for International Development). 2015. Lessons from the Gender-Based Violence Initiative in Mozambique; and Osorio. 2016. *Mulher e Lei na África Austral*

<sup>151</sup> While the previous 2014 Criminal Code (Law No. 35/2014) explicitly prohibited sexual harassment in education, the 2019 Criminal Code (Law No. 24/2019) does not make any specific mention of education or schools. The Mecanismo Multisectorial para a Prevenção, Denúncia, Encaminhamento e Resposta a Violência contra Crianças nas Escolas, Incluindo Assistência às Vítimas lists a set of laws considered to cover sexual harassment and violence in education, though none refer to it explicitly.

<sup>152</sup> USAID, “Gender Assessment for USAID/Mozambique Country Development Cooperation.”

<sup>153</sup> “Estratégia de Género do Sector da Educação e Desenvolvimento Humano” (MGCAS 2016: 17).

**Children who have a sexual orientation or gender identity (SOGI) outside of accepted gender norms are particularly at risk of bullying, harassment, and violence in school.** This not only causes direct emotional and physical harm, but also puts these children at higher risk of drop-out, which would leave them with lower levels of skills and job opportunities and deepen their marginalization. In recent years, Comprehensive Sexuality Education has been introduced to increase children’s and youth’s knowledge about sexual and reproductive health and rights, but teaching in relation to sexual orientation and gender identity issues remains controversial.<sup>154</sup> Moreover, there are no legal provisions mandating equal access and non-discrimination in education and there are no established mechanisms for reporting cases of SOGI-related discrimination, violence, bullying, and cyberbullying. Unsurprisingly, these behaviors go largely unchecked.

**Children with disabilities (CWD) face additional challenges in education.** Although the National Policy on people with disabilities established in 1999 protects the right to education, CWD face overlapping constraints related to accessibility, lack of adapted learning materials, discrimination, and exclusion from schools. MINEDH data from 2020–2029 and the 2017 Census suggest that only half of school-aged CWD are enrolled in school.<sup>155, 156</sup> A 2018 UN Disability and Development Global Report found that in Mozambique, girls with disabilities are even less likely than boys with disabilities to have ever attended school.<sup>157</sup> Key factors influencing dropout rates of students with disabilities in Mozambique included prohibitive costs (18 percent), school too far or no transport (24 percent), schools not accessible (33 percent), and refused school/preschool entry because of disability (17 percent). On top of these challenges, some families keep school-aged CWD home due to social stigma and attitudes that do not value education for CWD, further limiting their opportunities for skills development necessary to get jobs and become self-sufficient.

<sup>154</sup> UNESCO Moçambique: Relatório Anual 2017—UNESCO Digital Library,” accessed May 10, 2022, [https://unesdoc.unesco.org/ark:/48223/pf0000265472\\_por](https://unesdoc.unesco.org/ark:/48223/pf0000265472_por).

<sup>155</sup> MINEDH. (2020). Plano Estratégico da Educação 2020-2029. Maputo: Ministério da Educação e Desenvolvimento Humano. p.51. <https://www.globalpartnership.org/sites/default/files/document/file/2020-22-Mozambique-ESP.pdf>

<sup>156</sup> MINEDH (2019a). Análise do Sector de Educação (ESA) Relatório Final. Julho de 2019 Maputo: MINEDH.

<sup>157</sup> United Nations and Department of Economic and Social Affairs, *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities: 2018, 2019.*

Lower levels of education have negative long-term effects for both men and women living with disabilities, but the intersection of gender and disability leads to worse outcomes for women. In Mozambique, about half of men with disabilities can read and write (compared to 73 percent for the general adult male population), while only 17 percent of WLWD can read and write (compared to 50 percent for the general adult female population).<sup>158</sup> A 2018 survey conducted in four communities in Sofala found that adult WLWD were more likely to have had no formal education (51 percent) compared to men with disabilities (39 percent) and women without disabilities (44 percent); exposing the double disadvantage of gender and disability and its life-long impacts.<sup>159</sup>

## Transitioning from education to employment

Young people go to school not only to gain knowledge, but also to become productive adults. In addition to the academic school track, there are both formal and non-formal technical and vocational training (TVET) programs in Mozambique. At the lower and upper secondary school levels, formal TVET programs are offered in technical schools and institutes in three main areas: commerce, industry, and agriculture.<sup>160</sup> About 9 percent of all secondary students in Mozambique are enrolled in TVET.<sup>161</sup> While the number of female students in TVET has increased from 36 percent in 2011 to 45 percent in 2017,<sup>162</sup> significant sectoral segregation persists. The percentage of female students enrolled in the sector of industrial maintenance is only 11 percent, compared to 37 percent in agriculture and 59 percent in administration of management.<sup>163</sup> Only 22 percent of all TVET teachers are women resulting in few role models for adolescent girls, particularly in traditionally male sectors.<sup>164</sup> Non-formal TVET programs are offered as part of short-term vocational training programs under the responsibility of the Ministry of Labor, Employment

<sup>158</sup> *Ibid.*

<sup>159</sup> WHO (2018) Inclusive Sofala Program: Baseline Assessment (CBR Outcome Indicators). [https://europeanevaluation.org/wp-content/uploads/2021/08/Annexe-3\\_Report-CBR-Indicators-WHO-LFTW-final.pdf](https://europeanevaluation.org/wp-content/uploads/2021/08/Annexe-3_Report-CBR-Indicators-WHO-LFTW-final.pdf)

<sup>160</sup> UNESCO. 2022. Mozambique: TVET Country Profile. file:///C:/Users/wb253633/Downloads/exp-2022-05-11\_04\_14\_34.pdf

<sup>161</sup> World Development Indicators

<sup>162</sup> UNESCO, 2019. Análise do Sector de Educação.

<sup>163</sup> World Bank. 2020. Improvement of Skills Development in Mozambique Project Appraisal Document. (Project ID: P167054).

<sup>164</sup> UNESCO, 2019. Análise do Sector de Educação

## Box 5: National Strategic Plan for Professional Technical Education (2018–2024)

Mozambique's 2018–2024 Strategic Plan for Professional Technical Education (*Plano Estratégico do Ensino Técnico Profissional*) has the reduction of regional and gender disparities among its strategic objectives. This includes increasing girls' enrollment in traditionally male sectors, improving standards and safety in schools, reducing sexual harassment and abuse—particularly by instructors, and strengthening networks for girls to transition into the labor market. The policy also mandates the creation of specialized units and services for monitoring and supporting implementation of the plan. The plan includes activities for awareness raising in the community and business sector to counter the view of traditional male/female sectors and on sexual harassment and abuse, and to strengthen regulatory framework to mitigate the risk of sexual exploitation and abuse and sexual harassment. The plan does not identify or address gender gaps among the teacher corps. Responsibilities for the monitoring and implementation of the plan as well as dedicated resources will be important to the success of the policy.

and Social Security in both public and private institutions. These non-formal programs are targeted to youth who have dropped out of primary and secondary school and provide training in the areas of commerce, industry, and agriculture.<sup>165</sup> The Government of Mozambique has identified the reduction of gender and regional disparities as one of its strategic priorities (Box 5).

**Transition to the labor market after completing their education is not straightforward for Mozambican youth, particularly for young women.** Estimates suggest that 21 percent of Mozambican young women age 15–24 are not in education, employment, or training (NEET) compared to 14 percent

<sup>165</sup> UNESCO. 2022. Mozambique TVET Country Profile. <https://unevoc.unesco.org/home/Dynamic+TVET+Country+Profiles/country=MOZ>

of their male counterparts.<sup>166</sup> Though overall unemployment in Mozambique is low, unemployment among urban youth is high and has been increasing steadily since 1996. Youth unemployment in urban areas decreased slightly from 21 percent in 2014 to 19 percent in 2019.<sup>167</sup> Rising unemployment, particularly among young men, increases risk of frustration, low self-esteem, and anti-social behaviors that strain a fragile social fabric, especially in urban areas. A study of men and masculinity in Maputo found direct links between poverty, unemployment, stress, and increased risk of violence or negative coping strategies. Of those men surveyed, 63 percent felt stressed or preoccupied because of their precarious income and 52 percent felt ashamed to face their families when their income was insufficient. These men explained that they lost “rightful respect” and “authority” at home when unemployed. Some said that “no work means no woman.”<sup>168</sup>

**Unemployment is also concentrated among richer households and more educated youth.** There are several contributing factors. Young people are provided with insufficient labor market opportunities and knowledge or means to access them, and they rely on informal networks that provide inaccurate information instead of employment centers and newspapers. Youth don’t leave school job-ready, post-secondary TVET is limited and expensive, and opportunities to gain work experience are rare.<sup>169</sup> Female graduates of secondary level TVET education are at a particular disadvantage when entering the labor market. A 2019 survey of final year secondary TVET students in Maputo City, Maputo Province, Nampula, Tete, and Cabo Delgado found that 19 percent of young men and 37 percent of young women graduated without prior work experience. Furthermore, female graduates in services and industry have lower earnings expectations, expecting to earn between 23–27 percent less than men with average expected monthly salaries depending on type of work.<sup>170</sup>

**NEET youth want more opportunities for education or training.** When out-of-school youth in five communities in Zambezia, Sofala, and Maputo

provinces were asked if they had thought about enrolling in school or a training program, just over half said they would like to enroll in vocational or skills training, while nearly half said they would like to enroll in formal education. Girls were more likely to want to get vocational or skills training (69 percent) while boys were more likely to prefer to return to formal school (56 percent) suggesting gender differences in youth aspirations.<sup>171</sup> Within TVET there are significant gender imbalances across the main subject areas, which is then reflected in the labor force where sectoral segregation leads to lower earnings for women. To counter this, there is some evidence that providing students information on labor market opportunities across sectors and occupations can motivate girls to study in traditionally ‘male’ subjects (see “Wage Employment” in Section 4).<sup>172, 173</sup>

**An integrated approach is needed to support adolescent and young women facing several intersecting challenges: transitioning to the labor market, avoiding unplanned pregnancies and early marriage, and staying or returning to school.** An International Labour Organization (ILO) intervention also in Uganda suggests that combining vocational business and life-skills training is a promising approach. Participation in the program led to a 38 percent increase in income and a 26 percent reduction in early marriage and pregnancy, and it was associated with a one-time increase in profits of supported firms by 54 percent.<sup>174</sup> Furthermore, efforts are needed to reach out-of-school youth, given that 73 percent of upper secondary age girls (and 65 percent of boys) are out-of-school.<sup>175</sup> There has been some success in making girls clubs available for out-of-school girls as well as those who are still enrolled. This includes the Empowerment and Livelihood for Adolescents (ELA) program in Uganda. An impact evaluation of the ELA program found that participating young women were 26 percent less likely to have a child, 58 percent less likely to be married or cohabiting, and 72 percent more likely to be engaged in income-generating

<sup>166</sup> ILOSTAT. Modelled estimates for 2020. In World Bank. n.d. Empowering Women and Girls to Accelerate the Demographic Transition: A Country Snapshot of the Current Situation and World Bank Support.

<sup>167</sup> World Bank, Jobs Diagnostic Mozambique, Ulrich Lachler and Ian Walker, 2018 (for years 2008 and 2014) and International Labor Organization for 2019.

<sup>168</sup> Slegh et al. (2017).

<sup>169</sup> WB Jobs Diagnostics, 2018.

<sup>170</sup> UN-WIDER Baseline 2020.

<sup>171</sup> Boisvert and Heaner (2020).

<sup>172</sup> Joan Hamory Hicks, Michael Kremer, Isaac Mbiti, and Edward Miguel, Vocational Education Voucher Delivery and Labor Market Returns: A Randomized Evaluation Among Kenyan Youth, LSE & Oxford University, S-2004-KEN-1 <https://www.theicg.org/wp-content/uploads/2011/04/Hicks-Et-Al-2011-Working-Paper.pdf>

<sup>173</sup> [Addressing Gender-Based Segregation through Information](#): Evidence from a Randomized Experiment in the Republic of Congo Gassier, Pierotti, Rouanet and Traore 2022

<sup>174</sup> Fiala, N. 2015. “Access to Finance and Enterprise growth: Evidence from an experiment in Uganda.” Employment Working Paper No. 190.

<sup>175</sup> DataBank Gender Statistics

activities.<sup>176</sup> Analysis of the results suggests that the life skills training plays a more important role than the vocational skills in achieving these impacts, but that a large portion of the impact could also be attributable to the impact of the girls' clubs in providing a safe space for girls to interact with each other.<sup>177</sup>

**Both vocational training and on-the-job training are important strategies to get NEET into the labor market.** A recent paper compares demand-side and supply-side policies to tackle youth unemployment by tracking 1,700 workers and 1,500 firms over four years to contrast the effects of offering workers vocational training to offering firms wage subsidies to train workers on the job. Both treatments led to skill accumulation, while earnings increased by 34 percent and 20 percent, respectively, because of the improvement on their employment status. Therefore, tackling youth unemployment by skilling youth using vocational training before labor market entry appears to be more effective than incentivizing firms through wage subsidies to hire and train young labor market entrants.<sup>178</sup>

Nonetheless, for NEET youth who are to enroll or complete vocation training, on-the-job training has also been effective through wage subsidies to firms.

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## Data and knowledge gaps

The last Multi-Indicator Cluster Survey was conducted in 2008 and therefore data from this source is significantly outdated. A new survey would help to better understand the gender dynamics of household behaviors and conditions related to children's education, as well as access to social transfers and other forms of protection. In order to track safety in schools (notably rates of sexual exploitation, abuse, and harassment), incident reporting and monitoring systems need to be in place that ensure the safety and well-being of the survivor. Finally, for interventions to close gender gaps in various education-related outcomes, in-depth qualitative research to investigate drivers of these problems will be important.

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<sup>176</sup> Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., & Sulaiman, M. (2018). Women's Empowerment In Action: Evidence From A Randomized Control Trial In Africa. World Bank.

<sup>177</sup> E.G. See Feigenberg, B. Field, E. And Pande, R. (2013) "The Economic Returns To Social Interaction: Experimental Evidence From Microfinance," *Review Of Economic Studies* 80: 1459-83; Ashraf, N., Bau, N., Low, C. And Mcginn, K. (2017) *Negotiating A Better Future: How Inter-Personal Skills Facilitate Inter-Generational Investment*, Mimeo LSE; Cai, J. And Szeidl, A. (2018) "Interfirm Relationships And Business Performance," *Quarterly Journal Of Economics* 133: 1229-82.

<sup>178</sup> Alfonsi, Bandiera, Bassi, Burgess, Rasul, Sulaiman, and Vitali, 2017. *Tackling Youth Unemployment: Evidence from a Labor Market Experiment in Uganda*.

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## CHAPTER 3

# Enhancing the Health of Adolescent Girls and Women

**E**ntering the reproductive years comes with both risks and opportunities for women. Although diminishing, Mozambique's maternal mortality ratio remains high. Rates of adolescent pregnancy are very high in Mozambique and appear to be increasing, putting girls on a path of limited opportunities, in addition to increasing their risks of morbidity and mortality.

Fertility rates also remain high, limiting the opportunities for women to engage in productive activities and for the country to reap a demographic dividend. There are both supply and demand factors contributing to these high rates including uneven access to services and disruptions in services linked to conflict, natural disasters, and most recently COVID-19. On the demand side, desired numbers of children, although falling, remain high, and uptake of modern contraception remains low. Involving men and boys in family planning and reducing stigma and misconception regarding modern contraception, particularly among adolescents and their families, leads to healthier sexual and reproductive lives for both men and women.

Mozambique has one of the highest rates of HIV/AIDS in the world, and women face higher rates of infection and mortality, as well as bearing more of the burden of caring for the sick and for orphans. Furthermore, infections are primarily driven by men, whose risky behaviors combined with women's limited empowerment to negotiate safer sex contribute to high rates of infection. In this regard, involving men and boys in efforts to change behaviors is key.

## Sexual and reproductive health and rights

**Reproductive years are a critical point in the life cycle of women where they face divergent trajectories that can either limit or expand their opportunities.** Unintended pregnancies at a young age and early marriage significantly increase women's domestic labor burden and limit their opportunities to continue with their education and engage in remunerated economic activities.

**Adolescent pregnancy can be dangerous, even deadly, and the negative health impacts are transferred to the next generation.** Adolescent pregnancy is correlated with increased risk of maternal death and is in fact the leading cause of death globally among girls ages 15–19.<sup>179</sup> Premature pregnancy puts adolescent girls at risk of lasting health complications such as fistulae, particularly for the 14 percent of Mozambican girls who become pregnant before their 15th birthday.<sup>180</sup> Adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infections than mothers age 20–24 years, and babies born from adolescent mothers face higher risks of low birth weight, preterm delivery, severe neonatal conditions, and child stunting.<sup>181</sup>

**Mozambique's high rates of stunting are closely linked to poor maternal, neonatal, and child health.** Anemia and HIV/AIDS among pregnant women, fetal stress linked to poverty, conflict, and displacement, and other health stressors are all contributing factors to stunting. High rates of adolescent pregnancies are also an important contributor, as pregnant adolescents have lower body mass index themselves and higher rates of anemia, leading to significantly lower birth weights and other indicators of newborn health.<sup>182</sup> Stunting is associated with cognitive and physical development limitations and affects boys more than girls, 41 percent versus 35 percent. Stunting is very unequally distributed and particularly acute in the northern provinces: rates are as high

as 47 percent in Nampula Province, while in Maputo Province the rate is 8 percent.<sup>183</sup> Not only does this have a negative effect on children's development and health, but also leads to poor education outcomes and reduced lifetime productivity. Malnutrition, weak educational outcomes, and poor health conditions make a less productive nation and aggravate the inter-generational cycle of poverty.

**Access to reproductive and maternal health services remains unequal across the country and is particularly low among the most vulnerable.** Overall, 71 percent of pregnant women have 1–3 antenatal care (ANC) visits, varying from 96 percent and 90 percent in Maputo City and Sofala province, respectively, to 46 percent in Zambezia province. Poorer women and those with lower levels of education are less likely to seek ANC. Similarly, 90 percent of women in urban areas have assisted births compared to 63 percent in rural areas; delays in getting emergency obstetric care in the case of complications contributes significantly to maternal mortality.<sup>184</sup> In order to continue the positive trend in reducing maternal mortality in Mozambique, increasing access to antenatal and assisted births for underserved groups will be important.

**Estimates of Mozambique's maternal mortality ratio (MMR) (number of deaths per 100,000 live births) fell from 389 in 2011 to 289 in 2017,<sup>185</sup> but unfortunately these gains have likely been reversed due to interruptions in access to maternal and reproductive health services during COVID-19.** The country's declining MMR has been closely tied to improvements in access to ante- and post-natal health services, with numbers of assisted births rising from 54 percent in 2011<sup>186</sup> to 85 percent in 2020.<sup>187</sup> Most direct causes of maternal mortality are linked to conditions that could have been detected through antenatal care (such as pre-eclampsia), and the inability to access emergency obstetrical care in life-threatening emergencies.<sup>188</sup> However, the most frequent causes of maternal death remain indirect causes including malaria, HIV/AIDS, and anemia, which is particularly concerning in a country with some of the highest rates of each.<sup>189</sup>

<sup>179</sup> Every Woman Every Child. The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Geneva: Every Woman Every Child, 2015

<sup>180</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>181</sup> WHO. Adolescent Pregnancy, 2020. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

<sup>182</sup> Jaén-Sánchez N, González-Azpeitia G, Saavedra-Santana P, Saavedra-Sanjuán E, Manguiza AA, et al. (2020) Adolescent motherhood in Mozambique. Consequences for pregnant women and newborns. PLOS ONE 15(6): e0233985. <https://doi.org/10.1371/journal.pone.0233985>

<sup>183</sup> Instituto Nacional de Estatística. 2021. Inquérito sobre ao Orçamento Familiar—IOf 2019 (Suplemento Relatório Final). Maputo, Moçambique.

<sup>184</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>185</sup> World Development Indicators, Gender Statistics

<sup>186</sup> Macicame et al. (2018).

<sup>187</sup> MISAU-DSMC (2020).

<sup>188</sup> UNFPA (n.d.), "SRHS Situation Analysis in Mozambique."

<sup>189</sup> UNFPA (n.d.), "SRHS Situation Analysis in Mozambique."

