



MOZAMBIQUE
Mid-term Assessment
Global Fund Breaking Down Barriers Initiative

June 2021
Geneva, Switzerland

DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

Acknowledgements

The mid-term assessment of the Breaking Down Barriers initiative was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health comprised of: Joseph J. Amon (Drexel University), Leo Beletsky (Northeastern University), Sandra Ka Hon Chu (HIV/AIDS Legal Network), Joanne Csete (Columbia University), Richard Elliott (HIV/AIDS Legal Network), Mikhail Golichenko, (HIV/AIDS Legal Network), Cécile Kazatchkine (HIV/AIDS Legal Network), Diederik Lohman (Consultant), Julie Mabilat (Consultant), Megan McLemore (Consultant), Nina Sun (Drexel University) and Susan Timberlake (Consultant).

For the Mozambique assessment, Megan McLemore, Joseph Amon and Nina Sun led the research and writing of this report, with support of Amelina Nhachungue as the interpreter. The authors would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and others who provided information, insights and various other contributions, and who demonstrated their dedication – despite the challenges of the global COVID-19 pandemic – to their programs and beneficiaries.

Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Mozambique is a program assessment.

Mid-term Assessment Type	Countries
Rapid	<ul style="list-style-type: none">• Benin• Democratic Republic of Congo (rapid +)• Honduras• Kenya• Senegal• Sierra Leone• Tunisia• Uganda (rapid +)
Program	<ul style="list-style-type: none">• Botswana• Cameroon• Cote d'Ivoire• Indonesia• Jamaica• Kyrgyzstan• Mozambique• Nepal• Philippines
In-depth	<ul style="list-style-type: none">• Ghana• South Africa• Ukraine

Table of Contents

Summary	4
Introduction	11
Part I: Background and Country Context	14
Part II: Progress towards Comprehensive Programming	16
Creating a Supportive Environment to address Human Rights-related Barriers.....	16
Scale-Up of Programs: Achievements and Gaps	19
Programs to Remove Human Rights-related Barriers to HIV	19
Programs to Remove Human Rights-related Barriers to TB	27
Cross-cutting Issues related to Quality Programming and Sustainability	32
Achieving Quality	32
Technical Partners	33
Donor Landscape	33
COVID-19 Response	33
Part III: Emerging Evidence of Impact	35
Mafalala Center	35
Scale-up of Paralegal and Legal Literacy Activities	35
Annex I: Summary of Recommendations	37
Annex II: Methodology.....	42
Annex III: List of Key Informant Interviews.....	46
Annex IV: List of Sources and Documents Reviewed	47

Summary

Introduction

The Global Fund's *Breaking Down Barriers* (BDB) Initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Mozambique. It seeks to: (a) assess Mozambique's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers' Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services^b increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.^c This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* Initiative has had in Mozambique to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, remote interviews, and country visits to meet with key informants and conduct site visits. In addition, a costing analysis was conducted with results presented in an annex to the report. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Mozambique was a program assessment. It was conducted primarily between August 2020 and October 2020.

^b The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

^c **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming include: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Progress towards Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers in Mozambique. This occurred through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; holding multi-stakeholder meeting to review the findings of the baseline assessment; establishing a working group on human rights, HIV and TB; and developing a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations. Most of these steps, with the exception of a freestanding national plan on HIV, TB and human rights, have been achieved in Mozambique (see Table 1)

Table 1: Key milestones

Milestone	Results	Date
Human rights matching funds	\$4.7million in matching funds for programs to reduce human rights-related barriers, with an additional 2.4 million as a match from the allocation	August/September 2018
Baseline assessment	Literature review, key informant interviews and focus groups conducted	March – April 2017
	Report presented to country and finalized	September 2017 – November 2018
Multi-stakeholder meeting	Two multi-stakeholder meetings related to human rights: (1) on the launch of the human rights module in November 2018; and (2) on the development on programs to remove human rights-related barriers in the National Strategic Plan (PEN V) in March 2020	November 2018 for human rights module launch March 2020 for PEN V
Working group on human rights, HIV and TB	Conselho Nacional de Combate ao SIDA (CNCS) coordinates the human rights technical working group, comprised of representatives of government, civil society organizations, the National Commission on Human Rights, academic experts, UN agencies, as well as bilateral external organizations.	2018
National plan to reduce human rights-related barriers	Rather than having a freestanding multi-year plan on human rights, Mozambique has decided to integrate it into its National Strategic Plan- however, there is interest in developing a freestanding plan on HIV, TB and human rights	PEN V/NSP under development

Scale-up of Programs: Achievements and Gaps

For the mid-term assessment, programs that are internationally recognized as effective in reducing human rights-related barriers to HIV and TB were assessed for their comprehensiveness on a scale of 0 to 5 (with * indicating that the research team was not able to assess whether progress was made). Overall, there appears to have been marked progress in scaling up programs to reduce human rights related barriers for HIV compared to 2017, with the overall scorecard scores increasing from .91 to 2.24 in that area. Progress in the area of TB is still limited, with an overall scorecard change from .53 to 1.21.

Programs exist in all seven key program areas to remove human rights-related barriers to HIV services. Some areas have shown marked scale-up in activities since the baseline assessment, most notably legal literacy and paralegal programs. While there is still much work needed before the country reaches comprehensive programs, there are indications of a solid foundation on which to build future programs to remove human rights-related barriers, such as a strong policy framework and adoption of an integrated approach for embedding anti-stigma and discrimination, legal literacy and legal services in community networks of diverse stakeholders. The national effort to reduce HIV among young women and girls provides a strong focus and broad base of support for gender responsive programming throughout all of the human rights program areas.

Since the baseline assessment, Mozambique's progress on reducing HIV-related stigma and discrimination reflects a strong commitment to development of programs in this area. From a policy perspective, the National Strategic HIV and AIDS Response Plan (PEN IV) prioritizes reducing stigma and discrimination as one of four categories of intervention for an enabling environment of the HIV response. Strong radio campaigns to reduce stigma and discrimination also serve as platforms for increasing legal literacy and access to legal services.

The country has taken substantial steps forward in the legal literacy and legal services programs, but progress in has been slower in training of health care workers and police as well as the sensitization of lawmakers, a disparity that will need to be addressed as the country moves toward a comprehensive response. As documented in a 2020 UNAIDS report, there is a substantial need for technical assistance to address a low awareness of human rights among all stakeholders and to strengthen capacity for program implementation. Moreover, at midterm there continues to be a limited number of programs in Mozambique to reduce human rights-related barriers to TB services. Some broader health education and advocacy efforts as well as legal literacy and legal services programs include both HIV and TB-affected populations, but no human rights-related initiatives specific to TB were identified in other program areas. Sustaining and scaling up human rights programming will require ongoing investment to build capacity for the roll out of rights-related services nationwide.

Table 1: Baseline vs Mid-Term Scores of Program Comprehensiveness

Program areas	HIV		TB	
	Baseline	Mid-Term	Baseline	Mid-Term
Stigma and discrimination reduction	0.5	3.0	0	1.0
Training for health care providers on human rights and medical ethics	1.2	1.7	1.3	1.6
Sensitization law-makers and law enforcement agents	0	0.5	0	0
Legal literacy ("know your rights")	1.2	3.0	1.0	3.0
Legal services	2.0	3.0	1.0	3.0
Monitoring and reforming laws, regulations and policies relating	0	1.5	0	0
Reducing discrimination against women	1.5	3.0	0	0
Ensuring confidentiality and privacy	N/A ^d		0	*
Mobilizing and empowering patient and community groups			1.0	1.3
Programs in prisons and other closed settings			1.0	1.0
Overall score	.91	2.24	.53	1.21

^d Note that these programs are built into the other HIV program areas.

Key
* – unable to assess whether progress was made
0 – no programs present
1 – one-off activities
2 – small scale
3 – operating at subnational level
4 – operating at national level (>50% of geographic coverage)
5 – at scale at national level (>90% geographic coverage + >90% population coverage)
N/A – Not applicable
<i>For detailed scorecard key, see Annex IV</i>

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming^e and sustainability. The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

There are numerous indicators that the Mozambique response is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to access. First, several key assessments of barriers have been conducted, including the BDB baseline assessment and the 2020 UNDP Legal Environment Assessment. The national HIV law includes non-discrimination protection for PLWH and the national HIV strategy (PEN IV) provides a foundational framework for a human rights-based approach to implementation of services. Legal literacy and legal services programs are following an evidence-based model, proven effective by Namati's long-standing work in Mozambique, that features support for paralegals from community networks of local officials, community leaders and health committees. Importantly, the government funds each health facility to host a health committee, as well as a client service officer, and in some locations, these entities are working closely with the paralegals and community activists to identify and resolve human rights-related barriers to care. Domestic support of the health committees and the client service officers represents a sustainable mechanism for ensuring that human rights-related barriers are addressed. The Namati and CCS paralegal and legal literacy programs also address both HIV and TB, an integrated approach more strategic than separate programs. Similarly, the Ministry of Health works closely with Namati to promote patient's rights education for both HIV and TB.

Nevertheless, there are still common gaps that have emerged across all program areas. The lack of complete and accurate data on the size, demography and geography of key population groups such as

^e Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems.

sex workers and men who have sex with men hinders the ability to design and implement quality programming. Though it is steadily increasing, capacity and knowledge of human rights among all key stakeholders (including government, civil society, and key populations) remains low. There is therefore a need for substantial technical assistance to increase their ability to implement recommendations for law and policy reform and quality human rights programming. Monitoring and evaluation of existing programs should be strengthened to improve program design, leverage successes and document impact on health outcomes.

Emerging Evidence of Impact

At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV and TB services access in the form of two case studies: one on the successful advocacy for a harm reduction pilot project for people who use drugs (PWUD) in the Mafalala neighborhood of Maputo and another on the successes of paralegal and legal literacy programs for women and girls and for returning HIV patients to care.

Mafalala Harm Reduction Pilot Project

Begun in September 2017, Médecins Sans Frontières (MSF) and the civil society organization UNIDOS have worked alongside the Ministry of Health, National Aids Council (CNCS) and Cabinet for Drug Prevention (GCPCD), to implement a harm reduction pilot project for people who use drugs (PWUD) in the Mafalala neighborhood of Maputo.

The initiative is organized around a drop-in center for PWUD, which provides a comprehensive harm reduction package, including needle & syringe programming (NSP); opioid substitution treatment (OST) with methadone; TB screening; and HIV, HBV and HCV testing. In addition, peer outreach workers provide information, safer injection kits, condoms and HIV testing in the district, and refer individuals for services and care.

Human rights-specific programs are key to the project's success, beginning with strong advocacy efforts with the community and the local government. The project worked, for example, with the city's drug commission to get buy-in and support for a local exemption to laws criminalizing needle and syringe distribution. A community committee built support among local residents and sensitized local and national police officials to protect clients and advocates from arrest. In programming designed to reduce gender discrimination, women-only days at the DIC have helped to reach women who use and inject drugs and provide tailored services to them in a safer environment.

Successes from Scale-up of Paralegals and Legal Literacy Activities by FDC and CCS

Under Project Viva+, the scale-up of the paralegal and legal literacy activities are already starting to demonstrate successes in reducing human rights-related barriers to access services, as well as supporting with retention in care. According to FDC, in the Tete province paralegals helped secure the release of 45 sex workers, who were detained by a community safety council, for possession of used condoms. In terms of reducing the number of early marriages, FDC's work of paralegals and legal literacy sessions have resulted in the removal of girls from premature unions in the Zambezia, Manica and Tete provinces.

