

RESULTS-BASED FINANCING FOR GBV AND WE IN MOZAMBIQUE: FINDINGS FROM A 3-DAY WEBINAR AND ROADMAP FOR RBF PROJECT DESIGN AND IMPLEMENTATION

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ACRONYMS

CSO	Civil Society Organization
DHS	Demographic Health Survey
GBV	Gender-Based Violence
IPAJ	Institute for Legal Assistance and Representation
IPV	Intimate Partner Violence
MGCAS	Ministry of Gender, Children and Social Action
NGO	Non-government Organization
RBF	Results-Based Financing
SDSMAS-GCAS	District Services of Health, Women and Social Action – Department of Gender, Children and Social Action
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and Women Empowerment
VAW	Violence Against Women
WB	World Bank
WE	Women Empowerment

FOREWORD

This report, commissioned by the Global Partnership for Results-Based Approaches (GPRBA), presents key findings from a 3-day webinar on results-based financing (RBF) for the prevention of and response to gender-based violence (GBV) and women's empowerment (WE), with the objective of guiding development partners in Mozambique on how to integrate results-based approaches in their operations. The report includes a roadmap for operationalizing RBF for GBV prevention/response and WE, borrowing from GPRBA's toolkit on How to Close Gender Gaps with RBF in GBV and adapting the guidance to the Mozambican context.



1. INTRODUCTION

Mozambique ranks 127 out of 162 countries in the United Nations Development Fund's Gender Inequality Index^{1,2}. A variety of factors have contributed to the precarious status of women and girls in the country, such as discriminating cultural norms, GBV, low levels of education, limited economic prospects and pressure to marry and have children at a young age³.

Patriarchal values and norms embedded in the Mozambican society and social structures create and perpetuate the belief that men's interests and priorities rank higher than those of women and are used to justify violence against women (VAW) from an early age. In Mozambique, "22.1% of girls and women, aged 15–22, think that wife beating can be justified"⁴. Intimate partner violence (IPV) against women is the most prevalent form of GBV; in Mozambique, in 62% of the cases the perpetrator was the husband and in 21% the ex-partner. For men, violence is mostly perpetrated by the stepfather/stepmother (28%), brother/sister (17%) or teachers (12%).⁵ According to data provided by the Ministry of Health during the webinar, in 2020 the number of reported cases of GBV increased by 6,730 (18%) at national level over the number reported in 2019. Although this data is available, cases of violence are still widely underreported, with only 10% of all such cases being reported to the police.⁶

1 The government of Mozambique/MGCAS. 2016. *The Gender Profile of Mozambique*. Maputo

2 UNDP. 2020. *Human Development Report 2020 – The next frontier – Human Development and the Anthropocene*. New York

3 The government of Mozambique/MGCAS, 2016. *The Gender Profile of Mozambique*. Maputo

4 <https://www.unfpa.org/gender-based-violence> (last consulted on May 14, 2021)

5 The government of Mozambique/MGCAS. 2016. *The Gender Profile of Mozambique*. Maputo

6 Jethá et al. 2021. *Domestic violence in Mozambique: from policy to practice*. BMC Public Health. In: <https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-021-10820-x.pdf>

The Mozambican government has a strong political commitment to gender equality through the legal and political instruments it has enacted; nevertheless, these have failed to fully materialize in tangible changes in the lives of Mozambican women. Representation of women in politics has grown steadily in the past two decades, reaching 41.2% of women in parliament, 28.6% of deputy ministers and 36% of governors. Despite these achievements, few girls finish school (22%), 56% of women are illiterate (above 70% in rural areas), women account for 87.3% of the labour force in agriculture (77.3% of the labour force in general) but are only 25% of the landowners holding official user rights, and their work is largely unpaid. Women and men contribute disproportionately to the care economy, in the favour of men, which affects women's access to schooling and work opportunities. In terms of control of their incomes, 46% of women who work and have an income decide by themselves how such income should be used, and 37% decide jointly with the husband.⁷

A combination of interventions aimed at preventing and responding to GBV and supporting WE is therefore necessary. Over the past two decades, the Mozambican government has conducted substantial legislative reforms to prevent and respond to GBV and to promote WE. In addition to the legislative reform, the country has developed an institutional system of essential services to prevent and respond to GBV provided by four sectors: gender; children and social action; health; interior and justice. The cornerstone of this institutional framework is the so-called multisectoral mechanism for an integrated response to VAW.⁸

These advancements are reflected in the growing attention of government, donors and partners in these areas, making Mozambique is a breeding ground for piloting impactful interventions and new approaches. Results-based financing (RBF), defined as any programme or intervention that provides payments and/or rewards to individuals or institutions after agreed-upon results are achieved and verified, is a promising approach to financing GBV and WE programmes. RBF, in contrast to existing input-based financing projects, holds service providers accountable for achieving results while also providing them with the flexibility needed to improve and adapt their solutions. In this context, RBF is a promising approach to financing GBV and WE programmes.

The World Bank (WB) sought to engage interested stakeholders in the fight against GBV and promotion of WE through a series of webinars to share experiences and initiate a dialogue on how to operationalize RBF in Mozambique. The 3-day webinar took place 21–23 April 2021 (see Annex 1 for the agenda of the webinar). About 80 participants from central government, local institutions, civil society organizations (CSOs), international non-governmental organizations (NGOs) and United Nations (UN) agencies participated in the webinar, with the Resident Coordinator Office moderating the debates during the 3-day event. (See Annex 2 for the list of participating organizations.) Due to the Covid-19 pandemic, the webinar was held both online and in-person for a restricted group of participants from key government institutions to allow the simultaneous gatherings of practitioners from their duty stations.

The current report presents the key findings of the 3-day webinar. In addition, it offers a way forward in terms of defining a roadmap to guide implementers on how to introduce an RBF approach in Mozambique, from design through implementation.

⁷ The government of Mozambique/MGCAS. 2016. *The Gender Profile of Mozambique*. Maputo

⁸ The domestic violence law establishes that all references to women and girls as potential victims of discrimination or violence are equally applicable to men and boys, based on the principle of gender equality, which is enshrined in the Constitution.

2. SUMMARY OF THE WEBINAR ON RBF FOR GBV AND WE IN MOZAMBIQUE

The 3-days webinar on RBF for GBV and WE was structured in three parts, namely:

DAY 1 An introduction to RBF and good practice programmes;

DAY 2 What works? GBV and WE programmes in Mozambique: Learning from good practices and sharing challenges and lessons learned from GBV and WE programmes in Mozambique; and

DAY 3 How to? Using RBF for GBV prevention/response and WE: Guided exercises and discussions to identify opportunities.

