# Mozambique

## A. We Lead Programme Overview

### CoA Member Organizations

The Community of Action (CoA) in Mozambique is composed of 14 local organisations led by or inclusive of young women from the four rightsholder groups. These organisations work on multiple fronts, from community mobilisation and knowledge production to political advocacy and human rights defence, with a specific focus on promoting SRH-R in urban and rural contexts.[1] In 2025, three organisations [redacted] ceased to receive funding. This shift reflected a broader dynamic of turnover shaped by limited institutional capacity, misalignment with programme objectives, and evolving political conditions at the local level. During implementation, these organisations were identified as needing further institutional strengthening. As a result, while they were phased out of direct funding, they benefited from targeted training to improve their capacity. In 2023, the programme entered a new phase of institutional coordination, marked by the transition of national host responsibilities from [redacted]. The We Lead programme in Mozambique operates in the provinces of Maputo City, Maputo Province, Inhambane, Manica, Zambezia, Cabo Delgado and Nampula.

### Main Activities

- **Capacity building and training:** CoA organisations were trained to act with greater autonomy, advocacy, power and sustainability. Rightsholders took on leadership roles, conducted educational sessions and could be seen participating in decision-making spaces. Peer educators were trained in secondary schools to address topics such as sexual and reproductive health, violence, drugs, harassment, and discrimination. The training included methodologies such as the "tree of life," conversation circles, and simulations, promoting empathy, emotional security, and youth leadership.
- **Public awareness and community engagement on SRH-R:** Campaigns were led by rightsholders, reflecting their real experiences and urgent needs. Safe spaces and community festivals allowed adolescents to share their stories, promoting resilience and adherence to treatment.
- **Engagement with healthcare providers:** Awareness-raising sessions were held with health professionals, addressing issues such as sexual orientation and humanised care. Despite limitations, there were advances in the quality of care and acceptance of [redacted] communities in health services.
- **Policy and legislative advocacy:** The programme supported awareness raising around key laws. Rightsholders actively engaged in public consultations and legislative campaigns, increasing public understanding and influencing local policies and practices.

## B. End Term Evaluation Fieldwork

| | |
|---|---|
| Number of stakeholders interviewed | 8 women; 2 men |
| Number of participants of CoA Sensemaking Workshop | 11 women |
| Number of participants of Rightsholder Sensemaking Workshops | 25 women; 1 man |
| **Total number of participants** | **47** |

[redacted]

## C. Country Context

The national context in Mozambique presents political, economic and social factors that have directly influenced the implementation of the We Lead programme. Mozambique is dominated by the ruling party FRELIMO (Frente de Libertação de Moçambique) which has been in power since independence in 1975. The most recent October 2024 elections were highly contested by opposition parties and civil society with the main opposition party PODEMOS claiming evidence of fraud and irregularities.[2] Women hold approximately 39% of parliamentary seats,[3] one of the higher proportions in the region reflecting progress toward gender balance, while political protests and civil disobedience have faced harsh police and military response resulting in several hundred deaths and many injuries (estimated at over 300 protester deaths between 2024-2025).[4]

The economy grew at around ~6% per year pre-2025 driven largely by natural resource extraction (natural gas and coal).[5] However, Mozambique continues to face financial crisis, inflation, and structural unemployment, conditions that disproportionately affect marginalized groups. For young women, especially those in rural areas, these economic pressures intersect with gender norms and limited opportunities, curbing their access to health, education, and dignified livelihoods. Persons with disabilities still face challenges of accessibility of infrastructure and under-resourced services. Individuals living with HIV endure economic hardship limiting their access to healthier options for services.

Socially, conservative and patriarchal norms perpetuate stigmas against marginalised groups, such as [redacted] people, highlighting the need for structural action. Religious opposition has actively challenged SRH-R messages, creating pockets of resistance. Women with disabilities face physical and communication barriers in health services and limited opportunities in professional spaces, while displaced women live in extreme vulnerability, in some cases forced to exchange sex for essential goods and separation from family members.

Abortion is legal in Mozambique since 2014 (Law 35/2014) with safe abortions available on request within 12 weeks of gestation and later for reasons such as rape, health risk, or fetal anomaly.[6] There are ongoing campaigns training hundreds of healthcare workers and providing post-abortion care and legal redress for survivors of violence. Contraception is legal and free at all public health facilities supported by national SRH policy directives, with contraceptive prevalence among married women at 25.4%,[7] while infertility care is generally provided privately and not prioritized at the public policy level. Comprehensive legal frameworks including the Law on Domestic Violence (2009) address Sexual and Gender-Based Violence with integrated services mandated, and Comprehensive Sexuality Education is not mandated by legislation but included as a priority in several national strategies.

Homosexuality is legal in Mozambique reflecting an environment generally more tolerant than many neighboring countries, but there are no specific comprehensive anti-discrimination laws protecting sexual orientation or gender identity.[8] [redacted] individuals still face social stigma and discrimination, and same-sex marriage is not recognized. Legal setbacks including the removal of protective provisions against discrimination based on sexual orientation have undermined previous gains. Legal literacy remains low among both the general population and service providers, limiting the practical impact of existing legislation. Collaboration between the Assembly

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[2] Freedom House (2025) Mozambique

[3] World Bank Proportion of seats held by women in national parliaments (%)

[4] Amnesty International (2025) https://www.amnesty.org/en/latest/news/2025/02/mozambique-authorities-must-investigate-reports-of-more-than-300-unlawful-killings-during-post-election-protest-crackdown/

[5] African Economic Outlook (AEO) 2024 https://www.afdb.org/en/countries/southern-africa/mozambique/mozambique-economic-outlook

[6] https://abortion-policies.srhr.org/country/mozambique/ and MSF Breaking barriers to safe abortion care in Mozambique

[7] World Bank Contraceptive prevalence (% of women ages 15-49)

[8] ILGA Database Legal Frameworks Criminalisation of consensual same-sex sexual acts

of the Republic and civil society organisations have been strategic in fostering legislative dialogue, although legal gaps still limit concrete progress.