**High rates of HIV/AIDS and malaria among pregnant women also contribute to poor maternal and neonatal health.** Testing and treatment of HIV/AIDS among pregnant women is an important strategy to reduce maternal mortality in Mozambique, but it is insufficiently done. The HIV prevalence rate among women in antenatal consultations has been estimated at 15.8 percent, and AIDS represents the foremost indirect cause of maternal mortality.<sup>190</sup> Mozambique also has the 11<sup>th</sup> highest malaria incidence rate in the world,<sup>191</sup> and rates of anemia remain persistently high with almost half of all women of reproductive age (15–49) affected.<sup>192</sup>

**The COVID-19 outbreak has particularly affected access to reproductive, maternal, and child health and nutrition services.** As a result of disruptions in all essential services due to the COVID-19 pandemic, maternal mortality in Mozambique may have increased by as much as 15 percent and child mortality by 16 percent in 2021. The volume of family planning services provided nationally between April and June 2020 was 27.5 percent lower than during the same period in 2019. Rates of institutional deliveries during the earliest months of the pandemic (April–August 2020) were up to 10 percent lower in some provinces compared to the same period in 2019. As a result, the estimated protection provided by family planning services, measured as Couple-Years of Protection, was 18 percent lower than during the same period of 2019. Thus, efforts to address the unmet need for family planning, reduce adolescent pregnancy, and reduce total fertility have likely lost significant ground. Mental health has also been significantly affected according to a rapid assessment conducted by the United Nations, which found that half of men and women reported that their mental or emotional health had deteriorated during the onset of the COVID-19 pandemic.<sup>193</sup>

**Difficulty accessing safe abortion is another life-threatening challenge facing adolescents and women with unintended pregnancies.** A 2013 UNFPA report estimated that 6.7 percent of maternal deaths in Mozambique are due to abortion complications and up to half of those deaths occurring in the first 28 weeks of gestation.<sup>194</sup> While a 2014 abortion law and amendments to the penal code in 2019 legalized

abortion during the first 12 weeks of pregnancy (up to 16 weeks in cases of rape or incest and up to 24 weeks for fetal abnormality), timely access remains a significant constraint for many women who are forced to have unsafe abortions. A survey conducted in the provinces of Maputo and Zambezia found that among women who had had an abortion, 63 percent of these were unsafe. Furthermore, many women are not aware of the recent legalization of abortion: only 29 percent of women surveyed knew the legal status of abortion.<sup>195</sup> Adolescents and young women constitute a high number of those seeking abortion services. The Mozambican Association for Development of the Family (AMODEFA) reports that between 2010 and 2016, 70,895 women of reproductive age sought safe abortion services at AMODEFA's clinic in Maputo. Of the total, 43 percent were women ages 15–24.<sup>196</sup>

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## Fertility and family planning: reaping the demographic dividend

**Mozambique is a pre-dividend country, with high levels of fertility.** This is largely driven by early marriages and unwanted pregnancies. Reducing high fertility rates is key to reaping Mozambique's demographic dividend. Although Mozambique's total fertility rate (TFR) fell from 5.4 in 2010 to 4.7 in 2020,<sup>197</sup> the country still has one of the highest total fertility rates in Sub-Saharan Africa and rates are falling only slowly. Worryingly, adolescent fertility has actually been increasing (see Figure 8, adolescent pregnancy) and has likely further worsened as a result of increased school dropouts and child marriage linked to COVID-19 impacts on vulnerable households. The poorest and most vulnerable households are also those with the highest numbers of children: fertility rates vary significantly across regions, wealth quintiles, and levels of education, as well as between rural and urban areas. On average 2.5 more children are born per rural woman (6.1) than urban woman (3.6). Fertility is particularly high in northern and central regions: Niassa, Zambézia, Tete, and Sofala provinces all have rates at or above 6.0 births per woman, while women in Maputo city have on average 2.5 births. Women without any

<sup>190</sup> MGCAS (2016).

<sup>191</sup> <https://databank.worldbank.org/source/health-nutrition-and-population-statistics>.

<sup>192</sup> World Development Indicators, Gender Statistics.

<sup>193</sup> UN Women, UNFPA, and ILO (2021).

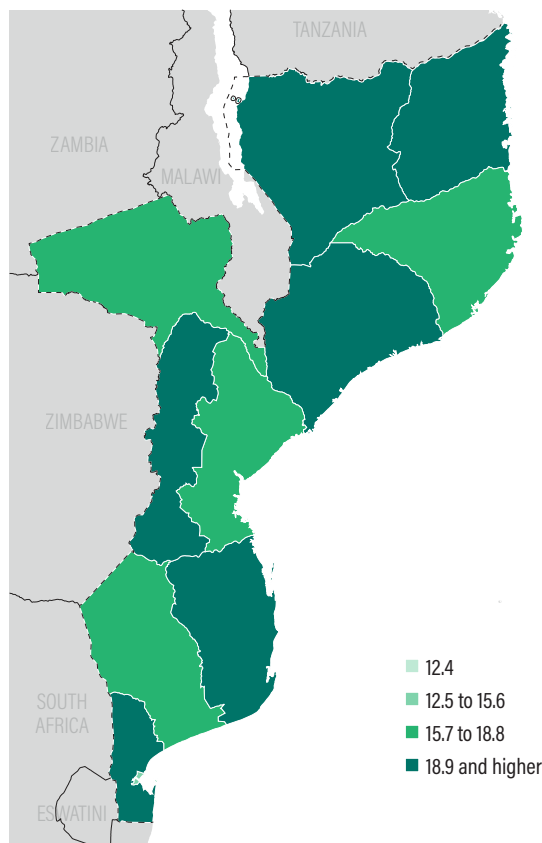
<sup>194</sup> UNFPA (2013).

<sup>195</sup> Frederico et al. (2020).

<sup>196</sup> AMODEFA (2017).

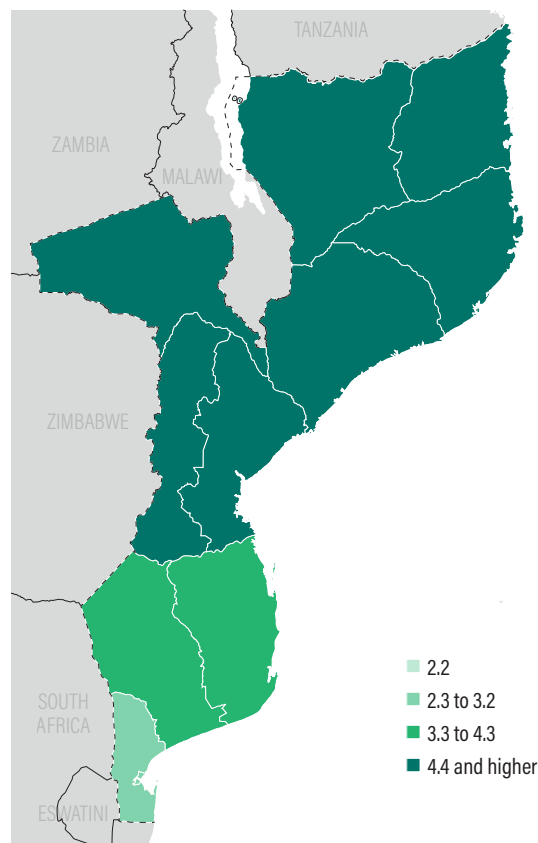
<sup>197</sup> <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=MZ>

**Figure 17: Unmet need for family planning, 2015 (%)**



Source: Mozambique DHS, IMASIDA 2015, STAT Compiler.

**Figure 18: Total fertility rate 15–49, 2015 (births per woman)**



Source: Mozambique DHS, IMASIDA 2015, STAT Compiler.

or only primary education have almost twice as many children as those with secondary or higher levels of education. Similarly, those in the highest wealth quintile have less than half as many children as those in the lowest and second quintiles.<sup>198</sup> Without curbing these high fertility rates, UN population projections are that by 2032, Mozambique’s population will have increased by a third, straining resources and delaying the demographic dividend.<sup>199</sup>

**By reducing fertility, the country would be able to leverage the productive fruits of a bulge in the working age population, with fewer young dependents.** Indeed, World Bank estimates suggest that if Mozambican women today had on average one less child, by 2050 this could bring a 31 percent increase in GDP per capita and accelerate the pace of poverty reduction by around 60 percent.<sup>200</sup> Overall, desired family size

is decreasing but not fast enough to reap the demographic dividend. Only 50 percent of women declare an interest in family planning methods to delay, limit, or avoid childbearing, and only about half of these have their needs met. Married women ages 15–49 in urban areas are more likely to want to limit the number of children than those living in rural areas (32 percent versus 25 percent); also, desire for fewer children increases as wealth increases (from 21 percent and 22 percent in the first and second quintiles to 36 percent in the highest). Overall, 23 percent of married Mozambican women ages 15–49 would like to have access to family planning but do not. These rates vary significantly by location: Maputo Province (45 percent), Zambezia (30 percent), and Niassa (29 percent) have the highest rates of unmet family planning needs, whereas the city of Maputo (17 percent), Nampula (19 percent), and Sofala (20 percent) have the lowest (Figures 17 and 18).

**Although increasing, only 25 percent of Mozambican women ages 15–49 use a modern method of contraception, with higher rates in urban areas.**

<sup>198</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).  
<sup>199</sup> <https://worldpopulationreview.com/countries/mozambique-population>  
<sup>200</sup> World Bank (2018); Gragnolati (2016: Figure).

Furthermore, while it has been increasing, use of long-acting reversible contraception (such as intrauterine devices and hormonal contraceptive implant) is still low. These are more likely to be more effective than short term methods (oral contraceptives, particularly) which are more likely to result in user failure or discontinued use. Women in the south of Mozambique are about twice as likely to use modern contraction than those in central and northern regions where approximately 1 in 5 women use modern contraception compared with 44 percent of women in Maputo Province. Demand-side factors emerge prominently as one of the main self-reported reasons for nonuse.<sup>201</sup>

**Women are often prevented or discouraged from accessing sexual and reproductive services in Mozambique.** In some cases, health care providers insist on spousal consent for services, even if it is not required by law, making it harder for women and young people to access the information and services they need to protect their own health and well-being.<sup>202</sup> In a mixed-methods study of masculinities, poverty, and violence conducted by Promundo and Edward Mondlane University in Maputo city, 20 percent of women said their male partner decided if she could go to a health center.<sup>203</sup> Similarly, a qualitative study on youths' access to social services in five Mozambican communities reported that male relatives or spouses were frequently gatekeepers for women's use of contraception and access to sexual and reproductive healthcare.<sup>204</sup> WLWD are further constrained by stigmatization and discrimination, including due to poor accessibility of physical infrastructures.

**Both supply and demand factors contribute to high fertility rates and will need to be addressed for any strategy to reduce Mozambique's TFR to be successful.** That is, it will be important to increase supply of family planning services to meet rates of unmet needs, including services particularly adapted for adolescents and young people. At the same time, it will be important to address the social, cultural, and economic drivers that underpin the desire for large families, particularly among the rural poor, and resistance or reluctance to seeking SRH services. Global evidence shows that family planning programs can have particularly strong effects on fertility reduction

when combined with interventions that change behavioral, cultural, and economic factors affecting demand for children.<sup>205</sup> Empowering women and girls to have greater control over their reproductive lives and greater opportunities in general is key to reducing high rates of fertility and reaping the demographic dividend.

**Increasing men's involvement in and understanding of prenatal and postnatal care will also be important to continue to reduce maternal mortality and high fertility rates in Mozambique.** In a Men and Gender Equality Survey conducted in Maputo in 2017, 69 percent of men said they had accompanied their partner to a prenatal visit, but only 41 percent of women said this was the case. Both men and women reported that work was the primary reason why men did not attend more prenatal visits.<sup>206</sup>

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## Engaging men for improved reproductive health

**Gender roles and power dynamics between men and women influence nearly all health decisions.** According to both men and women, men play a dominant role in decisions regarding women's health, although there is variation depending on women's level of education and economic status.<sup>207</sup> In a study of masculinity, poverty, and violence in Maputo, 53 percent of women participants and 29 percent of men felt women were responsible for contraception.<sup>208</sup> Empowering women to make informed sexual and reproductive health choices, ensuring they can access sexual, reproductive, and maternal health services, and supporting more equal distribution of domestic labor, puts women and girls on a path toward reaching their full potential. Improving women's sexual and reproductive health has intergenerational benefits as well: healthier mothers have healthier children who can contribute their full talents to harnessing the demographic dividend.

**Engaging men and boys is essential for reducing adolescent pregnancy and transmission of sexually transmitted infections (STIs), including through**

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<sup>201</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>202</sup> Williams (2011).

<sup>203</sup> Slegh et al. (2017).

<sup>204</sup> Boisvert and Heaner (2020).

<sup>205</sup> Bongaarts (1978).

<sup>206</sup> Slegh et al. (2017).

<sup>207</sup> MGCAS (2016).

<sup>208</sup> Slegh et al. (2017).

**education around issues of consent, limiting risky behaviors, engaging in safer sex, and sharing joint responsibility in family planning.** Given the important role of slow-changing social norms underpinning the interrelated issues of girls' schooling, early marriage, and fertility, a greater focus on engaging communities on these norms and behaviors may help speed up progress on these issues.<sup>209</sup> In Mozambique, one study looked at the impacts of a community dialogue program that used videos to highlight the benefits and challenges of developing more gender-equitable relations, with a focus on issues such as division of household tasks and protecting one's family from HIV, to spark discussions among male and female community members.<sup>210</sup> The study finds significant positive impacts from dialogue, including increased sharing of household tasks between women and men, more agreement with gender equitable attitudes, and lower levels of HIV social stigma.

**Engaging both men and women is key to changing attitudes and behaviors toward sex, sexuality, reproductive health, and family planning.** Research shows that providing men with information on family planning can increase the use of family planning methods and reproductive health services.<sup>211,212</sup> Men's general abdication of responsibility for contraception is another contributing factor to low rates of contraception use, particularly given that women, while seen as responsible for contraception, are at the same time often disempowered in negotiating its use. Traditional attitudes toward sexuality and reproductive health contribute to risky behaviors and disempower women in family planning decision-making and control. The report "Being a Man in Maputo," conducted as part of the International Men and Gender Equality Survey (IMAGES),<sup>213</sup> suggests that sexual activity is an important characteristic associated with manhood with around half of men agreeing that "men need more sex than women do" and "are always ready for sex." Unsurprisingly, men ages 15–49 are significantly more likely to have multiple sexual partners than women.<sup>214</sup> Yet social norms limit women's ability to protect themselves: only 42 percent of women and 54 percent of men

think it is fair for a woman to refuse to have sex with her husband if she knows he has had sex with other women.

**The study also found that many respondents accepted sexual violence within marriage, with higher rates of women (24 percent) than men (19 percent) agreeing that sexual violence cannot exist between a husband and wife.** Notwithstanding that marital rape is included in the legal definition of rape,<sup>215</sup> men's and women's attitudes toward sexual and reproductive rights often disempower women. On the one hand, according to most female respondents, men "need" a second woman and a "good" woman will have patience with this. Women underlined the importance of having "good behaviors" in relation to men—cleaning, cooking, and having sex when a partner wants—believing this to be the normal order of things, and that if not performed well, would lead a husband to seek another wife or partner. On the other hand, both men and women said that good sexual relations are important for a couple and highlighted the need for good communication, respect, and dialogue—opening the door for effective couples' interventions to address sexual behavior and other gender norms that disadvantage women.

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## HIV/AIDS has a female face

**Mozambique has the fifth highest incidence rate of HIV/AIDS in the world, with women almost twice as likely to be infected by HIV and to die from AIDS as men.**<sup>216</sup> Women face higher prevalence and mortality rates, lesser ability to negotiate safer sex and protect themselves from men's risky behaviors, and a greater burden of care for those made sick and orphaned by HIV/AIDS. Not only does Mozambique have one of the highest rates of HIV/AIDS in the world, but it is also increasing—from 11.5 percent in 2009 to 13.2 percent in 2015.<sup>217</sup> It is by far the leading cause of death among adults—both men and women ages 15–49. However, HIV/AIDS kills women at a significantly higher rate than men, accounting for 63 percent of causes of mortality among women

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<sup>209</sup> Hasan and Moucheraud (2014).

<sup>210</sup> Figueroa et al. (2016).

<sup>211</sup> Msovela et al. (2020); Doyle et al., "Gender-Transformative Bandebereho Couples' Intervention to Promote Male Engagement in Reproductive and Maternal Health and Violence Prevention in Rwanda."

<sup>212</sup> Doyle et al. (2018)

<sup>213</sup> Slegh et al. (2017).

<sup>214</sup> Instituto Nacional de Saúde and Instituto Nacional de Estatística (2009).

<sup>215</sup> Law No. 29/2009 on Domestic Violence Perpetrated Against Women.

<sup>216</sup> World Development Indicators, Gender Statistics.

<sup>217</sup> IMASIDA 2015, Supplemental Report (2019) (MISAU, INE, and ICF International 2019).



ages 15–49 compared to 42 percent of causes of death among their male counterparts.<sup>218</sup>

**HIV prevalence varies significantly by province with highest rates found in the south**—24.4 percent in Gaza and 22.9 percent in Maputo Province, compared to 5.2 percent in Tete and 5.7 percent in Nampula (combined average for both men and women).<sup>219</sup> On average, 50 percent more women have HIV/AIDS than men, with the prevalence rate for women at 15.4 percent versus 10.1 percent for men.<sup>220</sup> Among young people ages 15–24, the difference is even starker with prevalence among young men only a third of that of young women. And yet, women are more likely to help lower the spread of HIV/AIDS by taking antiretroviral medication at higher rates than infected men—82 percent versus 70 percent.<sup>221</sup> Furthermore, women are less able to access quality health services than men, often impeded by healthcare providers prioritizing male clients or female clients who bring their male partners with them.<sup>222</sup>

**In Mozambique, HIV infections are driven by young men and the young women they infect.** Low anti-retroviral treatment (ART) coverage among young men is the primary factor driving these new infections. Although as of 2021, 66 of all persons living with HIV/AIDS (PLWHA) were estimated to be on ART, only 41 percent of men ages 20–29 were on treatment. The majority of these young HIV+ men are sexually active, asymptomatic, and have limited interactions with the health system. Two-thirds of the new infections among adolescent girls and young women (AGYW) ages 15–24 come from young men ages 20–29.<sup>223</sup> Getting these young men and young women on ART will be critical to slowing the epidemic in Mozambique, but access remains uneven throughout the country. Given the high rates of early marriage and sexual initiation in Mozambique, targeting education to partners of adolescent girls and young women on delaying childbearing and preventing transmission of HIV and other STIs will be important. Among male sexual partners of AGYW in Beira, Quelimane, and Xai-Xai districts, only 41

percent said they always used condoms, with those married to or living with AGYW partners much less likely to use condoms.<sup>224</sup>

**Stigmatization of persons living with HIV/AIDS is widespread in Mozambique.** Curiously, Mozambicans are significantly less tolerant of PLWHA than neighboring countries notwithstanding similarly high rates of disease. According to the 2014–15 AfroBarometer, only two-thirds of Mozambicans would feel comfortable living next to a PLWHA, while in Zimbabwe, Eswatini South Africa, and Malawi, acceptance rates are above 90 percent, suggesting the need for increased efforts to promote acceptance of PLWHA in Mozambique. Although this may be evolving as a result of advocacy by CSOs, such norms tend to be ‘sticky’ and change only slowly over time. Stigmatization not only subjects PLWHA to discrimination and harassment, but also negatively affects health-seeking behaviors. A study of male involvement in rural areas of Zambézia province revealed the widespread belief that seeking antenatal care, particularly if accompanied by a male partner, means that a woman is HIV positive.<sup>225</sup>

**Low levels of knowledge about how to protect against HIV/AIDS infection, particularly among young men and women, contributes to low rates of condom use.** Only 47 percent of women and 56 percent of men know that the transmission of HIV can be reduced by using condoms and limiting numbers of sexual partners. Among married women merely 2 percent report using condoms and the number increases to only 20 percent among unmarried women.<sup>226</sup> Comprehensive knowledge of HIV among adolescents is particularly low: only 28 percent of adolescents, both boys and girls surveyed between 2011 and 2016, knew how HIV is transmitted and how to protect themselves.<sup>227</sup>

**Men’s risky sexual behaviors put women at risk of contracting HIV/AIDS.** While 21 percent of men reported having multiple sexual partners within the previous year, and only 26 percent of these report using condoms.<sup>228</sup> Furthermore, around one in five men report having paid for sex in the previous year,

<sup>218</sup> Global Burden of Disease Estimates by the Institute of Health Metrics and Evaluation, 2019. <https://vizhub.healthdata.org/gbd-compare/>.

<sup>219</sup> IMASIDA 2015, Supplemental Report (2019) (MISAU, INE, and ICF International 2019).

<sup>220</sup> IMASIDA 2015, Supplemental Report (2019) (MISAU, INE, and ICF International 2019).

<sup>221</sup> IMASIDA 2015, Supplemental Report (2019) (MISAU, INE, and ICF International 2019).

<sup>222</sup> USAID (2019).

<sup>223</sup> PEPFAR (2020).

<sup>224</sup> Chapman et al. (2018).

<sup>225</sup> Audet et al. (2016).

<sup>226</sup> IMASIDA 2015 Supplemental Report (2019) (MISAU, INE, and ICF International 2019).

<sup>227</sup> UNFPA (2018).

<sup>228</sup> IMASIDA 2015 Supplemental Report (2019) (MISAU, INE, and ICF International 2019).

and only 31 percent of these report using condoms.<sup>229</sup> At the same time, women are often disempowered to negotiate safer sex or to protect themselves from men's risky behaviors: only 60 percent of women and 72 percent of men consider it fair for a woman to propose using a condom if she knows that her husband has a sexually transmitted infection. The percentages of both men and women who think it is acceptable for women to negotiate safer sex is higher in urban areas compared to rural areas and, for both sexes, it increases with the level of education and wealth.<sup>230</sup> Many women, especially adolescents, poorer women, and those from rural areas and with lower levels of education, often lack agency over their own bodies and are unable to negotiate safer sex with their sexual partners. Attitude surveys indicate that many have internalized norms around sexual submission to male partners.<sup>231</sup>

**Coerced or forced sexual relations expose women and men to risks of contracting HIV/AIDS.** In addition to forced sexual initiation, young girls are also at risk of sexual exploitation or assault given the widely held view that intercourse with a virgin is a cure for HIV. In a national survey of violence against children and youth, 4 percent of young women age 18-24 who had had sexual intercourse before age 18 reported that they had been pressured or forced to have sex.<sup>232</sup> Overall, about 6 percent of both men and women report having experienced sexual assault at least once since age 15.<sup>233</sup> Among 18–24 year olds who participated in a national survey of violence against children and youth, 7.6 percent of young women and 2.3 percent of young men were HIV positive. HIV prevalence was higher among women who experienced sexual violence (9.4 percent) and even higher among those who experienced emotional violence (27.2 percent), suggesting a strong link between GBV and HIV/AIDS. Not only does physical and sexual IPV increase the risk of HIV infection, but women who experience IPV are less likely to be receiving ART or to achieve viral load suppression,<sup>234</sup> contributing not only to their own ill-health but also undermining efforts to eliminate high rates of HIV/AIDS in Mozambique.