The main contents and discussion of each day are summarized below.

2.1.

DAY 1: An introduction to RBF and good practice programmes

The RBF approach is not new in Mozambique; it is being used to fund interventions in areas such as health, agriculture/livelihoods and renewable energy. However, GBV prevention and response and women's socioeconomic empowerment are emerging areas for RBF. During the webinar, RBF was introduced as a paradigm shift from activities-based to results-based interventions, addressing specific issues that tend to affect the impact of the interventions and increase the risk of donor fatigue, such as:

- A weak link between the resources applied and the results obtained;
- Low impact on the population that most requires the resources/ intervention; and
- High cost of access to the services provided by the interventions.

Five experiences of RBF-funded interventions in different development sectors were shared to demonstrate evidence of the successful application of the approach, including interventions in the health and renewable energy sectors in Mozambique, the transport sector in Peru, education in Ghana and employment in Nepal⁹. The discussion highlighted how GBV and WE can be addressed through RBF, either as stand-alone interventions aimed at behaviour or policy changes, for example, or mainstreamed into other sectoral interventions.

In the plenary discussions, participants showed an interest in learning more about the RBF approach, such as how to ensure the capacity of service providers to finance interventions before the triggers for funding are activated, and suggested broad ideas of interventions that could be considered in GBV prevention and response. Suggestions included strengthening the multisectoral mechanism, especially at local level, for an integrated response to VAW; mainstreaming GBV in all development interventions; and the need to work more consistently with women's organizations to link GBV prevention and response to livelihood and empowerment interventions.

2.2.

DAY 2: What works? GBV and WE programmes in Mozambique: Learning from good practices and sharing challenges and lessons learned from GBV and WE programmes in Mozambique

The webinar aimed to explore Mozambique's experience and challenges around GBV and WE in a broad, comprehensive and inclusive way by engaging key stakeholders at different levels. During the second day of the webinar, the government, CSOs, NGOs and multilateral organizations discussed existing programmes for GBV prevention and response and/or WE¹⁰. The main contents and discussion of each day are summarized below.

⁹ All the presentations can be seen in the following link: https://drive.google.com/file/d/1Y6_CNJYyP5oo93fsZ_rfs1Sx_OgtzENX/view?usp=sharing

¹⁰ See footnote 9



2.2.1 Multisectoral systems. The government's efforts to prevent and respond to GBV focus on the offer of a coordinated and multisectoral intervention across sectors.

A. The Multisectoral Mechanism for an Integrated Response to violence against women.

The multisectoral mechanism, approved in 2012, defines a national framework for the provision of integrated assistance to survivors, whichever of the four essential services a case first enters. Some of the challenges faced in the implementation of the multisectoral mechanism are (i) the limited number and disproportionate distribution of one-stop centres. There are currently 25 one-stop centres in the entire country, most of them in the southern region; (ii) existing social practices that contribute to the perpetuation of GBV and which affect the awareness and use of one-stop centres; (iii) the need to strengthen the coordination capacity of institutions within the multisectoral mechanisms; and (iv) the low systematic use of a single file to document cases of GBV and the capacity of the system to generate integrated data case management across all sectors in the country.

B. The Mechanism to Prevent, Report, Refer, Respond and Assist victims of violence in schools¹¹.

This instrument (approved in 2020), developed by the Ministry of Education and Human Development in collaboration with its partners, aims to "contribute to a safe and healthy school environment through prevention, response and assistance to victims of violence, including harassment, at school." The

Mechanism is a guiding instrument for different actors involved in the child protection system. The action plan of the Mechanism is being developed which will provide guidance on how to operationalize it, as well its link with the Multisectoral Mechanism coordinated by the Ministry of Gender, Children and Social Action.

C. Infoviolencia – GBV Information Managing System.

This is a digital platform for the collection, analysis and management of GBV data. It has been developed by and is installed in the Ministry of Interior (in the Department of Assistance to Family and Minor Victims of Violence – DAFMVV) with the support of UNFPA and the Spotlight Initiative. The platform is at pilot stage, being piloted in three provincial capitals, namely Xai-Xai, Manica and Nampula. A key issue is how Infoviolencia and the other data management systems used by other services, such as health, one-stop centres and justice, will be integrated in the future.

2.2.2 Sectoral protocols to address GBV

The four services which make up the multisectoral mechanism have developed protocols to define their roles and responsibilities in the response to and prevention of GBV, as well as a national minimum standard for case management and provision of services to survivors and referral pathways. Key aspects of each protocol are summarized below¹².

¹¹ Mecanismo de Prevenção, Denúncia, Encaminhamento, Resposta e Assistência à Vítima de Violência na Escola

¹² The full description of the sectoral protocols can be seen in the following link: https://drive.google.com/file/d/1Y6_CNJYyP5oo93fsZ_rfs1Sx_OgtzENX/view?usp=sharing

Table 1: Aspects of Sectorial Protocols on GBV Response and Prevention

Institution	Key aspects of the sectorial protocols
Ministry of Gender, Children and Social Action	<ul style="list-style-type: none"> • Creation of the 'single file' to uniformize data and reduce revictimization of survivors of GBV • Provision of psychosocial services to survivors of GBV • Establishment of multisectoral coordination meetings
Ministry of Health	<ul style="list-style-type: none"> • Implementation of results-based monitoring tools • Medical services (psychological, emergency, rehabilitation and legal-medical) tailored to survivors of GBV. • Creation of the 'school health corners' where sexual and reproductive health (SRH) and GBV issues can be addressed within the schools.
Ministry of Interior	<ul style="list-style-type: none"> • Creation of the Department of Assistance of Family and Minor victims of violence. • Registration and referral of cases to health units, IPAJ, public prosecutor, courts and social action services.
Ministry of Justice and of Constitutional and Religious Issues	<ul style="list-style-type: none"> • Establishment of a coordinated and standardized set of support services and protection for women who are victims of violence, provided by one-stop centres and Palaces of Justice¹³ • Provision of pro bono services to survivors of GBV through IPAJ. • Dissemination of the Family Law, Succession Law, Law on Prevention and Combat of Premature Unions (child marriages) and the Penal Code

¹³ These are the Supreme court, Attorney General's Office, National Investigation Services and IPAJ.

The main challenges related to the implementation of protocols include: (i) insufficient financial and human resources to implement the protocols, especially at local level where services are provided to survivors; (ii) absence of an integrated case management system in the country, including a poor standardization of existing instruments; (iii) different monitoring systems in each institution, which does not allow for the availability of reliable data; (iv) sporadic or insufficient training of relevant staff; (v) high turnover within public institutions, which limits the impact of staff training on GBV and multisectoral protocols; and (vi) the need to strengthen prevention strategies to address social norms and cultural values that justify GBV.