The public system dominates most care provision with the private sector being small and concentrated in urban areas. Out-of-pocket spending accounts for approximately 9.69% of health expenditure (World Bank). The Maternal Mortality Rate is 127 per 100,000 live births (World Population Review), the Under-5 mortality rate is 47.1 per 1,000 live births (World Bank), and skilled birth attendance occurs in approximately 73% of births. The fertility rate is high averaging 4.8 children per woman (World Bank) with an adolescent birth rate of 153 per 1,000 girls aged 15-19 (World Bank), and stark regional disparities exist with northern provinces particularly Cabo Delgado and Nampula having the lowest health service density and worst maternal and neonatal outcomes.

Mozambique faces a severe and escalating armed conflict primarily driven by non-state armed groups (NSAGs), often referred to as local al-Shabab, in northern Cabo Delgado province and expanding into Niassa and Nampula.[9] May 2025 saw the sharpest rise in violence since June 2022 affecting over 134,000 people through 61 security incidents in Cabo Delgado alone.[10] Nearly 580,000 people remain internally displaced due to conflict and climate impacts predominantly women and children, with over 95,000 people displaced between January and July 2025 due to sudden insecurity.[11] The conflict and displacement have worsened gender-based violence risks, civic space is under pressure with journalists and human rights defenders facing threats and limited access to conflict zones and government constraints on assembly and expression, the 2025 Humanitarian Response Plan is severely underfunded[12] and 2.7 million people are food insecure.[13]

# D. Evaluation results

## Relevance

The words that CoA member organisations would most use to describe the programme in Mozambique, according to the survey, emphasise the inclusivity and welcoming aspects of the programme's design and activities. Respondents particularly highlight leadership and empowerment as areas that resonates strongly with the work in the country as well as transformative nature of the programme:

[9] Freedom House (2025) Mozambique
[10] MSF (2025) https://www.msf.org/access-healthcare-being-compromised-violence-cabo-delgado-mozambique
[11] OCHA (2025) https://www.unocha.org/publications/report/mozambique/mozambique-humanitarian-needs-and-response-plan-2025-december-2024
[12] Relief Web (2025) https://reliefweb.int/report/mozambique/mozambique-2025-humanitarian-response-conflict-31-october-2025-enpt
[13] WFP (2025) https://www.wfp.org/countries/mozambique


The survey results found that in Mozambique the programme was perceived by the CoA to have been well designed (either very or fairly well) to meet the needs of the different rightsholder groups, particularly women and girls generally, those with HIV and those identifying as [redacted] In contrast just 42% of the organisations felt that women affected by displacement had been very well served by the programme's design.

***Q: And now, thinking about the design of the We Lead programme for your country, how well or badly would you say the programme was designed to respond to the SRH-R needs of:***

| | Young women and girls generally? | Young women and girls with disabilities? | Young women and girls living with HIV? | Young women and girls who are affected by displacement? | Young women and girls who identify as belonging to the [redacted] community? |
|---|---|---|---|---|---|
| Very well | 100% | 67% | 100% | 42% | 100% |
| Fairly well | 0% | 33% | 0% | 50% | 0% |
| Neither well nor badly | 0% | 0% | 0% | 0% | 0% |
| Fairly badly | 0% | 0% | 0% | 8% | 0% |
| Very badly | 0% | 0% | 0% | 0% | 0% |
| Don't know | 0% | 0% | 0% | 0% | 0% |

The We Lead programme in Mozambique was marked by strategic, adaptive action rooted in the realities experienced by marginalised young women. The programme was based on an analysis of structural barriers faced by [redacted] women, women with disabilities, women living with HIV, and internally displaced women, including limited physical accessibility, institutional discrimination, exclusion from health services, social stigma, and a lack of inclusive policies. The Theory of Change was localised based on these realities, ensuring that the proposed strategies were relevant, applicable and aligned with the concrete needs of priority groups. All organisations actively participated in the process of reviewing the theory of change.[14]

[14] CoA survey

The activities were designed to respond to the specificities of the implementation territories, considering factors such as the dearth of efficiently trained professionals to provide care especially to women with disabilities, the stigma faced by women living with HIV, the impact of the insurgency in Cabo Delgado, the reduction of civic space, and persistent challenges in accessing sexual and reproductive health such as lubricants and limited safe spaces in health centres[15]. The programme also acknowledged that climate change, along with armed conflict in Cabo Delgado, had a direct effect on women, particularly displaced women. These women often lost their homes, safety, and dignity, making them vulnerable to exploitation, including transactional sex for basic necessities. Women affected by climate crises were actively involved in empowerment initiatives and advocacy efforts. The programme worked to include them not just as beneficiaries but as protagonists in shaping responses to these challenges.

The programme successfully adapted to lessons learned through implementation. For example, the programme encountered strong resistance from local leaders in Gaza Province, particularly around efforts to ensure safe spaces inclusive of the [redacted] community. Many invoked religious beliefs to oppose same-sex relationships. In light of this, the team shifted focus to areas demonstrating greater openness and collaboration. This led to a renewed emphasis on supporting young people and adolescents living with HIV, a group that faced less sociocultural resistance and allowed for deeper engagement. To sustain momentum, the programme facilitated community dialogues and 'rodas de conversa' (conversation circles) centred on human rights and legal literacy. These sessions highlighted protections outlined in the Carta dos Direitos Humanos and Lei 14/9*, which affirm the rights of people living with HIV and AIDS.