As part of the human rights work, CCS has a network of community activists who are tasked with ensuring that people are supported throughout their care, and where there are barriers – address them and reconnect them with care. If there are human rights-related barriers, these cases are referred to the

paralegals, which usually resolve the majority of cases through mediation. Where cases need legal intervention, they are referred to a lawyer. According to CCS' data, from January through March 2020, there had been an increase in both the number of reintegration visits, as well as the rate at which individuals were re-connected to care as a result of removal of barriers. In January 2020, there were 133 visits that resulted in 95 cases of people going back to HIV services (or 71%). This reached a high point in March 2020, before Covid-19 restrictions impacted the work, with 388 reintegration visits made and 323 people going back to HIV services (83%). Covid-19 continues to impact this work but it demonstrates potential to directly impact retention in care for people living with HIV.

Conclusion

Mozambique took significant steps toward creating a supportive environment for addressing human rights-related barriers to HIV and TB services, including applying for matching funds to increase funding for programs to remove human rights-related barriers to services; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; holding multi-stakeholder meeting to review the findings of the baseline assessment; establishing a working group on human rights, HIV and TB; and developing a national plan to remove human rights-related barriers. While there is still much work needed before the country reaches comprehensive programs, there are indications of a solid foundation on which to build future programs to remove human rights-related barriers, such as a strong policy framework and adoption of an evidence-based, integrated approach for embedding anti-stigma and discrimination, legal literacy and legal services in community networks of diverse stakeholders. The national effort to reduce HIV among young women and girls provides a strong focus and broad base of support for gender responsive programming throughout all of the human rights program areas.

Since the baseline assessment, Mozambique's progress on reducing HIV-related stigma and discrimination reflects a strong commitment to development of programs in this area. From a policy perspective, the National Strategic HIV and AIDS Response Plan (PEN IV) and the updated Plan (PEN V) prioritize reducing stigma and discrimination as one of four categories of intervention for an enabling environment of the HIV response. Strong radio campaigns to reduce stigma and discrimination also serve as platforms for increasing legal literacy and access to legal services.

Nevertheless, there are still common gaps that have emerged across all program areas. The lack of complete and accurate data on the size, demography and geography of key population groups such as sex workers and men who have sex with men hinders the ability to design and implement quality programming. Though it is steadily increasing, there remains a very low capacity and knowledge of human rights among all key stakeholders-including government, civil society, and key populations- and a need for substantial technical assistance to increase their ability to implement recommendations for law and policy reform and quality human rights programming. Monitoring and evaluation systems, particularly community-led monitoring, need significant improvement to ensure quality of programming and strengthen linkage to documented health outcomes. Moreover, at midterm there continues to be a limited number of programs in Mozambique to reduce human rights-related barriers to TB services. As noted in the UNAIDS 2020 report, there is a need for substantial technical assistance to build capacity for human rights programming, across all stakeholders including government, civil society and key populations. Sustaining and scaling up human rights programming will require ongoing investment to build capacity for the roll out of rights-related services nationwide.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment <ul style="list-style-type: none"> • Ensure that the Technical Working Group on Human Rights, within the structure of CNCS, is supported and continues to meet regularly to discuss and streamline multi-sector coordination and collaboration, as well as how to advance programs to remove human rights-related barriers to access HIV and TB services. • Support the development of a national plan on HIV, TB and human rights, that builds upon the strategic vision of PEN IV and V. Ensure that the national plan has political support from various key stakeholders, including the Ministries of Health, Justice, Interior, as well as civil society and community organizations. Not only should the plan include operational activities within the seven program areas for HIV and 10 program areas for TB, but also a robust and meaningful monitoring and evaluation system. • Streamline disbursement processes at country level so that implementers can effectively and efficiently access funds to implement activities in the Global Fund allocation. This includes ensuring that activities across all funded program areas, including sensitization of lawmakers and law enforcement, receive funding and can be implemented.
Programmatic Scale-up <ul style="list-style-type: none"> • Support expansion of legal literacy and legal services while increasing support for programming in other key areas, particularly training of health care workers on human rights and medical ethics, sensitization of law makers and law enforcement, and monitoring and reform of laws and policies. • Increase technical and financial assistance to support capacity strengthening and scale-up of TB identification and treatment adherence programs to be more explicitly focused on empowering patients and removing rights-related barriers to TB services and ensuring continuous supply of TB medicines, especially for miners and prisoners.
Programmatic Quality and Sustainability <ul style="list-style-type: none"> • Support implementation of the technical assistance and capacity strengthening plan set forth in the 2020 Assessment of Technical Support for Implementation of Human Rights Programmes. • Enhance capacity and resources to monitor and evaluate human rights-related programs for effectiveness and impact on health outcomes, particularly through community-led monitoring initiatives.

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* initiative to help 20 countries, including Mozambique, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Mozambique from August 2020 to October 2020 to: (a) assess Mozambique’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Initiative’s Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services^f increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”,¹ and Global Fund Key Performance Indicator 9(a) that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).²

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV and TB Services³

For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;

^f The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.⁴

Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

As part of the *Breaking Down Barriers* initiative, the Global Fund also provides support to the 20 countries for key steps (milestones) important for creating a supportive environment towards the success of scale-up of programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called “matching funds”), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In August 2020, the Global Fund supported an in-depth mid-term assessment examining the Mozambique’s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Mozambique is a program assessment included interviews with 20 key stakeholders from across government, civil society and technical partners. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Mozambique mid-term program assessment was conducted between August 2020 and November 2020 (Table 1). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. Mozambique is a geographically large, as well as socially and politically complex country. Due to the COVID-19 pandemic, the inability to travel for in-person key informant interviews also presented a major challenge. However, by carefully selecting and interviewing a diverse set of key stakeholders (both in terms of geographic coverage and variety in type of key stakeholders), as well as working closely with a local interpreter who is knowledgeable about the HIV and TB responses, the team has tried to overcome these limitations as much as possible. The researchers hope that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to remove human rights-related barriers to TB and HIV services.

At the time of the mid-term assessment, the COVID-19 epidemic had seriously impacted the implementation of programs to remove human rights-related barriers to services. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact (see section on COVID-19 response below).

Table 2: Mozambique Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Megan McLemore, Joseph Amon, Nina Sun	August 2020
Key informant interviews conducted remotely with 20 key informants including the Global Fund's principle recipients, their subrecipients, community and other civil society organizations and technical partners	Megan McLemore, Joseph Amon, Nina Sun, with the support of Amelina Nhachungue	September – October 2020
Follow-up with relevant key informants	Megan McLemore, Joseph Amon, Nina Sun	October – November 2020
Presentation of findings to Global Fund	Megan McLemore, Joseph Amon, Nina Sun	February 2021

Part I. Background and Country Context

Epidemiological Context for HIV and TB

In 2019, there was an estimated 2.2 million people living with HIV in Mozambique. The latest country data indicates that the prevalence among persons aged 15-49 is 13.2%, which represents an increase from 11.5% four years prior.⁵ Prevalence is higher among women (15.4%) than men (10.1%), a pattern that is replicated among young women aged 15-24 (9.8%) and young men (6.9%). In 2019, the number of new HIV infections was 130,000.

While Mozambique has a generalized HIV epidemic, prevalence is higher in specific sub-groups. Female sex workers (22.4% prevalence⁶), men who have sex with men (8.3%⁷), people who inject drugs (45.8%⁸) and prisoners (24%⁹) are defined as key populations.¹⁰ In addition to young women and adolescent girls, vulnerable groups include mobile and migrant workers (including mine workers - 22.3% prevalence¹¹ - and long-distance truck drivers - 15.4%¹²), as well as sero-discordant couples.

Regarding access to antiretroviral therapy, there has been a significant increase of people on treatment – from approximately 300,000 (2012) to 1.3 million (2019). There has also been a decrease in AIDS-related deaths, from a peak of 71,756 (2006) to 50,587 (2019).

Regarding tuberculosis (TB), as of 2019, Mozambique is a high burden country for TB, multi-resistant TB (MDR-TB) and HIV/TB co-infection. In 2018, the country had an estimated total TB incidence rate of 551 per 100,000. The HIV positive TB incidence rate was 197 per 100,000, and the MDR/RR-TB incidence rate was 28. Regarding TB deaths, the estimated number of HIV negative TB mortality in 2018 was 21,000, a slightly lower number than for HIV positive TB mortality (22,000).

In 2018, the total estimated number of new and relapse TB case notification was 92 381, or about 57% of the total number of new TB cases (162,000). This indicates a significant gap in reaching individuals living with TB. Regarding treatment outcomes, as of 2017, Mozambique has had a 90% success rate of new and relapse cases for drug susceptible TB, and an 85% success rate for treatment for TB cases among people living with HIV. The success rate for drug resistant TB is significantly lower (50% for MDR/RR-TB and 39% for XDR TB). Despite these figures, since 2000, there has been a gradually increasing success rate of new and relapse cases.¹³ TB key populations include miners, health care workers, people living with HIV and prisoners.

Policy and legal framework for HIV and TB responses

Mozambique's HIV responses is guided by the National Strategic HIV and AIDS Response Plan (*Plano Estratégico Nacional de Resposta ao HIV e SIDA*, or PEN). The current version, PEN IV, integrates human rights and gender as a foundational principle throughout the strategy.¹⁴ Furthermore, it recognizes the importance of the enabling environment that addresses human rights and gender issues for the HIV response. Accordingly, it prioritizes four main categories of interventions: reducing stigma and discrimination, legal literacy, reducing discrimination against women and HIV-related legal services.¹⁵ The next version of the National Strategic Plan, PEN V 2021-2025, is currently under development. As of September 2020, discussions were ongoing among national stakeholders regarding the addition of training of health care workers, sensitization of law makers and law enforcement and monitoring and reforming laws, policies and regulations as additional interventions in the new national strategic plan.¹⁶

Mozambique has an improving legal environment supporting the HIV response. The 2014 amended HIV Law is the country's HIV-specific law – it includes non-discrimination protections for people living with HIV in both public and private sectors, mandates informed consent for HIV testing and protection of confidentiality for HIV status. The amendment also removed the provision to criminalize HIV non-disclosure, exposure and non-intentional transmission.¹⁷ On laws related to key populations, in 2015, Mozambique revised its penal code to remove provisions that criminalized homosexuality and sex work, as well as clarified provisions to address sexual assault.¹⁸ However, use and possession of drugs for personal consumption is criminalized, as well as being an “accomplice” to drug use. This provision acts as a barrier to implement needle and syringe programs.¹⁹

Mozambique's TB response is guided by the country's national strategic plan for TB. The plan from 2014-2018 contained some elements that address human rights-related barriers to TB services, including addressing stigma and discrimination, as well as social and economic protection for people living with TB and their families.²⁰ The current (draft) Strategic Vision of the National Tuberculosis Control Program 2020-2024 integrates human rights into one of its three pillars for the strategy, focused on building supportive systems for the TB response. It also has a focus on patient-centered care.²¹ Additionally, Mozambique is a party to the Southern African Development Community's *Declaration on Tuberculosis in the Mining Sector* and the *Code of Conduct on Tuberculosis in the Mining Sector*.²²

Other Key Considerations for the HIV and TB Responses

The economic, political and geographic context of Mozambique presents significant challenges in strengthening its health system, including for HIV and TB. As a low-income country, Mozambique has limited domestic resources for development. The UN ranks Mozambique 180 out of 189 countries in its 2019 Human Development Report.²³ It is also struggling to recover from a debt crisis that came to light in 2016.²⁴ Moreover, massive damage as a result of Cyclones Idai and Kenneth in 2019 have presented further difficulties. Since 2017, the country has also been facing armed conflict and violence in the northern province of Cabo Delgado.²⁵ Mozambique's geography presents further practical difficulties in strengthening health systems, with an extensive coastline (over 3,000 kilometers), a mountainous interior and a limited road system.

COVID-19

Due to COVID-19, the Mozambican government restricted in-person activities starting in March 2020. At the time of interviewing (September-October 2020), programmatic implementation was starting to return to regular operations. For more information on the impact of COVID-19, please see section below.

Part II: Progress towards Comprehensive Programs

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers in Mozambique. This occurred through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; holding multi-stakeholder meeting to review the findings of the baseline assessment; establishing a working group on human rights, HIV and TB; and developing a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations. Most of these steps, with the exception of a freestanding national plan on HIV, TB and human rights, have been achieved in Mozambique.

