# THE "BIZY" GENERATION TAKES OVER

A documentation of good practices and experiences linking comprehensive sexuality education and youth health services in Mozambique

2nd Edition

# LIST OF ABBREVIATIONS

| | |
|---|---|
| **AYFS** | Adolescent and youth friendly services |
| **AYSRH** | Adolescent and Youth Sexual and Reproductive Health |
| **BMZ** | Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung (German Ministry for Economic Collaboration and Development) |
| **Cantinho** | A "cantinho" is a dedicated space in schools, where a nurse provides sexual and reproductive health counselling to students in Mozambique. |
| **CNSC** | National AIDS Committee |
| **CSE** | Comprehensive sexuality education |
| **DREAMS** | The DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) partnership is a USAID funded public-private partnership model to reduce HIV rates among adolescent girls and young women (AGYW) in the highest HIV burden countries. |
| **ESA** | East and Southern Africa |
| **ESA RP** | Eastern and Southern Africa Regional Programme |
| **GIZ** | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH |
| **HIV** | Human Immunodeficiency Syndrome |
| **ICASA** | International Conference on AIDS in Africa |
| **MGCAS** | Ministério do Género, Criança, e Ação Social (Ministry of Gender, Children and Social Affairs) |
| **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) |
| **PGB** | Programa Geração BIZ (National Youth Health Programme) |
| **Rapariga BIZ** | Rapariga BIZ is a Mozambican government-led girls mentorship programme, which is supported by UNFPA, UNESCO, UNICEF and UN Women, and financed by the Swedish International Development Cooperation Agency (Sida). |
| **SAAJ** | Serviços Amigos dos Adolescentes (School health units; Friends of Adolescents Services); dedicated area of a health facility for youth counselling and health service provision. |
| **SRH** | Sexual and reproductive health |
| **UNAIDS** | United Nations AIDS Programme |
| **UNESCO** | United Nations Educational, Scientific and Culture Organisation |
| **UNFPA** | United Nations Family Planning Association |
| **WHO** | World Health Organisation |

# CONTENT


# ACKNOWLEDGEMENTS

The editors of this report wish to express their gratitude to Programa Geração BIZ stakeholders who contributed to and participated in identifying and documenting good practices in Zambezia Province in Mozambique, namely the Ministry of Education (MINEDH), the Ministry of Health (MISAU), the Ministry of Youth Development (MJD), the Ministry of Gender (MGCAS), the National AIDS Committee (CNCS/NAC) and the United Nations Family Planning Association in Mozambique (UNFPA) as well as to the team of the GIZ ESA Regional Programme. This work would not have been possible without the willingness and openness of interviewees to share their life stories, their experience and their challenges when working for improved youth health in Mozambique.

# 1. ABOUT THIS DOCUMENT

This document presents the main findings, conclusions, and recommendations derived from a review of current approaches linking schools and health facilities providing sexuality education and youth-friendly health services in Zambezia Province in Mozambique. The review is expected to enhance the implementation of the ESA Commitment targets in the country, particularly the multi-sector coordination aspects and the reporting function. The main body of this document entails a description of good practices identified, as well as testimonies of young people, and experiences of professionals engaged in adolescent and youth sexual and reproductive health (AYSRH).

## 1.1 Executive summary

### 1.1.1 Background and context

Adolescent and youth sexual and reproductive health has been placed high on the development agenda in the East and Southern Africa (ESA) Region. A key focus is on providing young people with the right information and skills to make safe and healthy decisions about their life and future.

The historic "Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa (ESA)" was endorsed at the 2013 International Conference on HIV/AIDS in Southern Africa (ICASA). The signatories agreed on five time-bound priority actions and targets (see box1) for improved youth health in the region. The ESA Road Map 2020 provides the strategic framework for actions and implementation is tracked through a regional accountability framework.