**Rates of HIV/AIDS are also higher among at-risk populations linked to vulnerability, exploitation, and risky behaviors.** Men who have sex with men (MSM), women whose partners engage in risky behaviors, women and girls as well as men and boys engaged in transactional sex, and persons subject to sexual exploitation and abuse are particularly at risk. These risks are heightened among vulnerable populations in conflict zones and situations of displacement, whether due to conflict or climate. There are also higher rates of infections among migrant workers, truck drivers, prisons populations, and members of the military, who in turn put their sexual partners at risk.<sup>235</sup> Sex workers anywhere are at increased risk: worldwide, they are 12 times as likely as the general population to be HIV positive.<sup>236</sup> Particular high-risk zones in Mozambique include the Beira transport corridor in Manica province (connecting Beira to Zimbabwe). In 2012, Médecins Sans Frontières (MSF) estimated that there over 7,000 sex workers in Beira alone. Thirty percent of women in Beira surveyed by MSF who were free of HIV contracted the disease in the following 12 months.<sup>237</sup> As one sex worker put it in a recent interview, “sex sells and there’s a good chance that HIV will be part of the transaction.”<sup>238</sup> Another study showed that a third of MSM in Beira over the age of 25 are living with HIV.<sup>239</sup> Lessons learned from MSF’s Corridor project suggests that for high-risk populations, the provision of condoms is not enough; provision of anti-retroviral drugs and prophylaxis drugs is also necessary to control rates of HIV/AIDS. Furthermore, their experience suggests that sex workers need to be part of the solution as they are much more effective in communication and outreach such as regarding the availability of free anti-retroviral treatment.

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## Persons living with disabilities are also at higher risk of contracting HIV/AIDS 240

Data is not systematically collected on the prevalence of HIV/AIDS among PLWD in Mozambique. However, available evidence suggests that PLWD are at higher

<sup>229</sup> IMASIDA 2015 Supplemental Report (2019) (MISAU, INE, and ICF International 2019).

<sup>230</sup> IMASIDA 2015 Supplemental Report (2019) (MISAU, INE, and ICF International 2019).

<sup>231</sup> See, for example, Slegh et al. (2017).

<sup>232</sup> INS et al. (2020).

<sup>233</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>234</sup> Kuchukhidze et al. (2022).

<sup>235</sup> PEPFAR (2021).

<sup>236</sup> <https://mosaicscience.com/story/sex-workers-hiv-Africa-Mozambique/>

<sup>237</sup> <https://clubofmozambique.com/news/doctors-worried-about-spread-of-hiv-in-mozambiques-beira-corridor/>

<sup>238</sup> <https://mosaicscience.com/story/sex-workers-hiv-Africa-Mozambique/>

<sup>239</sup> Nalá et al. (2015).

<sup>240</sup> UNFPA (2018).

risk of contracting HIV/AIDS and less likely to be able to access health and other services. A large majority of PLWD have lower levels of knowledge on HIV prevention, due to low levels of education and limited access to information (especially those with intellectual disabilities), including information on prevention, care, and treatment programs.<sup>241</sup> Law 12/2009 on the rights and duties of persons living with HIV/AIDS to state that persons with disabilities have an equal right to HIV/AIDS prevention, protection, and treatment. However, services are often not adapted for disability, and there is prejudice among service providers as well as double stigmatization of PLWD who are also PLWHA. While many NGOs/CSOs target vulnerable groups such as sex workers, migrants, MSM, or SOGI minority individuals, they often do not particularly target PLWD. As with other high-risk populations, PLWD should be included in programs to train and support peer education.

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## Data and knowledge gaps

Much of the data available on SRMH in Mozambique is taken from IMASIDA 2015 and therefore somewhat outdated. A new Demographic Health Survey data is being collected (June 2022–January 2023) and will provide important information on trends and any backsliding linked to either conflict, natural disasters, and COVID-19. In addition, there are many areas where additional qualitative research into the drivers of SRMH behaviors would be helpful for the design of more effective policies and programs. In particular, more information is needed in relation to certain marginalized subgroups, such as PLWD and SOGI minorities. A significant amount of data is regularly collected with the support of PEPFAR on rates of infection and transmission of HIV/AIDS, as well as on ART coverage and compliance. Whether in relation to HIV/AIDS or SRMH more broadly, it will be important to assess how gender norms and their variation across different contexts are driving both positive and negative behaviors. As with all new interventions, it will be important to conduct impact evaluations to assess their effectiveness in the Mozambican context.

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<sup>241</sup> UNICEF (2014).

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## CHAPTER 4

# Economic Inclusion

**F**emale labor force participation in Mozambique is high, yet the quality of employment women are accessing is low. The lower quality of women's labor force participation is manifested through underemployment and women being less likely to enter high-paying non-agricultural sectors. Female entrepreneurs, farmers, and wage employees are less productive on average than their male counterparts and spend fewer hours per week engaged in economic activities. Drivers of underemployment and sectoral segregation include unequal burdens of unpaid childcare and domestic responsibilities.<sup>242</sup> The negative impacts of unpaid domestic work are likely to have increased during the COVID-19 pandemic, with the crisis increasing the burden of unpaid domestic work and unpaid care work at a greater rate for women than men.<sup>243</sup> Within the agricultural sector, female-headed households are 24 percent less productive than their male counterparts. Drivers of women's lower agricultural productivity include lower technical efficiency, lower use of labor and mechanization, and women's low participation in cash crop farming. While the private sector has driven growth within wage employment, women are benefiting less than men. As a result of gender differences in time use, sectoral segregation, and human capital, women are concentrated in sectors with lower average earnings. Slightly more women than men are engaged in entrepreneurship in urban areas. In rural areas, men are much more likely than women to work in entrepreneurship; this is because in rural areas the agriculture sector can absorb a larger number of low-skilled women compared to urban areas. Women-owned small and medium-sized enterprises (SMEs) earn 16 percent less than male-owned SMEs, due to lower technical skill levels, time constraints imposed by domestic responsibilities, and less access to finance.

**To increase women's economic productivity, the drivers of gender gaps must be addressed.** This will entail encouraging women and girls to enter male-dominated sectors, increasing women farmers' access to inputs, and increasing women entrepreneurs' access to capital. Policy efforts and programmatic interventions should aim to (i) increase the time women are available to work, by addressing the unequal burden of domestic care held by women through accessible childcare, and changing social norms to distribute unpaid care work more evenly between men and women; (ii) increase women farmers' access to extension services and agricultural inputs; and (iii) address discrimination in wage employment through amending discriminatory employment policies and strengthening protections against sexual harassment in the workplace.

<sup>242</sup> Martinez, Naudeau, and Pereira (2012).

<sup>243</sup> UN Women, UNFPA, and ILO (2021).

**Although Mozambique has seen impressive growth since the end of the civil war in 1992, the capital-intensive nature of this growth has not brought broad-based benefits in terms of poverty reduction and job creation, especially for women.** This is partly due to the country's reliance on megaprojects within the export-oriented energy and extractives sectors for economic growth.<sup>244</sup> While the share of GDP attributable to the industrial sector increased from 10 percent in 1996 to 19 percent in 2014, this was mostly due to growth in the foreign direct investment (FDI)-dependent mining sector, which employs few people directly and has weak links to domestic firms.<sup>245</sup> Consequently, over the same period the share of jobs estimated to be in the industrial sector increased only slightly (from 4.4 percent to 4.9 percent) and in 2014 non-farm wage employment (considered the highest quality and paying jobs) represented only 16 percent of employment. Moreover, women's specific constraints—lower levels of education; lower representation in science, technology, engineering, and math (STEM) subjects; time constraints related to domestic work, gender, and social norms, among others—make it even more difficult for them to access the few formal wage job opportunities that the energy sector has produced.<sup>246</sup> Women are also likely to face more significant constraints in taking advantage of self-employment opportunities connected to the energy sector, given some of the specific problems highlighted in recent literature in linking SMEs to large FDI projects in Mozambique.<sup>247</sup> These problems include large size of contracts (women are more concentrated in smaller firms), the technical complexity of opportunities (women-owned firms tend to suffer from weaker skills), and the perceived lack of transparency in procurement processes (with women having weaker business networks, especially in male-dominated sectors).

**Beyond factors related to the sectoral composition of the economy in Mozambique, a broader set of gender gaps (including in education, capital, and social norms) are hindering women's economic inclusion and may impede Mozambique's ability to fully leverage the productive potential of its large youth population and capture a demographic dividend.** About 45 percent of the total population is currently under age 15. With such a large youth population, the labor force will grow

rapidly, with almost twice as many people expected to enter the labor force each year as did in the previous decade. As the working-age population rises, the dependency ratio is expected to fall, especially if the country can also reduce fertility rapidly, thereby creating an opportunity to increase living standards and benefit from a demographic dividend. However, the size of any demographic dividend will be constrained if either: the economy cannot generate enough new and more productive jobs to absorb the increased labor supply; or the capacity of public services such as education and health are not sufficient to provide the large youth population with the requisite human capital to take up those jobs.<sup>248</sup>

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## Female labor force participation

**Female labor force participation is high, yet the quality of female labor force participation is low.** The labor force participation of Mozambique is relatively high compared with other countries in the region and is driven by the higher participation rate of Mozambican women<sup>249</sup> (Figure 19). Despite high male and female labor force participation rates, there is a high degree of sector-based sex segregation, and the quality of women's participation appears to be lower than that of men. The lower quality of women's labor force participation is manifested through the underemployment of women and women being less likely to enter higher-paying non-agricultural sectors (Figure 20).<sup>250</sup>

**Women's underemployment and concentration in less productive jobs and sectors is partly driven by unequal burdens of care and domestic responsibilities.** Significant gender differences exist in time allocation between men and women, often guided by deep-rooted social norms, and can be a driving force behind gender gaps in labor force participation rates and biasing the type of economic opportunities women can access. The social norms that drive time allocation are, to some extent, based on socio-cultural perceptions of men's and women's responsibilities toward the wellbeing of the household. The unequal burdens of care work and domestic responsibilities result in women engaging in fewer hours of paid

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<sup>244</sup> Lachler and Walker (2018).

<sup>245</sup> Lachler and Walker (2018).

<sup>246</sup> Lachler and Walker (2018).

<sup>247</sup> Robbins, Lebani, and Rogan (2009).

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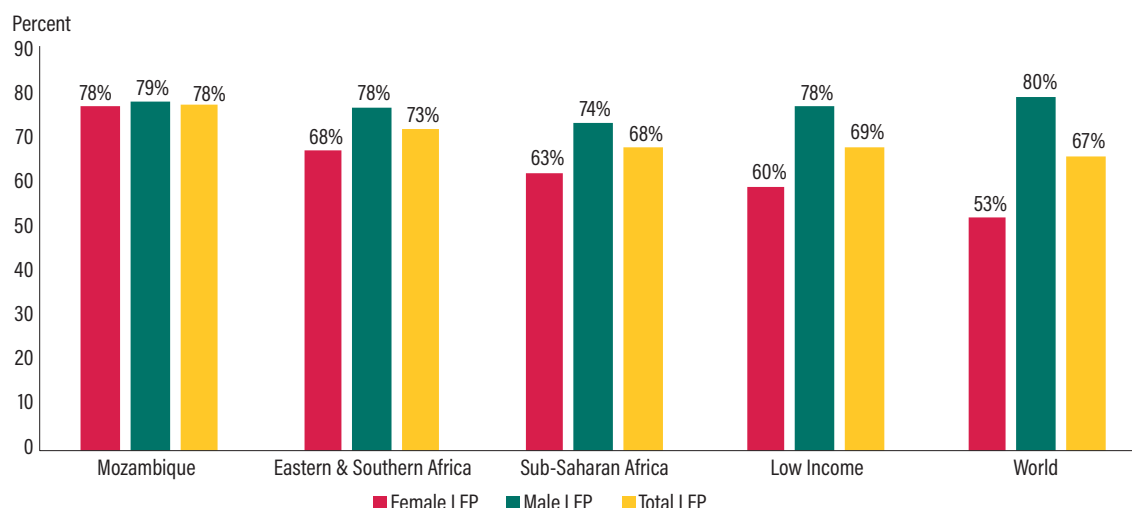
<sup>248</sup> Lachler and Walker (2018).

<sup>249</sup> "World Development Indicators | DataBank," <https://databank.worldbank.org/source/world-development-indicators>.

<sup>250</sup> Lachler and Walker (2018).

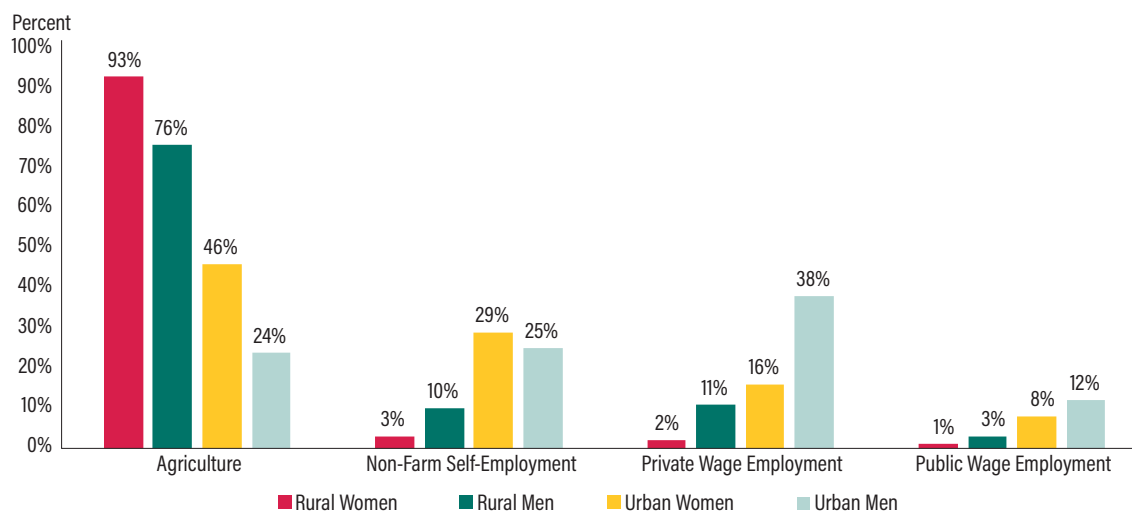


**Figure 19: Labor force participation rates, 2019 (%)**



Source: World Development Indicators (ILO Projections, 2019).

**Figure 20: Employment sector by gender and location, 2018 (%)**



Source: Lachler and Walker (2018). “Mozambique Jobs Diagnostic: Volume 1—Analytics.”

labor and prioritizing job flexibility over job quality. Domestic responsibilities often prevent women from taking better-quality jobs, such as wage employment with fixed schedules or full-time work. Often a lower-quality job in the agricultural sector, part-time work, or being self-employed provides more flexibility to women, allowing them to meet childcare and other domestic demands.<sup>251</sup> Increasing access to childcare is an effective mechanism for increasing women’s employment. A study conducted in Mozambique

indicates that childcare service provision increased the caregivers’ employment rate by 26 percent.<sup>252</sup> The negative impacts of unpaid domestic work are likely to have increased during the COVID-19 pandemic, with the crisis increasing the burden of unpaid domestic work and unpaid care work at a greater rate for women than men.<sup>253</sup> While data measuring the impact of COVID-19 is still being gathered, it is likely that women’s increased burden of care will further impact their productivity (Box 6).

<sup>251</sup> Rubiano-Matulevich and Viollaz (2019).

<sup>252</sup> Martinez, Naudeau, and Pereira (2012).

<sup>253</sup> UN Women, UNFPA, and ILO (2021).

## Box 6: Economic impacts of COVID-19

**Emerging evidence from Mozambique and other countries in Sub-Saharan Africa suggests the COVID-19 pandemic has significantly impacted livelihoods.** The pandemic caused a sudden loss of income for businesses. In the northern region, the pandemic coupled with the escalating conflict resulted in the closure of 38 percent of businesses. Many firms in Mozambique do not have the capacity or liquidity to survive such an enormous shock as the pandemic, and this is especially true of small firms, which were the most affected.<sup>254</sup> This is especially relevant to women business owners. The World Bank's 2018 Enterprise Survey for Mozambique showed that formal firms with a top female manager were smaller than their male counterparts, with an average of 17 workers and 47 workers respectively. Beyond size, women entrepreneurs' concentration in hard-hit consumer-facing sectors and their greater burden of unpaid care work may also have put them in a particularly vulnerable position. Emerging evidence from a May 2020 survey of Facebook business page administrators from several countries in the region suggests that 43 percent of women-owned businesses closed during the pandemic, compared to 34 percent of men-owned business.<sup>255,256</sup>

**Underemployment is a significant constraint to women's economic productivity and participation in the labor market and is largely driven by the unequal domestic work and childcare burden.** Women in Mozambique, on average, spend significantly fewer hours being economically productive than men. In 2007, housework was the main reason for not being employed, given by 21 percent of the female working-age population as compared with 6 percent of the male working-age population.<sup>257</sup> Among women in rural areas, domestic responsibilities are the most cited reason for working less than 40 hours per week on income-generating activities. A study in Mozambique highlights the impact of care work as a deterrent to employment, finding that

the provision of childcare service increased the caregivers' employment rate by 26 percent.<sup>258</sup> Women are more than twice as likely as men to cite domestic responsibilities as preventing them from working full-time.<sup>259</sup> While domestic responsibilities are cited less frequently in urban areas, the gender gap is larger, as women cite this as a reason for underemployment more than three and a half times more often than men. While women in urban areas spend more time in productive labor than women in rural areas, both groups work significantly less than their male counterparts.<sup>260</sup> The more significant negative impact of domestic labor on women's economic productivity in rural areas is not surprising, given the greater relative lack of time-saving infrastructure and public services. Such infrastructure and public services include access to electricity and water, which decrease the time-consuming nature of domestic activities such as collecting water, gathering fuel, and preparing food.<sup>261</sup> Given the impact that a lack of basic infrastructure has on the time women spend on domestic labor, it is concerning that the proportion of households with access to water within 30 minutes (roundtrip) decreased from 51 percent in 2015 to 44 percent in 2018, a trend which increases during droughts that are made more frequent by climate change.<sup>262</sup> Additionally, it has been found that within Mozambique, electricity is the most unequally distributed basic service, leaving poor women in an especially challenging position.<sup>263</sup>

**Surveys show that women's care work and domestic responsibilities also contribute to their concentration in less productive sectors and jobs and impedes their productivity within given sectors and jobs.** Evidence shows that men benefit more from being married than women, as the likelihood of working outside the agricultural sector increases significantly more for married men than married women as compared to unmarried people.<sup>264</sup> This finding underlines the negative impact household and care responsibilities have on women's productivity by making them more likely to stay in a less productive sector (agriculture). Agriculture and self-employment are likely appealing to women experiencing time-poverty as it is possible to multitask their unpaid care work simultaneously. Traditional female responsibilities and care

<sup>254</sup> World Bank (2021).

<sup>255</sup> Goldstein et al. (2022).

<sup>256</sup> World Bank (2021).

<sup>257</sup> Gradín and Tarp (2019).

<sup>258</sup> Martinez, Naudeau, and Pereira (2012).

<sup>259</sup> Lachler and Walker (2018).

<sup>260</sup> Lachler and Walker (2018).

<sup>261</sup> Fox, Benfica, and Ehrenpreis (2008).

<sup>262</sup> "Gender Statistics," World Development Indicators; Fischer (2016).

<sup>263</sup> World Bank (2018).

<sup>264</sup> Gradín and Tarp (2019).

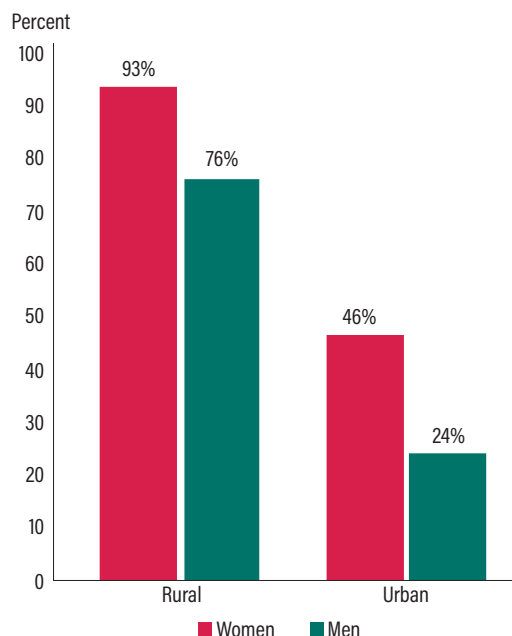
work have also been linked to women’s concentration in small, unproductive household enterprises,<sup>265</sup> as, like agriculture, these allow women to juggle income generation with unpaid domestic work. As well as pushing women into less productive sectors and jobs, unpaid care work and domestic responsibilities may also reduce women’s productivity within a given sector or job. For example, in agriculture, a woman farmer carrying a child on her back may not be able to cultivate as much of her plot as she would otherwise be able to. Yet, a study in Mozambique found that almost 20 percent of women care for a child while working on the farm.<sup>266</sup> In self-employment, analysis of data for SMEs in Mozambique indicates that having children widens the gender gap in firm profits.<sup>267</sup>

**Evidence from Sub-Saharan Africa finds that access to childcare increases the ability of caregivers, and especially women, to participate in economic activities.** An intervention in Mozambique provided community-based preschool centers for children ages 3–5 to attend for a little over three hours per day. In addition to positive impacts that the program had on child outcomes, the intervention was found to relieve caregivers of childcare responsibilities by more than 15 hours per week. The reduction in time devoted to caring for children resulted in the increased employment of caregivers by 26 percent, with the effect being larger for mothers as compared with fathers.<sup>268</sup> Another intervention that took place in Kenya provided vouchers for subsidized childcare. Experimental evidence from this intervention shows that women who received vouchers were 8.5 percent more likely to be employed, and single mothers specifically benefited by shifting to jobs with more regular hours and less loss to their income.<sup>269</sup>

## Gender gap in agricultural productivity

**Although there has been a significant decline in the share of jobs in agriculture since 1997, most of Mozambique’s working-age population (71 percent) remain engaged in the sector, and this is**

**Figure 21: Gender gap in agricultural productivity, 2018 (%)**



Source: Lachler & Walker. 2018. “Mozambique Jobs Diagnostic: Volume 1—Analytics.”