Recognizing the persistent limitations in Gaza particularly in Mabalane and Chicualacuala districts the programme chose not to resume activities there. Instead, it expanded to Zambézia Province, where local institutions offered stronger support and a more enabling environment. In this new context, the team successfully implemented inclusive safe spaces, including one specifically designed for 25 men who have sex with men (MSM).

The 2025 We Lead Mozambique annual plan also reflects the consolidation of lessons learned over previous cycles. Priority was given to high-impact, low-cost actions with potential for replicability and sustainability, such as discussion groups, community festivals, webinars, and intergroup exchanges among CoA members. These initiatives strengthened community ties, expanded spaces for listening, and promoted the collective development of solutions. While the programme pivoted to more sustainable methods of training and advocacy such as community mobilization and collaborative platforms, these adaptations occasionally lacked the immediacy and influence of government institutional engagement.

The programme also experienced a shift of national host responsibilities from Fórum Mulher to [redacted] This was guided by a strategic response to the programme's evolving priorities and reaffirmed a deepened commitment to strengthening local management, ensuring continuity of actions, and fostering closer alignment with rightsholders particularly in the areas of security, inclusion, and ownership. Fórum Mulher's contributions, especially its rich experience in feminist advocacy, were deeply valued throughout its tenure. The transition emerged through a process of reflective learning and shared dialogue, with the intention of more fully realizing the programme's participatory and intersectional ethos.

## Effectiveness

***Outcome 1: Strengthening the capacity of CoA members and rightsholders***

The We Lead programme implemented diverse capacity-strengthening initiatives for CoA member organisations and local CSOs in Mozambique, although implementation was affected by initial setup delays and challenging political context that meant foundational processes like Theory of Change localisation were delayed until 2022. Leadership and facilitation skills training formed a key focus, including inclusive workshop facilitation by Positive Vibes and with participation from

[15] FG3

Restless Development in 2021, Theory of Change thinking and development training, and digital collective platforms training including the Youth Collective Platform.[16]

As shown in the table below, the majority of the CoA organisations attribute their improvements in capacities to the programme, for all the capacity strengthening topics. 55% reported a very substantial contribution for their improved capacities for promotion of SRH-R realisation, which was the highest of any of the skill areas. A small minority of the organisations reported moderate contributions or limited contributions to capacity development.

***Q: To what extent has the We Lead program contributed to strengthening your organisation's capabilities to be:***

| | Credible and sustainable? | Resilient and adaptive? | Inclusive, supportive, and led by young women rights-holders? | Active in promoting SRH-R realization? | Safe, secure and practice collective care? | Act jointly? |
|---|---|---|---|---|---|---|
| A very substantial contribution | 45% | 40% | 45% | 55% | 45% | 45% |
| A substantial contribution | 45% | 40% | 36% | 36% | 45% | 45% |
| A moderate contribution | 0% | 20% | 18% | 9% | 9% | 9% |
| A limited contribution | 9% | 0% | 0% | 0% | 0% | 0% |
| No contribution at all | 0% | 0% | 0% | 0% | 0% | 0% |
| Don't know | 0% | 0% | 0% | 0% | 0% | 0% |

Advocacy, policy, and research skills training equipped CSOs with evidence-based advocacy tools including FEMNET's in-country Gender Responsive Budgeting Advocacy training in 2024, Evidence for Impact Advocacy, Opposition Monitoring, Safety, and Security training for several African countries, including Mozambique, training 28 people in research and data collection in 2024. Psychosocial well-being and safety training included 14 rightsholder representatives trained as 'Looking In, Looking Out' (LILO) Inclusion methodology facilitators in 2021/22.[17] The process started in 2021 with a LILO Inclusion experience in November. This was followed by LILO Identity experience and LILO Facilitate training in July 2022. Positive Vibes also ran a constitutional literacy workshop called Sing of freedom with 30 participants in November 2022.[18] Organisational and technical skills development included M&E refresher training on Outcome Harvesting for 28 people in 2024, and financial independence and resilience training, with six organisations trained in 2023[19]. FEMNET also conducted media training for rightsholders from Mozambique and other African countries focusing on social media advocacy amplification, influencer collaboration, and

[16] 1.0 2023 We Lead Annual Plan submitted on 1.11.2022.pdf; 2024 Consolidated Results Framework Final.pdf

[17] 2025 Consolidated Annual Plan_We Lead.pdf

[18] E13

[19] WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf; 2024 Consolidated Results Framework Final.pdf; 1.1 We Lead - Annexes- Results Framework.pdf; 1.0 2023 We Lead Annual Plan submitted on 1.11.2022.pdf

campaign creation with safety and security emphasis for marginalized groups. FEMNET also conducted regional training on sustainability and male engagement in 2025.[20]

The effectiveness of We Lead in strengthening the capacities of rightsholders and CoA members was widely recognised by participants. The programme not only promoted technical skills, but also catalysed profound changes in terms of leadership, confidence and collective agency: "*Without We Lead, we would not have had the courage or space to grow in this way*"[21].This was achieved through the creation of safe spaces and thematic groups, training of peer educators and school-based initiatives, strategic meetings, as well as participatory mentoring led by rightsholders. In addition to these efforts, capacity support was also provided on SRH-R, including training on how to navigate the health system, understanding the standard of care they are entitled to, and accessing informal referral pathways.

