Republic of Mozambique

ESA Initiative
GeraçãoBIZ

Good Practices

SRH approaches for youths

Young women defend their dreams.

The busy generation takes over

Marisa wants to become a teacher. Joana wants to study in South Africa, Capetown would be her preferred city, Ábida would like to work in a bank, and Xiluva wants to run a volunteer organisation.* These young women are between 16 and 18 years old and live in Mocuba, a small town 150 kilometres north of Zambezia's capital Quelimane in central Mozambique. They are four of Mozambique's 2.9 million young women aged 14 to 24. Statistically, at least one of them has already experienced gender-based violence, and two of them could already be mother of one or two children. To realise their dreams would be much more difficult then.

But the barriers already start before pregnancy: Most young women have no experienced older friend with whom they can talk about sexuality and reproductive health. In many (rural) communities, aunts or mothers will most likely tell them to have babies early. Boys' views are shaped by their fathers and uncles. It can be difficult to find information, with health facilities usually being the only source. But many young people won't visit a health facility to seek information: They are afraid that family members or neighbours might see them and ask: What's wrong with you, are you ill? Therefore, many adolescents become young adults believing that having lots of children as early as possible is important for social standing and women's identity. For many adolescent girls, early pregnancy leads to school drop-out. Even those wanting to return to school after having given birth often face obstacles.

Marisa, Joana, Ábida and Xiluva are doing things differently. These four young women, like many others, are taking control of their lives. They volunteer in youth groups comprising young women and men. These groups aim to spread the word on adolescent's sexual self-determination – and they are the target group of adolescent and youth friendly health services and comprehensive sexual and reproductive education.

* Not real name; persons shown in the picture do not correspond to the people referred to in the text due to privacy reasons.

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Access to reproductive health and what it means to Mozambican youth

This brochure aims to present a picture of the current situation regarding the sexual and reproductive health (SRH) of youth in Mozambique, using the example of Zambezia Province. It describes approaches to providing better access to preventive health care and other services for youth in the school environment and in communities. These include measures rolled-out regionally, as well as locally-developed solutions that are considered good practices in addressing challenges on the ground. It also examines gender equality issues, which are important for understanding and responding to the needs of youth.

The brochure is one of the products of a consultancy and field mission in the Mozambican province Zambezia during the first half of 2018. The consultancy was undertaken in the context of the German Development Cooperation's (GIZ) ESA Regional Programme to support the implementation of the Eastern and Southern African (ESA) Commitment.

The *Programa GeraçãoBIZ* is Mozambique's large umbrella programme, led by the Government, under which most of the youth-health related activities are implemented. Both ESA and PGB objectives aim to strengthen youths' access to health information and services. Through this, they contribute to reducing the number of early pregnancies and early marriages, as well as the incidence of HIV and gender-based violence. Whereas the PGB focuses particularly on peer-to-peer approaches, the ESA Commitment also considers the scaling-up of comprehensive sexuality education (CSE) in schools, including the integration of CSE into the curricula and teacher training.

The GIZ ESA Regional Programme has supported Mozambique's Ministry of Education in the roll-out of CSE teacher training in both Nampula and Zambezia provinces in close cooperation with UNESCO and UNFPA. Although quite a number of activities are happening in these provinces to strengthen the linkages between the provision of sexuality education and youth-friendly health services, the national level has only little information about these. It is against this background that the PGB stakeholders at national level have requested the GIZ ESA Regional Programme to support the assessment of approaches on linking CSE and Youth-Friendly Health Services (YFHS) in Zambezia Province.

About the Eastern and Southern Africa (ESA) Initiative

The Eastern and Southern Africa Commitment Process has its origins in late 2013. It is a self-commitment of 20 governments in Eastern and Southern Africa to scale-up initiatives on sexual and reproductive health, education and services for youth. The process was initiated by UNAIDS, and is supported by UNESCO, UNFPA, Germany's Ministry for Economic Cooperation and Development (BMZ) as well as other development partners. Twenty Ministers of Health and Education have committed to achieving set targets by 2020. Implementation is tracked through a regional accountability framework. Since April 2015, BMZ has commissioned GIZ with the ESA Regional Programme to support the implementation of the ESA commitment in four cluster countries - Mozambique, Zambia, Namibia and South Africa.

The objective of this consultancy mission was hence to support Mozambique's ESA commitment and the PGB implementation process by mapping projects and approaches regarding youth's access to sexual and reproductive health knowledge and services. The outputs are reports explaining the mission's detailed findings; the reporting mechanism of the state driven youth initiative Programa GeraçãoBIZ (PGB), and the involved public services and departments of health, education and youth; as well as identified good practices.

This consultancy was implemented by Health Focus, commissioned by the GIZ ESA Regional Programme. The mission's consultants were accompanied by a representative of MISAU and of MINEDH. They cooperated closely with the provincial and district administration in Zambezia's capital Quelimane, as well as surrounding districts. Some of the local officials also accompanied the field visits. Interviews were held with staff of health centres, schools and local community-based organisations (CBO); with community members as well as with youth volunteer groups. The first step involved mapping projects and their targets using a web-based survey tool. From this overview, some projects were identified as potentially good practices, which were then more closely documented. An important challenge of this mission was that comprehensive quantitative data and result based outcomes were rarely available.

MINEDH: Ministério da Educação e Desenvolvimento Humano / Ministry of Education and Human Development

MISAU: Ministério da Saúde / Ministry of Health

MJD: Ministério da Juventude e Desporto / Ministry of Youth and Sports

MGCAS: Ministério do Género, Criança, e Acção Social / Ministry of Gender, Children and Social Affairs

Mozambique

Zambezia is a province in Mozambique's central region with over five million inhabitants in an area of the size of Iceland; its capital is Quelimane. In 1999 it was the first province, along with Maputo City, where PGB was implemented. The national partners decided that the field mission should be conducted in Zambezia Province, since many activities are currently implemented in that province. The fact that PGB started in 1999 in Zambezia and Maputo City may have also influenced the decision.