**especially true for women.** Of those employed in agriculture, 66.8 percent are self-employed, 3.1 percent are wage employees, 1.3 percent are employers, and 28.9 percent are unpaid family laborers. In rural and urban areas, women are more likely than men to be employed in agriculture (Figure 21). Within the agricultural sector, men are more likely than women to be involved in cash crop production, while women provide the majority of labor to produce food crops. Female-headed households are on average poorer than male-headed households, own smaller agricultural plots, and use less fertilizer, pesticides, machinery, and other modern inputs. Additionally, women farmers have less access to capital, land, and livestock than male farmers.<sup>270</sup>

**Mozambique has been ranked among the countries most impacted by climate change, and women, as the majority of the agricultural workforce, are particularly vulnerable to its impacts.**<sup>271</sup> As the country has warmed at a greater rate in the southern region, rainfall has become more variable, resulting in hotter and dryer conditions and increased incidence

<sup>265</sup> See Gradfn and Tarp (2019); also see Lachler and Walker (2018).

<sup>266</sup> Arora (2015).

<sup>267</sup> Campos et al. (2019).

<sup>268</sup> Martinez, Naudeau, and Pereira (2012).

<sup>269</sup> Clark et al. (2019).

<sup>270</sup> Morgado and Salvucci (2016); Arndt, Benfica, and Thurlow (2011).

<sup>271</sup> Eckstein, Künzel, and Schäfer (2021).

of drought.<sup>272</sup> Farmers are also in danger of flooding near the country's numerous river basins, a threat that is compounded when coupled with cyclonic storm surges. The changing climate within the country negatively impacts agricultural productivity and puts food security at risk.<sup>273</sup>

**Despite the predominance of women in the agricultural sector, women still achieve lower yields than men, with this driven by gaps between female- and male-headed households in the northern and central regions.** Gender gaps in agricultural productivity are critical given both the high rate of female employment in the sector and the recent economic development which has favored the non-poor in urban areas, mainly leaving the poor and those in rural areas behind.<sup>274</sup> Evidence shows that nationally, female-headed households are 24 percent less productive than male-headed households. However, this gap is driven by the northern and central regions of the country, where there are productivity gaps between female and male-headed households of 17 percent and 28 percent, respectively (while in the country's southern region there are no significant productivity gaps based on the gender of household headship). The largest proportion of the productivity gap is explained by female-headed households' lower returns to factors of production (the 'structural effect') rather than lower use of these factors (the 'endowment effect'). This reflects unobservable factors, such as women's lower technical efficiency, possibly due partly to inadequate access to extension services, and gender discrimination, perhaps manifested by the quality of land to which women are granted access.<sup>275</sup> Gender differences in the level of factors of production used also matter but less so, only accounting for 21 percent of the gender gap in yields. Within this portion of the gap, the endowment effect related to the level of use of labor and mechanization are especially important, followed by female-headed households' lower participation in cash crop farming (for example, cotton and tobacco).<sup>276</sup>

**Women's constrained access to labor and mechanization is partly driven by insufficient funds to**

**pay laborers or purchase labor-saving technology.**<sup>277</sup> Gendered roles within the agricultural sector also impede women's autonomy and their ability to benefit from their labor, restricting women to lower levels within crop value chains. Traditional gender roles and cultural restrictions concerning women's mobility and access to transportation prevent women's participation in markets while promoting men's decision-making role in crop sales, market participation, and their control of agricultural revenue.<sup>278</sup> Women's lower engagement in cash crop value chains is due in part to of the greater constraints they face with regard to access to transportation, land tenure insecurity, access to labor, and access to the levels of capital required to begin cash crop production.<sup>279</sup>

**The design of agricultural extension services is likely to have important impacts on both the endowment and structural component of gender gaps in agricultural productivity, influencing both the level of various productive inputs women have access to and (via exposure to improved techniques) the returns they are able to generate from those inputs.** The design of agricultural extension services tends to favor men implicitly, including by targeting the head of the household (usually a man, meaning the women in the household only get the information provided secondhand) and by using men as extension agents, making it more difficult for women to interact comfortably. When these weaknesses are addressed, evidence suggests extension services can be better leveraged to increase women's yields. A study in Mozambique found that in communities in which female extension agents were used to deliver extension services, female farmers were more likely to learn and adopt new techniques. On the other hand, the study found that male extension agents only had a significant impact on male farmers' practices.<sup>280</sup> Digital technology can also be leveraged to improve women's ability to engage with agricultural extension services, by making extension services more scalable and reducing the need for women to travel. For example, regional evidence shows that women who watched videos of extension messaging were more knowledgeable about cultivation practices and the adoption of inputs, played a more prominent role in agricultural decision-making, and had higher production and sales.<sup>281</sup> Meanwhile, the

<sup>272</sup> WFP (2019).

<sup>273</sup> World Bank Climate Change Knowledge Portal (<https://climateknowledgeportal.worldbank.org>).

<sup>274</sup> Lachler and Walker (2018).

<sup>275</sup> Morgado and Salvucci (2016).

<sup>276</sup> It should be noted that this evidence comes from gender analysis at the level of the household head. This is significant as most women are part of male-headed households and because women in female-headed households and those in male-headed households may face a different range of constraints from each other.

<sup>277</sup> Anderson and Donald (2022).

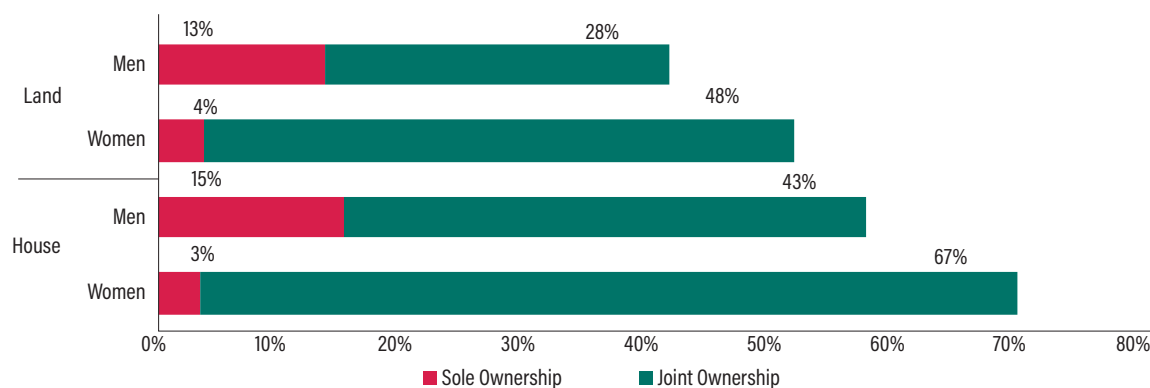
<sup>278</sup> Adam et al. (2020).

<sup>279</sup> Navarra (2019).

<sup>280</sup> Kondylis et al. (2016).

<sup>281</sup> Lecoutere, Spielman, and Campenhout (2019).

**Figure 22: Property ownership type**



Source: Mozambique DHS, 2011, STAT Compiler.

Kenyan farmer helpline M-Kilimo has enabled farmers to call directly from their mobile phones to get agricultural advice and 43 percent of the callers are estimated to be women.<sup>282</sup> Other recent research suggests that the efficiency of household agricultural investment decisions is undermined by a lack of information sharing and joint decision-making between spouses<sup>283</sup> and that programs that address this by delivering extension services to couples can improve the overall efficiency of household production.<sup>284</sup> Finally, the specific content of training delivered through extension services may also have gender implications. Emerging evidence from Mozambique suggests that ‘personal initiative’ training, focused on non-cognitive qualities such as self-initiative and future-orientation, may be especially impactful, facilitating women farmer’s greater adoption of higher-value crops and establishment of off-farm businesses.<sup>285</sup>

### Access to land

**Land is a valuable productive asset as a source of household food and income, and secure land rights are vital for women’s economic empowerment and security.** Globally women and girls often lack the rights and or protection of their rights to own and inherit land. Ownership of valuable assets such as land increases women’s access to credit as many financial institutions require collateral in the form of immovable assets.<sup>286</sup> Officially recognized land

rights also enable farmers to capitalize on the growing contract farming industry by permitting farmers to enter into contractual agreements.<sup>287</sup> In addition to economic benefits and increased food security, secure land rights can increase bargaining power within the household and decrease women’s dependency on their partner.<sup>288</sup> Secure land tenure can also reduce the need women may feel to protect their land with physical presence and agricultural activity, enabling women to transition into more productive sectors.<sup>289</sup> The lack of land tenure security is especially problematic in conflict-affected areas. Secure land rights both ensure one’s ability to return to their homes and property after fleeing violence and reduce the likelihood of further conflict over the disputed property upon their return.<sup>290</sup> Yet, the World Bank has estimated that 90 percent of rural land in Sub-Saharan Africa is undocumented and that women are more likely than men to lack land titles.<sup>291</sup> Despite the legal framework and the presence of matrilineal societies in areas of the country, women have weaker land rights than men. The DHS for Mozambique reports sex-disaggregated data on land ownership for both sole and joint ownership; however, data is only available from the 2011 survey and thus somewhat outdated.<sup>292</sup> While women are less likely than men to report not owning land and are more likely than men to own property jointly with their spouse, men are more likely than women to own property on their own (Figure 22).<sup>293</sup> The gender

<sup>282</sup> Manfre and Nordehn (2013).

<sup>283</sup> Apedo-Amah, Djebbari, and Ziparo (2020).

<sup>284</sup> Donald, Goldstein, and Rouanet (2022).

<sup>285</sup> Boxho et al. (2019).

<sup>286</sup> O’Sullivan (2017).

<sup>287</sup> Norfolk, Quan, and Mullins(2020).

<sup>288</sup> Richardson and Hughes (2015).

<sup>289</sup> Goldstein et al. (2016).

<sup>290</sup> Tuck and Zakout (2019).

<sup>291</sup> Hanstad (2020).

<sup>292</sup> A 2022-23 DHS survey is expected to be released soon and will present a more up-to-date picture of gender gaps in land ownership.

<sup>293</sup> USAID (2015).

gap in sole property ownership is vital as it can confer greater decision-making power over a plot of land compared to jointly owned land. For jointly owned land, women may be at a disadvantage if their interests differ from those of her husband.<sup>294</sup> For example, evidence from some countries across the region has shown that women are less likely than men to have the right to sell jointly owned land.<sup>295</sup> This is likely to also apply in the case of Mozambique, where men are predominately the primary decision-makers in the household and over agricultural land in both matrilineal and patrilineal societies. Despite legal reforms, customary rules remain an essential instrument for asserting men's rights to and control over land and are often supported in their implementation by local land authorities whose positions are dominated by men.<sup>296</sup> The gender gap in sole property ownership, coupled with the continued importance of customary rules and the prevalence of male leadership, imply that joint property ownership may still materially disadvantage women in Mozambique.

**Mozambique has implemented an overarching statutory framework intended to support and protect equitable land rights.** Following the civil war, conflict over land tenure escalated between those who had fled the violence and third parties who had purchased land use rights from the government. To secure the land rights of returnees, indigenous communities, women, and smallholder farmers while encouraging investment, the government enacted the Land Law of 1997. The law reaffirms state ownership of all land while providing individuals and communities with long-term or perpetual rights to land. The right is referred to as a DUAT, an acronym for the Portuguese term “the right to land use and land benefit.” DUATs protect communities’ customary land rights to their traditional territories and recognize land rights obtained by individuals and groups. The DUAT is the only recognized right to use of land and can be obtained in three ways: (i) perpetual rights of land use through customary occupation under customary norms and practices; (ii) perpetual rights of land use to individuals or groups after occupying the land for 10 years for residential or family use; or, (iii) temporary rights of land use through leases valid for up to 50 years through application to the government and consultation with local communities. Additionally,

the Land Law provides women with the right to register DUATs individually and fully participate in land decisions. While the Land Law has been widely recognized as impactful and progressive, the lack of formal registration, low public understanding of the law, and the high opportunity cost involved in petitioning local communities and the government for leases have left those with land rights through occupancy, and especially women, vulnerable to their land being purchased from under them.<sup>297</sup>

**While statutory law is nominally protective of women's equal land rights, this is not the case for customary laws and practices, which are predominant in much of the country.** A recent study in the Ile district found that over 73 percent of land parcels were acquired through customary practice. Both matriarchal societies (in the north) and patriarchal societies (in the south) are present in Mozambique, and both approach land tenure and inheritance distinctly. In matrilineal societies, land is inherited by daughters; upon marriage, men are expected to live with their wife's family, and most men, therefore, access land through marriage. However, men in matrilineal societies are more likely to purchase land than women, often driven by the man's desire for land tenure security instead of being dependent on in-laws. While the land is inherited by women, men are the decision-makers regarding the use of the land, the primary decision-makers being first the parents of the women and then their husbands.<sup>298</sup> Conversely, in patrilineal societies, land is inherited by the sons of the family or close male relatives, and women are dependent on men for access to land. Dependence on men for access to land leaves women in more vulnerable positions. Widowed and divorced women are vulnerable to losing access to agricultural land and their homes with the loss of or separation from their spouse. If a woman loses access to her land, her family may provide her with land, though it is often lower quality. Finally, due to lower literacy and education levels, women are less likely to be aware of their ownership rights or be empowered to advocate for them.<sup>299</sup> Given the ambiguities in women's land rights in customary practice versus statutory law, programs that provide women and men with information on their land rights and the processes necessary to effectively claim those rights would be highly relevant and may help women exercise their rights.

<sup>294</sup> Gaddis, Lahoti, and Li 2(018).

<sup>295</sup> Slavchevska et al. (2017).

<sup>296</sup> Kaarhus and Dondeyne (2015).

<sup>297</sup> USAID (2021).

<sup>298</sup> Ugaz-Simonsen (2020).

<sup>299</sup> USAID (2021).

## Box 7: Evidence on women crossing over into male-dominated sectors

A vocational training program in Kenya included an information session that provided participants with information about returns to vocational education, broken down by trade. The program highlighted the large discrepancy in earnings between traditionally male-dominated (for example, mechanic) and female-dominated trades (for example, seamstress). Furthermore, this intervention (which provided vouchers to out-of-school youth to help overcome cost barriers to TVET) found that the return on investment (that is, the increase in earnings following completion of the course) were greater for young women than men.<sup>300</sup> In the Republic of Congo, a study found that providing information on returns per sector through a video at the time of application to the program increased the likelihood that women would pick a male-dominated trade by 28.6 percent. In addition, women were at least three times more likely to cross over when seeing the video if they had higher technical experience, higher technical knowledge, or a male role model.<sup>301</sup>

### Wage employment

**Mozambique's ability to reap a demographic dividend is contingent on increasing the supply of non-agricultural wage employment opportunities to absorb a growing and increasingly educated working-age population.**<sup>302</sup> Yet as it stands, women and men are not equally able to take advantage of the opportunities that do exist. The private sector has driven growth in wage employment, which grew by 63 percent from 2008 to 2014, increasing the overall employment share by almost five percentage points. However, wage employment still makes up only 16.3 percent of jobs in Mozambique, combining (12.2 percent in the private sector and 4.2 percent in the public sector) with most of these concentrated in Maputo and other urban areas. Moreover, women appear to be less able than men to take advantage of the jobs that do exist, with the gender gap in employment rates having increased over time and women moving from agriculture to non-farm employment at a slower rate.<sup>303</sup>

**Women in both rural and urban areas are less likely than men to work in wage employment.** Women also spend less time engaged in economically productive activities than male wage employees. As a result of gender differences in time use, sectoral segregation, and human capital, women are concentrated in sectors with lower average earnings. Evidence points to women's unpaid domestic responsibilities and lower levels of education as factors significantly

contributing to their low rate of wage employment.<sup>304</sup> By decreasing the number of hours they are available to dedicate to income generation, unpaid domestic responsibilities in particular restrict women's ability to engage in better-paid, full-time wage employment.<sup>305</sup>

**While Mozambique received perfect scores from Women, Business and the Law (WBL) for Mobility, Workplace, Marriage, Entrepreneurship, and Assets indicators, WBL's assessment found room for improvement in the areas of Pay, Parenthood, and Pension.** Deficits include the lack of provisions on equal remuneration for work of equal value, maternity leave of at least 14 weeks, and parental leave; and legislation establishing different ages of retirement for men and women; and prohibitions on women performing jobs deemed hazardous. As well, while there are legal protections for women against the dismissal of pregnant workers and from sexual harassment, in practice they are not always enforced, and these issues remain barriers to women's workforce participation. Thus, addressing gaps in employment legislation and increasing its enforcement will be important to facilitate women's equal participation in formal employment.

**While providing some protections to women, the labor code can be contradictory and may contribute to gender gaps in the quality of labor force participation.** An example of such a contradiction is that while on the one hand, hiring discrimination based on gender is prohibited, the law also prohibits the employment of women in jobs that are

<sup>300</sup> Hicks et al. (2011).

<sup>301</sup> Gassier, Rouanet, and Traore (2022).

<sup>302</sup> Lachler and Walker (2018).

<sup>303</sup> Gradín and Tarp (2019).

<sup>304</sup> Gradín and Tarp (2019).

<sup>305</sup> Gradín and Tarp (2019).

## Box 8: Criminal Code (2019) sexual harassment provisions

The new Criminal Code (Law No. 24/2019) criminalizes sexual harassment, including in the workplace. The Code establishes a penalty of imprisonment up to two years and a fine for whomever was found to have committed the act, and it established compensation in the amount of 20 times the minimum wage for the offended employee. The Criminal Code does not establish specific procedures for sexual harassment cases; survivors would instead have to follow existing judicial procedures for criminal cases. In the Labor Law, sexual harassment falls under the category of “disciplinary offenses” that only apply to employees, not the employer, and which can lead to the dismissal and application of a fine of the employee who perpetrates the act. Good practices in the area of sexual harassment in employment establish that laws should provide a comprehensive description and examples of the prohibited behaviors as well as creation of special procedures and a body or agency that can conduct investigations and rule on such cases.<sup>306</sup>

“harmful to their health or their reproductive function.” Similarly, the law lacks any provision for equal remuneration for work of equal value, despite the fact that Mozambique has signed the International Labor Organization’s Equal Remuneration Convention of 1977.<sup>307</sup> Finally, despite prohibiting sexual harassment in the workplace, the criminal code could better protect women in the workplace (see Box 8). The economic costs of workplace sexual harassment are shared by individuals, their employers, governments, and society.<sup>308</sup> Addressing sexual harassment at the workplace is not just beneficial for female workers, it is also important for business. Recent studies on the costs of sexual harassment have found that eliminating sexual harassment from the workplace leads to increased productivity.<sup>309</sup> Indirect and often less quantifiable costs also include reduced morale or motivation of employees, tardiness or absenteeism, damage to external reputation, and loss of shareholder confidence.<sup>310</sup>

**The combined shocks of COVID-19 and conflict pose significant threats to the wage work sector in Mozambique.** Early evidence on the gendered impacts of the COVID-19 pandemic shows that vulnerable urban households have been most impacted. Women primarily lost employment in the hospitality and services sector and the entertainment and recreation sector. The sectors in which men were most affected were the extractive, construction, and hospitality sectors. Wage employment is the only sector

in which women were not more negatively impacted than men.<sup>311</sup> In addition to the impacts of the pandemic, the conflict in the northern province of Cabo Delgado is directly risking and restricting economic and job growth within the wage sector, including in sectors that are important for women. The tourism sector, which directly employs around 400,000 workers, more than half of whom are women, is negatively impacted by the increased longevity and spread of conflict, which increases the personal safety fears of international tourists and the likelihood that they will go elsewhere.<sup>312</sup> On the other hand, the extractive sector, which is a more important source of employment for men, has also been put at risk by the conflict, as was shown in 2020 when the insurgency threatened the largest gas project on the continent.<sup>313</sup>

## Entrepreneurship

**Entrepreneurship in Mozambique, here referred to as non-farm self-employment, primarily consists of household enterprises (HEs), which are generally small and unproductive but represent an especially important source of income for urban women.** In 2018, only 12.2 percent of the labor force was engaged in non-farm self-employment as their primary occupation. There are significant gaps in participation between men and women and urban and rural areas. In urban areas, slightly more women than men are engaged in non-farm self-employment

<sup>306</sup> <https://www.eeoc.gov/harassment>

<sup>307</sup> World Bank (2020a).

<sup>308</sup> Hejase (2021).

<sup>309</sup> Cici et al. (2021).

<sup>310</sup> McDonald (2012).

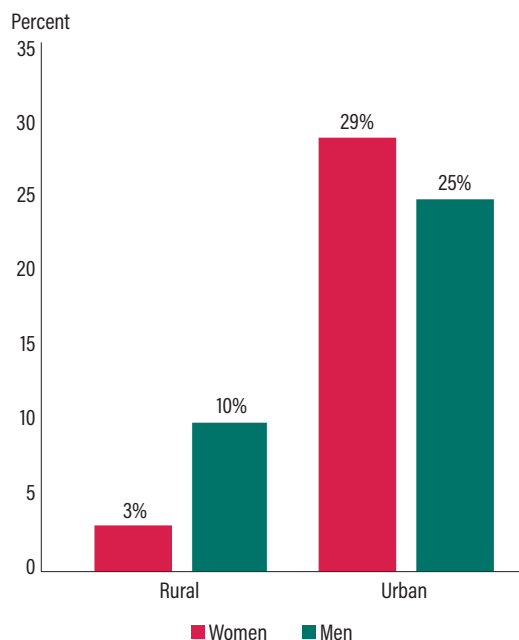
<sup>311</sup> UN Women, UNFPA, and ILO (2021).

<sup>312</sup> Batey (2014).

<sup>313</sup> IISS (2021).



**Figure 23: Gender gaps in entrepreneurship productivity, 2018 (%)**



Source: Lachler & Walker. 2018. “Mozambique Jobs Diagnostic: Volume 1—Analytics.”

(29 percent versus 25 percent), while in rural areas, men are about three times more likely than women to work in non-farm self-employment (Figure 23).