Methodologies such as the "tree of life" and the Braixente methodology were used to promote self-expression, collective healing, and identity building. These approaches allowed marginalised adolescents and young women to recognise themselves as protagonists of their own narratives.[22] According to one participant, "*the methodology helped me realise that my story has value and now I can talk about it with pride*."[23] CoA members were also trained in leadership, sustainability and rights advocacy, creating a more robust ecosystem to support rightsholders: "*Our organisations have grown with the programme; we now have more tools to support young women and influence policies*."[24]

Tailored training improved staff skills in strategic advocacy, enabling more targeted and impactful efforts. Organizations felt better equipped to respond to the specific needs of rightsholders. Several CoA organizations established formal protection and safeguarding protocols for the first time. These policies increased institutional safety, accountability, and standards of conduct across staff and rightsholders.

Young women gained a better understanding of the systems that affect their rights and learned to formulate concrete proposals for change. This qualitative leap was evident in their interactions with authorities and in the drafting of recommendations. "*Before, we just complained... now we know how to propose solutions and negotiate with decision-makers*."[25]

The programme has also helped small organizations elevate women into leadership roles, which built trust and created space for rightsholders to engage confidently in advocacy and community dialogues. Many have gone on to occupy strategic positions within their organizations and participate in national platforms, and most organisations have gained visibility through platforms like CECAP. For example, 12 young women took on leadership roles in organisations or advocacy events in 2024, including one rightsholder who was elected deputy of the Children's Parliament in Kamubukwana municipal district after participating in Hixikanwe Association leadership and advocacy training.[26] This was notable especially for the women with disabilities who took part in forums that influenced the approval of the most recent on people living with disabilities.[27] CoA members also participated in advocacy spaces such as CSW, Beijing+30 Youth Consultation, ILGA Conference, and AWID. These platforms enabled young women from marginalized groups to represent their communities, engage in policy discussions, and share lived experiences.[28] This involvement strengthened their capacity for political articulation and gave them public visibility:

[20] E14

[21] FG2

[22] https://restlessdevelopment.org/2025/05/we-lead-transforming-lives/

[23] E3

[24] E2

[25] FG1

[26] Mozambique Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Mozambique.pdf

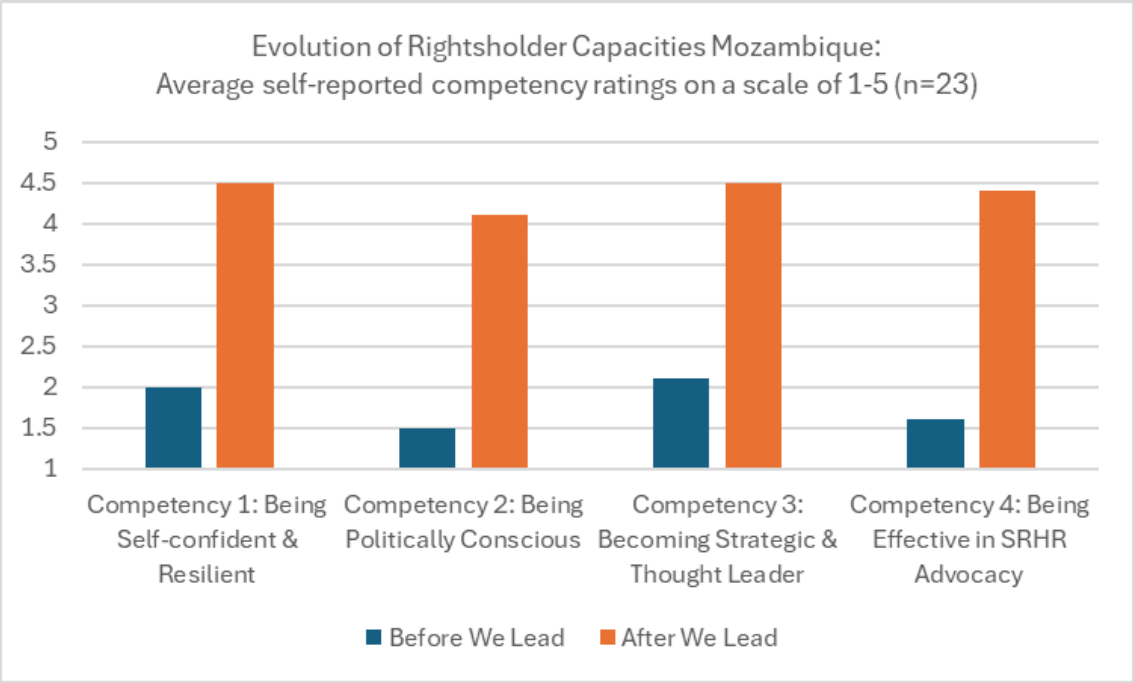
[27] Law No. 10/2024 on the Protection and Fulfilment of the Fundamental Rights and Freedoms of People with Disabilities and Permanent Physical, Mental and Sensory Impairments

[28] We Lead Annual Country report 2024 - Mozambique - 090425_revised (1)

"*Today, I am recognised as a leader in my community and participate in national meetings on sexual and reproductive health*."[29]

The capacity assessment results for the rightsholders show high levels of improvement in capacities across all 4 themes from before and after the programme, with the biggest improvement seen in terms of effectiveness in SRH-R advocacy. Participants report significant gains in confidence, leadership, strategic thinking, and the ability to articulate themselves in decision-making spaces. "*I started out afraid to speak... now I can teach sessions, support other girls, and face difficult situations with courage*."[30] According to one participant:

> *"one rightsholder started out knowing nothing about her rights but after six months, facing a situation of institutional violence, she managed to mobilise support, report it and raise awareness. This inspired many of us. There were also moments when, in explaining our rights to other girls, we realised that we were occupying a space of power, even if it was small."*[31]




***Outcome 2: Awareness and support among the general public for the sexual and reproductive health rights of young women***

Public awareness-raising and campaign activities in Mozambique focused on creative arts, media engagement, and community events to increase public support for the SRH-R of young women from rightsholder groups. The implementation of these activities was initially delayed as the programme took longer to establish its structures in Mozambique compared to other countries, with many foundational activities postponed from 2021 to 2022.[32]

Media engagement and digital campaigns utilized national television and social media for wide reach, with TV Surdo producing and airing a national television documentary on SRH-R of girls and women with disabilities in May 2024.[33] The use of storytelling and success narratives to inspire change was not only comprehensive (reaching over 20,000 people), but also deeply resonant, reflecting the lived realities of young women and marginalised groups. These narratives

[29] E3
[30] FG1
[31] FG3
[32] .2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf, 8, 17, 31; Consolidated - We Lead Year 3 Financial Progress Report 2023 final.pdf, 1753
[33] Mozambique Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Mozambique.pdf

reinforced the participants' self-esteem and validated the impact of the programme: "*When I saw my story published, I felt that my voice counts and that others can learn from it*."[34] Furthermore, materials, co-created by rightsholders with content that reflect local realities, helped ensure relevance and authenticity. Inclusive materials such as content produced in local languages, braille, and visual formats helped reach diverse audiences, including those with disabilities.

[redacted] organized a Feminist Festival bringing together young women, girls, and [redacted] women to celebrate bodily autonomy and SRH-R through debates, HIV counseling and testing, music, dance, theatre, and poetry that gained local media visibility. [redacted] also ran creative writing activities where young women documented SRH-R perspectives and shared stories, and the Global Linking and Learning Festival in Maputo in February 2024 featuring a "Market Place" showcasing local organizations' work to international audiences.[35] Other community dialogues included monthly educational sessions for adolescents on SRH-R and gender-based violence in Sussundenga District, AMMD's collective wedding ceremony for 14 couples including individuals with and without disabilities to formalize legal unions and challenge societal barriers, and public debates and roundtables engaging community leaders in SRH-R discussions.[36]

There is evidence that public awareness and support for young women's SRH-R have deepened at various levels of Mozambican society as a result of these activities. Testimonials from stakeholders ranging from community leaders to educators and national facilitators consistently point to increased SRH-R literacy, greater youth autonomy, and growing community acceptance. Community leaders, educators, and facilitators reported more open conversations around SRH-R, breaking previous taboos and encouraging inclusive discussions. There was a noticeable shift in how young women, especially those from marginalized groups were able to make informed decisions about their bodies and futures, reflecting increased confidence and self-advocacy. Stakeholders observed greater community acceptance of young people seeking SRH-R services, along with improved literacy about where and how to access these services. The programme also turned progressive legislation into awareness and action, especially in communities where such laws were previously unknown or inaccessible through community dialogues.[37]

The programme's effectiveness was amplified by engaging religious and community leaders, developing messages in partnership with young people.[38] The activation of "school corners" and the involvement of teachers as focal points broadened the reach of messages and reduced early pregnancies and premature unions. The Country Annual Report confirms that these efforts led to increased service uptake, reduced school pregnancies, and strengthened youth-led advocacy.[39]

***Outcome 3: Awareness among health service providers and service delivery***

Activities to improve public health care services in Mozambique primarily focused on advocacy at the local and facility level, training for healthcare professionals, and revitalising services, although, as with other outcome areas, the rollout of these activities was significantly impacted by initial delays in the programme's establishment in the country.[40]

Advocacy and service delivery influence achieved tangible improvements including addressing discriminatory practices at Bagamoio Health Center where rightsholders engaged with youth-friendly health service management to address differential treatment of [redacted] patients. This led to local youth-friendly health services management correcting practices and adopting inclusive procedures ensuring equal treatment.[41] In April 2024, [redacted] led revitalization of school health

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[34] FG4

[35] Mozambique Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Mozambique.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

[36] 2024 Consolidated Results Framework Final.pdf; 1.0 2023 We Lead Annual Plan submitted on 1.11.2022.pdf

[37] E3

[38] E9

[39] We Lead Annual Country report 2024 - Mozambique - 090425_revised (1)

[40] 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf, 8; 1.0 2023 We Lead Annual Plan submitted on 1.11.2022.pdf, 105

[41] Mozambique Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Mozambique.pdf

corners in Guijá and Moamba districts that had been inactive, enhancing SRH-R information and service access for 526 students while strengthening referral pathways to nearby youth-friendly health services. [redacted] secured health institution and decision-maker support making facilities available for programme meetings and rightsholder safe spaces. Sussundenga District rightsholders collaborated with local youth-friendly health services organizing monthly educational sessions on SRH-R and gender-based violence for adolescents.[42]

We Lead also conducted training and sensitization of health professionals. [redacted] conducted workshops for healthcare professionals on vulnerable group needs with quality assessments to strengthen inclusive care. [redacted] promoted changes in healthcare provider treatment of patients with disabilities through awareness-raising and activism that improved facility accessibility. [redacted] also trained six Ministry of Health staff on inclusive SRH-R.[43] Positive Vibes convened in-country planning meetings and facilitated 'Setting the Levels' dialogue processes. However, the programme failed to establish health advocacy champions forums and health worker 'Open' CoA session attendance in 2024, reflecting earlier delays and activity deprioritization during this period.[44]