Table 3 – Key milestones towards comprehensive programs to remove human rights-related barriers to HIV and TB services

Milestone	Results	Date
Human rights matching funds	\$4.7 million matching funds for programs to reduce human rights-related barriers, with 2.4 million as a match from the allocation	August/September 2018
Baseline assessment	Literature review, key informant interviews and focus groups conducted	March – April 2017
	Report presented to country and finalized	September 2017 – November 2018
Multi-stakeholder meetings	Two multi-stakeholders meetings related to human rights: (1) on the launch of the human rights module in November 2018; and (2) on the development on programs to remove human rights-related barriers in the National Strategic Plan (PEN V) in March 2020	November 2018 for human rights module launch March 2020 for PEN V
Working group on human rights, HIV and TB	Conselho Nacional de Combate ao SIDA (CNCS) coordinates the human rights technical working group, comprised of representatives of government, civil society organizations, the National Commission on Human Rights, academic experts, UN agencies, as well as bilateral external organizations.	2018
National plan to reduce human rights-related barriers	Rather than having a freestanding national multi-year plan on human rights, Mozambique has decided to integrate it into its National Strategic Plan – however, there is interest in developing a freestanding national plan on HIV, TB and human rights	PEN V/NSP under development

Baseline Assessment (2017-2018)

In 2017-2018, a baseline assessment was conducted to identify the key human rights-related barriers to HIV and TB services in Mozambique; describe existing programs to reduce such barriers and identify gaps and challenges; indicate what comprehensive programs would comprise of in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale. The research

was conducted from February – April 2017, which included a desk review of relevant documents and in-country research. The draft report was shared with country stakeholders in late 2017, which sought input and was validated by national actors in 2018.

Multi-Stakeholder Meetings (2018 & 2020)

The results of the baseline assessment were discussed at two multi-stakeholder meetings: the first was in November 2018, and the second was in March 2020. The November 2018 meeting focused on the launch of the human rights module for the Global Fund, while the March 2020 meeting focused on integrating program areas to remove human rights-related barriers into the upcoming National Strategic Plan/PEN V and into the pending funding request to the Global Fund for 2021-2023. Participants from the March 2020 meeting included representatives from the Ministry of Health, Ministry of Justice (at national and provincial levels), Mozambican Civil Society Platform for Health (PLASOC), various civil society organizations (including LAMBDA, Centro de Colaboração em Saúde (CCS), Fundação para o Desenvolvimento da Comunidade (FDC), Medecins sans Frontieres (MSF)), as well as technical agencies – UNAIDS, UNDP – and funders (Global Fund and USAID/PEPFAR).

Technical working group on human rights, HIV and TB

The *Conselho Nacional de Combate ao SIDA* (CNCS) coordinates a human rights technical working group. Regarding the group's composition, there are representatives of government (including the Ministry of Justice, Ministry of Interior), 6-7 civil society organizations, the National Commission on Human Rights, academic experts, UN agencies, including UNAIDS and UNDP, as well as bilateral external organization such as the U.S. Centers for Disease Control and USAID. While the technical human rights working group was originally seen as an entity that only responded to Global Fund matters, over time, that perception has changed. The working group now includes various stakeholders, encompassing those that are not supported by the Global Fund, to discuss human rights and HIV issues and to coordinate the growing landscape of human rights programming in the country. Though the working group does have ad hoc meetings to respond to specific requests (e.g., the Technical Review Panel comments for Global Fund funding requests), its terms of reference dictate that it is supposed to meet on a monthly basis.

National HIV, TB and Human Rights Plan (under development)

National-level work related to programs to remove human rights-related barriers to access has been integrated into Mozambique's National Strategic HIV and AIDS Response Plan, 2015-2019 (*Plano Estrategico Nacional de Resposta ao HIV e SIDA 2015-2019, or PEN IV*). As highlighted in the policy context in the Background Section, PEN IV includes four main categories of human rights-related interventions: reducing stigma and discrimination, legal literacy, reducing discrimination against women and HIV-related legal services. According to key stakeholders, the next iteration, PEN V, would expand the scope of the programs to remove human rights-related barriers to include all seven programs areas for HIV, namely training of health care workers, sensitization of law makers and law enforcement and monitoring and reforming laws, policies and regulations.

However, several key informants noted the importance of having a freestanding national plan for HIV, TB and human rights. Developing a separate plan, with operational activities, as well as a robust monitoring and evaluation system, would allow for better coordination and strategizing for the effective scale-up of programs to remove human rights-related barriers to HIV and TB.

Matching Funds (2018)

With the support of an international HIV and human rights expert, Susan Timberlake, Mozambique developed and drafted its human rights matching fund application to the Global Fund. The application, along with Mozambique's overall funding request, was approved in 2018. According to key stakeholders, matching funds for human rights were disbursed in August/September 2018. While organizations started hiring for relevant positions in late 2018 after receiving the funds, implementation of proposed activities (i.e., trainings, engagements with communities), did not start to occur until early 2019. Stakeholders noted significant delays in disbursement of Global Fund support from the Principal to the Subrecipients, which led, and continues to contribute to, significant delays in implementation of various activities to remove human rights-related barriers to HIV and TB.

Recommendations

- Ensure that the Technical Working Group on Human Rights, within the structure of CNCS, is supported and continues to meet regularly to discuss and streamline multi-sector coordination and collaboration, as well as how best to advance programs to remove human rights-related barriers to access HIV and TB services.
- Support the development of a national plan on HIV, TB and human rights, that builds upon the strategic vision of PEN IV and V. Ensure that the national plan has political support from various key stakeholders, including the Ministries of Health, Justice, Interior, as well as civil society and community organizations. Not only should the plan include operational activities within the seven program areas for HIV and 10 program areas for TB, but also a robust and meaningful monitoring and evaluation system.
- Streamline disbursement processes at country-level so that implementers can effectively and efficiently access funds to implement activities in the Global Fund allocation. This includes ensuring that activities across all funded program areas, including sensitization of lawmakers and law enforcement, receive funding and can be implemented.

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it looks at certain elements of programmatic quality, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on “Cross-cutting Issues related to Quality Programming and Sustainability”.

Programs to Remove Human Rights-related Barriers to HIV

In Mozambique, programs exist in all seven key program areas to remove human rights-related barriers to HIV services. Some areas have shown marked scale-up in activities since the baseline assessment, most notably legal literacy and paralegal programs. While there is still much work needed before the country reaches comprehensive programs, there are indications of a solid foundation on which to build future programs to remove human rights-related barriers, such as a strong policy framework and

adoption of an integrated approach for embedding anti-stigma and discrimination, legal literacy and legal services in community networks of diverse stakeholders. The national effort to reduce HIV among young women and girls provides a strong focus and broad base of support for gender responsive programming throughout all of the human rights program areas

Nevertheless, there are still common gaps that have emerged across all program areas. Though it is steadily increasing, there remains a very low capacity and knowledge of human rights among all key stakeholders-including government, civil society, and key populations- and a need for substantial technical assistance to increase their ability to implement recommendations for law and policy reform and quality human rights programming. Monitoring and evaluation systems, particularly community-based monitoring, need significant improvement to ensure quality of programming and strengthen linkage to documented health outcomes

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	0.5	3.0

Since the baseline assessment, Mozambique's progress on reducing HIV-related stigma and discrimination reflects a strong commitment to development of programs in this area. From a policy perspective, the National Strategic HIV and AIDS Response Plan (PEN IV) prioritizes reducing stigma and discrimination as one of four categories of intervention for an enabling environment of the HIV response. Within this context, PEN IV mostly focuses on training of health care workers (see section below).

On programmatic implementation, the Global Fund-supported Viva+ Project, an initiative to reduce HIV and gender-based violence against young women and girls, aims to provide comprehensive services, including those that reduce stigma and discrimination. Implemented in 11 provinces and 63 districts in Mozambique, Viva+, under the management of FDC and CCS, includes two specific stigma and discrimination reduction activities: community dialogues and radio debates. The community dialogues seek to create safe and productive spaces for community discussion of barriers that key populations face in accessing health services. These dialogues are less formal than the legal literacy trainings but play an important role in supporting those programs as they prepare community members, health officials and law enforcement to identify human rights violations encountered by women and girls, sex workers and other key populations and facilitate referrals to the paralegals for resolution of conflicts and problems. The community dialogues highlight, challenge and explain common myths about health issues. They also complement radio debates, another program designed to highlight human rights issues that includes addressing stigma and discrimination against key populations, by enlisting allies and participants in the discussions. Radio debate participants include service providers, government officials and community members. In addition to highlighting stigma and discrimination, the radio debates, as well as radio spots, serve as a means to deliver information on legal literacy and access to legal services. Critically, in the context of COVID-19 restrictions, radio debates have also provided a source of COVID-19 transmission information, as well as continuing the dissemination of information on stigma and discrimination, legal literacy and access to legal services. Integration of these other key human rights-related health initiatives within stigma and discrimination reduction activities establishes a promising foundation for growth and sustainability.

The PASSOS program, funded through PEPFAR, also aims to combat stigma and discrimination through peer education and improving access to HIV services for key populations. In partnership with MISAU and implemented by ADPP, FHI 360 and others, it aims to operate at health centers in 8 provinces by 2022.

Despite these initiatives, however, gaps remain to be addressed. There is a need for an updated Stigma Index as the latest report was published in 2013, and Mozambique needs more complete and accurate data related to key populations- the 2020 IBBS report was not yet released at the time of this research. Moreover, there is a need for increased involvement of key population-led organizations in anti-stigma and discrimination interventions, not only in advisory capacities but particularly as leaders and implementers. In some cases, the necessity to call in key population-led groups to assist after initial efforts to launch programs failed led to delays and inefficiencies. Finally, in alignment with the baseline assessment, key informants highlighted a need for activities to address self-stigma as a significant barrier to accessing HIV and TB services. Key informants reported that many people are reluctant to enter health facilities for fear of being seen or identified. But the issue of self-stigma is not well explored in educational materials directed to community members and key populations, nor in other stigma and discrimination reduction activities.

Recommendations

To achieve comprehensive programs for all six key and vulnerable populations for stigma and discrimination reduction, the following steps are recommended:

- Support the HIV networks to implement HIV Stigma Index 2.0.
- Address the lack of accurate demographic data for key populations to inform and improve effectiveness of anti-stigma and discrimination interventions.
- Ensure support and adequate resources for interventions to address stigma and discrimination as prioritized in the new National Strategic HIV and AIDS Plan (PEN V).
- Ensure expanded geographic coverage of interventions to address stigma and discrimination, to additional provinces as well as more rural districts. To maximize impact, consider coordination with existing health and HIV services, interventions supported by other donors and technical partners, evidence of human rights violations against key populations and other strategic factors.
- Ensure inclusion of key population-led organizations both as advisors and implementers in anti-stigma and discrimination interventions.

HIV Program Area	Score	
	Baseline	Mid-term
Training of Health Care Workers in human rights and medical ethics	1.2	1.7

Ove the past two years, training of health care workers on human rights and medical ethics has improved slightly in terms of scope and scale. The Ministry of Health (MISAU) is responsible for taking the lead on this program area. Training health care workers in human rights and medical ethics is situated more broadly within MISAU's quality improvement department's mission to deliver "humanized" care, an objective that includes human rights components. In association with Namati, an NGO working to improve access and quality of health care in Mozambique, MISAU has disseminated charters of rights and responsibilities for both patients and professionals. MISAU has also conducted joint trainings on the National HIV Strategic Plan with HIV and TB service providers. Reducing stigma and discrimination is addressed as a cross-cutting issue for all patients, but trainings include specific

modules related to HIV and TB, working with key populations such as MSM, and issues related to gender-based violence.