**This difference is likely related to the fact that in rural areas the agriculture sector can absorb a larger number of low-skilled women compared to urban areas.** Off-farm self-employment encompasses SMEs, microenterprises, and HEs, the most common being HEs. As HEs tend to be informal, there is limited data available regarding specific characteristics and activities. However, we do have some important insights on these businesses. On average, the owners of HEs are significantly less educated than owners of SMEs. The businesses are primarily small family operations that often do not operate from a fixed location and are less likely to use formal banking services.<sup>314</sup> As a result, HEs are more restricted in growth opportunities. For example, evidence shows that few HEs grow into microenterprises: in 2005, 85 percent of HEs owners had no plans to expand their business.<sup>315</sup> Productive inclusion programs have demonstrated promising evidence regionally of increasing the productivity of such small-scale women-owned enterprises. These

<sup>314</sup> Lachler and Walker (2018).  
<sup>315</sup> Lachler and Walker (2018).

programs support women entrepreneurs through a combination of skills training, productive asset or cash transfers, in-person support, and savings vehicles, hinting at the likelihood that these women face multiple constraints to their productivity that should be addressed simultaneously.<sup>316</sup> Throughout the country, and especially in rural areas, HEs are less likely to be full-time businesses, often operating around seasonal agricultural work.<sup>317</sup> In addition, sector segregation appears to play a significant role, with women’s HEs concentrated in less profitable activities such as sewing.<sup>318</sup> Finally, women entrepreneurs in Mozambique appear to be less able to cope with shocks, with results from a COVID-19 rapid gender assessment finding a higher portion of women entrepreneurs lost or left their business because of the pandemic than did male entrepreneurs.<sup>319</sup>

**Among SMEs in Mozambique, there are significant gender gaps in performance outcomes between male and female entrepreneurs.** Women-owned SMEs earn about 16 percent less in profits than do male-owned SMEs. Similar to other economies in the region, this gender gap is due in part to underlying factors such as (i) constraints related to the contexts in which they operate (regulatory constraints, norms, and risks of GBV); (ii) constraints related to endowments (skills, capital, confidence, and networks), and; (iii) constraints related to household organization (allocation of resources, childcare, and domestic responsibilities).<sup>320</sup> In Mozambique, evidence shows that female owners of SMEs have lower technical skill levels than their male counterparts and are less likely to introduce an innovative process. Regional evidence demonstrates that socioeconomic skills trainings are especially effective for women’s business outcomes and can increase self-initiative qualities that help them overcome barriers. The domestic responsibilities of women entrepreneurs contribute significantly to the gender gap in productivity, such that having children was found to increase the gap in business performance. In addition, access to finance, described below, is also a contributing factor to women-owned SMEs’ lower productivity.<sup>321</sup>

<sup>316</sup> J-PAL and IPA Policy Bulletin (2015).  
<sup>317</sup> Lachler and Walker (2018).  
<sup>318</sup> Fox and Sohnesen (2012).  
<sup>319</sup> UN Women, UNFPA, and ILO (2021).  
<sup>320</sup> Campos et al. (2019).  
<sup>321</sup> Campos et al. (2019).

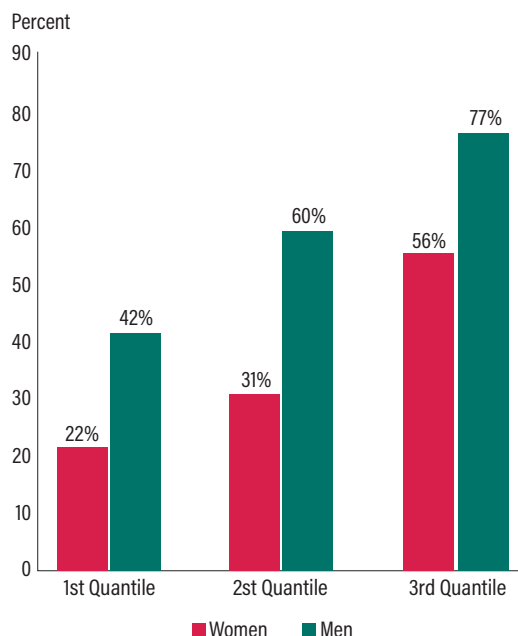
## Financial inclusion

Access to financial services continues to be a significant barrier to women's empowerment, rural development, regional economic growth, and sustainable development. There is a 7 percent gap globally and a 9 percent gap in developing countries between men and women who own an account with a financial institution. Globally, women entrepreneurs are estimated to have up to US\$320 billion in unmet financing needs; 70 percent of these women entrepreneurs own SMEs with insufficient or non-existent access to formal financial services. While financial inclusion in Mozambique has significantly increased in recent years, as men's and women's account ownership are increasing at a similar rate, the gender gap persists.<sup>322</sup>

The gender gap in access to financial services is a significant barrier; it is harmful to women and it holds back Mozambique's potential for strong economic growth. Lower access to financial services means that women entrepreneurs are less able to invest in their businesses, have less access to markets, are less able to capitalize on economic opportunities, are less able to utilize technology that could improve productivity, and are less able to navigate financial shocks. In Mozambique, women are less likely to be able to come up with emergency funds, and of those who can, women are more likely to depend on friends and family for such funds.<sup>323</sup> Women's access to financial products is particularly critical given their lower earnings (so ability to save, increasing the importance of credit) and their lower agency (so lower control over the resources they have and greater need for financial products that give them greater control/privacy). Gender gaps in this domain not only have implications for women's welfare at the household level but also for national economic growth, given the impediment they present to the creation and growth of women-led businesses.

Lack of access to capital is a significant challenge to women entrepreneurs in Mozambique and is closely tied to levels of wealth. Throughout the continent, women entrepreneurs have lower levels of business capital than their male counterparts. Access to and use of financial services, such as secure savings accounts and lines of credit, increase one's ability to accumulate capital and help mitigate the impact of shocks. While financial inclusion remains a significant challenge for

Figure 24: Ownership of identification information, 2020 (%)



Source: FAO. 2020. "Deconstructing the Gender Gap in Rural Financial Inclusion."

men in Mozambique, it is significantly more challenging for women. Article 5(g) of Mozambique's Code of Conduct for Credit and Financial Institutions prohibits discrimination in access to financial services based on gender and other grounds. Yet, the law does not prohibit discrimination in access to credit on the basis of gender.<sup>324</sup> Additional barriers to women's financial inclusion include formal financial institutions' preference for male-dominated sectors and larger enterprises that men more often own and women's limited access to credit due to a lack of collateral, such as land. In Mozambique, women's lower levels of education directly impact their levels of financial literacy and familiarity with financial services. In addition, Mozambican women lack access to formal financial services as they are less likely to possess proof of legal identification required by formal financial institutions (Figure 24).<sup>325</sup>

### Account ownership

Access to formal financial services is low throughout the country but significantly lower among women. In rural areas, the most common reasons

<sup>322</sup> FAO (2020).

<sup>323</sup> Demirgüç-Kunt et al. (2020).

<sup>324</sup> World Bank (2020a).

<sup>325</sup> FAO (2020).

**Table 3: Familiarity with banks by gender, 2020 (%)**

Familiarity with Banks	1st Quintile		2nd Quintile		3rd Quintile	
	Women	Men	Women	Men	Women	Men
Have been inside a Bank	4%	12%	8%	19%	32%	47%
Personally have an account	2%	1%	1%	4%	11%	23%

Source: FAO. 2020. “Deconstructing the Gender Gap in Rural Financial Inclusion.”

cited by those of the poorest wealth quantile (grouping the population by lowest, middle, and highest levels of wealth) for not having an account with a financial institution were not knowing how a bank account works or being unaware that they could open an account. Among the wealthiest quantile, the most common reasons cited were a lack of access due to the scarcity of bank branches in rural areas and insufficient funds required to open an account.<sup>326</sup> Mozambique has the third-highest gender gap in account ownership in Sub-Saharan Africa, with 26 percent of women having an account at a financial institution, compared to 40 percent of men.<sup>327</sup>

**In rural areas, where over 60 percent of the of the population were living in 2020, more women than men are excluded from formal financial services.**

Analysis of financial inclusion in rural areas by wealth level found that women in the poorest wealth quantile are less than half as likely as men to have ever been inside a bank. However, there is not a significant difference in account ownership at this wealth level due to both men and women having such low account ownership rates (both under 2 percent). In the second quantile, women remain less than half as likely as men to have been inside a bank, and women’s rate of account ownership is less than a third the rate of men’s. In the third and wealthiest quantile, the gender gap between men and women having entered a bank or owning an account widens still further. The gender gap also increases as familiarity and account ownership increase at a greater rate for men than women (Table 3).<sup>328</sup>

**Despite the rapid increase of mobile money accounts, there remains a significant gender gap in access to digital financial services in rural areas.**

Mobile money may be a promising approach to increasing women’s financial inclusion by reducing the need for women to travel to bank branches, thereby reducing the time investment necessary to access financial services and reducing the financial burden of minimum funds required to open an account in traditional banks. The use of mobile money has increased dramatically since 2015, at about three times the rate of bank account ownership. While this increase has improved women’s access to financial services, there remains a significant gap between men’s and women’s ownership of mobile money accounts.<sup>329</sup> As of 2017, 17 percent of women and 27 percent of men owned a mobile money account.<sup>330</sup> The gender gap in mobile money account ownership may be due in part to differences in phone ownership and how men and women use their phones. Nationally, 60 percent of women and 74 percent of men are reported to own mobile phones in the country, and 45 percent of men and women own phones with access to the internet.<sup>331</sup> However, rural areas of the country lack the telecommunication infrastructure and coverage of Maputo and other urban areas. As a result, 69 percent of the population and 62 percent of women are excluded from digital financial services in rural areas.<sup>332</sup> Men and women differ significantly in their use of their phones and the internet in making financial transactions. Men are more likely than women to use the internet to access accounts and make or receive digital payments.<sup>333</sup> Such gender differences are magnified in rural areas where in the highest wealth quantile, 18 percent of men and just 5 percent of women report using their mobile phones to conduct financial transactions. This finding underlines the larger gender gap of digital financial services in rural areas.<sup>334</sup>

<sup>326</sup> FAO (2020).

<sup>327</sup> Demirgüç-Kunt et al. (2020).

<sup>328</sup> FAO (2020).

<sup>329</sup> World Bank (2021).

<sup>330</sup> Demirgüç-Kunt et al. (2020).

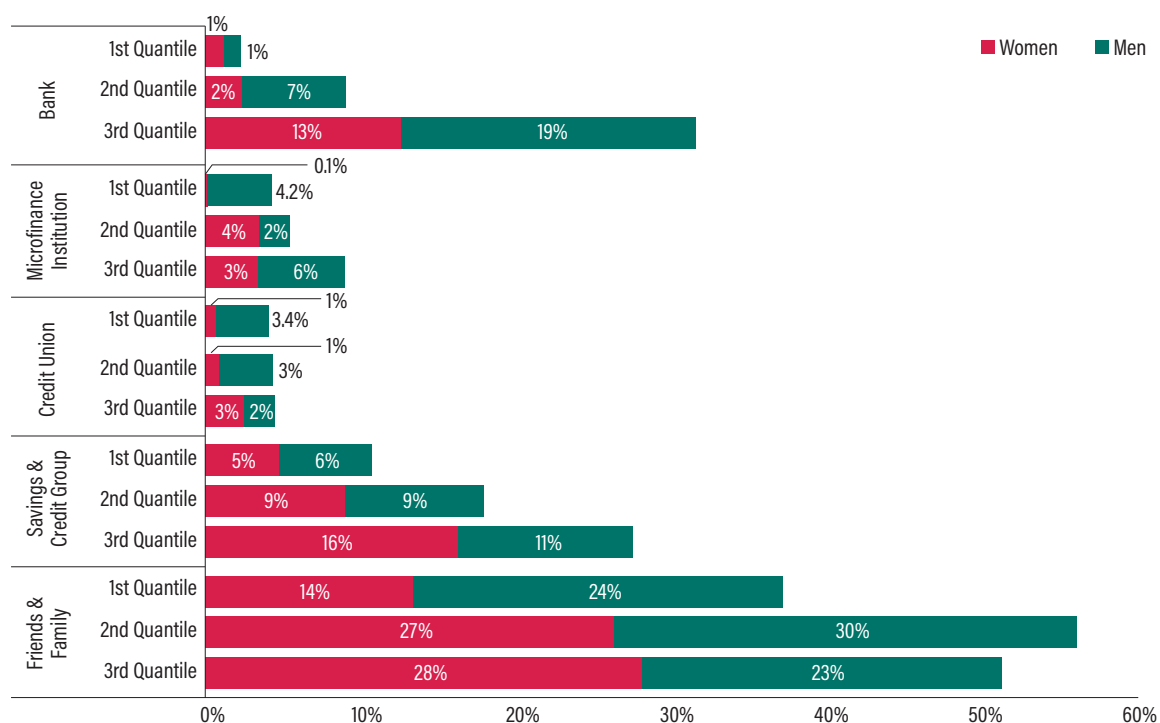
<sup>331</sup> Afrobarometer (<https://www.afrobarometer.org/online-data-analysis/>).

<sup>332</sup> World Bank (2020a).

<sup>333</sup> Demirgüç-Kunt et al. (2020).

<sup>334</sup> FAO (2020).

**Figure 25: Use of savings mechanisms, 2020 (%)**



Source: FAO. 2020. “Deconstructing the Gender Gap in Rural Financial Inclusion.”

## Savings

**A gender gap in savings mechanisms further decreases women entrepreneurs’ ability to invest in their businesses.** Gender gaps in savings rates contribute to unequal levels of capital investments into entrepreneurial activities. Secure savings mechanisms enable women, who often have less bargaining power in the household, to insulate capital from household expenditures and redistributive pressures. Secure savings mechanisms, including mobile money savings services, have been found to have a positive impact on increasing capital, business investments, and entrepreneurial performance in Sub-Saharan Africa. In addition to increasing investment into existing businesses, saving mechanisms aid women to leave agriculture and start businesses and have helped reduce extreme poverty among women-headed households.<sup>335</sup> In addition to more limited access to financial services, social norms can make it more challenging for women to save and invest their earnings how they see fit, with pressure to redistribute their earnings to household expenses or extended family members rather than investing in their businesses. For

this reason, it is essential to increase women’s access to secure savings accounts under their name, which can give women greater privacy and control over their finances, allowing them to invest more in their business activities and incentivizing them to maximize their productivity in the workplace knowing they will be able to benefit fully from the fruits of their labor.<sup>336</sup> In Mozambique, fewer women save money than men, 38 percent and 48 percent respectively, and of those women were less likely to have saved to start, operate, or expand a farm or business than were men.<sup>337</sup> Of women who save money, more than twice as many use informal or semiformal savings mechanisms. In rural areas, the most common savings mechanism for men and women is through friends and family. The vast majority of men and women in the lowest wealth quantile do not save with banks. Yet, as wealth increases, more men than women use formal financial institutions, such as banks, for their savings needs. While friends and family remain the most frequently used savings mechanisms, women use semiformal savings and credit groups more than men within the middle and highest wealth quantiles (Figure 25).<sup>338</sup>

<sup>335</sup> Demirgüç-Kunt et al. (2020).

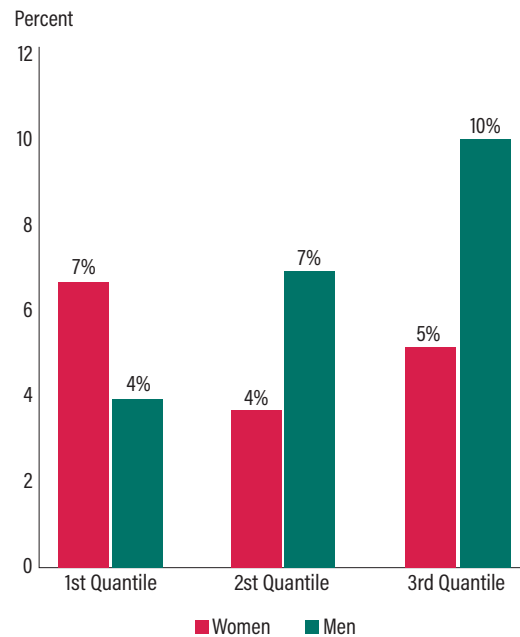
<sup>336</sup> Carranza et al. (2018).

<sup>337</sup> Demirgüç-Kunt et al. (2020).

<sup>338</sup> FAO (2020).

**Access to credit is crucial for growing and starting businesses, yet there are significant gender gaps in accessing credit through formal financial institutions.** Access to credit can enable entrepreneurs to build their businesses, take advantage of market opportunities, and better navigate economic shocks. Findings show that more women in the lowest of the three wealth quantiles (divided into lowest, middle, and highest wealth groups) in rural Mozambique have a loan than men. However, almost twice the proportion of men versus women hold loans in the second and third wealth quantile (Figure 26). While men and women report similar sources of credit, there is a gender gap favoring men in the second and third quantiles in accessing credit through traditional banks. The most common source for loans is friends and family among men and women at all three wealth quantiles in rural areas, followed by semiformal savings and credit groups and informal money lenders. These findings suggest that women face more significant challenges accessing credit from formal financial institutions, but informal financial services fill that gap.<sup>339</sup> Innovative loan products targeted to women have been piloted regionally with positive results. These loan products are less reliant on collateral, utilizing new methods, such as psychometric tests, to gauge creditworthiness.<sup>340</sup> There is a lack of evidence in the difference in average loan volume between men and women entrepreneurs of micro-enterprises, which make up the majority of the self-employed population. Women entrepreneurs of larger SMEs in Mozambique appear to have higher aggregate loan amounts than their male counterparts, in stark contrast to other countries in the region. However, the percent of women entrepreneurs (of larger SMEs) who have taken out loans for their business is lower than the regional average. In addition, while there are no legal constraints to women accessing credit, findings show that women entrepreneurs (of larger

**Figure 26: Secured loans by gender, 2020 (%)**



Source: FAO. 2020. “Deconstructing the Gender Gap in Rural Financial Inclusion.”

SMEs) have more extensive collateral requirements than their male counterparts.<sup>341</sup>

## Data and knowledge gaps

In addition to the new DHS data being collected (June 2022–January 2023) that will highlight gaps in asset ownership, a follow-up to the Mozambique 2018 WB Jobs Diagnostic, collecting data on the impact of COVID-19, will be important in understanding the impact of the pandemic on gender gaps in employment. In addition, further research into time use, sexual harassment in the workplace, and skills gaps in the private sector will improve targeting of interventions going forward.

<sup>339</sup> FAO (2020).

<sup>340</sup> Alibhai et al. (2018).

<sup>341</sup> Campos et al. (2019).

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## CHAPTER 5

# Resilience and Inclusion

**M**ozambique is dealing with multiple overlapping crises and inclusion challenges that have significant gendered impacts on women and girls' physical security, human capital, and economic stability. Climate change and natural disasters may be gender blind, but their impacts are not gender neutral. Men and women, boys and girls are affected differently by climate change and disasters, even if they live in the same household.<sup>342</sup> Resource and structural constraints, as well as gender norms and inequalities, are the main drivers of gender-differentiated impacts of conflict, climate change, and natural disasters. Conflict itself as well as its consequences are highly gendered phenomena. Men and boys are more likely to be drawn into the conflict as combatant, whereas women and girls (as well as boys) bear the brunt of the violence, particularly in conflicts targeting civilian populations as is occurring in Cabo Delgado. GBV against women and girls increases both as a direct consequence of conflict where rape is too often used as a weapon of war, and as a result of displacement—whether caused by armed conflict or natural disasters. Biological factors also play a role in disproportionate negative health outcomes particularly in situations of food scarcity, extreme heat, and displacement. Poor women in particular face barriers to accessing timely information and resources needed to adequately prepare for, respond to, and cope with disasters—including access to early warning and safe shelter, as well as to economic resources to cope in the face of emergencies. Involving women in the design and implementation of climate adaptation and mitigation measures as well as disaster preparedness, response, and recovery efforts has a double positive impact. It not only reduces women's vulnerability and increases their resilience in the case of shocks, but also leads to better environmental policy and impacts overall.<sup>343</sup> Women also have an important role in building social cohesion to prevent the emergence of conflict and in the maintenance of peace through participation in peace and reconciliation processes.

<sup>342</sup> Erman et al. (2021).

<sup>343</sup> Tandrayen-Ragoobur (2021).

**Climate change and natural disasters are gender-blind, but their impacts are not gender neutral.** Men and women, boys and girls are affected differently by climate change and disasters, even if they live in the same household.<sup>344</sup> Resource and structural constraints, as well as gender norms and inequalities are the main drivers of gender-differentiated impacts of disasters and climate change. Biological factors also play a role in disproportionate negative health outcomes particularly in situations of food scarcity, extreme heat, and displacement. Poor women, in particular, face barriers to access information and resources needed to adequately prepare, respond, and cope with disasters—including access to early warning and safe shelter, as well as to economic resources to cope in the face of emergencies. Involving women in the design and implementation of climate adaptation and mitigation measures as well as disaster preparedness, response, and recovery efforts has a double positive impact. It not only reduces women’s vulnerability and increases their resilience in the case of shocks, but also leads to better environmental policy and impacts overall.<sup>345</sup>

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## Resilience: conflict and climate-related shocks

**During the previous decade (2000–19), Mozambique and was ranked as the fifth most extreme weather event-affected country in the world, and in 2019, Mozambique ranked the most climate change-affected country in the world.**<sup>346</sup> The costs are staggering: Cyclones Idai and Kenneth alone cost nearly US\$3 billion.<sup>347</sup> A catastrophe risk modeling study estimated that floods alone cost the country US\$440 million in average annual losses, which translates into a loss of nearly 3 percent of GDP in a country struggling to provide basic services.<sup>348</sup> The extreme vulnerability of Mozambique is a product of both location and geography, as large areas of the country are exposed to tropical cyclones, droughts, and catastrophic flooding.<sup>349</sup> In the 35 years prior to 2021, there were 75 declared disasters, encompassing

droughts, floods, and tropical cyclones. The 2015–16 El-Niño induced drought was the worst for over 35 years.<sup>350</sup> Despite significant investments to mitigate the effects of climate change, the country remains vulnerable to an increasingly volatile environment and thus the frequency and severity of extreme weather events are expected to increase.