Twenty Ministers of Health and Education committed to achieving five important targets by 2020[1]:

| | |
|---|---|
| **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. |
| **TARGET 2:** | Increase to 95% the number of adolescents and young people aged 10-24 who demonstrate comprehensive HIV prevention knowledge levels. |
| **TARGET 3:** | Reduce early and unintended pregnancies among young people by 75%. |
| **TARGET 4:** | Eliminate gender-based violence. |
| **TARGET 5:** | Eliminate child-marriage. |

At country level, the ESA Ministerial Commitment is expected to pave the way for actions, which scale up delivery of sexuality education linked to youth health service provision. This is within an overall approach of facilitating and strengthening national frameworks for HIV prevention and control and improved sexual and reproductive health.

[1] Signatory countries: Angola, Botswana, Burundi, DRC, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

Since April 2015 the German Ministry for Economic Cooperation and Development (BMZ) has supported the achievement of ESA targets through the ESA Regional Programme (ESA RP): improving sexual and reproductive health and rights among young people implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). GIZ assists the political leadership and technical coordination groups of the regional initiative and supports targeted national actions with relevance for cross-border exchange and cooperation in four cluster countries - Mozambique, Zambia, Namibia and South Africa - through the ESA RP.

Under this umbrella, GIZ ESA RP supported an in-depth review of good practices linking comprehensive sexuality education in the school environment with youth friendly health service provision in one province in Mozambique.

Mozambique looks back at more than 15 years of experience in designing and rolling out multi-sector youth sexual and reproductive health programmes.
The country is now integrating the ESA targets into its new youth health strategy and bringing new partners on board to ensure coverage of the five ESA targets by 2020.

### 1.1.2 Review objectives and brief methodology

The good practice review had two main objectives: Identifying and documenting good practices linking comprehensive sexuality education in the school environment with youth friendly health service provision

- to inform Mozambique´s new Youth Health Strategy; and
- to contribute to regional learning on approaches CSE and AYFS linkages that work well.

The coordination group of Mozambique´s youth health programme, the Programa Geração BIZ (PGB), served as entry point and sounding board to the team undertaking this review. The group´s inputs informed the methodology and ensured the involvement of key stakeholders. They validated results, supported the documentation, and will ensure the findings are used to inform the formulation of the new youth health strategy. The figure below presents an overview of the major steps that were undertaken.

*Fig 1 Review Process*

### 1.1.3 Summary of key findings

Intervention mapping was carried out jointly with the provincial coordination structure of the PGB in Quelimane, the capital of Zambezia Province. A total of 103 ASRH interventions are listed in the province´s database of the Provincial Secretariat for the Fight against AIDS (CPCS). The interventions were clustered according to the approach taken (health service based, school based, community based, mass media, advocacy; see figure below).

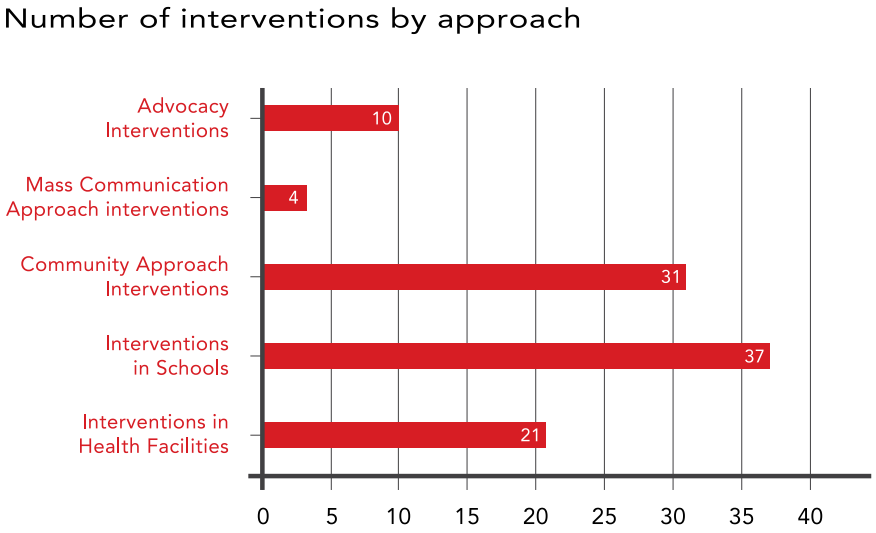



*Fig 2 Number of interventions implemented in Zambezia Province by approach.*

Five projects with wider reach and impact were identified as good practices and analysed in detail:

- raparigaBIZ
- DREAMS
- Digital monitoring
- Civil Society Advice & Counselling (AMODEFA)
- Mobile Health Clinics (AMODEFA)

The findings are presented in chapter 2 of this document.