The products of the field mission – the reports, this brochure, and documentation of selected good practices – were developed with significant input from key stakeholders, namely representatives from the Ministry of Youth and Sport (MJD), Ministry of Education and Human Development (MINEDH), and Ministry of Health (MISAU); PGB's new partners, Ministry of Gender, Children and Social Action (MGCAS) and Ministry of Justice; as well as important international and national partners such as UNFPA, UNESCO, UNAIDS and the youth network Coalizão. The findings of, and key recommendations emerging from the field mission, were first presented at a workshop for key stakeholders at the provincial level, as well as PGB committee members, in Beira in May 2018. Stakeholders confirmed that the examples selected were indeed good practices, and discussed how these could be improved upon and/or replicated in other areas. In June, PGB committee members at national level participated in a workshop, where the draft brochure and good practices documentation were presented and discussed. Participants provided concrete suggestions for improving the documents, with a particular focus on making them useful and appropriate for national stakeholders. Currently, the PGB stakeholders plan to develop a new strategy for their coordination of youth (including health-related) objectives. The outcomes of this mission deliver important inputs to this process. This presents a great opportunity to align the PGB priorities to the targets of the ESA commitment.

Map of countries included in the ESA Commitment Process

Credit: youngpeopletoday.net

Note: Map is indicative and does not reflect official boundaries

All interviewees consented to the publication of their pictures and statements. However, in order to protect the privacy, names of youths have been changed and photographs are not of the youths mentioned in the article on the same page.

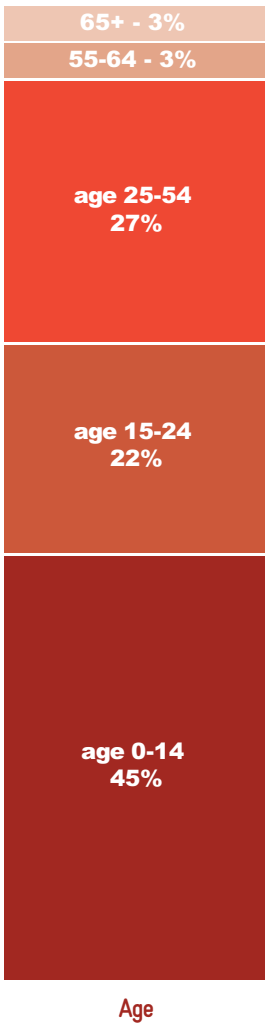
This brochure could only be developed due to the openness and professionalism of all involved stakeholders. Therefore, the consultants want to express their gratitude to these partners.

Mozambique

Credit: GDJ – Pixabay

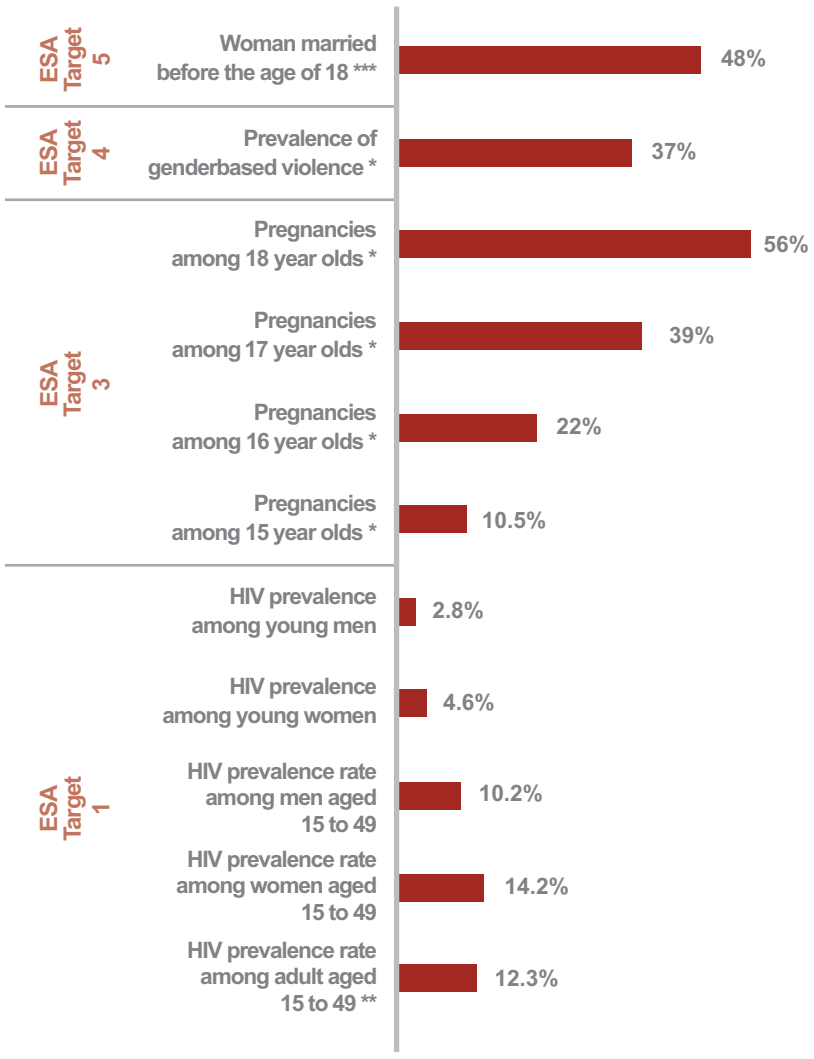
Mozambique is one of the poorest countries of the world with an extremely young population (average age: 17.2 years). Almost half of the population is under 15 years old. This equates to about 13 million people, many of whom will become adolescents in the near future. A fifth of the population are already adolescents (in Mozambique up to 24 years old). Half of the adolescent girls have their first child before the age of 18, more than 20 per cent before 16. Access to education and to health services has improved significantly in the past years. Nevertheless, knowledge regarding sexual and reproductive health is limited among large parts of the population. The initiative Programa GeraçãoBIZ is the most important access point to youth – and in some cases indirectly to their parents – to facilitate behaviour change that enables adolescents to lead healthy and autonomous lives.