2.2.3 CSOs and the Spotlight Initiative

MULEIDE (Women and Law in Mozambique) and **LeMuSiCa** (Get Up Woman and Follow your Way) are women's organizations with a long history of work on the prevention of and response to GBV. They collaborate directly with the multisectoral mechanism by referring cases to the institutions involved. They offer pro bono legal, psychosocial and reintegration assistance, as well as shelters to women and children who are survivors of GBV. MULEIDE has a shelter in Manhiça and LeMuSiCa another in Chimoio; both represent the few existing best practices in terms of shelters for GBV survivors in the country.

The United Nations Population Fund (UNFPA), through the Spotlight Initiative¹⁴, supports the creation of safe spaces to address GBV by integrating interventions on sexual and reproductive health and rights, financial literacy and menstrual health, tailored to girls and young women. The initiative is being implemented in the provinces of Nampula, Manica and Gaza. UNFPA is also financing the development of the Infoviolencia platform mentioned earlier.

2.2.4. In relation to Women Empowerment

As in the case of GBV prevention and response, WE is being supported through government programmes and interventions by NGOs, CSOs and multinational agencies. The experiences shared during the webinar do not cover all the initiatives taking place in the country.

PROMULHER – National Program on Women's Economic Empowerment. Conceived by MGCAS with support from UN Women and the African Development Bank, this is the first programme of its type in the country. It is expected to be implemented by MGCAS with the involvement of other development partners from other government institutions, civil society, the donor community and the private sector.

¹⁴ The Spotlight Initiative is a multistakeholder approach involving the government of Mozambique, various UN agencies and the European Union to address GBV issues in Mozambique.



PROMULHER aims to (i) train women to be in a better position to compete for job opportunities in the labour market; (ii) provide tools for business management and marketing for women and girls; and (iii) transform social norms by mobilizing community and business leaders for a culture of equality and WE. Project implementation has not yet begun.

FDC (Foundation for Development community) is implementing a programme that addresses girls' empowerment, GBV and prevention of school dropout. It has two components. The first keeps girls at school by offering basic school materials and income-generating resources for vulnerable families, menstrual management kits and information on GBV and SRH services, as well as by involving boys in activities related to GBV prevention, SRH and menstrual management. The second component focuses on the economic empowerment of girls and young women by supporting the professional training of girls, youth entrepreneurship, savings and revolving credit.

MULEIDE's interventions concerning WE involve (i) developing girls' self-esteem and self-sufficiency, so they are less likely to accept GBV; (ii) promoting income-generating initiatives and access to employment for women survivors of GBV; and (iii) creating of a community savings 'bank' where women in the community save and lend to each other to open small businesses.

Helpcode is implementing a project aiming to address gender inequalities in irrigation-based agriculture. The project supports women's participation, role and leadership

in farmers' associations and challenges gender roles in commercial agriculture. One of the expected results of the project is that addressing gender equality in farmers' associations will trickle down to the households of their members.

The presentations were followed by discussions with the following highlights:

- Similarities between programmes were identified, and stakeholders expressed an interest in establishing partnerships and strengthening coordination.
- The need to couple GBV and WE interventions was reinforced.
- Recognition of the urgency of responding to sexual harassment and abuse in schools.
- The health sector was the only one that has adapted its services in the area of GBV to the COVID-19 pandemic through the use of telephones for follow-up visits.
- The Ministry of Interior shared an email address to report GBV cases to the police: depafamiliamenesores@sapo.mz.ou and peticoesmin.interior@mint.gov.mz
- The need to adapt the *Infoviolencia* platform to also collect information regarding child marriages, in order to avoid the creation of a new platform to collect this type of data.

2.3.

DAY 3: How to? Using RBF for GBV prevention/response and WE: guided exercises and discussions to identify opportunities

The third day was dedicated to identifying possible programme opportunities to operationalize RBF in GBV and WE interventions in the country. This was achieved through a practical exercise in a group work session in which

participants were distributed in four groups responsible for brainstorming project ideas in the areas of WE and GBV. The exercise consisted of defining a theory of change, including analysis of the context, definition of outcomes, outputs, activities and indicators. The outcomes from each group discussion are summarized in the table below¹⁵.

¹⁵ For the complete version of project ideas, please see the following link: https://drive.google.com/file/d/1Y6_CNJYyP5oo93fsZ_rfs1Sx_OgtzENX/view?usp=sharing

Table 2: Summary of Objectives of Proposed Projects

Groups	Main objectives of proposed projects
Group 1	
Participants from the Ministry of health	Project to address the problem of lack of access to quality health services in response to GBV. The change it seeks is to reduce the frequency, seriousness and impact of GBV through improvements in prevention interventions and quality of the services offered to survivors of violence in the health sector.
Group 2	
Participants from MGCAS and CSOs	Project to improve women's socioeconomic status by offering/strengthening business and life skills, involving men in GBV prevention and reintegrating women who are survivors of GBV in families and communities with the participation of community leaders.
Group 3	
Participants from the Ministry of Justice	Project to improve GBV survivors' access to justice services, particularly where the courts are physically distant from districts/communities. This will be achieved by training all the personnel in the judicial sector on GBV protocols and laws, and by defining strategies to accelerate the processing of cases where there is a high density of accumulated GBV cases and other strategies to prevent sexual abuse in prisons.
Group 4	
Participants from the Ministry of Education and Human Development and the Secretary of Youth and Employment	Project to enhance girls' and young women's access to employment and entrepreneurship opportunities by promoting activities aiming at building specific skills, connecting girls and young women with employers through employment fairs, and including a component to address sexual harassment at work as a barrier to accessing employment.

The way forward after the webinar is the preparation of a roadmap for RBF programming on GBV and WE as a tool to guide stakeholders in further understanding RBF and integrating it into programming to address GBV and WE.

The roadmap is developed in the following section of this document.