The programme has brought about notable changes in the professional practice of healthcare providers. The programme's approach centered on continuous interaction between healthcare providers, activists, and young people, fostering a relational and experiential learning environment rather than formal clinical training, it emphasized empathy-building, sensitive listening, and flexible communication, which made consultations more welcoming and effective, young people's active engagement and demands for better services channeled through activists played a role in transforming provider behavior. Their presence and participation in ongoing dialogue led to greater openness to sensitive topics and improved adherence to ARVT services. These were primarily evidenced through testimonies from health service providers who observed changes in client behaviour. One of the most compelling indicators was the return of young women who had previously stopped attending treatment. "*With the help of community activists, we re-established contact with young women who had stopped attending the health facility*"[45]. Rightsholders played a pivotal role in bridging gaps between youth and health services, helping providers understand adolescent realities and co-creating more responsive care environments.

Factors that contributed to the success include continuous interaction between health professionals and young people, awareness raising and training that empowered women with relevant information. Active listening by health service providers and flexibility in language were also facilitating elements in improving services. These relational foundations proved critical in strengthening referral pathways and ensuring that young women supported by rightsholders could access the care they needed. However, the absence of formal referral tools within rightsholder-led processes weakened the process impact. It constrained the ability to systematically track referrals, conduct meaningful follow-up, and ensure continuity of care. As a result, referral evidence often relied on estimates and personal testimonials rather than verifiable documentation limiting the programme's capacity to demonstrate outcomes with precision.

Additionally, structural challenges within health centres persist. The lack of private spaces limits the provision of personalised and respectful services, and the scarcity of pamphlets, manuals and other IEC materials limit the efforts of inclusive and effective training. The reduced number of activists limited territorial reach and adequate monitoring. Several facilitators and health workers engaged in programme delivery at health centres providing services to rightsholders and participating in community campaigns had not received in-depth training in SRH-R tailored for the target group. This gap in capacity hindered the effective consolidation of new approaches and limited the potential for greater impact.

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[42] Mozambique Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Mozambique.pdf

[43] 2024 Consolidated Results Framework Final.pdf; Mozambique Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Mozambique.pdf

[44] 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf; 1.0 2023 We Lead Annual Plan submitted on 1.11.2022.pdf

[45] E7

***Outcome 4: Influence policy change***

Despite initial delays and a challenging context of obstructed civic space and political unrest, the We Lead programme's policy and advocacy work on legal reforms in Mozambique successfully built local capacity for policy engagement and supported young women's leadership in policy-influencing spaces. However, results in this outcome area are comparatively less robust than in other domains.

The programme supported awareness raising around key laws, including the 2019 Law for Preventing and Ending Child Marriage, 2014 Penal Code Reform, on Safe Abortion, the 2009 Law on Domestic Violence Against Women, Law 14/9 on Law on the Protection of the Person, Worker, and Job Seeker Living with HIV and AIDS. It also influenced the approval of the most recent Law No. 10/2024 on the Protection and Fulfilment of the Fundamental Rights and Freedoms of People with Disabilities and Permanent Physical, Mental and Sensory Impairments.

National and local policy advocacy focused on direct duty-bearer engagement and youth leadership development, with successful completion of four high-level policy dialogue engagements in 2024 including public debates and roundtables designed to challenge discrimination and change perceptions, as well as the development of one local advocacy document. As well as the election of one rightsholder as deputy of the Children's Parliament in Kamubukwana municipal district (see above), two Moamba Secondary School students began actively participating in school council meetings in August 2024, advocating for SRH-R and gender-based violence prioritization in school decision-making processes.[46] At the international level, engagement around the Universal Periodic Review failed to achieve the acceptance of four SRH-R recommendations.[47]

The programme indirectly influenced political debates and the implementation of public policies by participating in events alongside representatives from the Assembly of the Republic and various Ministries, thereby promoting institutional coordination. While there were no formal hearings, the programme maintained a visible presence at these events. Young women shared powerful testimonies, demonstrating resilience and leadership.

Beyond shaping new legislation, the programme significantly impacted the implementation and dissemination of existing laws and policies—such as the law prohibiting discrimination based on sexual orientation, which had previously been unfamiliar to many. Thus the programme's approach acknowledged that Mozambique's legal context is often more practical than procedural, emphasizing the importance of enforcing existing laws rather than solely creating new ones. For example, recently enacted legislation such as the Law on Persons with Disabilities may still require sustained advocacy and influence to ensure its effective implementation.

At the international level, FEMNET supported the Mozambique CoA Facilitator, CoA, and rightsholders in different regional and global spaces tot influence policy change, including GIMAC, Africa Disrupt CSW, CPD, AWID, SRH-R Charter, Beijing +30, Girls Festivals etc.[48]

**Support for greater empowerment of rights-holding groups, the creation of movements and an environment conducive to SRH-R**

The current landscape of CoA in Mozambique reveals a diverse, resilient network committed to promoting the rights of young women in vulnerable situations. The joint action of the organisations reaffirms the transformative, participatory and intersectional nature of We Lead, contributing to the construction of a more just and inclusive rights ecosystem in the country.