Mozambique Demographic Profile 2018



Source: IndexMundi.com

Baseline Data Prevalence in per cent



* INE 2013; data 2011 (Instituto Nacional de Estatistica, MZ)
** HIV prevalences: UNAIDS 2016
*** UNICEF 2015

PGB: About the Programme GeraçãoBIZ

Mozambique's youth are always busy, or 'bizy' as many young people like to write. That's why it is the BIZgeneration – GeraçãoBIZ: Always seeking challenges and trying to do things differently. This at least was the assumption when the initiative Programa GeraçãoBIZ (PGB) was launched in 1999, first in Mozambique's central province Zambezia, and the nation's capital Maputo, then all over the country.

PGB is Mozambique's most important initiative that targets youth. It covers social and educational activities. The main objective is based on the 2nd priority of Mozambique's Five-Year-Plan, namely: to "promote the participation of youth in socio-cultural, physical/sports and economic activities as a mechanism to improve … life quality and well-being". Some of PGB's objectives are also related to the National HIV Council's strategic objectives for 2015 to 2019 (PEN IV).

After some years of limited activity, PGB has been undergoing a process of revival since 2016. Zambezia is again one of the priority provinces. The largest current PGB initiatives are financed and implemented by UNICEF, UNFPA and PEPFAR. It is steered by a committee comprising the Ministry for Youth and Sports (MJD), the Ministry of Education (MINEDH), and the Ministry of Health (MISAU) with the participation of the ministries of gender and of justice, and implemented by local and international organisations, predominantly through large networks of youth volunteers.

Coherence between GeraçãoBIZ and the ESA Initiative

ESA targets		PGB targets
TARGET 1: Consolidate recent and hard-won gains in the reduction of HIV prevalence, and push towards eliminating all new HIV infections among adolescents and young people aged 10-24.	↔	**Main Objective:** Improve adolescent sexual and reproductive health (ASRH) and reduce the incidence of HIV and AIDS… and STIs. **PEN IV:** Reduce … HIV infection by 30% until 2019.
TARGET 2: Increase to 95% the number of adolescents and young people aged 10-24 who demonstrate comprehensive HIV prevention knowledge levels.	↔	Reduce the vulnerability of adolescents and youth by promotion of access to information about SRH, STI, HIV/AIDS. **PEN IV:** Increase the comprehensive knowledge of youth 15 to 24 years old in regard to HIV by 60% until 2019.
TARGET 3: Reduce early and unintended pregnancies among young people by 75%.	↔	**Specific Obj.:** Reduce the incidence of early pregnancy; Reduce the incidence of unsafe abortions.
TARGET 4: Eliminate gender-based violence. **TARGET 5:** Eliminate child-marriage.	↔	Foster life skills and the promotion of quality clinical (medical) services, in regard to human rights and gender (equality).

ESA and PGB objectives aim to strengthen youths' access to SRH information.

Mozambique's Ministry of Health (MISAU) has inaugurated youth-oriented spaces in a large number of health centres (Serviço de Amigos dos Adolescentes e Jovens, SAAJ). Other donor funded initiatives include an anonymous SMS counselling service, which aims to provide education on reproductive health and to sensitise youth on HIV prevention. It also promotes the use of family planning services and motivates its users to seek health advice at a SAAJ. The cascading mentoring system among girls and young women, used by the projects "DREAMS" and "raparigaBIZ" has similar objectives: specially trained nurses counsel the pupils on SRH and refer them to newly (re-)established youth friendly health services (SAAJ). Mentors – youth volunteers – pro-actively hold presentations about SRH topics for school students and community youth and, where required, refer them to the school nurses or SAAJ. The mentors also link communities and schools, for example when they help young mothers to return to school after having dropped out during pregnancy. The innovation in this approach is that this represents a shift from PGB's traditional peer-to-peer approach to a mentor-based approach. Many more activities are implemented by local and national NGOs, such as AMODEFA, which is the only civil society organisation providing youth counselling and a youth health facility, thereby supporting the public service with the provision of better access to SRH services.

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The ESA Commitment targets complement the PGB's targets. The main focus of PGB measures are on peer-to-peer approaches for in and out-of-school youth. The institutionalisation of CSE in schools is not addressed by the PGB. The ESA Commitment targets consider both the development of a CSE curriculum framework as well as capacity building of teachers in CSE.

- A "***SAAJ***" is an area of a health facility especially for youth to facilitate their access to SRH services.
- A "***Cantinho***" is a dedicated space in schools, where a nurse provides counselling in SRH, and ensures the linkage to the nearest SAAJ.
- "***DREAMS***" and "***raparigaBIZ***" are two of the largest current programs targeting youth health. DREAMS targets youth irrespective of gender, while RaparigaBIZ focusses on girls and young women. Both contribute significantly to lower rates of early pregnancy, marriage, and school drop out of young mothers.

From paper to digital — the challenge

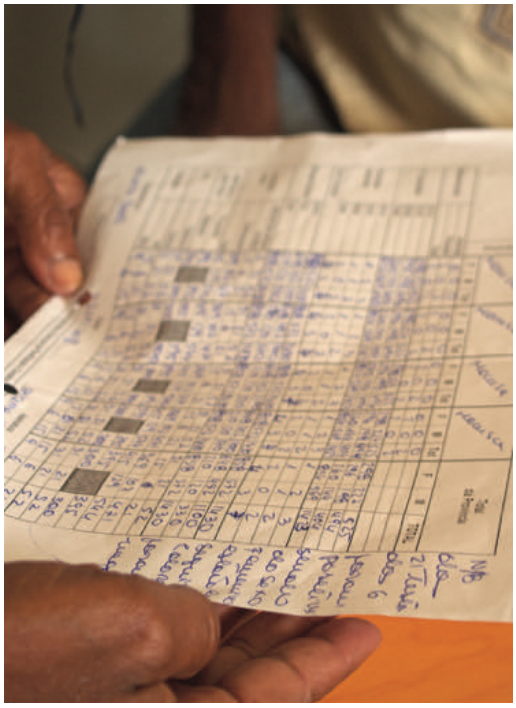
Monitoring is complex. The simplest tasks are those most prone to error: volunteers fill out short forms stating whom they visit when and why. Their supervisor reviews and aggregates the information. Everything is written by hand. That is the case with most of the volunteer programs, including “raparigaBIZ”, which provides young female mentors for adolescent girls. “Since I started coordinating the raparigaBIZ mentors, I never had a reporting form,” says a youth volunteer coordinator. She developed one herself, and now aggregates the information on her computer and passes this on to her organisation’s supervisor. So far, she never received any feedback on the data. “I have no idea what they do with it,” she says.