3. ROADMAP FOR OPERATIONALIZING RBF FOR PREVENTION AND RESPONSE TO GBV AND WE

3.1 INTRODUCTION

International development cooperation to support countries' socio-politico-economic-human development has a long history. An interest in enhancing aid effectiveness has been on the development agenda since the last century. Unsatisfactory results in the field of international development, where complex problems require tailored, context-based solutions, are common. "These unsatisfactory results can be perpetuated by traditional development funding arrangements where payments are based on inputs and activities. This sort of funding can be problematic because the prescription it entails can deprive recipient governments and service providers of the flexibility needed to experiment and adapt their programs to the context."¹⁶

RBF seeks to enhance aid-effectiveness by shifting from paying for inputs and activities to paying for measurable, verified results. In this way, RBF offers a guarantee of value for money, compared to traditional modes of funding, and bridges the gap between intentions and results. The use of RBF has grown rapidly – it is estimated that, in the last decade, at least US\$25 billion of development spending has been tied to results – a substantial increase from just a few billion the decade before¹⁷.

This Roadmap provides general guidance on how to engage in and introduce an RBF approach in a project aimed at GBV prevention, response and/or promotion of WE in Mozambique. It can be adapted and modified according to the specific context.

¹⁶ Instiglio and Lopez. 2018. A Guide for Effective Results-Based Financing Strategies. World Bank.

¹⁷ Ibid.

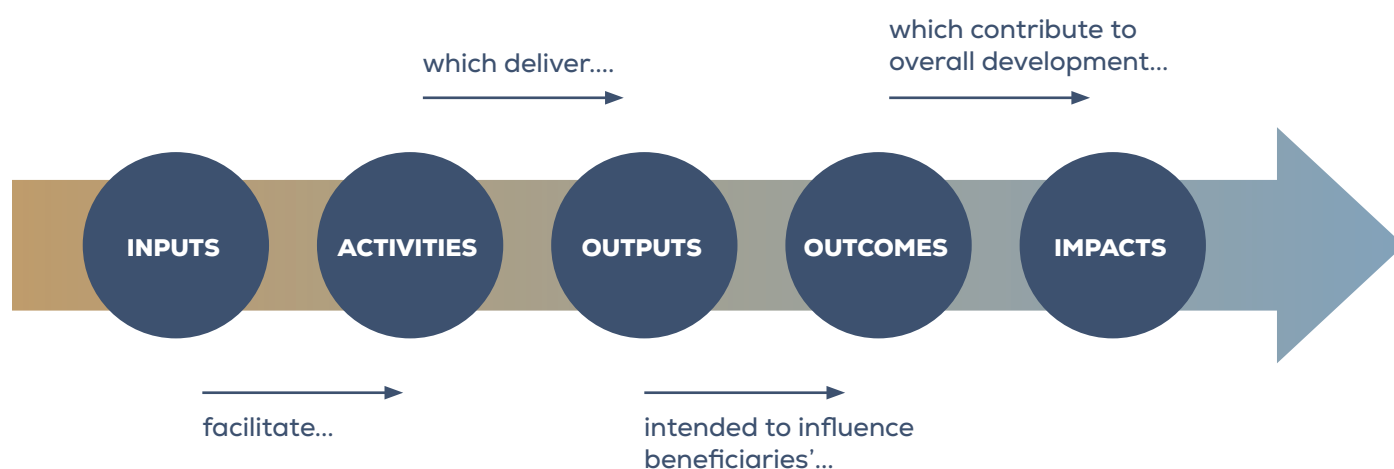
3.2 KEY RBF TERMINOLOGY

Table 3: Key RBF Terminology

- **Results-based financing (RBF):** An umbrella term referring to any programme or intervention that provides payments and/or rewards to individuals or institutions after agreed-upon results are achieved and verified. (See Annex 4 for a list of different types of RBF mechanisms.)
- **Results:** A generic term for outputs, outcomes and impact. (See Results Chain Figure 1 below.)
- **Output:** The immediate effect of activities such as tangible products or services rendered.
- **Outcome:** A change in the ultimate beneficiaries' conditions, including improvements in their knowledge, skills, behaviours or wellbeing. Outcomes can be immediate, intermediate and long-term.
- **Impact:** The desired long-term and sustained effect of a programme on the lives of its beneficiaries.
- **Service provider:** The agent that works on the ground to deliver a product or service to the programme beneficiaries. Providers can be public, private, NGOs or CSOs.
- **Development/results funder:** Financing organization (e.g., foundations, bi/multilateral agencies, and governments) that makes payments conditional on the achievement of results.
- **Payment recipient:** The agent whose payments are contingent upon results.
- **RBF metrics:** Measurable results (outputs or outcomes) against which RBF payments will be made.

Adapted from Instiglio and Lopez. 2018. *A Guide for Effective Results-Based Financing Strategies*. World Bank

Figure 1: Results Chain



Source: Lopez Taylor and Bode. 2019. *Outcome-Based Financing for Service Delivery with Key Considerations for the Recovery from COVID-19*. World Bank



3.3 INPUTS-BASED VS PAYING FOR RESULTS

Under an RBF approach, interventions are reimbursed based on the verified results, rather than for the inputs and activities implemented. The focus of the question shifts from 'have we implemented the planned activities?' to 'have we achieved the intended results?', which could be achieved through different activities than those initially planned, should the need arise to adapt them in order to achieve results.

Table 4. Examples of the difference between paying for inputs and activities versus paying for results

PROGRAM OBJECTIVE	PAYING FOR INPUTS AND ACTIVITIES	PAYING FOR RESULTS
Access to renewable energy technologies (project FASER, Mozambique)	Funders pay service providers for: <ul style="list-style-type: none"> • Purchasing renewable energy technologies. • Hiring staff for the installation and distribution of renewable energy technologies. 	Funders pay service providers for: <ul style="list-style-type: none"> • Delivering sustainable energy technologies. Potential additional incentives depending on the type of technology. • Delivering these systems in remote areas (the more remote, the higher the incentive). • Delivering these systems to businesses owned by women or households headed by women.
Improvement of the utilization and the quality of health services related to nutrition and reproductive, maternal, child and teenage health, especially in more deprived areas (PforR Primary Health Care Strengthening, Ministry of Health, Mozambique, funded by the WB)	Funders pay service providers for: <ul style="list-style-type: none"> • Building rural health facilities. • Purchasing modern birth control methods. • Carrying out awareness-raising campaigns on child nutrition. 	Funders pay service providers for: <ul style="list-style-type: none"> • Attending a certain number of births in rural health facilities. • Delivering modern birth control methods to women in a certain age group. • Delivering nutrition and health monitoring services to children age 0–24 months. • The number of months of sustained functioning health facilities.
Girls' Empowerment and prevention of GBV and school dropout (FDC, Mozambique)	Funders pay service providers for: <ul style="list-style-type: none"> • Designing technical training courses for young women and girls. • Carrying out awareness-raising activities on GBV. 	Funders pay service providers for: <ul style="list-style-type: none"> • The number of jobs created after the training and the number of months/years of sustained work after the training. • The number of SRH and GBV services provided for young women and boys in schools.