In September 2020, MISAU began a process of implementing a broad set of trainings for health providers that aims to reduce stigma and discrimination in facilities. This Training of Trainers model was set to last six weeks and aimed to cover the 300 health facilities from across the country with the lowest retention rate (less than 85%). This strategically targeted initiative has the potential to directly impact the outcome of HIV service delivery in a country where failure to retain clients in care is of major concern.

Aside from MISAU, there are other organizations that do trainings of health care workers, most notably Namati. Namati takes a holistic approach in working with the health care system on human rights issues through their advocates who work closely with local health committees and client service officers who file complaints at public health facilities (see legal services section for more information). Because domestic funding supports health committees and client service officers, their training and engagement represents a sustainable mechanism to identify and resolve human rights-related barriers to care. Sub-recipients of the Global Fund grant, such as the International Centre on Reproductive Health, also support training of health care workers together with MISAU.

Gaps remain, however, as 300 clinics are a fraction of the 1800 health facilities in Mozambique. Additionally, there is no provision of pre-service training for providers and no resources for training of administrative staff who play a key role in retention in care. Moreover, though current health ministry officials are supportive of the initiative, there is a need to ensure that training of health care workers in human rights and medical ethics is institutionalized as a matter of policy, in national plans for HIV, TB and human rights.

Recommendations

To achieve comprehensive coverage for training of health care workers in human rights and medical ethics, the following steps are recommended:

- Ensure that pre- and in-service trainings are institutionalized as a matter of policy in national plans for HIV, TB and human rights.
- Expand human rights trainings to administrative staff of health care facilities.
- Support training of health committee members and client service officers in human rights and medical ethics to ensure sustainability of mechanisms to identify and resolve human rights-related barriers to care.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0	0.5

In Mozambique, under the Global Fund grant, the government has taken on a significant role in the implementation of programs for sensitization of lawmakers and law enforcement officials. Progress, however, remains limited. Despite Memoranda of Understandings between CNCS and the Ministry of Interior (MOI) as well as with the national center for training of magistrates, judges and prosecutors (IPAJ), trainings have remained sporadic and localized. Despite recognition from these agencies of the importance of sensitization, lack of cooperation and coordination has impeded implementation.

Organizations working in other program areas, particularly legal services, have engaged in local efforts to educate and collaborate with law enforcement, but resources are limited. Pathfinder International's Bridging the Gaps and PITCH programs, supported by AIDS Fonds, seek to promote a rights-based approach to HIV key populations, including female sex workers, men who have sex with men, and people who use drugs. Police sensitization, including developing a national police manual, is part of this work. However, lack of police awareness and response was consistently identified as a significant obstacle to achieving successful dispute resolution and redress. One notable exception is the Memorandum of Understanding between UNIDOS, MSF and the Ministry of Interior permitting the harm reduction pilot in Maputo City to move forward, an achievement accompanied by a sustained effort by civil society and government to raise awareness of health and human rights issues among law enforcement officials and local police (see case study below).

Recommendations

To achieve comprehensive programs to sensitize lawmakers and law enforcement, the following steps are recommended:

- Improve cooperation and coordination among relevant government agencies and ministries to ensure implementation of pre- and in-service activities to sensitize lawmakers and law enforcement on HIV, TB and human rights.
- Support and resource local and civil society initiatives to sensitize and collaborate with MOI and law enforcement officials as part of legal literacy, legal services, and other human rights program implementation.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy ("know your rights")	1.2	3.0

Since the baseline assessment, legal literacy programs have expanded in both scope and scale, ranging from "Know Your Rights" radio spots and debates, dissemination of patients' rights charters and widespread legal literacy activities for girls, young women, sex workers and others. The Viva+ project reached 100,000 women, girls, transgender women and MSM with human rights education sessions that included modules focused on sexual and reproductive health and gender-based violence. These activities directly address a key challenge faced by Mozambique, namely the lack of awareness of human rights in the context of health – this lack of awareness is on the part of key populations and within the broader communities, including duty bearers. Implementers consistently reported progress in what they called "demand creation" - the awareness among beneficiaries and duty bearers that access to health care and to justice were not favors to be bestowed by were entitlements as a matter of law.

Importantly, FDC, CCS, Namati and other implementers are utilizing an integrated approach to ensure that the legal literacy programs are part of a broad network of community-based activities to support increased awareness and identification of human rights-related barriers. Health officials and law enforcement are invited to the legal literacy sessions, and community dialogues and health committees are convened to identify and discuss problems, with paralegals and advocates available to follow up on resolution of issues raised.

This multi-faceted process takes more time and requires sustained engagement within a community, but it is an evidence-based approach that appears to be producing positive results.²⁶ Integration of programs and commitment to engage health officials has translated into impact on health outcomes, particularly in reconnecting people to treatment. For example, CCS reported that from January to March 2020, 696 of 875 patients (79 percent) were reintegrated into HIV care by health advocates, including paralegals who provided assistance in cases involving violations of human rights.

Geographic coverage, however, is limited, with legal literacy programs reaching only 63 of 168 districts in 11 provinces. Moreover, programs tend to be concentrated in more urban areas. Implementers also reported a need for additional written materials and resources in order to improve the quality of training for community leaders and to equip them to train others.

Table 4. Examples of legal literacy programs		
Type of Intervention	Organization(s)	Location/Reach
Dissemination of radio spots on radio stations (community, Islamic and provincial stations)	CCS, Aga Khan Foundation, Pathfinder	Maputo, Gaza, Inhambane, Manica, Sofala, Cabo Delgado and Niassa
“Know your Rights” education and information materials/brochures on people living with HIV, patients’ rights charter, anti-bribery (“illicit collection”), access to justice	MISAU (patients’ rights charter and anti-bribery); Namati; CCS; FDC	National level
Legal literacy training modules for issues relating to sex workers, girls and young women (on sexual and reproductive health, gender-based violence), men who have sex with men, people living with HIV	FDC and its sub-recipients – part of VIVA+ Project	Nampula, Tete, Manica, Zambezia, Sofala, Maputo

Recommendations

To achieve comprehensive coverage of legal literacy programs for all key and vulnerable populations, the following steps are recommended:

- Increase support for geographic expansion of legal literacy programs to ensure coverage in additional districts and more rural areas. To maximize impact, consider coordination with existing health and HIV services, interventions supported by other donors and technical partners, evidence of human rights violations against key populations and other strategic factors.
- Continue to build capacity of community members and health care providers to understand and disseminate legal literacy information.
- Increase support for training of community leaders, health committees and local officials including resources for written materials.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.0	3.0

Since the baseline assessment, paralegal programs have expanded significantly, with three NGOs training and deploying paralegals to reduce human rights-related barriers to access to health care in 11 provinces (see Table 5). Namati, an NGO committed to strengthening the quality and access to the

health care system in Mozambique, has a strong history of health advocate and paralegal work in the country. In the last two years, it also provided strong institutional support and technical assistance for legal service expansion efforts, recently opening a center dedicated to training paralegals in health and human rights issues. Namati's proven model for integrating legal literacy and paralegal programs with robust community engagement has been adopted by implementers of Global Fund-supported programs, who report successful "synergy" among local officials, health committees, and community leaders that promotes identification and resolution of human rights violations related to health care. Where their activities overlap, implementers report working well together.

Despite progress in scaling-up legal aid activities, challenges remain. To some extent, the community networks of local officials, health committees and community leaders involve law enforcement, as in Tete where the paralegal program meets monthly with a designated police officer to promote accountability and improve responsiveness to issues raised. Overall, however, lack of law enforcement engagement and awareness was cited as a major challenge in resolving cases for key populations, particularly female sex workers. Moreover, to date, Global Fund-supported paralegals have identified approximately 5000 cases, but have only resolved 1600, citing need for improved police sensitization as well as stronger lawyer support and resources for strategic litigation as some of the challenges.²⁷

As noted above, some evidence of impact on access to health services, particularly retention in care, has been reported. However, there is a need for improved monitoring and evaluation systems to document and evaluate the effect of paralegal programs on health outcomes. Critically, geographic coverage remains limited in many provinces, mostly focused in more urban areas. Thus, there is a need to reach more rural and remote regions, perhaps, for example, through mobile units. In addition, as most cases of human rights violations do not go to court, implementers noted the need for increased training of paralegals in alternative dispute resolution. Key stakeholders also indicated a need to build capacity for lawyers to engage in large-scale strategic litigation for broader impact.

Type of Intervention	Organization(s)	Location/Reach
Training of paralegals and paralegals that focus on HIV and TB issues	CCS, Aga Khan Foundation, Pathfinder International – part of VIVA+ Project	Provinces of Maputo, Gaza, Inhambane, Manica, Sofala, Cabo Delgado, Niassa
Health advocates/community paralegals (addressing general issue of rights within health services) Capacity building and training of paralegals to support Project Viva+ (trained over 290 individuals)	Namati	Health advocates operate in 19 districts throughout Mozambique
Capacity building and training of paralegals focused on girls and young women 15-24	ADPP – part of Viva+	Maputo. Gaza, Imhambane
Paralegals programs, with focus on HIV; in terms of caseload, paralegals provide significant support to survivors of gender-based violence	FDC and its sub-recipients – part of VIVA+ project	Nampula, Tete, Manica, Zambezia, Sofala, Maputo
Paralegals focused on addressing issues for sex workers and men who have sex with men	Associacao da Juventude de Luta Contra SIDA e Droga (AJULSID) – part of VIVA+ Project	Sofala province – Beira, Dondo, Caia, Marromeu, Nhamatanda, Buzi

Paralegal services for key populations (focus on sex workers)	International Centre on Reproductive Health (ICRH), part of VIVA+ Project	Tete province in six districts – 1 paralegal per district
---	---	---

Recommendations

To achieve comprehensive coverage of legal services, the following steps are recommended:

- Increase support for geographic expansion and consider integrated support for mobile units to ensure coverage for rural and more remote areas.
- Build capacity for alternative dispute resolution for the majority of cases that do not proceed to court.
- Build capacity for lawyer support of the paralegal programs, including strengthening working relationships with IPAJ.
- Increase resources and technical support for improved monitoring and evaluation systems.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	0	1.5

While the baseline assessment did not identify notable activities for monitoring and reforming policies, regulations and laws, prior to the baseline assessment, the legal environment supporting the HIV response had been improving in Mozambique. For instance, in 2014 an amended HIV law was passed that includes non-discrimination protections for people living with HIV in both the public and private sectors, mandates informed consent for testing and confidentiality for HIV status and removed provisions in the previous law that criminalized non-disclosure of HIV status and non-intentional transmission. Moreover, in 2015, Mozambique decriminalized consensual same-sex sexual relations. Nevertheless, elements of a challenging legal environment still remain. Significantly, UNDP released its Legal Environment Assessment (LEA) for Mozambique in 2020. It identifies the need for improved implementation and development of regulations for the HIV law, the addition of non-discrimination protections for key populations, review of workplace policies on HIV and reform of punitive drug laws and policies.²⁸ The LEA further highlights the need for the HIV law to prioritize and integrate provisions related to women's sexual and reproductive health, the prevention of gender-based violence and early marriage. It is critical to follow-up on the recommendations of the LEA. However, many civil society organizations lack capacity for advocacy at a national scale, particularly those led by key populations, and increased support and technical assistance are needed.

Recommendations

To achieve comprehensive programs to monitor and reform laws, policies and regulations, the following steps are recommended:

- Follow-up on recommendations from UNDP's Legal Environment Assessment through provision of technical support for law reform for government entities and civil society organizations.
- Increase support and technical assistance for building capacity of civil society organizations, particularly those led by key populations, for advocacy at a national scale.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.5	3.0

Mozambique's young women and girls, as well as female sex workers, have been the focus of broad and sustained efforts to reduce the disproportionate burden of HIV. These efforts include the DREAMS program sponsored by PEPFAR, the Viva+ project from the Global Fund, as well as increased general investments from the Global Fund dedicated to addressing issues for adolescent girls and young women, all of which focus on strengthening sexual and reproductive health education and services. The legal literacy and paralegal programs under Viva+, implemented in 11 provinces, take a community-based approach that partners with schools, parents, health officials and, in some areas, law enforcement, to promote HIV prevention, reduce gender-based violence and prevent early marriage. The Viva+ project also includes male engagement activities – this program, while primarily focus on engaging men in health care, also promotes gender and human rights education. UNIDOS and MSF have started a pilot program to support women who use drugs, which to date, is the only one of its kind in Mozambique. AIDSFonds also supports the PITCH program, which aims to reduce violence against women and girls through a variety of programs including sensitization of health care workers and police.