Nurses in youth health centres also fill in forms that are crammed with columns. They record patients, number of youth counselled, as well as results of health tests. Sometimes they get confused and fill the monthly totals in each of the four week-columns, quadrupling the number of patients. Simple offices, overflowing folders and shelves, and humid air pose difficulties for storing these paper-based forms. District health officers are meant to collect the forms. That’s why for many administration personnel, monitoring is considered equal to field visits. Sometimes, nobody comes to collect the forms. In other cases, the forms are only collected by the international organisation who financed the equipment.

The forms that reach the district or province office have to be digitised into *Excel* sheets. Thousands of handwritten numbers combined with time pressure can lead to simple errors, for example mixing-up the use of decimal and thousands separators.

PGB follows a multisectoral approach: it is steered by a committee at national level, with representatives of the three main stakeholder ministries of health, education and youth, accompanied by the ministries of justice and gender. There are also similar multisectoral committees at province level. Their members’ tasks are to coordinate implementing organisations; to liaise with NGOs and other sectors; and understand the needs and demands on the ground. Therefore, theoretically, data from the health, education and youth ministries feeds into the PGB reports. But at the community level, reporting from sectors is combined. Data on numbers of youth trained at an individual school in health, may therefore be fed into to all three sectors at the provincial and national level, and, as a result, be over-reported in national reports.

Furthermore, PGB at national level collects youth-relevant data from several ministries, but may also receive data from the PGB province committee, as well as from implementation partners. Their data may or may not have already been integrated at province level. As a result, it is difficult to interpret aggregated data.



At ground level, monitoring is paper based.

The revitalisation of PGB led to an effort to strengthen data collection and management, especially in Zambezia. The PGB provincial coordinators were expected to implement a mapping process by June 2017. However, only eight of Mozambique’s eleven provinces contributed data; Zambezia had not finalised its mapping by May 2018. In addition, many of the coordination meetings at provincial and district level were not held in 2017.

Clotilde receives reports via *WhatsApp*.

Clotilde Testimony

The true reports come by *WhatsApp*

Clotilde plays with her mobile phone. In front of her, on her desk, are a laptop and an old computer. Mostly she uses the laptop, but some data are still stored on the old computer. Eleven other desks with computers, and another with a typewriter, stand in the large room on the third floor of a Portuguese colonial building. The room's floor looks like a spider web made of power cords. Four colleagues sit in the room, their backs to the big windows. The provincial health administration has its offices in this building.

Clotilde checks her *WhatsApp* messages: ***"Here I get the news from my colleagues in the schools and health centre,"*** she says. As the person responsible for school health, she is part of a *WhatsApp* group comprising officers and focal points from education, youth and sports, and health in the various administrations. One member asks for some statistical data. Clotilde answers that the district officer for youth and education has this. The inquirer now knows to whom to write the letter requesting information. ***"This is much faster, than the usual way: asking here and there, writing letters to several institutions one after another"***, Clotilde states.

The group exists since March 2016; currently there are 19 district coordinators, 12 nurses and five province staff in the group. Three district coordinators are not in the group because they do not have mobile phones that support *WhatsApp*.

Some group members send pictures from health days in remote communities or schools. Others use the group to prepare a health market with different prevention activities, presentations and testing opportunities. ***"The true reports are here"***, she says. Clear messages, short sentences, facts, pictures and observations. Formal reports need much more time.

"Right now, we are preparing a school show", says Clotilde. ***"The health director had the idea last year. Two months later, the first school show was held. That was not planned nor budgeted. Even so, we managed to get the money together from our budget, and by involving some NGOs."*** Four more school shows are planned for 2018 in and around Quelimane, Zambezia's provincial capital. They anticipate about 200 participants for each event, mostly school students. Volunteers will be there to provide counselling to participants regarding family planning. Sexually transmitted diseases will be another important topic during discussions and speeches.

Four participants will be awarded a prize for asking questions. Who asks the most, or most pertinent, questions will receive a t-shirt for example. The aim is to motivate youth to speak out, to ask questions, and to share knowledge. Where youth are reluctant to ask when something is not understood, such approach is of high value.

Clotilde has been working for one year at the provincial health administration coordinating PGB activities. She is directly subordinate to the director to strengthen health at schools. Before that, she worked as a nurse and studied psychology, and was a youth health counsellor. Sometimes she misses working directly with youth and patients.
Again she checks her messages: a nurse from a youth health centre 150 kilometres away just sent a photograph of the weekly monitoring sheet, packed with columns showing numbers of youth advised, tested, and adhering to treatment plans. Clotilde will have to transfer the numbers to the *Excel* sheet on one of her computers.

Volunteer mentors pro-actively talk to school students and motivate them to seek advice in the school's health corner.

"Cantinho": the little health corner

177 is the number of *cantinhos* in Mozambique. Many secondary schools have a "little corner", where school students can receive counselling, family planning advice, and condoms. Here they can talk about gender roles as well as sexual harassment or early pregnancies. In Zambezia province, nurses specifically trained to counsel youth work here every day.

All the rooms look very much the same, usually equipped with a small black sofa, a few white metal chairs, and an empty refrigerator. The equipment is donor financed, the nurses' salaries too.* The schools provide a room and contribute with electricity supply. As yet no concept has been developed to facilitate the integration of nurses into the public health sector to ensure sustainability.

A similar approach was previously implemented until 2011/2012: Students ran small school clubs, where other students could seek advice regarding sexual and reproductive health. Nowadays, cooperation exists between the *cantinhos* and the nearest health facility or youth friendly health service (SAAJ). If a school's nurse thinks that a student should do a health test, she advises them accordingly. It may take one meeting or several, until a student is ready to take a HIV test. Then she refers the student to the health facility. A voucher system is used for monitoring: the health facility staff signs one copy for return to the school nurse and keeps another. This enables the nurse to count and follow-up how many referred students really went to the health facility.