The two largest projects, "raparigaBIZ" (busy girls) and "DREAMS" link the youth, health, and education sectors. Under the Ministry of Health, youth specific health units (SAAJ) are integrated in existing health facilities. In schools, so-called "health corners" are established, where a specially trained nurse provides SRH counselling to students. As part of the raparigaBIZ and DREAMS projects, volunteer youth mentors pro-actively approach students providing peer-education, organising awareness raising sessions at schools and during community gatherings, and refer youth to school health corners or to the SAAJ. The projects have – in addition to SRH – a strong focus on gender equality, early motherhood and early marriages, as well as gender-based violence (GBV) prevention. The innovation lies in the mentoring approach, representing a shift from PGB's traditional peer-to-peer approach to a longer-term relationship between mentors and youth. The mentor volunteers serve as a bridge between health services (including school health corners) and youth, who are often reluctant to approach respected persons (such as a school nurse) for advice. 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 association AMODEFA also works with youth volunteers, who promote family planning and the use of AYFS more broadly. It also runs the only civil society implemented youth health facility and runs mobile health clinics to conduct outreach activities.

The professionalism and commitment of youth volunteers and of education and health sector professionals observed was impressive. Referrals from the school health corners, teachers and youth mentors in schools and the community contribute significantly to increased use of services. The linkage of youth relevant sectors promotes youth's understanding of family planning, and strengthens their ability to take control over their own lives, especially in the case of young women. Most interventions implemented in Zambezia Province focus on girls and young women. However, this bears the risk that boys and young men feel left out, and an imbalance develops that undermines the ability of girls/young women to utilise new skills in intimate relationships.

The review revealed a lack of coherent data on outputs, and the impact of interventions at district, provincial and national level. Although the monitoring system is actually quite simple and easy to understand, there is lots of room for data loss and duplication.[2] It was revealed that in Zambezia Province, 19 district coordinators and 12 nurses coordinate health events and exchange monitoring data via a mobile messenger application (WhatsApp), compensating for the limited exchange of paper-based documents. Although the use of WhatsApp may be questionable for privacy reasons, this clearly shows the willingness to use digital tools for coordination and monitoring. Building on this momentum could lead to improved data quality and reporting, not only in Zambezia, but also in other provinces.

[2] Data loss: e.g. due to the necessity to manually transfer data from paper to excel tables
Data duplication: e.g. due to the same data being reported to different sectors, which is then fed into aggregated data

### 1.1.4 Main conclusions and recommendations

#### (1) Conclusions

Well-functioning multisectoral programmes increase service use by adolescents and youth more than programmes that target changes in one sector only. Although statistical data that would illustrate the impact of the above interventions in Zambezia province are missing, it can be concluded that linking CSE and SRH in the school environment has an important impact on youth health. Key findings include:

- School health services are located where adolescents are, and help to overcome barriers such as transportation, inconvenient opening hours, long waiting times, and fear of „being seen by community members when seeking services and being talked about."
- School health services create demand for further professional health services that are provided at youth friendly health clinics (SAAJ).
- School health services establish relationships between health care personnel and teachers, leveraging advice and exchange of information, thus supporting CSE.
- Mentoring by trained volunteers, as opposed to peer-education interventions, establishes a strong relationship between students/adolescents and their mentors, thus leveraging pointed and longer-term support in critical life situations.
- Interventions in Zambezia do not sufficiently address sexual and reproductive health needs of boys and young men or of out of school youth.