3.4 ASSESSING AND CREATING ENABLING CONDITIONS FOR RBF

For RBF to be successfully implemented, certain conditions need to be in place, including technical (e.g., available data on the cost of providing a service), institutional (e.g., pre-financing capacity) and political conditions (e.g., government support). Some of the key conditions are expanded upon below.

Openness to experimentation and capacity building

RBF payments are tied to results, without prescribing the means to achieve those results; hence, there is an opportunity to experiment with new strategies to address old prevailing problems and adapt programme activities as needed, based on continuous monitoring and observation. RBF is a relatively new approach in Mozambique, especially for GBV and WE initiatives; therefore, institutional strengthening and capacity building is critical for its success. One key step in the use of RBF approaches is the creation of a common understanding as well as familiarity with RBF concepts and implementation arrangements and capacity available within an organization/institution. Some of the essential steps are technical assistance on programme design, definition of measurable indicators and monitoring and verification system; putting in place a reliable data management system¹⁸; designating a team with the appropriate skills to oversee project implementation; and having the ability to finance the programme upfront (more on this below).

Pre-financing

With RBF payments tied to results, service providers are required to pre-finance activities, as payments will be triggered only when verified results are achieved. Upfront financing for project activities can come from a variety of sources, including: i) service provider's own capital; ii) the government; iii) grants from development funders and/or philanthropic organizations; or iv) the private sector, including microfinance institutions, commercial banks or social impact investors (e.g., impact bonds¹⁹).

3.5 RBF TROUGH THE PROJECT CYCLE²⁰

In a results-based project, special attention is paid during the design phase to the overall development objective and/or intended impact and the measurable outputs and outcomes that contribute to achieving this objective. These payment metrics will determine when and if funds are released to the recipient.

In this section, we will walk through the main issues to be considered in the different phases of a project cycle.



A. Analyze the context of gender and GBV by using the evidence and data available in the country. Considering context-specific data is important for understanding the specific challenges and opportunities for addressing GBV and WE in a given sector and will help to inform your target group – the people or institutions you want to benefit from the project. In selecting your target group, consider the objective factors (such as age, location, education) and the subjective ones (such as knowledge, attitudes, behaviours) that you would like to respond to. Please consult a list of national resources in Annex 4.

¹⁸ These include skills, knowledge, tools and mechanisms to be consolidated (or created) within an institution that will pilot RBF for the first time.

¹⁹ Impact bonds are a form of RBF whereby investors finance an intervention and are repaid by either the government or a donor upon the achievement of pre-defined results. Impact bonds are often used when working with non-state providers with liquidity constraints and can be leveraged by governments who wish to fund innovation with reduced risk.

²⁰ This section is based on the Toolkit: GPRPA. 2020. How to Close Gender Gaps with Results-Based Financing in Gender-Based Violence. World Bank. Referred to in this document as The Gender-RBF-Tool-GPRBA, 2020.

B. Set concrete objectives related to prevention and response to GBV and/or WE. At this point, it may be helpful to consult a gender or GBV expert (a gender/GBV expert can be involved in all phases of the project cycle).

Example questions to consider when analyzing the context during project preparation:

- Who provides control goods, assets, and resources in the household?
 - Who has access to and who controls what resources/assets?
 - Who does what in the household and elsewhere?
 - Is the service delivered benefiting men and women differently?
 - Are women accessing jobs in the sector at the same rate as men?
 - What sector legislation, policies and strategies exist, and are they gender-blind?
 - Do females employed in the sector have lower salaries, and are they less likely to be promoted?
 - Does the project place an additional labour, time and health burden on women and girls? Does this make them less or more vulnerable to violence?
 - Does the labour influx required by the project increase the risk of violence against women and girls?
 - Will there be a sustained labour influx, potentially interrupting the social cohesion of the community?
 - What do women and men do in the household and elsewhere concerning water use?
 - How do women and men get to where they need to go (for work, childcare, health services, etc.)?
 - Have gender-sensitive approaches been integrated into the disaster preparedness, response and recovery activities?
 - What local needs may be impacting attendance? Are schools accessible? Is there a GBV risk to girls when traveling to school?
 - What chores are girls performing at home, and how do they impact their attendance and time available for homework, as compared to boys?
 - Are girls staying out of school during their menstruation? What data has been collected on this issue, and how can the knowledge base be improved?
 - Is there evidence in the country that girls who drop out of school are at risk of child marriage?
 - What occupations do men and women gravitate towards when they graduate?
-

Table 5: Examples of Objectives

EXAMPLES OF OBJECTIVES:

- Enhance GBV prevention efforts by increasing livelihood, socioeconomic and education opportunities for women and girls.
- Increase the availability of empathetic, non-judgmental and survivor-centred psycho-social, legal and medical services for GBV survivors, and increase survivors' access to and satisfaction with these services.
- Improve community participation and mobilization around GBV (e.g., work with the entire community to analyse and challenge harmful social, cultural and gender norms).
- Reduce GBV in communities by engaging men and boys alongside women.
- Reduce GBV in communities by engaging men and boys alongside women and girls in the promotion of gender equality.
- Strengthen the design, implementation and monitoring and evaluation (M&E) of policies and programmes aimed at reducing GBV/promoting gender equality.

Source: The Gender-RBF-Tool-GPRBA, 2020

C. Think about your Theory of Change. A theory of change (TOC) is like a roadmap that explains what we want to change, and why and how we want to change it. It should help answer the following questions:

Table 6

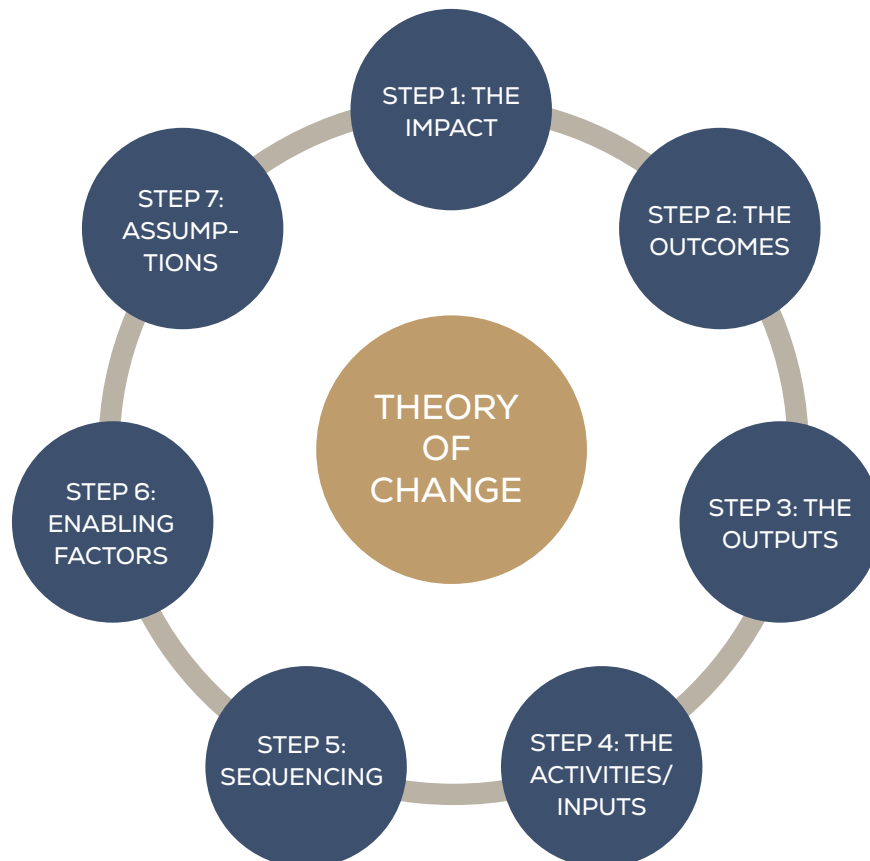
Tip Sheet: Questions to ask when preparing a Theory of Change

1. Which are the key issues in the specific sector and geographical area related to GBV prevention and response/women's empowerment that need addressing?
2. What is the ultimate development impact you want to have?
3. What specific outputs and outcomes are needed to achieve this impact?
4. What inputs or activities that we have control over are needed?
5. What are the causal links between the impact, outcomes and outputs?
6. What are our assumptions about the context, our capacity, etc.?



The TOC usually starts at the end of the change process, by identifying the desired long-term goal (developmental impact) and then working backwards to identify the outcomes, outputs and activities needed to achieve this impact.

Figure 2: Theory of Change



- D. Consider key actors and financing arrangements.** At this point, you'll want to consider who your stakeholders are and who will fill key implementation roles, including the role of development funder, project implementer and service provider, as well as defining your target beneficiaries. Keep in mind that the service provider can be a public or private sector entity, NGO/social enterprise or even a CSO. When identifying a service provider, it is also important to think about their capacity to pre-finance the operation until RBF payments are made, or consider options for obtaining upfront finance from other sources (see Section 3.4).
- E. Set GBV/WE results metrics.** The next step is to define specific results metrics, or indicators, to which RBF payments are linked. It is important to select indicators that are ambitious, achievable and measurable and help to identify the areas of influence that seek to address GBV/WE. For example, include indicators that will show whether the GBV project is having the intended effect(s) on addressing gender inequality, which is the root cause of GBV, and identify services, outputs and outcomes that are particularly beneficial to women and girls. Try also to think beyond sex disaggregation and include indicators that will show the closing of concrete gaps between women and men.

Table 7

EXAMPLES OF TARGETS AND INDICATORS:

- Percentage of GBV cases identified and reported in accordance with GBV and sexual harassment guidelines and referred for case management (percent change)
- Percentage of municipalities in rural areas served by mobile units providing GBV services (percent change)
- GBV service providers completing quality improvement training (percent change)
- Number of persons benefitting from increased access to information and to social and legal services related to GBV (percent change, gender disaggregated)
- GBV action plans mainstreamed in the municipal violence prevention plan (yes/no)
- Number of women and girls utilizing community safe spaces (percent change)
- Number of women, girls, men and boys successfully completing gender and social norms training (percent change)
- Number of women employed in the sector/project or in female non-traditional jobs compared to baseline
- Number of jobs created, percentage of which were staffed by women compared to baseline
- Number of female-headed and/or female-owned companies awarded contracts for work
- What could be the impact of interventions on women's workload, time use, access and control of income, services and decision making?

Source: Adapted from The Gender-RBF-Tool-GPRBA, 2020



As with any RBF project, the table below provides some basic tips that teams working to address GBV or WE issues should consider.

Table 8: Tips to consider when implementing GBV/WE projects

- Provide opportunities for women's participation and leadership in all aspects of project implementation. For example, set targets for the inclusion of women with disabilities, women of different ages, poor women, ethnic minorities, undocumented women, etc.
- Examine whether new gender disparities have emerged and reflect them in the midterm review. If the release of performance-based funds is conditional on performance, the risk is that providers and systems that were already doing quite well will receive even more money. If not mitigated, financing can have regressive effects on the reduction of GBV. Restructuring is the opportunity to make sure that no group is left behind and to consider whether the project is effectively working towards addressing GBV.
- Monitor the GBV risk and mitigation strategies. Think of the purpose of monitoring and information systems, invest upfront in verification and be adaptive and flexible in order to address realities on the ground and course-correct when needed.
- Train designated officers to collect/analyse data at regular intervals, enabling task teams to review predicted impacts and examine the project's effectiveness.
- Always ensure that the project is following safety and ethical standards around GBV.

Source: Adapted from Source: The Gender-RBF-Tool-GPRBA, November 2020



M&E should be an integral part of an RBF-funded intervention. In this phase, it is important to rely on an independent verification agent or other evaluator to verify achievement of pre-agreed results as a basis for disbursement. The M&E systems that need to be in place should also be able to evaluate other aspects, such as “unintended consequences, equity aspects and the long-term impact”²¹ of interventions under RBF.

The M&E phases are also important learning moments for the intervention. They are opportunities to test whether the specific TOC underpinning the RBF approach is relevant and/or if there is a need for adaptation, for example to reduce unintended results of the intervention or of the RBF approach. Therefore, it is important to set aside resources to ensure results can be reported and verified.

²¹ Swedish International Cooperation Development Agency. 2015. Project for Results Based Financing Approaches. Sida: <https://publikationer.sida.se/contentassets/1b13c3b7a75947a2a4487e2b0f61267c/18235.pdf>



During the closing phase of the project, the final deliverables to beneficiaries occur, a final evaluation of the project (not always an impact evaluation) may be commissioned, administrative and financial issues are finalized (including pending results-based disbursements), and stakeholders are informed of the completion of the project. Here, important emphasis is placed on collecting and analysing project data (which should be sex-disaggregated and disaggregated by age group, if possible) and on formulating lessons learned from the findings of the final or impact evaluation.