## Coherence

The We Lead programme was coordinated by [redacted], in its implementation with CoA organisations. Other local CSOs, such as FDC, were engaged to create synergies between

[46] 2024 Consolidated Results Framework Final.pdf; Mozambique Outcome Harvesting Consolidation - Shared with Coralie.xlsx - Mozambique.pdf

[47] 2024 Consolidated Results Framework Final.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

[48] E14

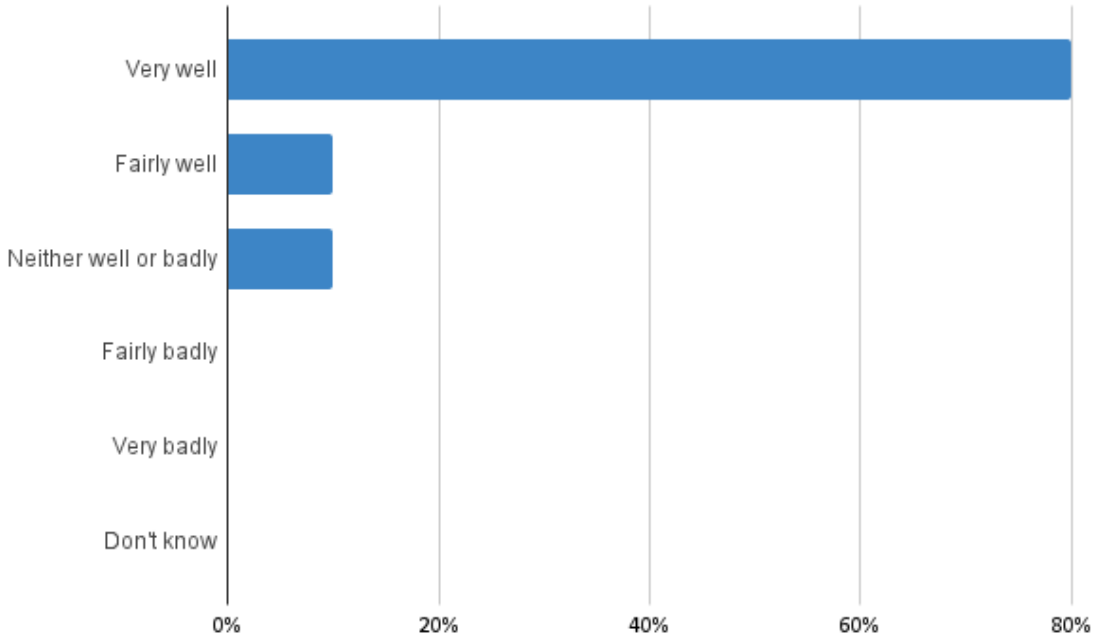
communities, particularly in response to linkages with legal entities in cases of early marriages in schools. As this was the lead organisation's first experience coordinating a consortium, initial challenges emerged in aligning activities, with: *"divergent expectations between partner organizations and project leadership, and a need for deeper identification of problems and solutions to strengthen the sense of ownership*."[49] However, these were largely overcome through mutual learning, fostering "*approximation of understandings*," and building "*collective awareness"*.[50]

Participants valued the consortium's work as a strategy that broadened its reach and allowed for thematic specialization among CoA partners. Hivos was described as collaborative, demonstrating strong knowledge transfer approaches. However, some barriers to coherence persist, such as resistance from local and religious leaders who play a key role in influencing community members. Internally, inconsistent communication hampered coordination. Examples included delays in responding to emails and irregular meeting schedules, which limited alignment between partners and the execution of activities. In some cases, this resulted in misaligned efforts particularly in communities and health centres where the same beneficiaries were served, compromising efficiency: "*Organisations worked with the same beneficiaries without clear coordination, leading to overlapping data and activities*."[51]

Although dissemination of the programme among external partner organisations was limited and its visibility on digital platforms remained low, this was an intentional strategy aimed at safeguarding the security and privacy of Rightsholders. That said, CoA organisations had significant representation in initiatives such as [redacted] (a network of more than 60 CSOs, from the local to the international level, working on advocacy, knowledge-sharing and research to address child marriage and premature unions in Mozambique). Although there was no direct mention of the We Lead project in [redacted] promotion, it was clearly aligned with and complemented existing initiatives, such as the Women and Peace Movement and programmes to prevent early marriages, thereby strengthening the SRH-R ecosystem. The programme also aligned with broader efforts such as [redacted]), reinforcing its collaborative spirit and commitment to shared goals. *CoA organisations were particularly positive about the alignment with the activities in-country and relevant international SRH-R initiatives, with 80% reporting the country had done very well in cohering with these initiatives.*

***Q: How well or badly has the We Lead programme in your country coordinated with … other relevant international SRH-R initiatives?***