The school nurse cooperates with volunteer mentors, the school director, and a psychologist. Volunteers are about the age of the elder students and therefore have easier access to the students than the nurse. They make contact with the students during the school assembly before the school shift starts or during school breaks. The pupils share their personal cases with the mentors, who try to convince them to seek counselling at the *cantinho*. Some students may also be advised to visit the psychologist, who attends about once a week.

The use of volunteer-"*mentoras*" to refer students to the *cantinho's* nurse is a good practice, as it helps overcome the reluctance of many adolescents to ask the nurse for advice because of their respect for her. This is despite the fact that many of the nurses are only five to ten years older than the students.

* The installation of "*cantinhos*" with nurses in schools and *mentoras*, is part of PEPFAR's regional project "DREAMS"; in Mozambique with 13 local partners at least until 2019 (www.pepfar.gov/documents/organization/249176.pdf).

Carlos

Testimony

Carlos from the education district administration visits a school's health corner, which is managed by the health administration.

For healthier youth: cooperation of schools, nurses and community

"Cantinhos are a big challenge", says Helder. "There is simply not enough space". The personnel of the provincial education administration are responsible for health at schools, including HIV prevention (Saúde Escolar), as well as for the coordination with the district administration and the provincial PGB committee. ***"Without the support of individual organisations, we would hardly be able to implement the Program GeraçãoBIZ,"*** adds Carlos, responsible at district level for education, youth and sports. There are volunteers to coordinate, decisions to make regarding the location of new *cantinhos,* and schools to advise on how to cooperate with the *cantinhos*' nurses.

But the administration staff are already thinking ahead. Wouldn't it be great, if the nurses in the schools also provided advice to the teachers? The aim would be for teachers to feel more confident to integrate health issues into the lessons: multiplying condoms in math; discussing the beginning of HIV in history lessons. In language lessons there may be space for stories about famous people living with HIV, and for the biographies of women who fight against gender inequality and violence. The nurses could also support the schools' focal points and social assistants, who are there to support the teachers in terms of HIV prevention and mitigation. Healthier teachers – that would probably also reduce the number and length of absences.

The idea to integrate HIV or health subjects in the school curricula has been discussed for a number of years already. However, a final decision has yet to be reached. There is a Pacote Básico, the basic package: a book, some brochures, and maybe some flyers informing about HIV prevention and mitigation. Most schools are said to have received the basic package, some of them may use the material. This year, Carlos had just 23 sets to distribute for one hundred schools that requested one.

Carlos also participates in the distribution of school material to poor pupils. Most of them already dropped out of school in order to help at home. The beneficiaries are chosen by local community leaders. During the half-day event, which includes speeches and TV interviews, the beneficiaries receive a backpack, pens, and notebooks. This is supposed to motivate the parents to send their children back to school.

The distribution of the school materials, as well as coordination tasks with local organisations and *cantinhos*, is recorded in reports compiled by Helder and Carlos. The report contains everything that has to do with youth or education, and is intended to be transferred to the provincial administration. Additionally, Helder meets with his counterparts in the public health sector – sometimes informally, sometimes in official meetings. Topics are the management of the volunteers, who may be exempt from school or university fees, or enjoy priority in selection processes for public service vacancies.

"We report what we consider relevant to the Program GeraçãoBIZ committee," confirm Carlos and Helder. The activities are discussed during trimestral meetings of the provincial GeraçãoBIZ committee and may find their way to the national level via reporting of the ministries', GeraçãoBIZ, and the partner organisations.

Nurses are specially trained to counsel youth.

Cantinhos' empty fridges

Most *cantinhos* are equipped with a refrigerator. The little cube with a glass door usually stands on one of the metal chairs in the room where nurses provide advice to students on sexual and reproductive health. The refrigerator is always empty.

It was intended to be filled with several health and HIV tests. However, schools are prohibited from providing HIV tests. The public administration is concerned about the reaction from parents. Would they protest? Would they tell their children not to go to school anymore? Therefore, the schools' nurses refer students to health facilities if they believe a health test is appropriate. After leaving the *cantinho*, some of the students may choose not to take the test. They may have developed confidence and trust in the school nurse, but she would not be there when they receive their result in a health centre or SAAJ.

In the first quarter of 2018, the public discussion was relaunched: some administrators in the education ministry are now in favour of permitting HIV testing in schools. This will likely require a consultation process with parents to obtain their consent. Probably the school councils, composed of teachers and parents and sometimes a local leader, would be the ideal institution to convince the parents of the importance of this measure, once the health ministry approves health tests being conducted in schools.

The discussion regarding the availability of HIV testing in schools, performed by the specifically trained nurses, became more important again during the field mission for the ESA initiative in Mozambique. Some individuals in the education and health ministries are in favour of allowing HIV testing in schools. However, official approval is still needed from the ministries.

Youth health facilities are equipped with new furniture.

Testimony

Maria Rosa

Olinda

"Most of the visitors are boys"

Maria Rosa's work day starts about seven o'clock in the morning. At this time, the young nurse opens the door to her *cantinho*. Only a few months ago, this small room was a storage room. Now, a plaque outside the room states "*Cantinho*" – the school's health corner. ***"Sometimes more than hundred students come through each day"***, she says. ***"It wouldn't be so many, if there weren't the mentoras"***, Maria Rosa adds. 3,552 students are registered at this school in the suburbs of Zambezia's capital Quelimane. "Mentoras" are female youths who actively seek contact with the students, to motivate them to visit the *cantinhos*. Olinda is one of them: ***"Just a few years ago, I was also a student here."***

"Most of our visitors are boys", observed Maria Rosa, they ask for condoms. In March 2018 alone she distributed 4,000 male and 50 female condoms. But before she gives them some, she starts a discussion. She tries to get them talking about sexuality, family planning, STIs, HIV and other related topics. She asks them to show, using a wooden penis model, that they know how to use a condom correctly. Lots of myths also have to be debunked, such as the beliefs that contraception will burn the uterus, or that the free public condoms are of bad quality. The topics are similar with female pupils.

"It is harder to make girls visit the cantinho", observed Olinda. They are afraid of being laughed at by their classmates, ***"and they are ashamed to talk to a respected person, such as a nurse."*** This is despite the fact that Maria Rosa is only a few years older than the senior students.