4. ANNEXES

ANNEX 1: Agenda for the webinar



WEBINAR: RESULT-BASED FINANCING FOR PREVENTION/RESPONSE TO GBV AND WOMEN EMPOWERMENT

April 21-23, 2021 - Mozambique

ZOOM LINK: <https://worldbankgroup.zoom.us/j/99829748667?pwd=L2tEUTVYalBHcVZDLzJVOXJ6ZDRBdz09>
Meeting ID: 998 2974 8667 | Passcode: peK9gbW\$zU

For infos: Valeria Cardia vcardia@worldbank.org – Madalena Manjate mmanjate@worldbank.org

AGENDA

DAY 1 - APRIL 21

Understanding Results Based Financing: An understanding of RBF and good practice programs.

13:15 -13:30	Registration of participants	
13:30 – 13:40	Welcome remarks	Idah Z. Pswarayi-Riddihough , Country Director, World Bank, Mozambique
13:40 - 13:50	Welcoming remarks from the Government of Mozambique	Lidia Chongo , National Director of Gender, Ministry of Gender, Child, and Social Action
13:50 - 14:00	Webinar objectives and agenda	Santiago Goicoechea , Moderator, United Nations Resident Coordinator Office
Session 1: Result-based financing approach and good practices		
14:00 – 14:20	Introducing RBF: Shifting from activities to evidence-based results	Jessica Lopez , Operations Officer, World Bank
14:20 - 14:35	Mozambique Primary Healthcare Strengthening Program for Results	Humberto Albino Cossa , Sr. Health Specialist, World Bank
14:35 – 14:50	Sustainable Access to Renewable Energy Fund (FASER): A results-based financing fund in Mozambique	J. Oliveira Mucar , Director of advocacy and fund raising, Foundation Community Development
14:50 - 15:05	Lima Metropolitan Bus Rapid Transit North Extension Project – Peru	Lorena Sierra Valdivieso , Consultant, World Bank
15:05 - 15:20	Q&A/discussion	
Session 2: Using Results-Based Financing to address GBV and promote women’s empowerment		
15:20 - 15:45	RBF: Project entry points	Jessica Lopez & Khanysa Mabyeka , Consultant, World Bank
15:45 -16:00	Q&A/discussion	
	Day 1 closing	Moderator

DAY 2 - APRIL 22

What works? GBV and women's empowerment programs in Mozambique: Learning from good practices and sharing challenges and lessons learned from GBV and women's empowerment programs in Mozambique.

8:15 - 8:30	Registration of participants	
8:30- 8:35	Welcome	Santiago Goicoechea , Moderator, United Nations Resident Coordinator Office
8:35- 8:45	Day 1 summary and agenda for Day 2	Khanyisa Mabyeka , Consultant, World Bank
Session 3 - GBV prevention and response: National protocols and mechanisms		
8:45- 9:00	The Multisectoral Mechanism: National protocol and integrated services	Luis Abrantes , Directorate of Gender - Ministry of Gender, Child and Social Action
9:00-9:15	Police Unit for Families and Minors Survivors of Violence	Delfino Raimundo , Officer of the Central Department for Family and Minors Victims of Violence, Ministry of the Interior
9:15- 9:30	Healthcare protocols for GBV and the Care Performance Measurement Instrument	Raquel Cossa , GBV focal point of the Directorate of Medical Assistance, Ministry of Health
9:30-9:40	Q&A/discussion	
9:40 -9:55	GBV protocols in the judicial sector	Aissa Aiuba , National Director of the Directorate of the Justice Administration, Ministry of Justice, Constitutional and Religious Affairs Claudio Mate , National Director of the Directorate of Human Rights & Citizenship, Ministry of Justice, Constitutional and Religious Affairs
9:55- 10:10	Multisectoral Mechanism for prevention, reporting, referral and response – education sector	Judite Sambo , National Director of the Directorate of Gender and Transversal Affairs, Ministry of Education and Human Development
10:10-10:20	Q&A/discussion	
10:20-10:40	Coffee break	
Session 4 – What works? GBV prevention/response and women’s empowerment		
10:40-10:55	Lemusica Centre for women survivors of violence – support and reintegration	Achia Camal Mulima Anaiva , Director of the Levante-se Mulher e Siga ao Seu Caminho (LeMusica)
10:55-11:10	Mobile brigades to provide GBV and SRH services – experience Gaza Province	Loice Lumumbashi , GBV focal point of the Direction of Health in Gaza Province
11:10-11:25	Integrating GBV and SRH services in health units – experience Tete Province	Paula Coimbra , GBV focal point of the Direction of Health in Tete Province
11:25-11:40	Collecting and Managing GBV data – The InfoViolencia system	Arsenio Malando , Officer of the Central Department for Family and Minors Victims of Violence, Ministry of the Interior
11:40-11:55	Q&A/discussion	
11:55-13:00	Lunch break	

13:00-13:15	Program for the legal assistance and psychosocial support assistance for the victims of violence	Rafa Machava , Director of the Women, Law and Development (MULEIDE)
13:15-13:30	The National Programme for Women Economic Empowerment (PROMULHER)	Paulina Nuaia , Directorate of Gender - Ministry of Gender, Child and Social Action (MGCAS)
13:45-14:00	Rural development and resilience of communities in Magude, Moamba and Manhiça districts: promoting socio-economic empowerment and technical capacity of women farmers	Roberta Pellizzoli , Gender specialist, HelpCode Italia
14:00-14:10	Q&A/discussion	
14:10-14:25	Programme for Girls Empowerment, GBV Prevention and School dropout	Cecilia Martine , Program Senior Officer, Foundation for the Community Development (FDC)
14:25-14:40	Spotlight Initiative - Changing norms and behaviors in adolescents and young adults	Assane Macangira , Gender and Youth Team Leader, UNFPA
14:40-14:50	Q&A/discussion	
	Day 2 closing	Moderator

DAY 3 - APRIL 23

How to? Using RBF for GBV prevention/response and women's empowerment: Guided exercises and discussions to identify opportunities to use RBF in GBV prevention/response and women's empowerment programs in the country.