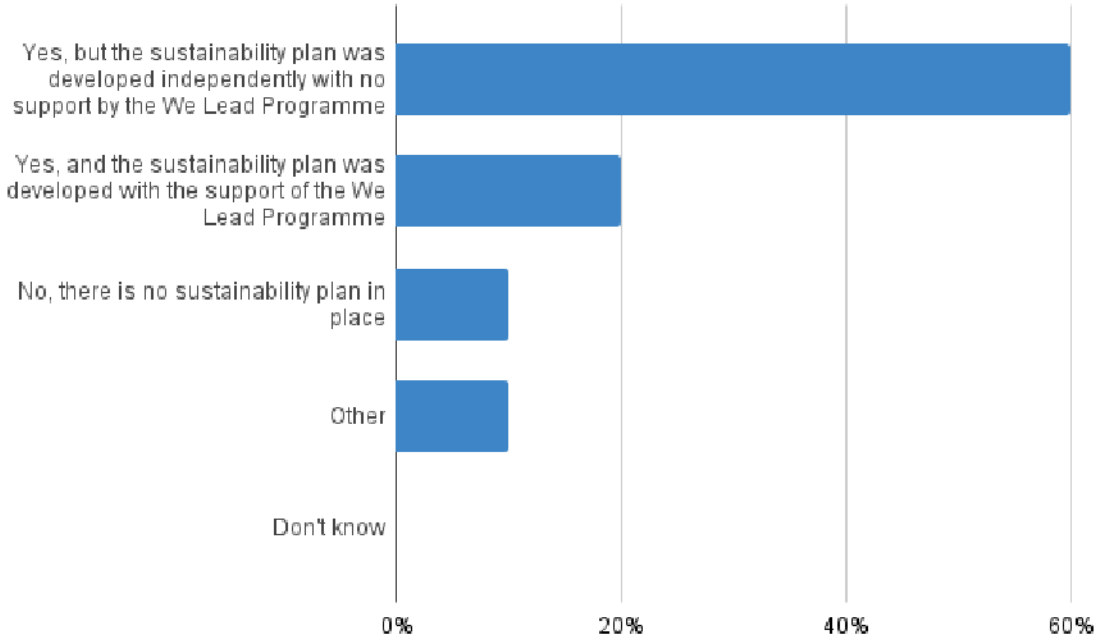
[49] E2
[50] E2
[51] FG4




## Sustainability

The programme led to transformative change not only in knowledge but also in norms, behaviours, and community dynamics. The programme's legacy lies in its ability to build trust, amplify young people's voices, and build bridges between rightsholders, service providers, and to some extent, decision-makers. These foundations now provide a springboard for sustained advocacy and deeper structural change. Almost all of the organisations who took the survey report having a sustainability plan in place, however, most of these were developed without the support of the programme indicating a gap in the support provided by We Lead to CoA members.

***Q: Does your organisation have a sustainability plan in place for when this programme ends?***




Through the programme, healthcare providers gained lasting experience tailored to the realities of adolescents, and some service providers who served as facilitators adjusted their approaches to better engage with young people, suggesting changes that can be maintained beyond the formal duration of the programme guaranteeing sustainability.

> "*It is essential to reinforce the training of professionals with refresher trainings, increase the frequency of training sessions, and also offer incentives and small snacks to motivate young people when they come to the sessions*."

Despite the challenges in some health centres in not having safe spaces for young people to receive private and more personal care, it was still possible to note some leverage in the number of referrals given through the programme despite this not being formally registered as there were no formal tools for referrals. However, as noted by participants: "*The infrastructure is still inadequate... The lack of private spaces compromises personalised and respectful care."*[52] *, "To maintain improvements, the programme needs tools: referral guides, registration forms...*"[53].

Public awareness of SRH-R, the inclusion of the [redacted] community and the fight against discrimination against young people with disabilities has also advanced significantly, with signs that these social transformations will continue to consolidate. Although the programme has not promoted formal legal reforms, it has contributed to the practical implementation of existing legal frameworks, such as the Law on the Prevention and Combating of Premature Unions. The dissemination of these legal instruments and the strengthening of political awareness among participants indicate relevant institutional progress.

The host organisation and its partners have demonstrated technical capacity and strategic commitment and are already integrated into initiatives such as Comprehensive Sexuality Education (CSE), which will follow up on various actions including: (i) capacity building and strategic planning and webinars on SRH-R, gender equality, GBV prevention, and leadership, creating safe spaces for rightsholders to share experiences and strategize; (ii) development of educational and advocacy materials containing tailored content on SRH-R, safety, and gender equality to support both community education and policy advocacy; (iii) documentation of success stories and lessons learned that will serve as tools for advocacy and replication, showcasing the transformative power of CSE; (iv) training of teachers and community leaders focused on SRH-

[52] E8
[53] E6

R, GBV, and human rights, enabling them to act as multipliers of CSE knowledge in schools and communities.

Nevertheless, challenges related to logistical sustainability persist, such as transport, materials and minimum incentives both for CoA activists but especially for rightsholders who have seen the opportunity to advocate at community level for their rights.[54] The continued involvement of religious and community leaders, as well as support for regular training, are identified as critical factors in ensuring the maintenance and expansion of the impacts achieved.

## E. Recommendations

1. Produce accessible and contextualised materials for campaigns and develop content that reflects local realities and is co-created with young rights holders themselves, as well as inclusive and accessible materials. Produce content in local languages, Braille and visual formats to ensure full inclusion.
2. Formalise referral and integration instruments with public services to create simple and effective protocols for coordination between CSOs, schools and health units and strengthen technical support to smaller organisations, offering continuous support in the management of indicators, reporting and the design of internal policies.
3. Support the emerging leadership of rightsholders and accompany young leaders for another 2–3 years after the programme ends with mentoring and resources, considering that some organisations were involved in the programme for less than 1 year.
4. Harmonise efforts between overlapping initiatives, mainly among CSOs, improving inter-organisational coordination by establishing clear work plans, effective communication channels and regular meetings between partners.
5. Expand geographical coverage and community presence, strengthen activities in rural and peripheral areas with more facilitators and home visits, in addition to increasing the involvement of policy makers, intensifying lobbying and coordination with the government to ensure institutional support and sustainability.
6. Ensure greater digital visibility for stronger youth engagement. Low presence on social media has reduced the programme's reach among young people, especially [redacted] youth.
7. Extend capacity strengthening with longer, inclusive training (using sign language, ensuring accessible venues, providing mentoring).
8. The inclusion of boys and men is essential for changing social norms, as many of the problems faced by girls' stem from misinformation among boys. Their participation is strategic, as is the inclusion of religious leaders.

[54] FG2