While there have been some successes in gender-focused programming, there are also many challenges. Overall, respondents highlighted the difficulty of obtaining redress from law enforcement for violations against female sex workers. Monitoring and evaluation of the impact of the legal literacy and paralegal programs supporting women, girls, and female sex workers is not well developed. There is also a need for increased technical assistance and capacity building for these programs more generally. Moreover, though male engagement programs are recognized in national HIV policy as key to reducing HIV risk among men as well as among women and girls, they remain limited in scope and scale.

Transgender people remain largely invisible in the national HIV response. There are no accurate data on transgender people, either for HIV surveillance or population size, hampering informed program development for reducing human rights-related barriers to services. LAMBDA is doing advocacy work, alongside the transgender community, to promote greater inclusion in the revised national HIV strategy and the national guidelines for HIV response for key populations. However, there remains a clear need for improved support and capacity building for promoting health and human rights for transgender people in Mozambique.

Recommendations

To achieve comprehensive programs to reduce discrimination against women, the following steps are recommended:

- Ensure support and technical assistance to improve monitoring and evaluation systems for measuring the impact of legal literacy and paralegal programs on health outcomes for women and girls.
- Increase support for male engagement programs as key to health outcomes for men, women and girls.
- Increase support for inclusion of transgender people in the national HIV response and building capacity for health and human rights advocacy on the part of transgender-led organizations.

Programs to Remove Human Rights-related Barriers to TB Services

While there have been efforts to expand TB screening, diagnosis, and treatment for vulnerable populations,²⁹ and the NTP has established a Prison Health Technical Working Group and expanded TB screening for health workers, at mid-term there continues to be a limited number of programs in Mozambique to remove human rights-related barriers to TB services.

However, according to several stakeholders, the current funding request identifies specific opportunities for implementing elements of rights-based TB programming including mobilization of community groups, stigma and discrimination reduction, training of health care workers in human rights and ethics and addressing gender-related barriers to prevention and treatment.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	0	1.0
Legal literacy	1.0	3.0
Legal services	1.0	3.0

The baseline assessment noted a number of studies that had previously documented TB-related stigma and discrimination, particularly where individual and community knowledge about the disease was low and popular misconceptions were strong. The cited research also noted the prevalence of self-stigma and fear of stigma and discrimination as factors impeding access to TB services, along with poor quality care. In terms of programs, the baseline noted that few programs were specifically addressing stigma and discrimination, except in terms of some efforts by NTP to integrate attention to TB-related stigma and discrimination into communication and social mobilization activities, and in one program funded by USAID, the TB Challenge program (implemented by FHI360 and KNCV), which had integrated attention to TB-related stigma.

Similar to the baseline findings, few specific programs on TB stigma and discrimination were identified during the mid-term assessment, and those that were identified were limited in scale, however recently initiated programs appear to be strengthening human rights components and expanding the range of individuals reached. For example, the ADPP implemented OneImpact project, working with the Stop TB Partnership, developed a program where individuals with TB can report issues they face related to stigma and discrimination, but the pilot project was only operating in four health facilities, all in Maputo. However, an expansion of the project, with support from Namati, was initiated in October 2020 in Gaza Province using quarterly broadcasts in four communities via local radio stations.³⁰ ADPP identifies its goals as “transform[ing] the TB response to be equitable, rights-based and patient-centered”. The program specifically identifies the rights-based goals of accessibility, acceptability, availability and quality of TB service.³¹

Stigma was also a component of the US\$20 million USAID-funded “TB Response” project, also implemented by ADPP in association with FHI360, COMUSANAS, DIMAGI, and KUPULUMUSSANA, in four provinces (Nampula, Sofala, Tete and Zambézia) in partnership with the Mozambican National TB Program. The project includes activities around the training of community leaders in TB knowledge, treatment, support and patient rights, as well as campaigns focused on improving knowledge and reducing stigma.³²

In terms of legal literacy and legal services, the baseline assessment noted that a partnership between AMIMO, Lawyers for Human Rights (LHR) and the International Organisation for Migration (IOM) provides access to legal services for migrant miners that includes issues related to TB, however we were unable to assess if this program is still in operation. More broadly, the NGO Namati has included TB as one area addressed within its broader health paralegal, health advocacy and accountability interventions. These programs have expanded over the last two years, as noted in the HIV section above, with legal literacy programs and legal services making up a part of a broad network of community-based activities to support increased awareness and identification of human rights-related barriers in a dialogue with health officials, health committees and community leaders.

In relation to legal literacy, CCS conducted a project that from January 2018 through December 2020, reached individuals in seven provinces and 24 districts that included IEC materials on the “rights and duties” of patients, community dialogues and training of 155 paralegals, with the aim of reducing barriers to care.³³ The organization is working with Pathfinder and the Aga Khan Foundation on this work, but noted that because of the wide range of demands on paralegals it was not always possible for them to cover all relevant areas.

More attention to these areas is envisioned in the current funding request. For example, the request identifies within its priority strategies for identifying undiagnosed individuals living with TB (Module #5, “Finding Missing people approach #2) the importance of messages about human rights and gender equity in TB care and (in Missing people approach #3) stigma reduction for key populations. As a part of its plan to reduce human rights-related barriers to HIV/TB services (Module #8), several initiatives related to stigma as well as legal literacy (“Know Your Rights” campaigns) and legal support services are described, although the degree to which these will include significant attention to TB or will primarily focus upon HIV is unclear. In relation to MDR-TB (Module #6), the funding request identifies the need to provide legal aid to DR-TB patients.

Recommendations

- Articulate a plan to address TB-related stigma and discrimination within national TB and HIV strategy documents.
- Adopt and/or adapt tools to assess TB-related stigma and discrimination (e.g., Stop TB Stigma Measurement tool) at the community level as well as in health care settings. Conduct annual measurements, as a component of community-led monitoring, on TB-related stigma and discrimination specific to different key and vulnerable populations, in the community and in health settings, and report on findings.
- Based on outcome of the research on TB-related stigma and discrimination, develop national and sector-specific campaigns (e.g. targeting priority audiences including health care workers, law enforcement and key and vulnerable populations) against stigma and discrimination.
- Conduct community sensitization meetings to increase awareness and develop strategies and actions to reduce stigma and discrimination at a structural level, institutional level, and community and individual level.
- Ensure that programs that promote legal literacy and access to justice integrate attention to TB-related discrimination and report specifically on the types of discrimination faced by individuals with TB.
- Expand training of community health workers, paralegals, and traditional, religious and community educators on TB and human rights, including how to combat TB-related stigma and discrimination.

- Develop and disseminate patients' rights materials specifically related to TB among key populations and disseminate information on workplace protections in workplaces with high TB risk.
- Continue to expand capacity and scale of trained community paralegals to facilitate access to TB and HIV/TB services and identify cases for referral to legal assistance services.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	1.3	1.6
Sensitization of lawmakers and law enforcement agents	0	0
Monitoring and reforming policies, regulations and laws related to TB	0	0

As noted in the section above on training of health care workers on human rights and medical ethics related to HIV, the Ministry of Health (MISAU) has been responsible for taking the lead on training health care workers in human rights and medical ethics within their broader quality improvement mission to deliver “humanized” care. These efforts have expanded somewhat over the past two years, including (with the support of Namati) the dissemination of a charter of rights and responsibilities for both patients and professionals. MISAU has also conducted trainings with HIV and TB service providers that include attention to stigma and discrimination, and a specific module related to TB and working with key populations. While no programs were identified by the Assessment related to the sensitization of law-makers and law enforcement agents or efforts to strengthen the monitoring and reforming policies, regulations and laws related to TB, the 2020 funding request identifies a number of efforts in these categories, as well as related to the training of health care workers on human rights and medical ethics including:

- Updating and disseminating the Patients' Charter;
- Providing pre-service training of health providers on the rights of patients and workplace health and safety;
- Facilitating collaboration and dialogues between HIV, TB and malaria healthcare points and community organizations;

Similarly, the request identifies some specific activities around the sensitization of law-makers and law enforcement agents and the monitoring and reforming of policies, regulations and laws related to TB and to “promote redress for violations for affected populations”. Specific initiatives include:

- Integration of HIV, TB, human rights and gender equality in pre-service training of prison officials;
- Ongoing advocacy with parliamentarians and executive to review and adopt protective laws and policies, including for prisoners and people who use drugs; and
- Sensitizing leaders at all levels and all relevant sectors, including provincial and municipal assemblies, district councils, community and religious leaders and community courts.
- Development of anti-discrimination laws to protect key populations;
- Review of workplace policy on HIV and TB;

While it is clear that little progress was made since baseline on these areas, the identification of these areas for funding indicates an awareness of the rights-related barriers to TB services and care and a promise of future progress.

Recommendations

- Strengthen curriculum on TB-related human rights and ethics and increase support and funding for training on human rights and medical ethics for police and health care workers providing TB services.
- Roll out training on human rights and ethics in health care facilities in districts hardest hit by TB.
- Integrate TB-related human rights and ethics information in pre- and in-service trainings for all TB programs.
- Expand efforts to sensitize police and lawmakers on TB and human rights-related barriers to access to services.

The following baseline recommendations remain relevant as well:

- Support monitoring of the Declaration and the Code of Conduct on TB in the Mining Sector. Mozambique participates in SADC fora to monitor implementation of the Declaration and adherence to the Code of Conduct on TB in the mining sector. Support should be given to this work to ensure it is rigorous, sustained and has results.
- Support advocacy and reform of sentencing and incarceration laws, policies and regulations. (related to HIV recommendation above to reduce overcrowding in closed settings)

TB Program Area	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	1.0	1.3
Reducing gender-related barriers to TB services	0	0
Programs in prisons and other closed settings	1.0	1.0
Ensuring Confidentiality and Privacy	0	*

A number of projects were identified around mobilizing patients and engaging communities to increase screening and TB treatment adherence. For example, ADPP launched the “Total Control of TB project” in 7 districts in Gaza province in July 2019.³⁴ The project has expanded screening in mining communities and sought to reinforce support for individuals with TB through the identification of “supporters”.

An older program, the Juntos Pelo Acesso aos Medicamentos (Together for Access to Medicines or JAM) Program, was started by MSF in nine health centres (HCs) in Tete province in July 2015. The program was designed to improve treatment literacy, reinforce adherence, monitor the local supply chain and access to medicines, raise awareness of patients’ responsibilities and their right to access to free healthcare, and empower patients. The initiative also sought to support the Ministry of Health to identify patients that were unable to access treatment and be promptly alerted to where stock-outs of medicines were occurring. The integration of anti-TB drugs was piloted in 2018 before MSF handed over the project to the government,³⁵ however information on the continuing activity of the program was not available. Other than this initiative, no interventions specifically aimed at mobilizing and empowering patient and community groups related to TB were identified in the assessment.

The limited information in the baseline assessment related to gender-related barriers to TB services highlighted the risk to men working as migrant miners in South Africa and men in overcrowded prisons. High rates of TB in both of these settings are well known, and the Ministry of Health (with support from PEPFAR) has conducted TB interventions in both settings, although not with a rights or gender-perspective. The baseline assessment refers to a project conducted by Pathfinder, working with the Mozambican National Prisons Service (SERNAP), to improve the quality of HIV and TB services in prisons, which again does not specifically focus on human rights. Specific interventions to reduce TB-risk by, for example, addressing prison overcrowding through reducing the number of individuals held in pre-trial detention for extended periods of time do not appear to be a part of the national program's efforts.