Recommendation(s):

- It is recommended to integrate and scale up the model combining youth health corners at schools, volunteer youth mentors and youth friendly service provision in the National PGB Plan currently under development.
- It is further recommended to define objectives addressing the sexual and reproductive health needs of boys and young men in the National PGB Plan currently under development.
- It is recommended to establish multi-professional support groups where teachers and health care providers can exchange and learn from each other on how to address and tackle challenges with regards to their role as educators and supporters of adolescents in critical life situations.

#### (2) Conclusions

The lack of consolidated data on progress and achievements of AYSRH interventions presents a key challenge to the government of Mozambique, with regards to strategic planning and reporting (among others on the ESA targets) at national, provincial and district levels.

Recommendation(s):

- Within the context of PGB strategy development, it is strongly recommended to develop a PGB indicator framework that speaks to PGB targets, the PENIV targets, as well as to the ESA targets. The indicator framework should be as simple as possible and build on existing information systems in order to reduce the burden of data collection and reporting at provincial and district levels.
  The introduction of easy to use electronic tools and messenger services would support the reporting function and strengthen the timeliness, completeness and validity of data.

# 2. ESA COMMITMENT IN MOZAMBIQUE

This chapter sets the scene for the key findings of the good practice review, which are presented in the following chapter.

## 2.1 Youth sexual and reproductive health in Mozambique

Mozambique is one of the poorest countries in the world, ranking at position 180 out of 189 countries in the latest 2018 UNDP Human Development Report[3]. With an average 12.5% it ranks sixth in the world in terms of highest HIV prevalence (2017)[4].

The country has a very young population; almost half of all Mozambicans are below the age of 15. This equates to about 13 million growing into adolescence in the next decade. Today a quarter of the population is between the age of 15 and 24 years.

Half of adolescent girls have their first child before the age of 18, more than 20% before the age of 16. Almost 4% of this age group is infected with HIV, with significant gender disparities (5.2% HIV prevalence among girls and 2.8% among boys aged 15-24)[5].

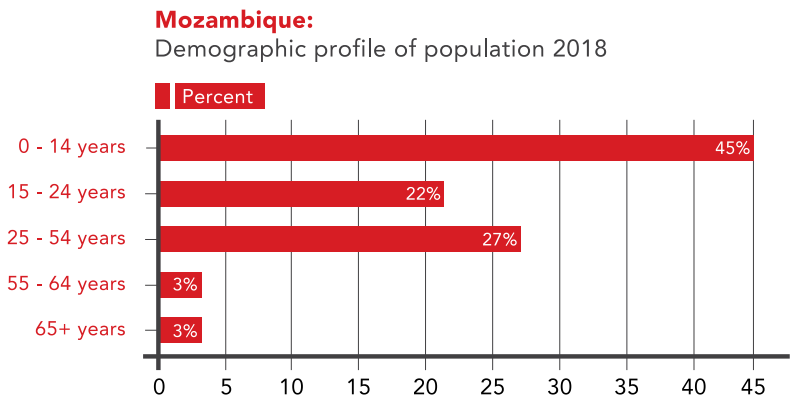



*Fig 3 Demographic profile of the population*

[3] UNDP (2018): Human Development Indices and Indicators:
2018 Statistical Update: Briefing note for countries on the 2018 Statistical Update - Mozambique
[4] Source: aidsinfo.unaids.org
[5] Source: aidsinfo.unaids.org