Four mentoras volunteer at this school. They are trained peer-educators. During the morning gathering, or when teachers are absent or late, they explain different aspects of sexual and reproductive health, gender-based violence, or family planning to the classes. ***"There is always someone approaching us after the presentation",*** says Olinda. That's how they can initiate regular contact with the students. They can follow up their concerns and refer them to the *cantinho*. General issues are also discussed with the school directorate. ***"Since having a cantinho, the number of school drop-outs due to unwanted pregnancy has decreased almost to zero",*** says the female director of the school. In 2016, before there was a *cantinho*, more than twenty young women aged between 14 and 18 had left school before their final exam. Most of them have since returned after being visited by a mentora.

If Maria Rosa considers it necessary, she refers students to the nearest SAAJ, or arranges a meeting with the psychologist. ***"It would be important for us to be able to do HIV tests at the school"***, she says, and the school director agrees. She also would like to cooperate more with the school's HIV Focal Person to find a way to integrate health and HIV knowledge in school lessons. But her time is limited. Since the volunteers motivate the students to use the *cantinho*, there are only very few moments when the cantiho is empty.

Maria Rosa is employed by an international organisation. Her contract is limited to approximately two years. Her training and the training of the volunteers is implemented by an organisation from the USA.

When boys ask for condoms, the *cantinho* nurse starts talking to them about family planning and responsibility.

Program raparigaBIZ: girls learn and discuss about family planning and their rights in safe spaces.

Girls for Girls

The raparigaBIZ approach seeks to create safe spaces for female adolescents. Boys and men are excluded in order that the young women feel free to talk about their doubts and wishes, their fears and hopes. These opportunities for exchange help them to understand that they are not alone with their questions. They seek answers and advise each other with the help of trained female volunteer mentors. They discuss their parents' and aunties' perceptions of femininity, expectations of boyfriends and male family members, and take more control over their lives. They feel safer as a community. Many of these young women learn to speak out, to articulate what they expect and what they want. They learn what sexual harassment is, and that they can denounce it. They learn to ask questions confidently, with their head raised and their eyes directed to the teacher or other respected-person in front of them.

RaparigaBIZ is financed by the Swedish government and is implemented by several local and national NGOs under the umbrella of the youth organisations network Coalizão, for example in Zambezia province. Its aim is the "full realisation of sexual and reproductive rights of girls and young women through empowerment for informed choices and provision of access to SRH services". In Zambezia, the project has reached about 4,900 girls aged between 10 and 24 years old since its beginning in 2016. Girls aged between 10 and 14 years old are its largest cohort.

The strength of the approach is also its weakness: The raparigaBIZ approach targets girls and young women. It is not for boys or young men. Although girls and young women are learning that early pregnancy and dependency on men limit their personal freedom, the effectiveness of this program may be limited as long as men consider that these women are breaking long-standing "traditions".

There are some other gender-mixed volunteer networks focussing on youth health. These can be seen as a first step in the right direction.

During this field mission, the issue was raised and some PGB stakeholders are now aware that there is a need for a boys program – let's call it rapazBIZ – to strengthen equal opportunity.

Lídia

Testimony

Lídia coordinates young girl volunteers.

Leading the girl volunteers

Lídia coordinates 300 girl volunteers. 135 of them are active mentors, the others are waiting for their initial training. The 19-year-old is in the 11th class. She supports the selection and training of the volunteers from several schools around Mocuba, a small city in Mozambique's central region.

Until two years ago, she was a volunteer in Hulene, a township close to the airport in Mozambique's capital Maputo. In 2016 she moved to her brother's apartment in Mocuba. A few months later, a flyer circulated calling for participants in the raparigaBIZ movement. She applied, like hundreds of other youth. She was selected and soon became a coordinator.

Every month she meets her girl volunteers to train and advise them on becoming a mentor for other girls. She imparts her knowledge of adolescent reproductive health, youth rights, contraception and family planning. The girl mentors take that knowledge to their communities. They motivate girls to join in and discuss.

Each mentor meets every Saturday and Sunday with their group of up to thirty girls and young women. They are between 11 and 19 years old, mostly around 16. They talk about what they learned about themselves, as well as family incidents: for example about the uncle who always gives compliments to his niece; about their boyfriends expecting them to get pregnant; or the comments of teachers, who expect sexual favours in return for good grades. They learn to speak-out and how to solve difficult situations. The mentors also visit families and try to convince parents of the advantages of young women finishing school and further education, as well as avoiding early marriage and pregnancies. Those needing more help, are referred to the nearest youth health facility (SAAJ).

"When we invite girls to our advocacy sessions, parents often ask: 'What will she bring back for us?'", says Lídia. ***"They believe it would be better for the girls to help in the household, to fetch water, or at least receive something to eat, instead of just attending our meetings."*** But slowly, also the parents are seeing the advantages of the meetings.

"I don't even want to tell what I did on the weekends in the past", says one of Lídia's mentors. Night-life, alcohol and young men promising expensive presents were their escapes from everyday life – bringing some hope for a better future, or at least some pleasure. Today they know more clearly what they want – and fight for their dreams against old-fashioned rules and perceptions. Lídia is their role model, self-confident, taking care of herself without being in conflict with her family, going to school, and leading so many volunteers.

Volunteers support young mothers, and convince them to return to school.

Young mothers back at school

"We have brought eight girls back to school this year", says Célia happily. These young women aged between 15 and 17 were pregnant – ***"some from teachers, some from their community".*** They had left school when they found out that they were pregnant.

Célia is one of the more than twenty school girls and boys who joined the Namagoa Secondary School Youth Club. A third of them have already received some training and are passing their newly gained knowledge on to their peers: family planning is the most talked about subject, but also harassment and abuse, health prevention, as well as ***"***rights and duties of children***".*** Some of the school club members visit school during the morning, others in the afternoon, because in Mozambique school is organised in shifts. ***"That's how we reach pupils in both groups."***

The club is supported by a local NGO named RESA. The local community leader is also involved in the project. The school club members can count on his support when they implement their activities in the communities. This is because he is also the president of the school council and president of the co-management committee of the local health facility. The coordinator of the club is the sports teacher, who is also the school's HIV Focal Person. The young male teacher started a football club with the volunteers. He applies elements similar to the "youth development through sports approach"***,*** where training sessions are used to sensitise participants on healthy and good social behaviour.