While the 2020 funding request includes some attention to male miners, it barely mentions TB-related rights concerns of prisoners, saying only that "along with TB screening [in 14 priority prisons] prisoners will be educated on TB, stigma reduction, cough hygiene and early reporting of suspected symptoms". Separately, mention is made of including information on HIV, TB, human rights and gender equality in pre-service training of prison officials.

More attention in the funding request is given to community-based TB treatment which includes funding to build capacities of "community actors like TB activists, local NGOs and CBOs, and cured TB patients" around how to provide community directly-observed treatment (DOT), adverse drug reaction reporting and management, and psychosocial care of TB patients. The request also identifies a strategy whereby community actors will be mobilized to sensitize and mobilize male family members of women TB patients to help them access services and adhere to treatment. The request also includes attention to the implementation of TB literacy programs by civil society organizations which could be seen as a form of patient empowerment.

No information was identified related to ensuring confidentiality within TB programs.

Recommendations

- Develop a plan of action to reduce gender discrimination and harmful gender norms in relation to TB.
- Carry out advocacy projects to obtain government commitments concerning gender equality in the provision of TB healthcare services at national and regional levels.
- Review all programs to remove human rights-related barriers to assess and improve their gender-responsiveness.
- Include patient groups in the design, evaluation and modification of TB services to improve their patient-centeredness and quality and to ensure that community mobilization and engagement sufficiently address the needs and realities of people at risk of TB, people with active TB, as well as those undergoing TB treatment. Give particular attention to gender equity and the development of women TB advocates (including paralegal and peer outreach) and support groups.
- Expand efforts to reduce TB-related stigma and discrimination to all prisons.
- Support the NTP and its partners to ensure sufficient technical and operational resources for the Prison Health Technical Working Group
- Conduct a rapid assessment with paralegals of the extent to which, and how, privacy and confidentiality issues around TB are resulting in barriers to access to services.
- Informed by the rapid assessment, assess how the TB-related confidentiality and privacy components in programs to train healthcare workers on human rights and medical ethics can be strengthened.

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

There are numerous indicators that the Mozambique response is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to access. First, several key assessments of barriers have been conducted, including the BDB baseline assessment and the 2020 UNDP Legal Environment Assessment. The national HIV law includes non-discrimination protection for PLWH and the national HIV strategy (PEN IV) provides a foundational framework for a human rights-based approach to implementation of services. Legal literacy and legal services programs are following an evidence-based model, proven effective by Namati's long-standing work in Mozambique, that features support for paralegals from community networks of local officials, community leaders and health committees. Importantly, the government funds each health facility to host a health committee, as well as a client service officer, and in some locations, these entities are working closely with the paralegals and community activists to identify and resolve human rights-related barriers to care. Domestic support of the health committees and the client service officers represents a sustainable mechanism for ensuring that human rights-related barriers are addressed. The Namati and CCS paralegal and legal literacy programs also address both HIV and TB, an integrated approach more strategic than separate programs. Similarly, the Ministry of Health works closely with Namati to promote patient's rights education for both HIV and TB.

Nevertheless, there are still common challenges that have emerged across all program areas. There is a very low capacity and knowledge of human rights among all key stakeholders-including government, civil society, and key populations- and a need for substantial technical assistance to increase their ability to implement recommendations for law and policy reform and quality human rights programming. Monitoring and evaluation of existing programs is weak, and should be strengthened to improve program design, leverage successes and document impact on health outcomes.

Technical Partners

UNAIDS and UNDP are important and strong partners in Mozambique, particularly in creating a supportive environment to address human rights-related barriers for HIV. Both are members of the CNCS Technical Working Group on Human Rights. In May 2020, UNAIDS supported an Assessment of Technical Support Needs for Implementation of Human Rights Programmes that identified a need for substantial technical assistance among all current and potential implementers and provided a detailed plan for strengthening capacity. UNDP's recent Legal Environment Assessment contained key recommendations for law and policy reform to promote human rights related to HIV. Continued and sustained support from technical partners remains integral to the goal of achieving comprehensive human rights-related programming.

Donor Landscape for Programs to Reduce Human Rights-related Barriers to Access

Mozambique's HIV and TB responses depend mostly on external funding. For programs to remove human rights-related barriers to HIV and TB services, the Global Fund is the primary donor. The current Global Fund grant allocates approximate US \$7.5 million to interventions to remove human rights-related barriers, as compared to the previous grant, which did not allocate any money to these interventions. The 2021-2023 funding request asks for US \$15 million to sustain and scale-up these programs, which is closely aligned with the project budget for human rights-related activities in the baseline assessment. In addition to the Global Fund, PEPFAR supports some of the community-led monitoring and paralegal work, and AIDSFonds-supported programs include health care worker and police sensitization efforts. While there is willingness from the Mozambican government to continue supporting and scaling-up programs to remove human rights-related barriers to access HIV and TB services, it has very limited domestic resources to contribute to these activities. More external support is needed to ensure the financial sustainability of this type of work.

COVID-19 Response

Key stakeholders reported significant interruptions of human rights-related programming due to the imposition of Covid-19 restrictions in March 2020. Legal literacy sessions, community dialogues and paralegal activities were paused or limited due to restrictions on face-to-face gatherings. MISAU's training sessions for health care workers were delayed until September 2020. The update to the Stigma Index planned by CNCS was suspended. Restrictions are gradually easing, but alternative methods for communication, service provision, and convening groups continue to be necessary. Quarantine measures present tremendous challenges to the HIV and TB-affected communities. Many people, particularly sex workers and others dependent on the informal economy, face economic hardship and interruption of HIV prevention and treatment services. As health facilities reopen, access is improving but health officials report ongoing confusion and uncertainty about returning to care. For many, lack of technological capacity prevents a transition to alternative forms of health services and rights-related programming. Moreover, the confinement due to Covid-19 restrictions saw an increase in cases of gender-based violence against women and girls, especially cases of physical aggression, ill-treatment and psychological violence. In order to address this situation, implementers increased the availability and vigilance of paralegals in client follow-up and engaged the assistance of community leaders to respond promptly to cases.

Recommendations

- Support implementation of the technical assistance and capacity strengthening plan set forth in the 2020 Assessment of Technical Support for Implementation of Human Rights Programmes.
- Support development of accurate and updated data on size and demography of key populations in order to improve the design and implementation of quality programming.
- Enhance capacity and resources to monitor and evaluate human rights-related programs for effectiveness and impact on health outcomes.

Part III. Emerging Evidence of Impact

At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV and TB services access in the form of two case studies: one on the successful advocacy for a harm reduction pilot project for people who use drugs (PWUD) in the Mafalala neighborhood of Maputo and another on the successes of paralegal and legal literacy programs for women and girls and for returning HIV patients to care.

Mafalala Harm Reduction Pilot Project

Begun in September 2017, Médecins Sans Frontières (MSF) and the civil society organization UNIDOS have worked alongside the Ministry of Health, National Aids Council (CNCS) and Cabinet for Drug Prevention (GCPCD), to implement a harm reduction pilot project for people who use drugs (PWUD) in the Mafalala neighborhood of Maputo. The initiative is organized around a drop-in center for PWUD, which provides a comprehensive harm reduction package, including needle & syringe programming (NSP); opioid substitution treatment (OST) with methadone; TB screening; and HIV, HBV and HCV testing. In addition, peer outreach workers provide information, safer injection kits, condoms and HIV testing in the district, and refer individuals for services and care.

Human rights-specific programs are key to the project's success, beginning with strong advocacy efforts with the community and the local government. The project worked, for example, with the city's drug commission to get buy-in and support for a local exemption to laws criminalizing needle and syringe distribution. A community committee built support among local residents and sensitized local and national police officials to protect clients and advocates from arrest. In programming designed to reduce gender discrimination, women-only days at the DIC have helped to reach women who use and inject drugs and provide tailored services to them in a safer environment.

The project also allows for linkages and integration of HIV and TB initiatives led by other NGO and government programs, as well as the development of a network of people who use drugs (MOZPUD) and advocacy on efforts to improve the legal environment (e.g., to reform law 3/97).

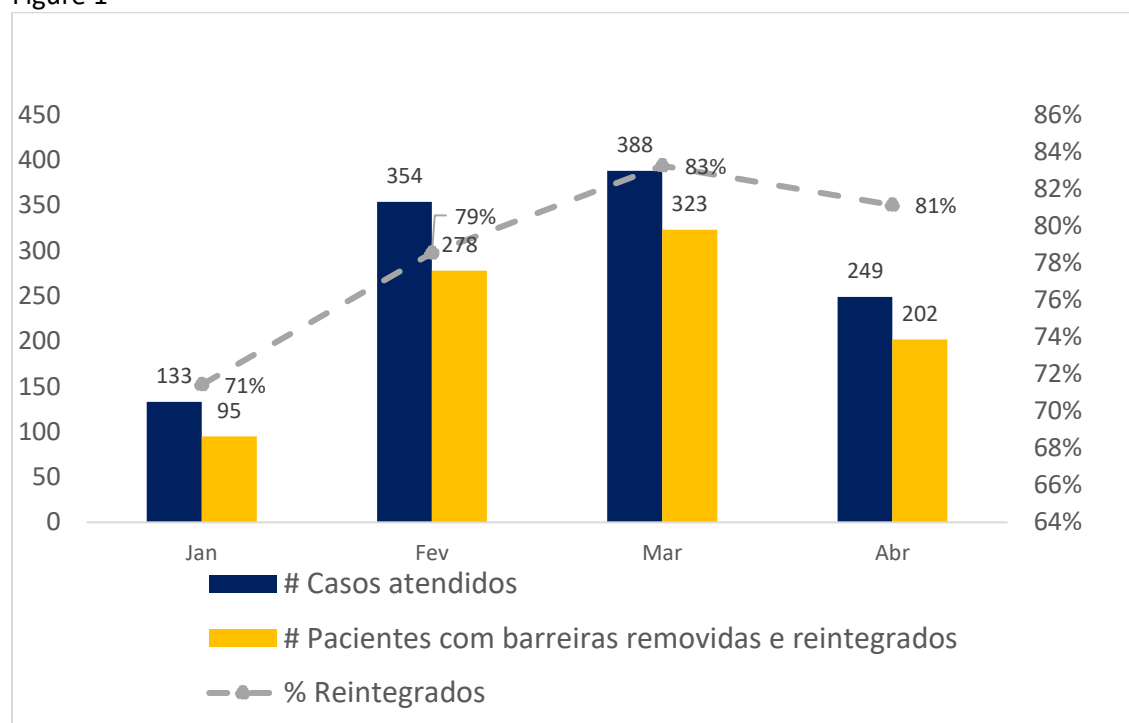
Based upon the lessons of the project, the CNCS developed information on working with PWID for their Standard Operating Procedures for Key Populations manual and a Harm Reduction Plan.³⁶ Mozambique included specific funding in its 2020 funding request to expand harm reduction services to 3 other provinces in Mozambique: Maputo Province, Sofala and Nampula, while taking over Maputo City intervention by September 2021. The proposal extends the model of person-centered, low-threshold and non-judgmental harm reduction services within a context of an enabling legal environment and community-based, peer-led interventions.

Successes from Scale-up of Paralegals and Legal Literacy Activities by FDC and CCS

Under Project Viva+, the scale-up of the paralegal and legal literacy activities are already starting to demonstrate successes in reducing human rights-related barriers to access services, as well as supporting with retention in care. According to FDC, in the Tete district, paralegals helped secure the release of 45 sex workers, who were detained by a community safety council, for possession of used condoms. In terms of reducing the number of early marriages, FDC's work of paralegals and legal literacy sessions have resulted in the removal of girls from premature unions in the Zambezia, Manica and Tete provinces.