**Compounding these challenges, there has been ongoing armed conflict since October 2017 in the northern province of Cabo Delgado, leading to significant displacement and loss of life.** Between 2018 and 2021, Al-Shabaab insurgents linked to the Islamic State Group have carried out more than 800 attacks against civilian and military targets in Cabo Delgado’s northern districts<sup>351</sup> and there are signs the conflict is spilling over into neighboring provinces.<sup>352</sup> This violence has left over 3,100 dead and has displaced over 850,000 people.<sup>353</sup> Conflict and climate crises feed on each other. Diminishing access to resources such as water and arable land resulting from climate change intensifies competition for resources that can lead to violence. According to the UN’s World Food Program, climate change threatens the livelihood of 70 percent in Mozambique.<sup>354</sup> Regional inequality in private and public investments can further intensify resentment in disadvantaged regions. Seeing few economic opportunities increases the number of disenfranchised young people with a feeling of little to lose.<sup>355</sup> This disaffection makes some, particularly young men, more susceptible to recruitment into armed groups.<sup>356</sup> Furthermore, it imperils liquified natural gas (LNG) projects in the area meant to be an engine of economic growth for the country<sup>357</sup> and an important source of low-carbon energy to drive the country’s green transition.<sup>358</sup>

**Both climate change and conflict have disproportionate and gender-specific impacts on women and girls’ wellbeing and security.** Preexisting social norms and inequalities are often exacerbating during crises and displacement, further eroding women’s human capital, economic security, and increasing their exposure to GBV. The gendered health and mortality implications of climate change and conflict

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<sup>344</sup> Erman et al. (2021).

<sup>345</sup> Tandrayen-Ragoobur (2021).

<sup>346</sup> Eckstein, Künzel, and Schäfer (2021).

<sup>347</sup> World Bank (2020b).

<sup>348</sup> World Bank. (2020b).

<sup>349</sup> USAID (2018).

<sup>350</sup> “Disaster Response” Fact Sheet for Mozambique (USAID n.d.).

<sup>351</sup> Human Rights Watch (2021).

<sup>352</sup> Miguel and Baptista (2022).

<sup>353</sup> Miguel and Baptista (2022).

<sup>354</sup> Paul (2021).

<sup>355</sup> Honwana (2013).

<sup>356</sup> Swain et al. (2011).

<sup>357</sup> World Bank (2020b).

<sup>358</sup> AfDB (2015).

are significant. Natural disasters lower women's life expectancy more than men's, both directly by killing women at a higher rate than men and indirectly by killing women at an earlier age due to higher morbidity and worse economic impacts.<sup>359</sup> Similarly, in the years following conflicts, there is often increased female mortality resulting from malnutrition, inaccessible healthcare, and the physical impact of stress and disease.<sup>360</sup> During conflict women are at an increased risk of GBV and rape, which are used as weapons of war. In Mozambique, many women and girls displaced by the conflict cite threats of abduction, rape, and forced marriage to Al-Shabaab combatants as the reasons for their flight.<sup>361</sup>

**Maternal health is heavily impacted by conflict and climate shocks.** Damage to health facilities during natural disasters and conflict severely compromises women's access to family planning as well as ante- and postnatal care leading to increases in maternal mortality.<sup>362</sup> The negative effects of the resulting fetal stress on birthweight, neonatal morbidity and mortality, and longer-term child behavioral and cognitive outcomes are well established.<sup>363</sup> Following Cyclone Kenneth in 2019, 19 health facilities were damaged in Cabo Delgado alone, leaving pregnant women and new mothers without access to healthcare for themselves and their children.<sup>364</sup> Displacement due to the conflict in Cabo Delgado is greatly impacting women who have fled violence. As of February 2021, UNFPA estimated that 3,200 women were in need of urgent care due to sexual violence, 950 women were at risk of maternal death, and 46,000 women were at increased risk of unwanted pregnancy, due to lacking access to maternal health and family planning services.<sup>365</sup> Additionally, through inflated prices and disruptions in supply chains, conflict restricts access to necessary goods (such as medicines, clean water, and food), contributing to food insecurity and mortality rates.<sup>366</sup> Declines in food consumption are commonly concentrated among women and girls when resources are scarce, contributing to women being twice as likely as men to suffer from malnutrition and girls being twice as likely to die from malnutrition as boys.<sup>367</sup>

<sup>359</sup> Erman et al. (2021).

<sup>360</sup> Pluemper and Neumayer (2006).

<sup>361</sup> "Mozambique," March 2, 2021.

<sup>362</sup> Behrman and Weitzman (2016).

<sup>363</sup> Glover (2019).

<sup>364</sup> Marima (2019).

<sup>365</sup> Madigan (2019).

<sup>366</sup> Pluemper and Neumayer (2006).

<sup>367</sup> PMNCH (2014).

**Girls' education outcomes face more significant risks than boys' due to climate change, natural disasters, and conflict.** Lower levels of rainfall and resulting incomes shocks have more significant negative impacts on girls' test scores and school enrollment than boys'.<sup>368</sup> Girls are more likely to drop out or attend school infrequently when parents are either unable to afford the tuition or need help with domestic tasks.<sup>369</sup> In Mozambique, girls often have less time for homework than boys due to greater burdens of domestic labor, which can be exacerbated by natural disasters.<sup>370</sup> In 2019, Cyclone Kenneth further limited access to education through damages to the already sparse educational infrastructure of Cabo Delgado.<sup>371</sup> During conflict, girls experience higher rates of school-related GBV, including "sex for grades"; teacher-perpetrated rape and sexual abuse; and sexual harassment, abuse, or rape on the journey to and from school, leading many parents to pull their daughters from school.<sup>372</sup> As of mid-2021, at least 51 children had been abducted in last year, most of them girls.<sup>373</sup> Access to education is also a significant barrier as a result of conflict; the conflict in Cabo Delgado had destroyed at least 221 schools by the end of 2021.<sup>374</sup> In times of conflict, natural disasters, or resource scarcity, girls are at an increased risk of early or forced marriage as an economic coping strategy.<sup>375</sup> The ongoing conflict in Cabo Delgado has driven an increased rate of early and forced marriage among adolescent girls in the province.<sup>376</sup> Early marriage and adolescent pregnancy, in turn, have lifelong impacts on women's economic activity, empowerment, and wellbeing.

**The economic impacts of conflict and climate shocks also fall heavily on women.** The agricultural sector, where women's employment is concentrated, is constantly threatened by climate change. Women are less able than men to transition to off-farm work and are disadvantaged in adopting agricultural adaptation strategies as they have less access to inputs, information, and resources than men.<sup>377</sup> Women farmers are less likely to have the necessary resources or knowledge to adopt climate-smart agricultural (CSA) practices.

<sup>368</sup> Zimmermann (2020); Björkman-Nyqvist (2013); Dasgupta and Karandikar (2021); Kwauk and Braga (2017).

<sup>369</sup> Erman et al. (2021); Kwauk and Braga (2017).

<sup>370</sup> Madigan (2019).

<sup>371</sup> Madigan (2019).

<sup>372</sup> INEE (2022).

<sup>373</sup> World Bank (2020a).

<sup>374</sup> Algu (2021).

<sup>375</sup> Cas et al. (2014); Kwauk and Braga (2017).

<sup>376</sup> Care International (2020).

<sup>377</sup> Hisali, Birungi, and Buyinza (2011); Coulibaly et al. (2015); Simtowe (2010).

However, they are more likely to adopt CSA practices than men when they have access to the resources.<sup>378</sup> Ensuring that both men and women farmers have access to such resources not only increases women's resilience and contribution to climate change mitigation and adaptation, but more generally helps to close gender gaps in agriculture.<sup>379</sup>

**Conflict makes informal work increasingly risky as damage to infrastructure such as access to sanitation, markets, food, and electricity, can push women toward coping strategies that put them at higher risk of violence and exploitation.**<sup>380</sup> The loss of property during conflict is detrimental to women engaged in the agricultural sector as both a source of income and food security. As a result of conflict, displacement, low rainfall, and high food prices currently Mozambique is experiencing acute food insecurity with 1.9 million people in crisis.<sup>381</sup> A study of the impacts of extreme-weather events on poverty and food insecurity in Mozambique found that experiencing a cyclone, flood, or drought can lead to a drop of up to 25–30 percent per capital food consumption.<sup>382</sup> Female-headed households are particularly affected and more likely to be experiencing poverty and food insecurity.<sup>383</sup>

**Climate change has been driving increases in male migration from regions hardest hit by floods and drought.**<sup>384</sup> In a qualitative study of two communities in Gaza Province men and women explain that their migration is due to lack of food, drought conditions, or lack of water. The study also found that extended periods of drought increased the amount of time women spent to collect water from roughly 2 to 6 hours per day and that young girls are leaving school to help. Travelling long distances has been increasing women's risks of experiencing sexual and GBV as well as confrontations with wild animals. In Inhambane Province where seasonal male migration has been a traditional agricultural household strategy, many men did not return during the 2015–16 drought cycle and a new trend of female migration emerged, leaving many children in the care of grandparents.<sup>385</sup>

<sup>378</sup> Glazebrook (2011); Nhemachena and Hassan (2007); Twyman et al. (2022).

<sup>379</sup> Huyer and Partey (2020).

<sup>380</sup> Pluemper and Neumayer (2006).

<sup>381</sup> IPC (2022).

<sup>382</sup> Baez, Caruso, and Niu (2020).

<sup>383</sup> Ministério de Género, Criança e Acção Social (2016).

<sup>384</sup> Stal (2011).

<sup>385</sup> Fischer (2016).

**Social protection programs can play important role in reducing individual and household vulnerabilities, including to climate shocks.** Adaptive or shock-sensitive social protection programs are specifically designed to be flexible and agile for quickly responding to natural disasters and other shocks.<sup>386</sup> Experience has shown that having a social protection system or program in place before a crisis reduces its negative impacts by helping poor households to smooth consumption and income. Mozambique's national social protection program has been a central instrument for providing income support to poor households and emergency cash transfers in responses to a series of shocks—most recently COVID-19. Once the crisis is over, such programs can also support recovery.<sup>387</sup> Reconstruction after natural disasters and conflict presents an opportunity to build back in a way that breaks down the constraints faced by women. Whether through the construction of more gender-sensitive physical infrastructures such as roads and water sources, the adoption of climate-smart agriculture, or the development of alternative livelihoods, reconstruction offers an opportunity to reduce women and girls' vulnerability to climate change and natural disasters going forward.<sup>388</sup> Social protection programs also provide an opportunity to reduce risks of GBV and empower women and girls in multiple domains of human and economic development.<sup>389</sup>

**Meaningful participation by women is necessary to increase the effectiveness and sustainability of climate change programming.** Countries with higher female representation in government are more likely to set aside protected land and ratify environmental agreements.<sup>390</sup> Given women's traditional household responsibilities, they play an essential role in the preservation of natural resources and transition to household use of renewable energies.<sup>391</sup> However, a gender and diversity audit of the Mozambique Community Land Initiatives managed by the country's Natural Resources Institute and operating in eight provinces found that women experienced limited access to and control over land and natural resources, and lacked knowledge of their rights to these resources. The audit revealed that women were often excluded from household and community decision-making in

<sup>386</sup> Bowen et al. (2020); Bastagli (2014).

<sup>387</sup> Bastagli (2014); Venton (2018).

<sup>388</sup> Erman et al. (2021).

<sup>389</sup> Botea et al. 2021.

<sup>390</sup> UNDP (2017).

<sup>391</sup> AfDB (2015).

## Box 9: Mozambique's Climate Change and Gender Action Plan

The Government of Mozambique launched the Climate Change and Gender Action Plan (CCGAP) to mainstream gender issues into climate change adaptation and mitigation policies. The CCGAP aims to comprehensively develop and integrate the gender perspective throughout the environmental sector to improve the quality of life for all Mozambicans, and, in particular, for women and local communities. The priority sectors identified are: (i) water, (ii) agriculture, (iii) health, (iv) forests and energy, (v) disaster risk reduction, and (vi) coasts and fisheries. The CCGAP is in line with Mozambique's development priorities and with the National Climate Change Adaptation and Mitigation Strategy, which recognizes the importance of integrating a gender perspective, including through policies, programs, and budgets, through all sectors affecting and affected by climate change.

resource management in both matrilineal and patrilineal communities.<sup>392</sup> It is also essential to adapt disaster and risk planning and responses to be more inclusive, gender responsive, and accessible for PLWD.<sup>393</sup> Often the specific skills, resources, knowledge, and agency of women, and of marginalized groups more generally, are overlooked in emergencies, but can be strategically utilized to reduce risk and support emergency response.<sup>394</sup> Mozambique is making efforts to integrate women, and their expertise and knowledge, to enhance climate adaptation and mitigation as outlined in the country's Climate Change and Gender Action Plan (Box 9). However, for women's participation to have meaningful impacts, investments in human and financial resources will be needed.

**Women are also critical stakeholders in conflict prevention and peacebuilding.** Increasing gender equality is crucial to sustainable peace, as unequal gender relations have been linked to increased risks of conflict and violence. Cultures in which masculinity ideals are built upon domination, aggression, and being the sole financial provider are at greater risk of conflict. In such societies, governments can manipulate ideas of masculinity to build support for conflict and recruit men who “fail” to live up to masculinity standards while simultaneously increasing the likelihood of men using violence against women and children over whom they have perceived power.<sup>395</sup> What is more, evidence shows that women's participation in peacebuilding positively impacts the durability of peace agreements. If women are involved in the peace process, the peace agreement is 20 percent more

likely to last at least two years and is 35 percent more likely to last at least 15 years.<sup>396</sup> Mozambican women are already playing an important role in peacebuilding and working with communities to mitigate conflicts, particularly in relation to growing tensions over natural resource management. Amplifying these efforts could strengthen social cohesion and conflict prevention in areas affected by conflict and fragility.<sup>397</sup>

## Inclusion

### *Regional disparities*

**There are significant regional disparities across almost all human development and economic indicators in Mozambique.** Mozambicans living in the northern and central regions are significantly worse off than those living in the south across multiple metrics (Figure 27), and gender gaps and measures of women's agency are also worse. The location of the capital in the extreme south, and its proximity to South Africa, has contributed to concentrating higher-growth sectors and resources in the southern region, including those help build human capital, while much of the country continued to be relatively marginalized.<sup>398</sup> Despite various efforts since the country's independence to support decentralization and reduce inequality, the legacy of poor inter-regional connectivity and decades of underinvestment have perpetuated the regional gap in basic infrastructure and service provision, compounded by the impacts of

<sup>392</sup> NRI (2012).

<sup>393</sup> Erman et al. (2021).

<sup>394</sup> Lindley-Jones (2018); Oxfam Canada (2018).

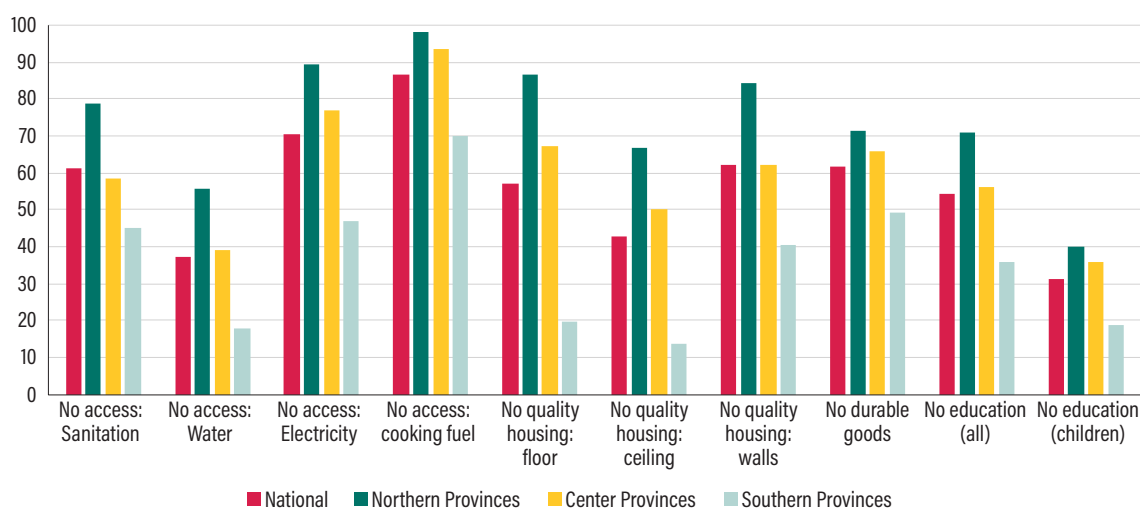
<sup>395</sup> OECD (2017).

<sup>396</sup> O'Reilly, Súilleabháin, and Paffenholz (2015).

<sup>397</sup> World Bank (2020b).

<sup>398</sup> Vines (2021).

**Figure 27: Comparison of access to basic services between national and regional levels, 2017 (%)**



Source: 2017 Census.

recurring natural disasters, rapid population growth, rural-urban migration, and conflict.<sup>399</sup> Inequalities in per capita spending are reinforced by limited decision-making powers and voice at the subnational levels in the allocation and distribution of expenditures. Perceptions of preferential treatment and corruption undermine a sense of inclusion and fairness and continue to reinforce a north-south divide and are a driver of conflict in the region.<sup>400</sup>

### Sexual orientation and gender identity

**Mozambique rates relatively well in the World Bank’s Equality of Opportunity for Sexual and Gender Minorities (EQOSOGI) index and has fairly progressive laws related to sexual orientation and gender identity.**<sup>401</sup> Mozambique does not criminalize same-sex relations and prohibits discrimination on the basis of sexual orientation, though not gender identity. Employment law prohibits employers from discussing sexual orientation, gender identity, or marital status during the recruitment process, and protects sexual and gender minorities seeking employment in

the private sector. It also prohibits discrimination on the basis of sexual orientation (but not gender identity) and requires equal remuneration for employees that belong to sexual and gender minorities. However, it does not provide equal pension benefits for same-sex partners and there is no national body with a mandate for addressing of employment-related SOGI discrimination. Same-sex partnerships, civil unions, marriages are not recognized, and adoptions by same-sex partners are not allowed. There are also no legal provisions explicitly prohibit discrimination on the basis of SOGI in the provision of public services. Mozambique lacks specific mechanisms, laws, constitutional provisions, or regulations criminalizing hate crimes based on sexual orientation, gender identity, gender expression, or sex characteristics. Furthermore, there is no mechanism in place for monitoring acts of violence against sexual and gender minorities.

**Social acceptance of persons with minority sexual orientation or gender identities in Mozambique is relatively high in comparison the African context generally.** As summarized in the 2014/15 Afro-barometer: “Africans express high levels of tolerance for people of different ethnicities, religions, and nationalities. A large majority also express tolerance for people living with HIV/AIDS, though HIV-related stigma remains a reality in most countries. Africans are far less tolerant of homosexuals, though even on this issue, country-level variations prevent the continent from being painted as uniformly intolerant.” Mozambique has one of the highest levels of tolerance

<sup>399</sup> World Bank (2021a); authors’ estimations using multidimensional poverty data from Atlas de Pobreza Multidimensional em Mozambique, Draft June 2020 (World Bank and Ministério de Economia e Finanças), based on Recenseamento Geral da População e Habitação 2017 <http://www.ine.gov.mz/operacoes-estatisticas/censos/censo-2007/censo-2017> [Ask Northern HCD project team for editable graph]

<sup>400</sup> World Bank (2021b).

<sup>401</sup> Indicators used to construct the EQOSOGI index include: (i) criminalization and SOGI, (ii) access to inclusive education, (iii) access to the labor market, (iv) access to public services and social protection, (v) civil and political inclusion, and (vi) protection from hate crimes.



for homosexuals in Africa: 56 percent would like or not mind having homosexual neighbors (particularly among younger, urban, and more educated people) compared to the African regional average of 21 percent (excluding Algeria, Egypt, and Sudan where researchers deemed questions about tolerance for homosexuals too sensitive, suggesting the actual average is even lower).

**Although there is a relatively high tolerance for SOGI minorities in society generally, there are some contradictions with attitudes in private life.**

This ambiguity was made evident in a study of Men and Masculinities in Maputo where just over half of men believed there should be laws protecting homosexuals from discrimination, but at the same time, a similar number agreed that “I would never have a gay friend.”<sup>402</sup> Following a 2018 visit to Mozambique, the UN Independent Expert on Protection against violence and discrimination based on sexual orientation and gender identity noted that homosexuals, lesbians, bisexuals or gender diverse persons are not subject to the high levels of violence experienced in other countries; however, this comes at the price of staying in the shadows. “It appears that a tacit social agreement exists not to attack homosexuals, lesbians, bisexuals or gender diverse persons as long as they hide their true nature.” He therefore called for greater efforts to dispel myths and reduce discrimination and marginalization of homosexuals, lesbians, bisexuals, or gender diverse persons.<sup>403</sup>

## Disability and gender

**Despite anti-discrimination laws and civil society advocacy, PLWD continue to face social stigma, exclusion, and discrimination within their communities and households.** Furthermore, they face barriers to accessing education, employment, and healthcare, as several programs that promote access to human rights do not explicitly consider PLWD due to lack of awareness about disabilities among service providers, including negative attitudes that often treat PLWD as “objects of care.”<sup>404</sup> The 2017 Census data indicated that over 700,000 persons are living with disabilities in Mozambique, or about 2.6 percent of the total

population.<sup>405</sup> However, these numbers are underestimated according to local disability organizations whose own research suggest that about a quarter of Mozambican households include at least one family member living with functional limitations. This would mean that the actual number of PLWD in Mozambique is closer to 1.5 million.<sup>406</sup> There is significant marginalization of children with disabilities (CWD): 68.1 percent of CWD ages 0–17 have not been registered at birth,<sup>407</sup> whereas in the general population, the births of almost 60 percent of children under five are registered.<sup>408</sup>

**Disability, gender, and poverty in Mozambique remain intrinsically linked.**<sup>409</sup> For example, the 2009 survey from The Foundation for Scientific and Industrial Research at the Norwegian Institute of Technology (SINTEF) suggests that WLWD face much worse living conditions when compared to women without disabilities and small differences with men with disabilities.<sup>410</sup> A more recent study in Sofala found that a WLWD is more likely to be single, poor, uneducated, and marginalized.<sup>411</sup> WLWD are also less likely work outside home,<sup>412</sup> and have lower literacy rates (17 percent) than their male counterparts (49 percent), which impacts significantly on WLWD entering the job market.<sup>413</sup> This compounds the already significantly lower rate of labor force participation rates of PLWD: the PNAD II estimate unemployment rates of 39 percent for PLWD compared to 9 percent among persons without disabilities. Although the need for social protection programs tends to be higher among PLWD compared to the general population, 87 percent of PLWD who needed welfare services were not able to receive them.<sup>414</sup> Among the few PLWD who do have access to social transfers, the significant majority (80 percent) are men suggesting the need for better targeting of social protection programs for PLWD and for WLWD in particular.<sup>415</sup>

<sup>405</sup> The primary causes of disability in Mozambique are disease and congenital problems at birth and the most common form of disability is limb amputation, followed by mobility, vision, hearing, and cognitive impairments. Men are slightly more likely to have disabilities and more likely to have disabilities related to military service and landmine injuries. See INE (2017).