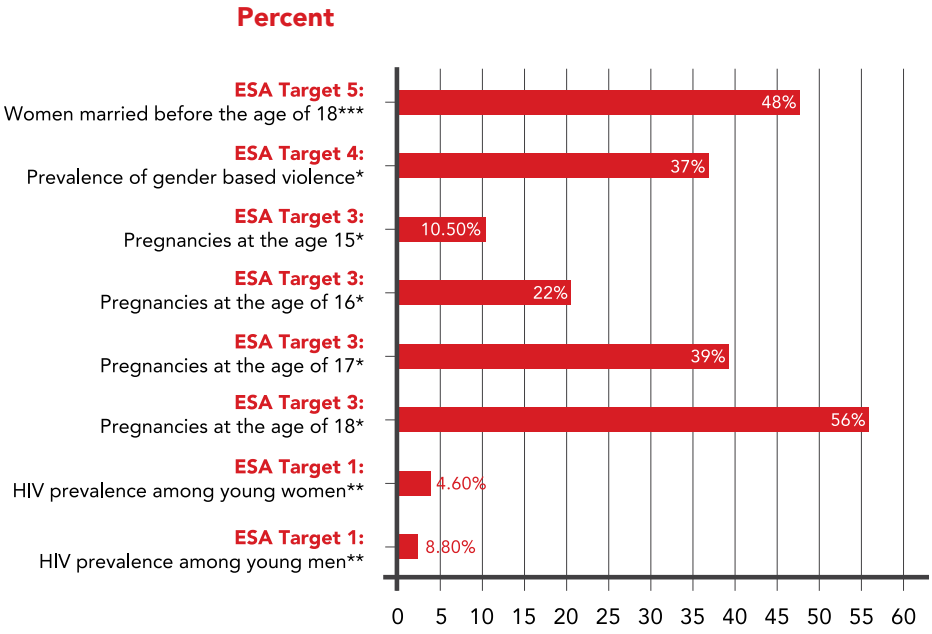



*Fig 4 : Indicators speaking to the ESA targets. Sources: *Instituto National de Statistica (2011); ***UNICEF (2015); **UNAIDS (2016*

Cognisant of the above facts, Mozambique committed to the ESA goals. In 2013 the Government signed the Ministerial Commitment and awareness was created for its important goals. The country established a positive and enabling policy framework for accelerated action on adolescent and youth health. The Programa Geração BIZ (PGB), Mozambique´s adolescent and youth sexual and reproductive health programme was identified as the coordinating and reporting structure for the ESA Commitment. Both the ESA roadmap and PGB objectives aim to strengthen youths' access to health information and services.

### National policy framework:

- Agenda 2025 – The Nation´s Vision and Strategies
- 5-year plan of the Government of Mozambique (2015- 2019)
- Poverty Reduction Action Plan (PARP 2011-2014)
- National Health Sector Strategy (PESS 2014- 2019)
- National HIV and AIDS Strategic Plan (PEN IV 2015 – 2019)
- National Youth Policy (2013)
- National Strategy and Action Plan on Early Marriage (2015)
- National Strategy for Family Planning and Contraception (2010-2015; 2015-2020)
- Law of 2009 on domestic violence against women (was approved in 2009)
- Strategy for the prevention of the post-partum haemorrhage at community level (2014-2015)

## 2.2 Programa Geração BIZ

Mozambique's youth are very busy, or 'bizy' as many young people like to say; always seeking new challenges and trying to do things differently. This gave name to Mozambique´s first youth health programme, Programa Geração BIZ (PGB). It is the country´s umbrella programme under which most youth-health related activities are implemented. It was initiated in 1999 and combines school-based interventions, adolescent and youth friendly health services as well as community interventions for out-of-school youth. It was piloted in Zambezia province and Maputo City, and then expanded to all other provinces up until the end of 2007[6]. With its various past and on-going programmes, it is contributing substantially to achieving the ESA targets.

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". The PGB's objectives are aligned with the National HIV Strategic Plan for 2015 to 2019 (PEN IV).