Regularly, the volunteers visit neighbouring communities. They perform improvised plays and hold small discussions. Through such gatherings they get into contact with other youth and identify those who may have personal difficulties and/or have left school too early. The volunteers will then visit them and offer basic counselling, sometimes together with the parents. Through their activities in the communities, they are also able to build trust with young women who had dropped out of school in the previous year and encourage them to return. The husband of one young mother was strictly against the idea that she could return to school. He believed she would be better off to take care of the household. In the end, the 17-year-old left him.

"Unfortunately, there is no youth health centre around here", laments Célia. And the nearest normal health centre is still far away. ***"We would like to distribute condoms, but there are never enough,"*** Célia continues. The geographical isolation makes it difficult to refer youth to health services or to get there regularly to obtain condoms. However, the school club volunteers continue advocacy in the communities, seeking to bring young mothers back to school.

Josina

Testimony

Favours for good marks

Josina* cries. She was late for the Portuguese language test. The teacher still let her participate, but gave her a bad grade. During a moment when he was alone with her he said: ***"How can I support your promotion to the next [school] year, if you don't want to be with me?"**** Ashamed, Josina tells her closest friends about the threat. One of them is a volunteer mentor. She advises her to not follow the teacher's demand.

Many teachers are young, about twenty years old, when they start their career. In remote areas, they are the most respected person with a regular salary. At the same time, they are a stranger, since they are often transferred from other provinces. Despite the law and the teacher's union code of conduct prohibiting sexual relations between teacher and student, teachers demand favours from female students again and again. Consequences are rare. There may be some small note in the personnel record, or a teacher might get transferred to another school. Some administration staff say they prefer to educate the teacher, instead of demotivating them through punishment.

For the harassed girls, the mentor volunteers and *cantinho* nurses are extremely important. They may not be able to take action against the teachers, but at least they advise the girls on how to tackle the situation and how to reject such men. The girls learn that no man, teacher or not, has any right to claim favours. This contrasts with the beliefs of many parents and students, who still consider such behaviour as inevitable, something that can't easily be changed. A majority of men as well as women also believe that short skirts are an invitation for sexual advances.

There is only one female teacher at Josina's school, the other twenty are men. The female teacher is known as rigorous and distanced, usually leaving the school quickly after her lessons. Today she is not at school.

The school director sits under a tree beside his office together with some teachers. None of the girls nor the volunteer mentor dare to mention the incident. They consider that doing so would be "culturally inappropriate". However, they let the story circulate. Without any direct talk between the students and the director, the director summons Josina's teacher and admonishes him. A few days later, the school council convened a meeting to discuss the matter and publicly reprimand the teacher. Josina receives a better test result and will be promoted to the next year. But she will still have to continue lessons with that teacher…

Teachers may be reprimanded for sexual abuse.

* not real name
** in Mozambican Portuguese: "…namorar comigo"

SAAJ — the safe health alternative

444 is the number of SAAJ in Mozambique. In Zambezia province, about 55 SAAJ offer their services for youth aged up to about 24 years. SAAJ stands for Youth Friendly Health Services, which are specialised units in health facilities. SAAJ offer health services ranging from counselling to health tests. In case of positive results, the patient commences treatment immediately – irrespective of whether it is a sexually transmitted disease, malaria, or diabetes. The basic concept is to offer services for youth in a separate space, usually in the backyard of a health facility. This approach reduces waiting times for the target group, and utilises specially trained staff. It also reduces fear of being seen by other, often older, relatives or neighbours. Therefore, the inauguration or rehabilitation of a SAAJ itself, can be considered a good practice, as this facilitates the use of medical services by youth.

There are two types of SAAJ: specific and alternative. While the specific SAAJ is an independent physical ward in a health facility, the alternative SAAJ may refer to just a room, or the availability of specifically trained staff during opening hours within the health facility building. Currently, there are some alternative SAAJ being upgraded and equipped to become specific SAAJ.

This clinical approach is implemented by the health sector with the support of four partners: Friends in Global Health (FGH); International Center for AIDS Care and Treatment Program (ICAP); and Family Health International (FHI 360).

Girls accompanied by a mentor-volunteer have priority access to youth health facilities.

These partners generally rehabilitate and equip SAAJ rooms, with PEPFAR funds. The Mozambican Association for Family Development (AMODEFA) is the only organisation that provides a privately run specific SAAJ in Zambezia province.

The SAAJ provide youth with improved access to adolescent-oriented health information and care, especially in regard to sexual and reproductive health. There are many examples that demonstrate that the existence of the *cantinhos* (school health corners) strengthen the demand for and existence of SAAJ.

Digna Testimony

Nurse Digna explains monitoring forms.

SAAJ in action

Digna smiles when she talks. Her questions are focused and direct. When she listens, she holds the gaze of the person speaking. Before answering a question, she repeats it to make sure she understood correctly. She has been working as a nurse, mostly with youth, for around thirty years. About three years ago Digna became responsible for two youth health facilities, called SAAJ, in a small district almost 150 kilometres north of Quelimane. More than one hundred 12 to 24 year olds pass by here every day. ***"Actually, we should open the SAAJ every day until 7 pm, not just until 3 pm,"*** she says. ***"That's too early for many school students."*** But the public system cannot pay for the extra hours, nor can the U.S. American university, which contributed equipment to the youth health facility.

The youth come individually or in groups of five to ten. ***"Last Monday, a group of 15 girls came here,"*** Digna reports. ***"They wanted to know what sexually transmitted diseases are."*** Teachers frequently send students to the SAAJ to research various health topics.

The SAAJ is limited to youth up to the age of 24 years to keep waiting times short. Although ***"some come here with three babies and say they are only 24 years old,"*** she won't question them, Digna confides with a twinkle in her eye. ***"Young women are much more likely than men to come to the SAAJ"***, Digna continues. Most of them heard about family planning and come wanting to know more about it, and what contraception options there are. Among the young women seeking advice are those who work during the weekends around the small bars, right in front of the health centre. They come because of STIs and ask for condoms – ***"If they actually use the condoms, I don't know"***, says Digna.