As part of the human rights work, CCS has a network of community activists who are tasked with ensuring that people are supported throughout their care, and where there are barriers – address them and reconnect them with care. If there are human rights-related barriers, these cases are referred to the paralegals, which usually resolve the majority of cases through mediation. Where cases need legal intervention, they are referred to a lawyer. According to CCS’ data, from January through March 2020, there had been an increase in both the number of reintegration visits, as well as the rate at which individuals were re-connected to care as a results of removal of barriers. In January 2020, there were 133 visits that resulted in 95 cases of people going back to HIV services (or 71%). This reached a high point in March 2020 with 388 reintegration visits being made, which resulted in 323 people going back to HIV services (83%). The drop in April reflects the emergence of COVID-19- related restrictions. Covid-19 continues to impact full implementation of paralegal programs, but these programs have the potential to demonstrate direct impact on retention in care for people living with HIV.

Figure 1



Annex I: Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessment makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

To reach comprehensiveness and achieve impact, the mid-term assessment makes the following recommendations.

Key Recommendations

Creating a Supportive Environment
<ul style="list-style-type: none">• Ensure that the Technical Working Group on Human Rights, within the structure of CNCS, is supported and continues to meet regularly to discuss and streamline multi-sector coordination and collaboration, as well as how to advance programs to remove human rights-related barriers to access HIV and TB services.• Support the development of a national plan on HIV, TB and human rights, that builds upon the strategic vision of PEN IV and V. Ensure that the national plan has political support from various key stakeholders, including the Ministries of Health, Justice, Interior, as well as civil society and community organizations. Not only should the plan include operational activities within the seven program areas for HIV and 10 program areas for TB, but also a robust and meaningful monitoring and evaluation system.• Streamline disbursement processes at country level so that implementers can effectively and efficiently access funds to implement activities in the Global Fund allocation. This includes ensuring that activities across all funded program areas, including sensitization of lawmakers and law enforcement, receive funding and can be implemented.
Programmatic Scale-up
<ul style="list-style-type: none">• Support expansion of legal literacy and legal services while increasing support for programming in other key areas, particularly training of health care workers, sensitization of law makers and law enforcement, and monitoring and reform of laws and policies.• Increase technical and financial assistance to support capacity strengthening and scale-up of TB identification and treatment adherence programs to be more explicitly focused on empowering patients and removing rights-related barriers to TB services and ensuring continuous supply of TB medicines, especially for miners and prisoners.
Programmatic Quality and Sustainability
<ul style="list-style-type: none">• Support implementation of the technical assistance and capacity strengthening plan set forth in the 2020 Assessment of Technical Support for Implementation of Human Rights Programmes.• Support development of accurate and updated data on size and demography of key populations in order to improve the design and implementation of quality programming.• Enhance capacity and resources to monitor and evaluate human rights-related programs through community-led monitoring for effectiveness and impact on health outcomes.

Comprehensive Recommendations

HIV-related recommendations by program area	
Stigma and discrimination reduction	<ul style="list-style-type: none"> • Support the HIV networks to implement HIV Stigma Index 2.0. • Address the lack of accurate demographic data for key populations to inform and improve effectiveness of anti-stigma and discrimination interventions. • Ensure support and adequate resources for interventions to address stigma and discrimination as prioritized in the new National Strategic HIV and AIDS Plan (PEN V). • Ensure expanded geographic coverage of interventions to address stigma and discrimination, to additional provinces as well as more rural districts. To maximize impact, consider coordination with existing health and HIV services, interventions supported by other donors and technical partners, evidence of human rights violations against key populations and other strategic factors.
Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> • Ensure that pre- and in-service trainings are institutionalized as a matter of policy in national plans for HIV, TB and human rights. • Expand human rights trainings to administrative staff of health care facilities. • Support training of health committee members and client service officers in human rights and medical ethics to ensure sustainability of mechanisms to identify and resolve human rights-related barriers to care.
Sensitization of lawmakers and law enforcement agents	<ul style="list-style-type: none"> • Improve cooperation and coordination among relevant government agencies and ministries to ensure implementation of pre- and in-service activities to sensitize lawmakers and law enforcement on HIV, TB and human rights. • Support and resource local and civil society initiatives to sensitize and collaborate with MOI and law enforcement officials as part of legal literacy, legal services, and other human rights program implementation.
Legal literacy	<ul style="list-style-type: none"> • Increase support for geographic expansion of legal literacy programs to ensure coverage in additional districts and more rural areas. To maximize impact, consider coordination with existing health and HIV services, interventions supported by other donors and technical partners, evidence of human rights violations against key populations and other strategic factors. • Continue to build capacity of community members and health care providers to understand and disseminate legal literacy information. • Increase support for training of community leaders, health committees and local officials including resources for written materials.
Legal services	<ul style="list-style-type: none"> • Increase support for geographic expansion and consider integrated support for mobile units to ensure coverage for rural and more remote areas.

	<ul style="list-style-type: none"> • Build capacity for alternative dispute resolution for the majority of cases that do not proceed to court. • Build capacity for lawyer support of the paralegal programs, including strengthening working relationships with IPAJ. • Increase resources and technical support for improved monitoring and evaluation systems.
Monitoring and reforming laws, regulations and policies related to HIV	<ul style="list-style-type: none"> • Follow-up on recommendations from UNDP's Legal Environment Assessment through provision of technical support for law reform for government entities and civil society organizations. • Increase support and technical assistance for building capacity of civil society organizations, particularly those led by key populations, for advocacy at a national scale.
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ul style="list-style-type: none"> • Ensure support and technical assistance to improve monitoring and evaluation systems for measuring the impact of legal literacy and paralegal programs on health outcomes for women and girls. • Increase support for male engagement programs as key to health outcomes for men, women and girls. • Increase support for inclusion of transgender people in the national HIV response and building capacity for health and human rights advocacy on the part of transgender-led organizations.

TB-related recommendations by program area	
Reducing stigma and discrimination	<ul style="list-style-type: none"> • Articulate a plan to address TB-related stigma and discrimination within national TB and HIV strategy documents. • Develop specific measurement tools to assess TB-related stigma and discrimination at the community level as well as in health care settings. Conduct annual measurements, in collaboration with civil society organizations, on TB-related stigma and discrimination specific to different key and vulnerable populations, in the community and in health settings, and report on findings. • Based on outcome of the research on TB-related stigma and discrimination, develop national and sector-specific campaigns (e.g. targeting priority audiences including health care workers, law enforcement and key and vulnerable populations) against stigma and discrimination. • Conduct community sensitization meetings to increase awareness and develop strategies and actions to reduce stigma and discrimination at a structural level, institutional level, and community and individual level. • Expand training of community health workers, paralegals, and traditional, religious and community educators on TB and human rights, including how to combat TB-related stigma and discrimination.

Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> Strengthen curriculum on TB-related human rights and ethics and increase support and funding for training on human rights and medical ethics for police and health care workers providing TB services. Roll out training on human rights and ethics in health care facilities in districts hardest hit by TB. Integrate TB-related human rights and ethics information in pre- and in-service trainings for all TB programs
Sensitization of lawmakers and law enforcement agents	<ul style="list-style-type: none"> Expand efforts to sensitize police and lawmakers on TB and human rights-related barriers to access to services.
Legal Literacy	<ul style="list-style-type: none"> Ensure that programs that promote legal literacy and access to justice integrate attention to TB-related discrimination and report specifically on the types of discrimination faced by individuals living with TB. Develop and disseminate patients' rights materials specifically related to TB among key populations and disseminate information on workplace protections in workplaces with high TB risk.
Legal services	<ul style="list-style-type: none"> Continue to expand capacity and scale of trained community paralegals to facilitate access to TB and HIV/TB services and identify cases for referral to legal assistance services.
Monitoring and reforming policies, regulations and laws that impede TB services	<ul style="list-style-type: none"> Support monitoring of the Declaration and the Code of Conduct on TB in the Mining Sector. Mozambique participates in SADC fora to monitor implementation of the Declaration and adherence to the Code of Conduct on TB in the mining sector. Support should be given to this work to ensure it is rigorous, sustained and has results. Support advocacy and reform of sentencing and incarceration laws, policies and regulations. (related to HIV recommendation above to reduce overcrowding in closed settings)
Reducing gender-related barriers to TB	<ul style="list-style-type: none"> Develop a plan of action to reduce gender discrimination and harmful gender norms in relation to TB. Carry out advocacy projects to obtain government commitments concerning gender equality in the provision of TB healthcare services at national and regional levels. Review all programs to remove human rights-related barriers to assess and improve their gender-responsiveness.
Ensuring privacy and confidentiality	<ul style="list-style-type: none"> Conduct a rapid assessment with paralegals of the extent to which, and how, privacy and confidentiality issues around TB are resulting in barriers to access to services. Informed by the rapid assessment, assess how the TB-related confidentiality and privacy components in programs to train healthcare workers on human rights and medical ethics can be strengthened.
Mobilizing and empowering patient groups	<ul style="list-style-type: none"> Include patient groups in the design, evaluation and modification of TB services to improve their patient-centeredness and quality and to ensure that community mobilization and engagement sufficiently address the needs and realities of people at risk of TB, people with active TB, as well as those undergoing TB treatment. Give particular attention to gender equity and the

	development of women TB advocates (including paralegal and peer outreach) and support groups
Programs in prisons and other closed settings	<ul style="list-style-type: none"> • Expand efforts to reduce TB-related stigma and discrimination to all prisons. • Support the NTP and its partners to ensure sufficient technical and operational resources for the Prison Health Technical Working Group

Annex II: Methodology

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”³⁷

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Mozambique is a program assessment.

Mid-term Assessment Type	Countries
Rapid	<ul style="list-style-type: none">• Benin• Democratic Republic of Congo (rapid +)• Honduras• Kenya• Senegal• Sierra Leone• Tunisia• Uganda (rapid +)
Program	<ul style="list-style-type: none">• Botswana• Cameroon• Cote d'Ivoire• Indonesia• Jamaica• Kyrgyzstan• Mozambique• Nepal• Philippines
In-depth	<ul style="list-style-type: none">• Ghana• South Africa• Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. Program assessments were also envisioned to include site visits and a limited number of key informant interviews conducted

during a one-week country trip. However, due to the COVID-19 pandemic, this was not possible. Therefore, interviews were conducted remotely, with the support of an interpreter.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs	
Dimension	Questions
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in August 2020 and completed in October 2020. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Mozambique Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Megan McLemore, Joseph Amon, Nina Sun	August 2020
Key informant interviews conducted remotely with ## people	Megan McLemore, Joseph Amon, Nina Sun, with the support of Amelina Nhachungue	September-October 2020
Follow-up with relevant key informants	Megan McLemore, Joseph Amon, Nina Sun	October 2020
Presentation of key report findings to Global Fund and country stakeholders	Megan McLemore, Joseph Amon, Nina Sun	Month year

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
*	Unable to assess progress	The research team was unable to assess whether progress was made
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations

		4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III – List of Key Informants

1. Silvia Sumbane, Human Rights Manager, Centro de Colaboracao em Saude (CCS)
2. Arminda Zandamela, Pathfinder International
3. Dalia Jemuca, Aga Khan Foundation
4. Casimiro Guilamba, Oficial Senior de Advocacia e Direitos Humanos, Fundação para o Desenvolvimento da Comunidade (FDC)
5. Alfazema Basilio, International Centre for Reproductive Health – Mozambique
6. Nadja Gomes and Ellie Feinglass, Namati
7. Ema Chuva, Custódio Duma, Paulo Raimundo, Conselho Nacional de Combate ao SIDA (CNCS)
8. Paulo Abilio, Vasco Matimbe, Amadeu Haje, Associacao da Juventude de Luta Contra SIDA e Droga (AJULSID)
9. Cidio A. Generoso, Rede Nacional sobre Drogas & HIV (UNIDOS)
10. Francisco Mbofana, Executive Secretary - Conselho Nacional de Combate ao SIDA (CNCS) and Chair of the Mozambique Country Coordinating Mechanism
11. Roberto Paulo, LAMBDA Mozambique
12. Aleny Couto, National HIV Program, Ministry of Health
13. Marta Bazima, Mobilization and Partnerships Adviser, UNAIDS
14. Marcelo Kantu, AMODEFA
15. Gonçalves Alberto Gomes Sigaúque, Viva + project, ADPP
16. Natalia Tamayo Antabak, Head of Mission, Medicins San Frontieres
17. Egor Borges, Ministry of Interior
18. Ana Cala, Department of Humanization, Ministry of Health
19. Lourenço Sumbane, ARISO
20. Salvador Manuel Feijamo, TB focal point, ADPP

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Baseline Assessment: Mozambique*.