<sup>406</sup> UNFPA (2018).

<sup>407</sup> Zavale (2012: 17).

<sup>408</sup> IMASIDA 2015 (MISAU, INE, and ICF International 2018).

<sup>409</sup> FAMOD (2020: 4).

<sup>410</sup> SINTEF (2009); UNDP (2019).

<sup>411</sup> Light for the World (2018).

<sup>412</sup> Gradín and Tarp (2019).

<sup>413</sup> United Nations (2019).

<sup>414</sup> Access to Mozambique’s National Institute of Social Action (INAS) Social Protection may be restricted by issues such as lack of information/awareness, absence of documentation, lack of clarity in the disability evaluation process including prejudice of INAS staff toward certain types of disabilities, particularly mental. United Nations (2019).

<sup>415</sup> Instituto Nacional de Estatística (2019: 48).

<sup>402</sup> Slegh et al. (2017).

<sup>403</sup> OHCHR (2018).

<sup>404</sup> SINTEF (2009); Sida (2014).

**Women with living with disabilities face overlapping drivers of stigmatization, exclusion, and abuse.** A Sofala study found that while (only) 43 percent of women without disabilities feel they are able to make significant life decisions (where to live or how to spend money), only 16 percent of WLWD do. And while 74 percent of women without disabilities felt respected in their communities, only 45 percent of WLWD did.<sup>416</sup> Women and girls with disability are at higher risk of abuse both in and outside of home. A UNFPA global study found that women and girls with disabilities are up to 10 times more likely to experience sexual abuse than those without disabilities.<sup>417</sup> With limited livelihood options, WLWD often see no option but to engage in transactional sex to survive at significant disadvantage to negotiate condom use.<sup>418</sup> Many children with disabilities (CWD) are isolated at home, making them especially vulnerable to sexual abuse committed by family members. Such abuse can go on for years and remain unreported to community leaders, police, social workers or neighbors, mostly because CWDs have a low level of education and high level of dependence on their families, which makes it more difficult for them to seek help. Mothers of CWD can also face stigmatization based indirectly on the disability of their children. For example, it is not uncommon for men to divorce the mothers of CWDs because of beliefs that the birth of CWDs is a punishment inflicted on the family by divine powers

or ancestors as retribution for sins committed by the parents. Disabled elderly women are more likely to be accused of witchcraft and ostracized or driven from their communities.<sup>419</sup>

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## Data and knowledge gaps

**While there is a lot of international evidence of the gendered impacts of conflict, climate change, and natural disasters, their particular manifestation in Mozambique is not fully understood.** Understanding these impacts will be important to design inclusive, evidence-based policies and programs for natural disaster management as well as for climate change mitigation and adaptation strategies. As well, more evidence is needed on the specific challenges and opportunities for women as well as other marginalized groups to benefit from the transition to the green economy. Qualitative research to understand the drivers of marginalization as well as sources of resilience and identify opportunities for greater inclusion will be important. Collecting data among displaced populations as well as in conflict- or disaster-affected areas is a challenge in Mozambique. Nonetheless it remains extremely important to gather information to assess the specific needs of women and girls in such situations.

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<sup>416</sup> Light for the World (2018).

<sup>417</sup> UNFPA (2018).

<sup>418</sup> UNFPA (2018).

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<sup>419</sup> World Bank (2021c).

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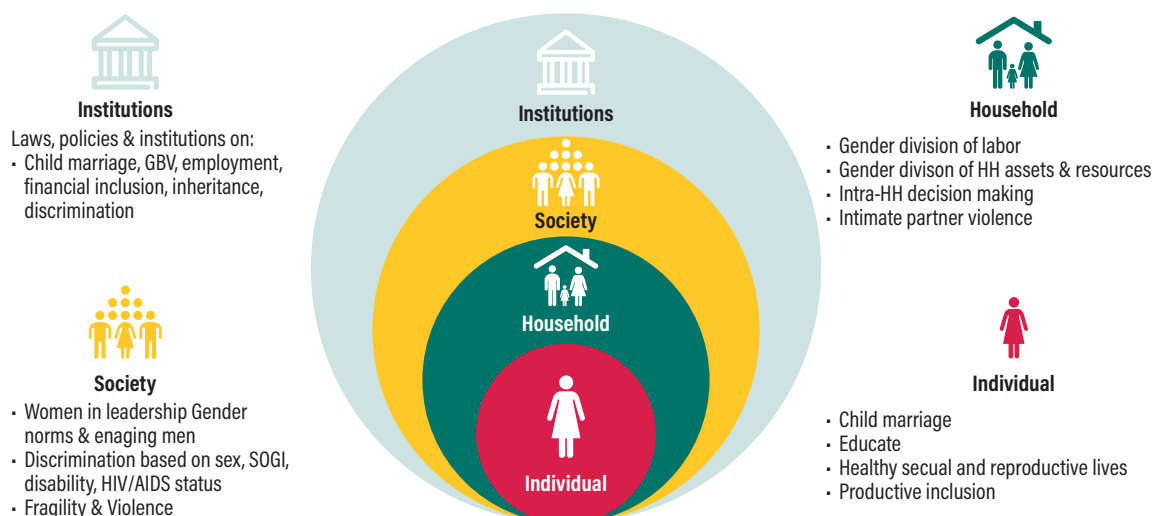


## CHAPTER 6

# Strategic Priority Areas

**E**mpowering women and girls in Mozambique is a development priority that will require a coordinated and holistic approach. As shown in Figure 28, greater impact will be achieved by layering interventions at individual, household, societal and institutional levels rather than by focusing on one dimension or sector. Coordination and building partnerships that include government, civil society, private sector, development partners, and other key stakeholders will be critical. The design and implementation of robust monitoring and learning mechanisms as well as adequate targeting and strategic resource allocation are necessary for greater impact of policies and programs that empower women and girls.

**Figure 28: Ecological model for women and girls' empowerment**



Source: Authors.

**Mozambique is a large and diverse country with regional variations in opportunities and challenges, cultures and gender norms, and vulnerability to climate change and conflict.** Across almost all human development, vulnerability, and poverty indicators the northern and central regions are lagging, suggesting the need for targeted multi-sectoral interventions to address these overlapping vulnerabilities. The needs of women and girls living in conflict-affected areas and among internationally displaced populations are particularly acute. In almost all domains of empowerment, interventions to mitigate direct negative impacts of gender inequality on women and girls (as well as on persons with non-conforming SOGI, PLWD, PLWA and other groups facing intersecting discrimination) will be needed. However, for impacts to be sustainable, these need to be accompanied by efforts to transform gender norms toward greater equality. This, for example, would include interventions to rebalance the gender division of labor, combat GBV and child marriage, reduce sectoral segregation in the labor market, and increase women's bodily autonomy and ability to decide about sex and relationships, among other gendered social norms. In all cases, these efforts need to address not only norms and relationships at the level of the household but also at the community level, working with both traditional norm 'enforcers' as well as with women to support their empowerment and disrupt the internalization harmful gender norms.

**The strategic priorities presented below are tied to specific gender gaps and gender issues identified in this assessment.** They are not presented in order of

priority but rather constitute a set of complementary actions. They build on or can be anchored in existing policies and programs and are in areas where existing or emerging evidence shows promise and impact. The tables below present policy priorities needed to create an enabling environment for change, as well as programmatic interventions options that could help to close gender gaps in the short, medium, or longer term. Some interventions are broader, system-wide engagements such as increasing the quality of education, which has been shown to improve outcomes and enrollment of all children while also closing gender gaps. To close gender gaps in other sectors may require gender-targeted interventions such as increasing women farmers' access to finance, land, and green technologies in order to close the gender productivity gap in agriculture. Some interventions can be leveraged to have positive impacts across a number of domains in which the women and girls face overlapping constraints (particularly if they have intersecting vulnerabilities such as disability, SOGI, or HIV/AIDS). Cash transfers have been shown to be effective not only at reducing poverty and food insecurity (with female headed households being over-represented among the poorest), but also increasing access to health and education (closing gender gaps and increasing human capital), increasing resilience to climate and other shocks (which have disproportionate negative impacts on women and girls), reducing child marriage and adolescent pregnancy, and enhancing women's economic inclusion and livelihoods. Finally, cash transfers can be effective as platforms for direct engagement with communities and households to stimulate women's empowerment, GBV prevention, and gender norm transformation.

## Strategic Priority 1: Reduce adolescent pregnancy and child marriage, and keep girls in school

For Mozambican women and girls to be able to achieve their full potential it is imperative to ensure adolescent girls enter adulthood educated and unburdened by early motherhood and marriage. Thus, the first strategic priority in Mozambique is to reduce adolescent pregnancy and child marriage, and to keep girls in school. This will require empowering adolescent girls and transforming social norms, as well as increasing access to education and sexual and reproductive health services. Investing in adolescents makes good economic sense with research suggesting returns on investment (mean benefit-to-cost ratio) ranging from 5.7 to nearly 12.<sup>420</sup>

Objective: Reduce adolescent pregnancy and child marriage, and keep girls in school				
Policy interventions				
<ol style="list-style-type: none"> <li>1. Strengthen enforcement of 2019 Child Marriage law and monitor impacts.</li> <li>2. Provide age-appropriate sex education based on student age rather than grade level.</li> <li>3. Ensure implementation of policy permitting pregnant girls to attend regular classes.</li> <li>4. Strengthen enforcement, sanctions, and redress for sexual exploitation, abuse, and harassment in school.</li> </ol>				
Programmatic interventions				
Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
High rates of adolescent pregnancy and early unions undermine human capital accumulation and economic development	Poverty and lack of econ opportunities	Cash transfers (short)	<ul style="list-style-type: none"> <li>• Cash transfers can lead to significant reductions in child marriage and adolescent pregnancy. Unconditional cash transfers may be more effective in Sub-Saharan Africa. (Global)x</li> </ul>	Bergstrom and Özler (2021)
		Life skills & SRH + income generation support (short)	<ul style="list-style-type: none"> <li>• Vocational training &amp; financial literacy + life skills training for girls ages 11–19 reduced adolescent pregnancy (26 percent) and early marriage (58 percent). (Uganda)</li> </ul>	Bandiera et al. (2014)
			<ul style="list-style-type: none"> <li>• Livelihoods and life skills training by peer educators in safe spaces for youth ages 12–24 (male and female), increased age at marriage, and use of modern contraceptive among marriage youth. (India)</li> </ul>	Kanesathasan et al. (2008)
			<ul style="list-style-type: none"> <li>• ‘Safe spaces’ for adolescent girls focusing on life skills and SRH training promising for reducing child marriage &amp; adolescent fertility when combined with livelihood training or incentives for schooling. (Global)</li> </ul>	Botea et al (2017)
	Social norm change	Provide information to parents and girls on returns to education for girls (med/ long term)	<ul style="list-style-type: none"> <li>• Providing parents and young women in rural India with information on job opportunities led to an increase in schooling and postschool training. (India)</li> </ul>	Jensen (2012)
			<ul style="list-style-type: none"> <li>• Safe spaces providing tutoring, life skills, and SRH + livelihoods training led to decline in child marriage, improved educational outcomes, and increased income. (Bangladesh)</li> </ul>	Amin et al. (2016)

<sup>420</sup> Sheehan et al. (2017).

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
		Supplement enforcement of minimum age of marriage law enforcement with behavior change interventions	<ul style="list-style-type: none"> <li>In a multipronged intervention, girls ages 15–17 residing in the community dialogue site had two-thirds less risk of being married compared to those in the control. (Burkina Faso)</li> </ul>	<ul style="list-style-type: none"> <li>Erulkar, Medhin, and Weissman (2017)</li> </ul>
	School dropout	Cash transfers (short)	<ul style="list-style-type: none"> <li>Conditional cash transfers have the largest effect on girls' schooling, but unconditional cash transfers also impactful and may be more cost-effective. Strongest impacts when combined with improvement in quality of education. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Bergstrom and Özler (2021)</li> </ul>
			<ul style="list-style-type: none"> <li>Education subsidy through two free school uniforms reduced drop out from 19-16 percent and teen pregnancy from 16 percent to 13 percent. (Kenya)</li> </ul>	<ul style="list-style-type: none"> <li>Duflo, Dupas, and Kremer (2015)</li> </ul>
		Improve access and quality of education for all (medium/long)	<ul style="list-style-type: none"> <li>Non-targeted interventions on average increase both girls' and boys' access to school and their education outcomes, with larger effects for girls. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Wodon et al. (2018); Evans and Yuan (2022); Evans and Acosta (2020a)</li> </ul>
		Increase safety & inclusion at schools (medium/long)	<ul style="list-style-type: none"> <li>A "girl-friendly" primary school expansion program (separate latrines, more female teachers and gender-sensitivity training) led to large gains in girls' educational attainment and learning. (Burkina Faso)</li> </ul>	<ul style="list-style-type: none"> <li>Kazianga et al. (2013)</li> </ul>
		Facilitate return to school or enrollment in TVET for pregnant and parenting adolescents (short)	<ul style="list-style-type: none"> <li>Ensure pregnant girls can attend regular school is associated with a decrease in rates of adolescent pregnancy and better learning outcomes for girls. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Evans and Acosta (2020a)</li> </ul>
	<ul style="list-style-type: none"> <li>Safe spaces for out-of-school girls ages 11–15 providing literacy, life skills, nutrition, and financial education increased middle school enrollment from 9 percent to 68 percent. (Egypt)</li> </ul>		<ul style="list-style-type: none"> <li>Brady et al. (2007)</li> </ul>	
	Low levels of adolescent sexual and reproductive empowerment	Increase access to sexual and reproductive health services (medium/long)	<ul style="list-style-type: none"> <li>Provide adolescent and youth friendly SRHS increases access to and use of contraception. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Denno, Hoopes, and Chandra-Mouli (2015); Brittain et al. (2015)</li> </ul>
		Social and behavior change communication to counter stigmatization and misinformation and empower adolescents	<ul style="list-style-type: none"> <li>Mobile text messages about contraception and reproductive health self-efficacy increased young women's use of modern contraception. (Palestine)</li> </ul>	<ul style="list-style-type: none"> <li>McCarthy et al. (2019)</li> </ul>
			<ul style="list-style-type: none"> <li>Community dialogue on social norms and adolescent reproductive health using 'Theatre for Development' improved family planning knowledge, attitudes, and behaviors. (Republic of Georgia)</li> </ul>	<ul style="list-style-type: none"> <li>Tavadze, Bartel, and Rubardt (2009)</li> </ul>
Provide sex-education to both in- and out-of-school adolescents (short)		<ul style="list-style-type: none"> <li>Sex education programs that address gender and power in sexuality are more effective in preventing HIV acquisition than those that do not. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Haberland (2015)</li> </ul>	
		Education focused CCT that included condom education increased SRH knowledge. (Kenya)	<ul style="list-style-type: none"> <li>Duflo, Dupas, and Kremer (2015)</li> </ul>	

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
			Group-based microcredit + HIV/AIDS education resulted increased use of condoms and testing. (South Africa)	Hargreaves et al. (2010)
			Peer educators delivered SRH and econ empowerment training resulting increased use of family planning / modern contraception. (Ethiopia)	Edmeades et al. (2014)

**META-REVIEWS:**

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## Strategic Priority 2: Increase women's economic opportunities and productivity

The economic potential of women in Mozambique is significantly constrained by gender gaps in their access to skills development, domestic and reproductive labor, quality jobs, and productive inputs, including land and finance in particular. Thus, the second strategic priority to increase women's economic opportunities and productivity will be critical for driving Mozambique's recovery and transformation.

Objective: Increase women's economic opportunities and productivity				
Policy interventions				
<ol style="list-style-type: none"> <li>1. Improve laws on pension, parenthood, pay, and remove sex-based work restrictions.</li> <li>2. Strengthen enforcement of laws on employment discrimination and sexual harassment.</li> <li>3. Implement provisions ensuring equal right to marital assets and inheritance.</li> <li>4. Protect women's land rights through both statutory and customary systems and increase women's ability to exercise their land rights through advocacy and public awareness campaigns.</li> <li>5. Increase women's access to banking and credit through improved mobile networks in rural areas for mobile banking, incentivize financial institutions to implement innovative credit schemes that are inclusive of women, and increase women's financial literacy through public awareness campaigns.</li> </ol>				
Programmatic options				
Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
Gender gap in quality of labor force participation	Sectoral segregation into less productive/ remunerative activities	Increase vocational and educational attainment	• Utilize mobile technology to improve adult education. (Niger)	• Aker, Ksoll, and Lybbert (2012)
			• Increase skill levels and knowledge of earnings in male-dominated sectors. (Democratic Republic of Congo; Global)	• Croke et al. (2020) • World Bank (2022)
	Low time agency due to disproportionate burdens of unpaid domestic labor	Reduce domestic constraints to better economic opportunities across all areas of the economy (agriculture, wage employment, entrepreneurship)	• Increase access to childcare services. (Kenya; Mozambique)	• Martinez, Naudeau, and Pereira (2012) • Clark et al. (2019)
			• Address gender norms, including through couples' and men's discussion groups, to increase men's participation in household and childcare responsibilities (Democratic Republic of Congo; Rwanda)	• Vaillant et al. (2020) • Doyle et al. (2018)
Gender gap in agricultural productivity	Less land security (in practice)	Increase access to secure land titles	• Offering subsidized land titles on the condition that the wife's name is included and informational interventions on the benefits of titling and joint titling (Uganda)	• Cherchi et al. (2019)
			• Strengthen women's inheritance rights by increasing the attainment of birth and marriage certificates (Côte d'Ivoire)	• Donald et al. (2020)
	Lower cultivation of cash crops	Increase adoption of cash crops by women farmers through skills training, subsidies, and out-grower contracts	• Provide psychosocial skills training to women farmers to increase their risk tolerance, motivation, and inter-personal skills (Malawi)	• Montalvao et al. (2017)
			• Incentivize male farmers to transfer out-grower contracts under their wife's name (Uganda)	• Ambler, Jones, and O'Sullivan (2018)

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
			<ul style="list-style-type: none"> <li>Subsidize improved seeds targeted to women farmers (Benin; Uganda)</li> </ul>	<ul style="list-style-type: none"> <li>Agboh-Noameshie, Kinkinginhoun-Medagbe, and Diagne (2008)</li> <li>Buehren et al. (2022, forthcoming)</li> </ul>
	Less access to agricultural information	Support extension services that are more tailored to women's specific needs	<ul style="list-style-type: none"> <li>Increase number of, and women's access to, female extension workers (Mozambique; Democratic Republic of Congo)</li> </ul>	<ul style="list-style-type: none"> <li>Kondylis et al. (2016)</li> <li>Benyishay et al. (2016)</li> <li>Lambrecht et al. (2016)</li> </ul>
			<ul style="list-style-type: none"> <li>Leverage digital technologies (conditional on prior support to women's phone ownership) (Niger; Uganda; Ghana)</li> </ul>	<ul style="list-style-type: none"> <li>Aker and Ksoll (2016)</li> <li>Lecoutere, Spielman, and Campenhout (2019)</li> <li>World Bank (2017)</li> </ul>
			<ul style="list-style-type: none"> <li>Empower women's social networks to disseminate agricultural information (Uganda)</li> </ul>	<ul style="list-style-type: none"> <li>Vasilaky and Leonard (2018)</li> </ul>
	Less access to, and use of, inputs (seeds, fertilizer, pesticides, etc.)	Increase women's access to inputs through subsidies and direct, gender-targeted input provision	<ul style="list-style-type: none"> <li>Provide inputs through grants to female farmers (Mali)</li> </ul>	<ul style="list-style-type: none"> <li>Beaman and Dillon (2018)</li> </ul>
			<ul style="list-style-type: none"> <li>Provide input subsidies to female farmers (Nigeria; Benin; Uganda)</li> </ul>	<ul style="list-style-type: none"> <li>Awotide et al. (2013)</li> <li>Agboh-Noameshie, Kinkinginhoun-Medagbe, and Diagne (2008)</li> <li>Buehren et al. (2022, forthcoming)</li> </ul>
	Less access to more-productive labor and mechanization	Increase women's access to, and use of, mechanization and productive labor	<ul style="list-style-type: none"> <li>Increase women farmer's use of mechanization to improve time-use efficiency (Zambia; Sub-Saharan Africa)</li> </ul>	<ul style="list-style-type: none"> <li>Daum, Capezzone, and Birner (2019)</li> <li>Banerjee et al. (2014)</li> </ul>
			<ul style="list-style-type: none"> <li>Increase women's access to mechanization through cash transfers (South Africa)</li> </ul>	<ul style="list-style-type: none"> <li>Hajdu et al. (2020)</li> </ul>
	Insufficient access to finance	Increase access to capital	<ul style="list-style-type: none"> <li>Increase women's access to productive labor through grants (Zambia)</li> </ul>	<ul style="list-style-type: none"> <li>Daidone et al. (2015)</li> </ul>
			<ul style="list-style-type: none"> <li>Secure savings mechanisms to give women greater control and privacy over their savings (Tanzania; Côte d'Ivoire)</li> </ul>	<ul style="list-style-type: none"> <li>Bastian et al. (2018)</li> <li>Carranza et al. (2018)</li> </ul>
Gender gap in number and productivity of entrepreneurs			<ul style="list-style-type: none"> <li>Engage women with productive asset transfer, microcredit, and productive inclusion programs—a combination of skills training, productive asset or cash transfers, in-person support, and savings vehicles (Democratic Republic of Congo; Mali; Bangladesh; Ethiopia; Ghana; India; Pakistan)</li> </ul>	<ul style="list-style-type: none"> <li>Noble et al. (2020)</li> <li>Bastian, Goldstein, and Papineni (2017)</li> <li>Glass et al. (2017)</li> <li>FAO (2017)</li> <li>J-PAL and IPA Policy Bulletin (2015)</li> </ul>
			<ul style="list-style-type: none"> <li>Increase women entrepreneurs' access to credit by supporting non-collateral dependent loans (e.g., lending based on psychometric testing (Ethiopia))</li> </ul>	<ul style="list-style-type: none"> <li>Campos et al. (2019)</li> </ul>
			<ul style="list-style-type: none"> <li>Increase women entrepreneur's access to credit by supporting lines of credit targeting women that offer the larger volume loans necessary for transformational business growth (Global; Ethiopia)</li> </ul>	<ul style="list-style-type: none"> <li>J-PAL (2015)</li> <li>Alibhai et al. (2019)</li> </ul>

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
	Entrepreneurial skills gap	Increase women's socio-emotional skill levels	Support socio-emotional and personal initiative skills training, shown to be effective for women's business outcomes and can give women to help them overcome the gender barriers (Togo; Ethiopia)	Campos et al. (2018) Alibhai et al. (2019)

**META REVIEWS: leveling the field, profiting from parity, breaking barriers**

Banerjee, Raka, Kajal Gulati, Michael B. O'Sullivan, Arathi Srijaya Rao, and Margaux Laurence Vinez. 2014. "Levelling the Field: Improving Opportunities for Women Farmers in Africa (English)." Washington, DC: World Bank Group. <http://documents.worldbank.org/curated/en/579161468007198488/Levelling-the-field-improving-opportunities-for-women-farmers-in-Africa>.