Her small SAAJ consists of a desk, on it a stack of papers and some condom bulk-packs, there are four simple chairs, a small empty refrigerator for medicines, a locker, and two rubbish bins. No computer, no tablet. The white-washed walls show traces of people who have leaned on it. The door of the three by seven-meter room leads directly outside to the hot sun. This is where the young women wait. Those wanting to go to the main clinic need to go around the building and through a narrow corridor, with similar basic treatment rooms on both sides. On every door hangs an A4-sized printed document announcing that coughing patients do not have to wait. An old poster warning against tuberculosis is peeling off the main door.

SAAJ-visitors who only ask for counselling are not even counted. Digna records only the patients who ask for contraception, who receive tests, or who are ill. In case of positive results, the patient commences treatment immediately irrespective of whether it is a sexually transmitted disease, malaria or blood pressure. Drugs and test kits are always available. There are only shortages of Salferoso, used to treat anaemia, from time to time. Digna records the patients in a list, disaggregated by gender and age. These lists are the SAAJ's reports, collected in large folders. Up until one year ago, the only person who ever came to collect the lists, was someone from the international organisation that funded the SAAJ equipment. What they do with the monitoring papers – nobody in the administration knows. Nowadays, since Clotilde has been working in the provincial health administration, Digna uses *WhatsApp* to send photographs of the monitoring lists. The provincial health administration then has to transfer the data into *Excel* sheets.

Some SAAJ only provide limited space for nurses, administration and examination.

Feliciana Testimony

Schools revitalise Youth Health Facilities

"Our SAAJ was revitalised because of the cantinhos", says Feliciana. ***"It practically did not exist anymore."*** Since nurses started working in schools counselling the students and referring them for services, many more youth have been taking advantage of the youth friendly health service in Coalane's health centre.

Feliciana worked for several years in the main patient reception. Youth had to wait there as long as anybody else. From 2016 more and more adolescents started to come, sent from the *cantinhos* in the nearby schools. That's how she was able to convince the directors – and those higher up– to provide a dedicated space for a specific SAAJ.

"Most people come in the morning", says Feliciana and points to the terrace in front of the SAAJ's entry. There is space for about fifty visitors to wait. Others have sought a shady place under the trees between the one-storey-buildings. Behind the door of the SAAJ stands an old table, covered with registration forms. Blood samples are taken here before meeting the doctor in the room behind. The room of less than twenty square meters contains a folding privacy screen, a kind of a stretcher, another large table, a few chairs, and a tiny wooden bench. Two nurses work here with the doctor; one to two patients may be handled at a time. ***"Sometimes mentors come from a school, accompanying a girl"***, usually urgent cases. The SAAJ and the *cantinhos* have agreed that priority will be given to mentor-accompanied young women. Every month Feliciana meets with nurses who work in school *cantinhos*. They exchange observations and discuss important issues, such as how they can convince the young girls to avoid early pregnancies.

Most visitors are young women, many of them seeking information about menstruation, family planning advice and methods. Others are pregnant, and many of them come with their babies. ***"15 minutes are not enough for most of the cases"***, states Feliciana.

Young men come usually around midday or in the early afternoon. They mostly come for HIV tests. This gives hope for a behaviour shift: traditionally men avoid HIV tests, while women are tested as part of pre-natal care. This often causes conflicts at home when a pregnant woman receives a positive test result, but the man continues to consider himself HIV negative.

Many of young women feel ashamed to be seen in a health centre. They worry that aunts, other family members, or neighbours may see them. They are afraid of uncomfortable questioning by relatives or friends, who do not consider it necessary for young, healthy people to attend health facilities. They may trigger rumours about their "bad health state" which may then lead to discrimination.

Sometimes young women themselves do not know what exactly to expect from their visit to the SAAJ. ***"Often we have to convince the mothers how important it is that their daughters come to the SAAJ and receive advice regarding reproductive health"***, says Miranda, Feliciana's colleague. It is important to delay the age at which girls have their first sexual relationship in order to avoid early pregnancies.

During the afternoon the visitor numbers reduce. Feliciana uses the time to prepare reports. Her colleagues count the vouchers, often called referral slips: adolescents who were referred from schools usually bring a kind of referral voucher. The SAAJ nurses sign a copy, which the student should return to the school's nurse. Another is used by the SAAJ for record keeping. Feliciana completes the list, which she will bring to the district health administration. In her case, that's not far. If the photocopy machine works, Feliciana will also keep a copy for the hospital's reporting.

Digna

Testimony

Community outreach: "First, we talk to the people"

Sometimes Digna accompanies the Mobile Health Brigade. Her fellow nurse is then left alone in the local district SAAJ while Digna counsels, tests and treats people in remote communities.

Once a month, nurses, dentists and nutrition advisors travel to different communities, which are located far away from physical health facilities. These visits are planned in advance, with the local administration and community leaders being informed. Where volunteers exist, they inform the population about when and where they can attend the mobile health unit. Sometimes the volunteers accompany ill people to the little white truck. ***"When we arrive, we cannot immediately start examining the people",*** explains Digna. ***"Firstly, we talk to the people."*** Some of them are afraid, for example that someone taking contraception will never again be able to have children. Many also believe, just as the church teaches, that the only reason for having sex is to have children, which renders contraception unnecessary.

Digna observed that in those communities with active volunteers, the arguments against family planning are much weaker than in those without volunteers. Through volunteer activities, parents and youth have already learnt the advantages of family planning. They know that adolescents should at least finish school. ***"A woman should be at least 18 years old when giving birth"***, says one community member. ***"About 21 or 23 years, that's a good age"***, adds a community volunteer. There are increasingly more men and parents sharing this view.

During the field trips, Digna also records the number of people seeking support from the mobile clinic. She compiles handwritten lists of ages and health test results. But she leaves the forms with the local public administration. What happens afterwards with the data – she doesn't know. Youth, health, education: at local or community level all the sectors may be the responsibility of the same person. The data should be disaggregated and transferred to the various district administrations. ***"I don't know if this is the case"***, says Digna. ***"But I know, that we reach so many people, and that there is a change in perceptions and behaviour. Maybe some time in the future, our young people may care more for their health and their future…"***

Mobile clinics reach out to remote communities.

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