8:30 - 8:45	Registration of participants	
8:45 - 8:50	Welcome	Santiago Goicoechea , Moderator, United Nations Resident Coordinator Office
8:50-9:00	Day 2 summary and agenda for Day 3	Khanyisa Mabyeka , Consultant, World Bank
Session 5: Putting it all together – identifying entry points for RBF		
9:00 - 9:15	Refresher: RBF and project entry points	Jessica Lopez , Operations Officer, World Bank
9:15 - 11:15 (coffee break included)	Break out room discussions: Using RBF in Mozambique Group 1: GBV prevention and response: Health Group 2: Women's empowerment: MGCAS and CSO Group 3: GBV prevention and response: Health: justice Group 4: Women's empowerment: education and Youth	
11:15 - 12:00	Presentation from groups (20 mins each)	
12:00 - 12:30	Q&A/discussion	
12:30- 12:45	Closing remarks	Hiska Reyes , Sr. Social Development Specialist, World Bank
	Lunch	

ANNEX 2: List of Participants



LIST OF PARTICIPATING ORGANIZATIONS IN 3-DAY WEBINAR

#	Name of institution
1	Ministry of Gender, Children and Social Action
2	Ministry of Justice, Constitutional and Religious Affairs
3	Ministry of Health
4	Ministry of Interior
5	Ministry of Education and Human Development
6	Judicial and Legal Training Center
7	World Bank
8	UN Women
9	UNFPA
10	UN Mozambique Resident Coordinator Office
11	Foundation Community Development (FDC)
12	LeMuSiCa
13	MULEIDE
14	Genderlinks/Gender and Sustainable Development Association
15	Geração BIZ
16	Help Code Italia

ANNEX 3: Types of Results-Based Financing

RBF is a broad term, with a wide range of RBF mechanisms being implemented in various sectors. The list provided below is not exhaustive; however, all the modalities presented comply with the underlying principles of RBF, shifting from a traditional focus on inputs and spending towards one on results.

Type of RBF	Description
Cash-On-Delivery Aid (COD)	Involves a fixed payment to the government for each unit of result delivered. The unit is specified in a contract between the development partner, such as the World Bank, and a government and is disseminated publicly for transparency. COD aid gives recipients full responsibility and discretion in using the funds.
Conditional cash transfers (CCTs)	Provide cash payments to programme beneficiaries, typically poor households, which meet certain desired behaviours, generally related to the use of services such as children's healthcare (vaccinations) or school enrolment.
Impact Bonds (IB)	Include social impact bonds and development impact bonds. They focus the allocation of funding to social programmes that yield effective results.
Output-based aid (OBA)	A form of RBF designed to deliver access to infrastructure and social services for the poor. Service delivery is contracted out to a third party – public or private – that receives a subsidy to complement or replace the required user contribution. The service provider is responsible for pre-financing the project and is reimbursed after the services have been delivered and independently verified.
Output-Based Disbursement (OBD)	A form of RBF approach where a payment is made to a service provider or a contractor for improvements in the efficiency of a service-related asset, system or recurrent government activity.
Program for Results (PforR)	Disbursements to client country governments are linked to their achievement of particular milestones or disbursement-linked indicators (DLIs) that are tangible, transparent and verifiable.
Results-Based Climate Financing (RBCF)	A type of RBF wherein payments are made for climate mitigation or adaptation results after they have been achieved and independently verified.
Performance-Based Financing (PBF)	Another set of financing instruments are related to performance-based indicators. The term "performance" tends to be used when it is easy to quantify the degree to which results have been achieved. Under this type, the recipient is the project implementer or service provider.

Source: <http://www.gprba.org/results-based-financing>

ANNEX 4: List of resources on GBV and gender equality in Mozambique

National policies, strategies and plans on gender equality and GBV in Mozambique

1. The National Gender Equality Policy and Its Implementation Strategy (2018): <http://forumulher.org.mz/wp-content/uploads/2018/09/POLITICA-DE-GENERO-e-Estrategia-Implementacao-APROVADA-CM-11.09.2018ooo.pdf>
2. The Fourth National Plan for the Advancement of Women (2018-2024): <https://gazettes.africa/archive/mz/2019/mz-government-gazette-series-i-dated-2019-04-22-no-77.pdf>
3. The Country Gender Profile (2016): http://www.mgcas.gov.mz/st/FileControl/Site/Doc/4021perfil_de_genero_de_mocambique.pdf
4. The National Plan to Prevent and Fight Gender-Based Violence (2018-2021): <http://forumulher.org.mz/wp-content/uploads/2018/09/Plano-Nac-Prev-Combate-Violencia-Baseada-no-Genero-APROVADO-CM-28.08.2018.pdf>
5. The Multisectoral Mechanism for Integrated Assistance to Women Victims of Violence (2012): <https://www.wlsa.org.mz/wp-content/uploads/2014/11/MecanismoMultisectorial.pdf>

National Statistics

6. The Demographic and Health Survey in Mozambique (2018): <https://dhsprogram.com/publications/publication-fr266-dhs-final-reports.cfm>
7. The publication by the National Institute of Statistic on gender parity issues, 'Women and Men in Mozambique' (2017): <http://www.ine.gov.mz/estatisticas/publicacoes/mulheres-e-homens/mulheres-e-homens-em-mocambique-2017/view?searchterm=mulheres+e>
8. Survey on Immunization, Malaria and HIV/AIDS Indicators in Mozambique (2015): <https://dhsprogram.com/pubs/pdf/AIS12/AIS12.pdf>
9. Basic Indicators of Agriculture and Food (2020): http://www.ine.gov.mz/estatisticas/publicacoes/indicadores-basicos-de-agricultura-e-alimentacao-1/c-tranfer-publicacao-indicadores-basicos-de-agricultura-e-alimentacao_final.pdf

Sectorial Gender Strategies and Action Plans in Mozambique

10. Gender Strategy and Action Plan of the Agriculture Sector (2016-2025): <http://www.prosul.gov.mz/index.php/publicacoes/estrategias/3-estrategia-do-genero-e-plano-de-accao-do-sector-agrario-2016-2025/file>
11. Gender Strategy of the Health Sector (2018-2023)
12. Gender Strategy in the Education and Human Development Sector (2016-2020): https://mept.org.mz/wp-content/uploads/2020/02/Estrategia_Genero_do_MINEDH.pdf
13. Gender Strategy in the Public Administration (2009-2013): http://www.eshti.uem.mz/images/pdfs/Estrat_Genero_final1.pdf
14. Gender Strategy and Action Plan in Environment and Climate Change Sectors (2010) http://www.planoc.com.pt/media/1140/moz_estrategia-de-genero-ambiente-e-mudancas-climaticas.pdf
15. National Strategy for Prevention and Elimination of Early Marriages (2015-2019): <https://popdesenvolvimento.org/images/noticias/ESTRATEGIA-NACIONAL-DE-PREVENCAO-E-COMBATE-DOS-CASAMENTOS-PREMATUROS-EM-MOCAMBIQUE.pdf>
16. Gender Strategy and Action Plan in the Fishing Sector (2015-2019)



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