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## Strategic Priority 3: Improve women and girls' SRMH, reduce unequal burden of HIV/AIDS, and reduce fertility rates

Once women and girls enter their reproductive years, they face significant risks to their health and well-being. Thus, the third strategic priority comprises improving women and girls' sexual, reproductive, and maternal health outcomes; reducing the disease and social burden of HIV/AIDS that falls disproportionately on them; and reducing high fertility rates. Improving this situation would not only lead to healthier and more productive lives for women and girls, but also help to reap the demographic dividend and help the fight against HIV/AIDS in Mozambique.

**Objective: Reduce high rates of fertility; improve women and girls' sexual, reproductive, and maternal health; and reduce unequal burden of HIV/AIDS on women and girls**

### Policy interventions

1. Remove any formal or informal requirements for parental or spousal consent to access SRMH and family planning (FP) services.
2. Deliver age-appropriate sexual and reproductive health education at all levels of schooling.
3. Strengthen protections against violence, discrimination, and abuse of persons living with HIV/AIDS.
4. Improve targeting of social safety nets to support persons living with HIV/AIDS (PLWHA), their caregivers, and caregivers of HIV/AIDS orphans.

### Program interventions

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/longer timeline for impacts)	Supporting Evidence (country or region)	Sources
Maternal mortality and fertility rates remain high	Uneven access to assisted deliveries, ante- and post-natal care	Expand coverage of community- and facility-based SRMH services to underserved areas (medium/longer) Prioritize continuity of care in conflict- and disaster-affected areas (medium/longer)	<ul style="list-style-type: none"> <li>Increasing number of homebirths attended by midwives or skilled attendant with referral when needed significantly improves maternal and neonate outcomes and is cost effective. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Sabin et al. (2012)</li> <li>Bartlett et al. (2014)</li> </ul>
			<ul style="list-style-type: none"> <li>Increasing access to 'Waiting Mother Homes' prioritizing conflict- and disaster-affected areas and remote rural areas increases access to ante-natal and post-natal care and assisted births. (Mozambique)</li> </ul>	<ul style="list-style-type: none"> <li>Levitskaya and Piffer (2022)</li> </ul>
			<ul style="list-style-type: none"> <li>Providing incentives to both providers (e.g. performance-based financing) and users (e.g. vouchers) increases facility-based births. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Bellows, Bellows, and Warren (2011)</li> <li>Basinga et al. (2011)</li> </ul>
	Insufficient access to emergency obstetrical care	Increase coverage of emergency obstetrical care to underserved areas (medium/longer)	<ul style="list-style-type: none"> <li>With every doubling of distance between home and closest health facility, odds of delivery in a facility decreased by 29 percent. (Zambia)</li> </ul>	<ul style="list-style-type: none"> <li>Gabrysch and Campbell (2009)</li> </ul>
High rates of unsafe abortions	Expand access to safe abortions through increasing numbers of trained providers and availability of medical equipment throughout the country (medium/longer).	<ul style="list-style-type: none"> <li>Access to safe abortion care reduces maternal mortality and morbidity, and unintended pregnancies. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Mulligan et al. (2010)</li> </ul>	
High rates of adolescent pregnancy	<i>See interventions under Strategic Priority 1 (Reducing child marriage and adolescent pregnancy and keeping girls in school)</i>			

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/longer timeline for impacts)	Supporting Evidence (country or region)	Sources
Low uptake of modern contraception & family planning services		Engage men & boys in FP (medium/long)	<ul style="list-style-type: none"> <li>Safe spaces for married girls and young women (ages 10–24) providing life skills, SRH, and financial literacy training; increased use of FP and impacts greater if husbands participate in companion program. (Ethiopia)</li> </ul>	<ul style="list-style-type: none"> <li>Erulkar et al. (2014)</li> </ul>
			<ul style="list-style-type: none"> <li>Delivery of FP information by to husbands by male peer educators effective in increased FP use among couples. (Malawi)</li> </ul>	<ul style="list-style-type: none"> <li>Shattuck et al. (2011)</li> </ul>
		Ensure access to full range of modern contraception methods	<ul style="list-style-type: none"> <li>Introduction of mobile services within existing clinic-based services in a post-conflict setting led to increased use of modern contraception. (northern Uganda)</li> </ul>	<ul style="list-style-type: none"> <li>Casey et al. (2013)</li> </ul>
		Social marketing (short)	<ul style="list-style-type: none"> <li>Social marketing combining 'product, price, place, and promotion' is effective in increasing use of condoms and oral contraceptives. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Chapman and Astatke (2003)</li> <li>Madhavan and Bishai (2010)</li> <li>Sweat et al. (2012)</li> </ul>
		Mass media	<ul style="list-style-type: none"> <li>Entertainment education (Edutainment) radio program increased adoption of FP and discussion of FP between spouses and peers. (Tanzania)</li> </ul>	<ul style="list-style-type: none"> <li>Rogers et al. (1999)</li> </ul>
		Community engagement (medium/longer)	<ul style="list-style-type: none"> <li>Participants (male and female) in community dialogue on FP were 2.8 times more likely to ask a health worker about FP information. (Benin)</li> </ul>	<ul style="list-style-type: none"> <li>Institute for Reproductive Health (2016)</li> </ul>
		Community health workers and mobile services offering broad range of contraceptive methods (medium/longer)	<ul style="list-style-type: none"> <li>Community-based programs can lead to a significant increase in contraceptive use and/or reduction in fertility rates, and when combined with clinic-based service delivery, are more cost-effective than either alone. (Sub-Saharan Africa)</li> </ul>	<ul style="list-style-type: none"> <li>Philips, Greene, and Jackson (1999);</li> <li>Prata et al. (2005)</li> </ul>
Unequal burden of disease and impacts of HIV/AIDS	Risky sexual behaviors	Increase access to sex education and condom distribution (short)	<ul style="list-style-type: none"> <li>School sex ed + youth-friendly SRHS + condom distribution improved SRH knowledge and sexual behaviors. (Tanzania)</li> </ul>	<ul style="list-style-type: none"> <li>Doyle et al. (2011)</li> </ul>
			<ul style="list-style-type: none"> <li>School program providing life skills, HIV/AIDS information, and financial literacy training reduced number of sexual partners and increased abstinence for boys. (South Africa)</li> </ul>	<ul style="list-style-type: none"> <li>Hallman and Roca (2011)</li> </ul>
			<ul style="list-style-type: none"> <li>Safe spaces with health, nutrition, life skills, and financial literacy training + savings accounts and health vouchers reduced transactional sex, increased condom use, increased savings. (Zambia)</li> </ul>	<ul style="list-style-type: none"> <li>Austrian et al. (2016)</li> </ul>
			<ul style="list-style-type: none"> <li>Lottery with a chance to win a cash prize conditional on negative test results for STIs resulting in 21 percent reduction in HIV incidence over two years. (Lesotho)</li> </ul>	<ul style="list-style-type: none"> <li>Björkman Nyqvist et al. (2018)</li> </ul>

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/longer timeline for impacts)	Supporting Evidence (country or region)	Sources
		Empower girls to have agency over their sexual and reproductive health	<ul style="list-style-type: none"> <li>A review of 22 interventions found that sex education programs that address gender and power were 5 times more likely to be effective with 80 percent showing significantly lower rates of STIs or unintended pregnancies versus a 17 percent reduction in those which did not. (Global)</li> </ul>	Haberland (2015)
	Negative coping strategies to poverty/shocks etc.	Poverty reduction and protection from shocks (short)	'Cash plus care' (ICT + positive parenting and/or teacher support) reduced HIV risk behavior from 41 percent to 15 percent for girls and from 42 percent to 17 percent for boys ages 10–18. (South Africa)	Culver et al. (2014)
	Sexual exploitation and abuse	<i>See interventions under Strategic Priority 5 (Reduce high rates of GBV and improve quality and access of support services)</i>		
	Care burden (sick and orphans)	<i>See interventions to reduce domestic care burden under Strategic Priority 2 (Improve women's economic opportunities and productivity)</i>		

#### META REVIEWS

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For further evidence on what works in family planning, consult briefs available at <http://www.fphighimpactpractices.org/>.

## Strategic Priority 4: Reduce high rates of GBV and improve access to survivor support services

High rates of GBV in Mozambique not only affect the physical and mental health of women and girls, but also perpetuate a cycle of violence and significant lost productivity. Thus, reducing these high rates of GBV and mitigating their impacts on women and girls by improving access to quality survivor support services is the fourth strategic priority. This requires a multi-level response to address social norms perpetuating violence, increasing women's agency, and ensuring their access to robust protection and support.

**Objective: Reduce high rates of GBV and improve access to survivor support services**

### Policy interventions

1. Provide resources and establish responsibility for the implementation of the National Plan to Prevent and Combat GBV.
2. Strengthen and enforce legal framework for GBV prevention.
3. Strengthen data collection and case management systems.
4. Increase access to health, social, and legal services and improve coordination.

### Program interventions

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
High rates of GBV	Social norms	Cash transfers	<ul style="list-style-type: none"> <li>Cash transfers can prevent or mitigate GBV, by increasing women's economic empowerment and bargaining power, well-being, and social networks. (Philippines, South Africa; LMICs)</li> </ul>	<ul style="list-style-type: none"> <li>Dervisevic, Perova, and Sahay (2022)</li> <li>Pettifor et al. (2016)</li> <li>Buller et al. (2018)</li> </ul>
		Social Behavior Change Campaigns	<ul style="list-style-type: none"> <li>Edutainment television programming using storytelling to transmit messages on HIV, and violence against women. (Nigeria)</li> </ul>	<ul style="list-style-type: none"> <li>J-PAL (2023)</li> </ul>
			<ul style="list-style-type: none"> <li>Training for boys on sexual and reproductive health behaviors and relationships with girlfriends through soccer clubs. (Tanzania)</li> </ul>	<ul style="list-style-type: none"> <li>Shah et al. (2022)</li> </ul>
			<ul style="list-style-type: none"> <li>Gender-transformative couples' intervention for expectant/current fathers and their partners in small group discussions. (Rwanda)</li> </ul>	<ul style="list-style-type: none"> <li>Doyle et al. (2018)</li> </ul>
			<ul style="list-style-type: none"> <li>Provide information or training to women engaged in high-risk sectors or jobs to better navigate the risks they may face in their daily lives. (Democratic Republic of Congo)</li> </ul>	<ul style="list-style-type: none"> <li>Croke et al. (2020)</li> </ul>
Low rates of reporting	Social norms, stigmatization, and backlash	SBCC to reduce stigma and backlash associated with reporting GBV	<ul style="list-style-type: none"> <li>Social movements and awareness raising can increase reporting of sexual crimes. (OECD countries)</li> </ul>	<ul style="list-style-type: none"> <li>Levy and Mattsson (2022)</li> </ul>
	Inadequate response to reporting	Increase access to survivor-focused police and legal services (e.g., specialized police stations, pro bono legal representation, etc.)	<ul style="list-style-type: none"> <li>Improving responses to sexual assault disclosures by formal and informal service providers improves rates or reporting and survivor outcomes. (United States and Global)</li> <li>Identifying and preventing gender-bias can improve law enforcement responses to GBV. (United States and Global)</li> </ul>	<ul style="list-style-type: none"> <li>Lonsway and Archambault (2020)</li> <li>U.S. Department of Justice (2022)</li> </ul>

Problem (Gender Gap/ Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (country or region)	Sources
Inadequate support to survivors of GBV and child marriage	Insufficient access to specialized services; low rates of uptake	Strengthen capacity of service providers including medical, psychosocial, police and legal Strengthen referral mechanisms Expand access to Integrated Survivor Support Service Centers (CAIs) Expand access to remote services, particularly in conflict and disaster affected areas.	<ul style="list-style-type: none"> <li>Comprehensive and integrated care is feasible and can improve quality and timeliness of support. (Zambia, South Africa, Kenya, Malawi, Zimbabwe, Ethiopia, and Senegal).</li> <li>Improving the access and quality of reproductive health service responses to IPV can be achieved through focusing on provider responses, clinical settings, policy frameworks, improved documentation and intersectoral collaboration and referral. (Sub-Saharan Africa)</li> <li>In conflict and disaster affected areas, expanding remote services to GBV survivors can mitigate reduced access to services. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Keesbury and Askew (2010)</li> <li>Watts and Mayhew (2004)</li> <li>UNFPA (n.d.)</li> </ul>

**META REVIEWS:**

Jewkes, R., S. Willan, L. Heise, L. Washington, N. Shai, A. Kerr-Wilson, and N. Christofides. 2020. Effective Design and Implementation Elements in Interventions to Prevent Violence against Women and Girls. What Works To Prevent VAWG? Global Programme Synthesis Product Series. South African Medical Research Council, Pretoria.

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## Strategic Priority 5: Increase women and girls' resilience to climate change, natural disasters, and conflict shocks

The impacts of climate change, natural disasters, and conflict risks are steadily increasing in Mozambique. These negative impacts fall disproportionately on women and girls, reinforcing pre-existing vulnerabilities and gender gaps. Increasing women and girls' resilience to climate change, natural disasters, and conflict shocks will be key not to mitigating these gendered impacts, but also accelerating the country's resilience and recovery in the face of a growing and intersecting risks.

**Objective: Increase women and girls' resilience to climate change, natural disasters, and conflict shocks**

### Policy interventions

1. Strengthen implementation of Gender & Climate Change Strategy.
2. Increase women's participation in climate change policy and planning.
3. Increase women's participation in peace processes and local efforts to build social cohesion.
4. Increase women's participation in local conservation and climate adaptation efforts.

### Program interventions

Problem (Gender Gap/Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (proven, promising, emerging)	Sources	
Negative impacts of climate change and natural disasters disproportionately affect women and girls	Socioeconomic inequality	Increase women's ex ante socioeconomic standing	<p><i>See Strategic Priority 2: Increase women's economic opportunities and productivity</i></p> <ul style="list-style-type: none"> <li>▪ Among ex ante actions, human capital accumulated in the household prior to disasters helps mitigate the negative effects of disasters in both the short and long run. (Bangladesh, Ethiopia, Malawi)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yamachi et al. (2009)</li> </ul>	
		Increase women's ability to benefit from safety nets following disaster	<ul style="list-style-type: none"> <li>▪ Food for work and cash for work programs <i>when well targeted</i> increase household consumption and women and children's nutrition and health. (Bangladesh, Haiti)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mascie-Taylor et al. (2010)</li> <li>▪ Echevin (2011)</li> </ul>	
	Less access to adaptation resources	Increase women's access to climate-smart agricultural (CSA) information and technologies		<ul style="list-style-type: none"> <li>▪ Women are less aware of CSA practices and technologies, but women have been found to be more likely than men to adopt CSA when aware. (Mozambique, Africa)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Twyman et al. (2014)</li> <li>▪ Nhemachena and Hassan (2007)</li> <li>▪ CIAT and World Bank (2017)</li> </ul>
				<p><i>See agriculture interventions in Strategic Priority 2: Increase women's economic opportunities and productivity</i></p>	
		Income diversification		<ul style="list-style-type: none"> <li>▪ Households where an individual is able to specialize in one favored activity, in the context of overall diversification by the household, were often less vulnerable than households where each individual is engaged in many activities at low intensity. (Kenya and Tanzania)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eriksen et al. (2005)</li> </ul>
		Index insurance		<ul style="list-style-type: none"> <li>▪ Insurance schemes must be designed for women in consideration the higher risk for women associated with agricultural insurance products. Women's increased risk results from their lower willingness to purchase weather index insurance due to lower trust in financial institutions; their lower financial literacy; and their lower access to and additional sources of lifecycle risk than men. (Kenya, Tanzania, Sahel)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Akter et al. (2016)</li> <li>▪ Delavallade et al. (2015)</li> </ul>

Problem (Gender Gap/Issue)	Drivers	Intervention Options (short versus medium/ longer timeline for impacts)	Supporting Evidence (proven, promising, emerging)	Sources
Women face additional risks during conflict and displacement			<ul style="list-style-type: none"> <li>Increase access to resources, land and extension services to increase interest in index insurance. (South Africa)</li> </ul>	<ul style="list-style-type: none"> <li>-See <i>Agriculture under econ section</i></li> <li>Born, Spillane, and Murray (2019)</li> </ul>
		Increase women's access to credit	See <i>Insufficient access to finance under econ section</i>	
	Breakdown in SRMHS and GBV support services	Include SRMHS in emergency responses Include GBV survivor support services in emergency responses	<ul style="list-style-type: none"> <li>Integrating the Minimum Initial Service Package (MISP) in humanitarian responses improves outcomes. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>UN Inter-Agency Standing Committee (2015)</li> </ul>
	Increased vulnerability/ dependence	Direct support to women Prevention of sexual exploitation and abuse in emergency responses	<ul style="list-style-type: none"> <li>Involve women in development of climate change strategies and disaster risk management. (Global)</li> <li>Ensure women and women's organizations play a role in initiatives to build social cohesion within and between communities. (Global)</li> <li>Monitor and mitigate security risks for women and girls in situations of displacement and conflict related to physical infrastructure (e.g., access to safe sanitation, placement of water sources, etc.), sexual exploitation and abuse by humanitarian and emergency responders, human trafficking, and sexual assault by armed forces and militias, among others. (Global)</li> </ul>	<ul style="list-style-type: none"> <li>Hemachandra, Amaratinga, and Haigh (2018)</li> <li>United Nations and World Bank (2018)</li> <li>UN Inter-Agency Standing Committee (2015)</li> <li>CARE (2019)</li> </ul>
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# Annex 1: Women, Business and the Law Mozambique Country Brief

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Women, Business and the Law 2022 presents an index covering 190 economies and structured around the life cycle of a working woman. In total, 35 questions are scored across eight indicators. Based on this approach, Mozambique scores 82.5 out of 100. The overall score for Mozambique is higher than the regional average observed across Sub-Saharan Africa (71.5). When it comes to constraints on freedom of movement, laws affecting women's decisions to work, constraints related to marriage, constraints on women starting and running a business, and gender differences in property and inheritance, Mozambique gets a perfect score. However, when it comes to laws affecting women's pay, laws affecting women's work after having children, and laws affecting the size of a woman's pension, reforms are needed for to advance legal equality for women.

# Annex 2: Gender-Based Violence Definitions

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**Gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (that is, gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering and threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. Globally, women and girls are at greater risk of experiencing GBV. However, men and boys may also experience GBV, particularly those who are members of the lesbian, gay, bisexual, transgender, queer, intersex, and asexual community and perceived to transgress ascribed male gender roles.

**Intimate partner violence (IPV)** refers to violence committed by a current or former spouse or partner in an intimate relationship against the other spouse or partner. While IPV can be experienced by men, the majority of IPV is committed against women, particularly the most extreme forms that lead to serious injury and death. IPV is the most common form of domestic violence, although the latter also includes violence against other household members, such as children, the elderly, and persons with disabilities.

**Sexual exploitation and abuse (SEA)** includes any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to profiting monetarily, socially, or politically from the sexual exploitation of another.

**Sexual assault (SA)** includes any actual or threatened physical intrusion of a sexual nature whether by force or under unequal or coercive conditions.

**Sexual harassment (SH)** includes any unwelcome sexual advance, request for sexual favor, verbal or physical conduct, or gesture of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation if such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work environment.





