

**0.a. Goal**

5. ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

**0.b. Target**

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other exploitation

**0.c. Indicator**

5.2.2 Proportion of women and girls aged 15-49 years subjected to sexual violence by people other than intimate partners in the last 12 months

**0.d. Series**

Proportion of women and girls aged 15-49 years subjected to sexual violence by people other than intimate partners in the last 12 months

**0.e. Metadata update**

10/6/2020

**0.f. Related indicators**

Not applicable

**0.g. International organisations(s) responsible for global monitoring**

Not applicable

**1.a. Organisation**

NATIONAL INSTITUTE OF STATISTICS

**1.b. Contact person(s)**

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## **2.a. Definition and concepts**

This indicator measures the percentage of women and girls, aged 15 or over (have ever experienced any form of formal or informal union), who have suffered physical, sexual or psychological violence from their current or former intimate partner, in the last 12 months .

According to the United Nations Declaration on the Elimination of Violence against Women (1993), Violence against Women is “Any act of gender-based violence that results or may result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, occurring in public or private life. Violence against women should be understood as covering, but not limited to, the following: Physical, sexual and psychological violence that occurs in the family [...]

## **2.b. Unit of measure**

Percentage

## **3.a. Data sources**

Demographic and Health Survey (IDS)

## **3.b. Data collection method**

The recommended data source for calculating this indicator are household surveys (IOF and IDS) with national representation that constitute the data source. In either case, the child's height and weight should be measured following the recommended standard measurement techniques (WHO 2008).

## **3.c. Data collection calendar**

2021

### ***3.d. Data release calendar***

2022

### ***3.e. Data providers***

INE, MISAU

### ***3.f. Data compilers***

INE, MISAU

### ***3.g. Institutional mandate***

Law 7/96 of 5 July

## ***4.a. Rationale***

Data on the prevalence of violence against women and girls are needed to measure the magnitude of the problem; understand the various forms of violence and its consequences; identify high-risk groups; explore barriers to seek help; and ensure that appropriate responses are provided. This data is the starting point for informing laws, policies and developing effective responses and programs, as needed. They also allow countries to monitor changes over time and evaluate the effectiveness of their interventions.

## ***4.b. Comment and limitations***

The availability of comparable data remains a challenge in this area, as many data collection efforts are based on different research methodologies, use different definitions of violence by the partner or spouse, and different forms of violence, different formulation of questions research, and different age groups are often used. The willingness to discuss experiences of violence and the understanding of relevant concepts can also differ according to the cultural context and this can affect the reported prevalence levels.

Obtaining data on violence against women is an expensive and time-consuming exercise, whether obtained through dedicated independent surveys or modules inserted in other surveys. Demographic and Health Surveys (IDS) are carried out approximately every 5 years, and dedicated surveys, if repeated, are carried out less frequently than that of IDS. Monitoring this indicator on a regular basis can be a challenge if sustainable capacities are not built and financial resources are not available.

## ***4.c. Method of computation***

Number of women and girls aged 15 or over (who have ever experienced any form of formal or informal union), who have experienced sexual violence by their current or former intimate partner in the past 12 months, divided by the number of women and girls aged 15 years and more (who have ever experienced any form of formal or informal union), multiplied by 100.

#### ***4.d. Validation***

The field work had close supervision and quality control by the central and provincial technicians, both from INE, MISAU and ICF International staff. In addition, during the data collection, a strict control was established at the level of each team over the collection process, by detecting errors by the field critics, which allowed for immediate correction still on the ground. At the level of central coordination, the data critics carried out a further review of the base data and the problems encountered were communicated to the respective teams.

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

#### ***4.h. Methods and guidance available to countries for the compilation of the data at the national level***

The Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries in conducting national surveys by sampling, in the areas of population and health. The MEASURE DHS Program aims to: • Support the formulation of policies and the implementation of programs in the areas of population and health; • Increase the international population and health data base for monitoring and evaluation; • Improve the survey methodology by sampling, and • Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

#### ***4.j. Quality assurance***

For data collection, the methodology of interviews was applied face to face with households, applying three types of questionnaires:

- Household Questionnaire
- Women's Questionnaire
- Men's Questionnaire.

The questionnaires were based on the model used by the Demographic and Health surveys in their sixth phase. In addition to the main questions of the sixth phase IDS, some modifications were made to the questions and some specific questions were added in order to satisfy and answer the country's needs. It should be noted that these instruments have been properly pre-tested in urban and rural areas

The sample design of IDS-2011 comprises a probabilistic, stratified and multi-stage sample, selected from the Data and Cartography of the III General Census of Population and Housing, carried out by INE in 2007. The sample allows to obtain accurate estimates at the level national, urban and rural, regional and provincial. The sample covers only the population residing in households. Households and respective members residing in collective residences, such as hotels, hospitals, military barracks, student homes, etc., and homeless people, which together make up 3.3% of the country's total population, were excluded from the sample.

#### ***4.k. Quality assessment***

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

## ***5. Data availability and disaggregation***

The information is made available every 5 years and is disaggregated by age, rural and urban residence area, province, country

## ***6. Comparability/deviation from international standards***

The production of data allows comparability because the procedures that lead to the collection, treatment and dissemination follow the internationally defined recommendations in ***Principles and Recommendations for Civil Statistics - UN, (ST / ESA / STAT / SER.M / 19 / Rev. 3 New York, 2014)***

Estimates of Demographic and Health Surveys are based on standardized methodologies and developed by WHO and UNICEF.

Comparability is guaranteed since the Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries to carry out national sample surveys in the areas of population and health. The MEASURE DHS Program aims to:

- Support the formulation of policies and implementation of programs in the areas of population and health;
- Increase the international population and health data base for monitoring and evaluation;
- Improve the survey methodology by sampling, and
- Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

## ***7. References and Documentation***

Ministry of Health (MISAU), [www.misau.gov.mz](http://www.misau.gov.mz);

National Statistics Institute (INE), [www.misau.gov.mz](http://www.misau.gov.mz);

ICF International (ICFI), [www.measuredhs.com](http://www.measuredhs.com)