Global Fund Internal Documents (all documents on file with the Global Fund and the MTA research team)

2. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Budget of Fundação para o Desenvolvimento da Comunidade - Grant cycle 01 January 2018 - 31 December 2020*.
3. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Budget of Ministry of Health of Mozambique - Grant cycle 01 January 2018 - 31 December 2020*.
4. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2017). *Performance Framework for Fundação para o Desenvolvimento da Comunidade*.
5. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Performance Framework Ministry of Health of Mozambique*.
6. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (n.d.). *Application Request for Matching Funds*.
7. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2017). *Operational Plan for Human Rights Group*.
8. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2017). *Mozambique Country Profile*.
9. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Office of the Inspector General. (2018). *Investigation Report: Country Coordinating Mechanism Mozambique – Misappropriation of Funds by CCM Executive Secretary*.
10. No author. (2020). *Assessment of Technical Support Needs for Implementation of Human Rights Programmes and Technical Assistance Plan*.

Country Documents

11. Mozambique Country Coordinating Mechanism. (2020). *Mozambique: Funding Request Form, Allocation Period 2020-2022*.
12. Ministry of Health, Republic of Mozambique. (2020). *Annual Report 2019: Annual Report of Activities related to HIV/AIDS*. [Portuguese]
13. Ministry of Justice, Republic of Mozambique, National Health Institute of Mozambique, UNDP. (2013). *Assessment of the Situation of HIV, STIs and TB and Health Needs in Prison in Mozambique*.
14. CNCS, Executive Secretary, Republic of Mozambique. (2020). *Concept Note for the National Strategic Plan for HIV and AIDS*. [Portuguese]
15. MISAU. (n.d.). *Estimating the Size of Key Populations*. [Portuguese] (powerpoint presentation)
16. Lopes, M.Q. and Ndima, A. (2020). *Global Fund Thematic Review on Community Health: Mozambique Report*.
17. CNCS, Executive Secretary, Republic of Mozambique. (n.d.). *Monitoring and Evaluation Plan of PEN IV, 2016-2020*.
18. National Council against HIV/AIDS, Republic of Mozambique. (2015). *National Strategic HIV and AIDS Response Plan, 2015-2019*.
19. National Program for Tuberculosis Control, Ministry of Health, Republic of Mozambique. (undated). *Strategic and Operational Plan, 2014-2018*. [Portuguese]
20. Republic of Mozambique. (2020). *State of HIV in Mozambique 2019*. [Portuguese]
21. National Program for Tuberculosis Control, Ministry of Health, Republic of Mozambique. (2020). *Strategic Vision of the National Tuberculosis Control Program until 2024*.

22. Johns Hopkins University, Instituto Nacional de Saude and Eduardo Mondlane University. (2019). *Prospective Country Evaluation: Mozambique*.
23. Centro de Colaboração de Saude. (2020). *Human Rights Module, Project – Global Fund (2018-2020)*.
24. Centro de Colaboração de Saude. (2020). *Status of Human Rights Module (January – April)*.
25. Centro de Colaboração de Saude. (n.d.). *Guiding Document for the Supervisor / Activist Promoting Male Engagement in the Community*. [Portuguese]
26. No author. (undated). *Community Approach of Champion Man for the Improvement of Retention of Patients on ART and TB*. [Portuguese]
27. Centro de Colaboração de Saude. (n.d.). *Description of Global Fund Project (2018-2020)*.
28. AJULSID. (2020). *Intermediate Evaluation Meeting of the Initiative to Eliminate Human Rights Barriers*. [Portuguese]

Relevant Third-Party Resources

29. De Schacht C, Mutaquiha C, Faria F, Castro G, Manaca N, Manhica I, et al. (2019) Barriers to access and adherence to tuberculosis services, as perceived by patients: A qualitative study in Mozambique. PLoS ONE 14(7): e0219470. <https://doi.org/10.1371/journal.pone.0219470>
30. U.S. President's Emergency Plan for AIDS Relief (PEPFAR). (2020). *COP 2020 Vision Mozambique*.
31. PEPFAR, Bill and Melinda Gates Foundation, Girl Effect. (2020). *DREAM Mozambique*.
32. Medecins Sans Frontieres. (2020). *Harm Reduction Mozambique: Briefing Paper*.
33. UNDP. (2020). *Legal Environment Assessment (draft)*.
34. Bureau of Democracy, Human Rights and Labor, Department of State, United States. (2018). *Mozambique 2018 Human Rights Report*.
35. World Health Organization. (2018). *Mozambique Tuberculosis Profile*.

References

- ¹ See Strategic Objective 3 in the Global Fund Strategy. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (n.d.). *Investing to end epidemics: The global fund strategy 2017-2022*.
https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf
- ² This definition was developed by the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. Paper available on request from the Global Fund
- ³ For HIV: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Technical brief: HIV, human rights and gender equality*.
https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf?u=637166001220000000; For TB: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Technical Brief: Tuberculosis, Gender and Human Rights*.
https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf?u=637181442000000000
- ⁴ “Reducing Discrimination against Women” which is why the report uses those headings for HIV and TB program areas
- ⁵ MISAU, INE, & ICF. (2019). *Survey of indicators on immunization, malaria and HIV/AIDS in Mozambique 2015: Supplemental report incorporating antiretroviral biomarker results*.
https://dhsprogram.com/pubs/pdf/AIS12/AIS12_SE.pdf
- ⁶ INS, CDC, UCSF, Pathfinder, & I-TECH. (2013). *Final report: The integrated biological and behavioral survey among female sex workers, Mozambique 2011– 2012*.
<https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/ibbs-fsw-final-report.pdf>
- ⁷ INS, CDC, UCSF, PSI, Pathfinder, I-TECH, & Lambda. (2013). *Final report: The integrated biological and behavioral survey among men who have sex with men, Mozambique, 2011*.
<https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/ibbs-msm-final-report.pdf>
- ⁸ MISAU & INS. (2017). *Final report: The integrated biological and behavioral survey among people who inject drugs, Mozambique, 2014*.
<https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/pwid-final-report-20180329.pdf>
- ⁹ Ministry of Justice, Republic of Mozambique, National Health Institute of Mozambique, UNDP. (2013). *Assessment of the Situation of HIV, STIs and TB and Health Needs in Prison in Mozambique*.
- ¹⁰ National Council against HIV/AIDS, Republic of Mozambique. (2015). *National Strategic HIV and AIDS Response Plan, 2015-2019*.
- ¹¹ MISAU, INS, CDC, UCSF, MITRAB, & I-TECH. (2013). *Final report: The integrated biological and behavioral survey among Mozambican workers in South African mines, Mozambique, 2012*.
<https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/ibbs-mine-workers-final-report.pdf>
- ¹² MISAU, INS, CDC, UCSF, DPS, Manica, CIDI, Pathfinder International, & I-TECH. (2013). *Final report: The integrated biological and behavioral survey among long distance truck drivers, Mozambique, 2012*.
<https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/ibbs-long-distance-truck-drivers-final-report.pdf>
- ¹³ World Health Organization. (2021). *Tuberculosis profile: Mozambique*.
https://worldhealthorg.shinyapps.io/tb_profiles/?inputs_entity_type=%22country%22&lan=%22EN%22&iso2=%22MZ%22
- ¹⁴ National Council against HIV/AIDS, Republic of Mozambique. (2015). *National Strategic HIV and AIDS Response Plan, 2015-2019*.
- ¹⁵ National Council against HIV/AIDS, Republic of Mozambique. (2015). *National Strategic HIV and AIDS Response Plan, 2015-2019*.
- ¹⁶ For more information on discussions, see the report of the Workshop on human rights aspects to be considered in the development of the National HIV and AIDS Strategic Plan, 5 and 6 March 2020 (on file with MTA team)
- ¹⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Baseline Assessment: Mozambique*.

-
- ¹⁸ The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Baseline Assessment: Mozambique*. See also report from HR workshop for NSP, March 2020.
- ¹⁹ UNDP. (2020). *Legal Environment Assessment (draft)*.
- ²⁰ The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Baseline Assessment: Mozambique*.
- ²¹ Ministry of Health, National Public Health Directorate and National Tuberculosis Control Program. (2020). *Strategic Vision of National Tuberculosis Control Program until 2024(draft)*. (on file with MTA team)
- ²² The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Baseline Assessment: Mozambique*.
- ²³ UNDP. (2019). *Human Development Report 2019*.
- ²⁴ The World Bank. (2020). *The world bank in Mozambique*.
<https://www.worldbank.org/en/country/mozambique/overview#1>
- ²⁵ Human Rights Watch. (n.d.). *Mozambique events of 2019*. <https://www.hrw.org/world-report/2020/country-chapters/mozambique#>
- ²⁶ Schaaf, M., Falcao, J., Feinglass, E., Kitchell, E., Gomes, N., & Freedman, L. (2020). 'We all have the same right to have health services': a case study of Namati's legal empowerment program in Mozambique. *BMC public health*, 20(1), 1084. <https://doi.org/10.1186/s12889-020-09190-7>
- ²⁷ Mozambique Country Coordinating Mechanism. (2020). *Mozambique: Funding Request Form, Allocation Period 2020-2022*.
- ²⁸ UNDP. (2020). *Legal Environment Assessment (draft)*.
- ²⁹ Manhica I. 2017. Mozambique National TB Programme Epidemiological Review. Maputo:MISAU. See also ADPP, "Mozambique Local TB Response" (website). No date. Available: <https://adpp-mozambique.org/saude-6/mozambique-local-tb-response/> (Accessed Feb 1, 2021).
- ³⁰ ADPP implements innovative project to combat TB in Gaza. (2020). ADPP Mocambique. <https://adpp-mozambique.org/2020/10/02/adpp-implements-innovative-project-to-combat-tb-in-gaza/>
- ³¹ ADPP Mocambique. (n.d.). *TB community led monitoring activities Stop TB partnership*. <https://adpp-mozambique.org/wp-content/uploads/2020/10/Bolentim-STOPTB.pdf>
- ³² USAID. (2019). *Mozambique: TB response*.
https://www.usaid.gov/sites/default/files/documents/1860/TB_Response_Fact_sheet_November_2019.pdf and ADPP Mocambique. (2020). *ADPP Mocambique*. <https://adpp-mozambique.org/>
- ³³ Centro de Colaboração de Saude. (n.d.). Description of Global Fund Project (2018-2020).
- ³⁴ ADPP Mocambique. (n.d.). *Total control of TB active case findings and contact investigation*. <https://adpp-mozambique.org/saude-6/total-control-of-tb-active-case-findings-and-contact-investigation/>
- ³⁵ MSF. JAM: Together for Access to medicines. Empowering patients, communities and health facilities to improve access to medicines. Lessons Learned from the Juntos Pel Acesso aos Medicamentos Programme. (no date). Available: <https://www.medicusmundimozambique.org/files/12/59/87/paper-13-ana-claudia.pdf> (Accessed Feb 1, 2021)
- ³⁶ Described in "Concept Note - Harm Reduction Expansion Strategy in Mozambique Under Global Fund 2021 – 2023 grant" May 2020.
- ³⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *RFP TGF-19-050: Mid-term Assessments of Programs to Reduce Human Rights-related Barriers to HIV, TB and Malaria services in 20 countries*.