The PGB is implemented by a multi-stakeholder coalition including the Ministry of Education, the Ministry of Health, the Ministry of Youth and Sports, and coordinates with the National Youth Council. In 2016 the Ministry of Women and Gender was included due to the fact that it plays a key role in girls´ education and the fight against gender-based violence. The coordination rotates between ministries, but for the past years the Ministry of Youth and Sports has kept this responsibility. The Strategic Plan Geração BIZ 2014 – 2017 strongly focussed

[6] UNFPA (2011): Programa Geração BIZ: Investing in youth: The story of a national SRH programme for adolescents and youth in Mozambique

on adolescent and youth friendly preventive and curative sexual and reproductive health services. However, after national scale-up and donor support phasing out, the programme started suffering in terms of coordination and availability of national funds for its core activities. It was in 2016 that PGB began a process of revival. The Swedish and US governments as well as the UN organisations UNICEF, UNFPA and UNESCO facilitate a variety of health and education sector focussed activities including the scaling-up of comprehensive sexuality education (CSE) in schools. Within the context of regional harmonisation, the GIZ ESA Regional Programme supported the rollout of CSE teacher trainings in Nampula and Zambezia provinces in Mozambique.

With the implementation period of the Strategic Plan coming to an end and a new landscape of AYSRH interventions implemented across the country, the PGB coordination group sought the support of the GIZ ESA Regional Programme to support a review of successful approaches linking CSE and Youth-Friendly Health Services (YFHS) in line with the ESA targets to inform the country´s next strategic plan.

The desk review shows that the ESA Commitment targets complement the PGB's targets. The main focus of PGB measures are on peer-to-peer approaches for both 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.


*Fig 5 Coherence between Geração BIZ and the ESA Initiative*

***Young women*** *determined to follow their dreams.*

*Persons shown in the picture do not correspond to the people referred to in the text due to privacy reasons.*

# 3. MAIN FINDINGS

The following chapter presents the main findings of the good practice review as well as testimonies of young people and health, education and youth sector professionals working for improved health outcomes of young people in Mozambique. Permission was obtained to publish pictures and statements included in this document. However, in order to protect the privacy, names of interviewees have been changed and photographs of youth generally do not correspond to those mentioned in the document.

## 3.1 The busy generation takes over

Marisa wants to become a teacher. Joana wants to study in South Africa, Cape Town would be her preferred city, Ábida would like to work in a bank, and Xiluva wants to run a volunteer organisation (names changed). These young women are aged 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. This would make it much more difficult to realise their dreams. But the barriers already emerge 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 similarly 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. They are also the target group of adolescent and youth friendly health services and comprehensive sexual and reproductive education.

## 3.2 Good practices for improved AYSRH in Zambezia Province

### 3.2.1 "Cantinho" - the little health corner

177 *cantinhos* have been established in schools across Mozambique. Many secondary schools have a "little corner", where students 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 usually as well. 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 the other. This enables the school 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 same age as 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 visits 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.


## Carlos:

*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 Programa Geração BIZ," 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 administrative 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 the one hundred schools that requested one.

Carlos also participates in the distribution of school material to students from poor households. Many of them 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 students receive a backpack, pens, and notebooks. This is supposed to motivate the parents to send their children back to school.

The distribution of school material, 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 include 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 Programa Geração BIZ 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.

### 3.2.2 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 required. 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 mechanism through which to convince the parents of the importance of this measure. However, the health ministry must first approve 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.

## Marie-Rosa:

*"Most of the visitors are boys"*

Maria Rosa's workday 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", observes 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. "Someone always approaches 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 *cantinho* 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.

"Since having a ***cantinho,*** the number of school drop-outs due to unwanted pregnancy has decreased almost to zero"

### 3.2.3 Girls for Girls: Rapariga BIZ

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 ambitions and concerns, 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 they are speaking to.

RaparigaBIZ is financed by the Swedish government and is implemented by several local and national NGOs under the umbrella of the national youth organisations' network Coalizão. 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 programme 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 programme – let's call it rapazBIZ – to strengthen equal opportunity.

## Lidia:

*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.

## Cecilia:

*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 establish 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.

## *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 received a better test result and will be promoted to the next year. But she will still have to continue lessons with that teacher…

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

### 3.2.4 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. 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 Programme (ICAP); and Family Health International (FHI 360). 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: 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.

## Feliciana:

### *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.

The majority of 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.

"15 minutes are not enough for most of the appointments"


M/PP/PF
SAAJ

## Digna:

*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 visit 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.

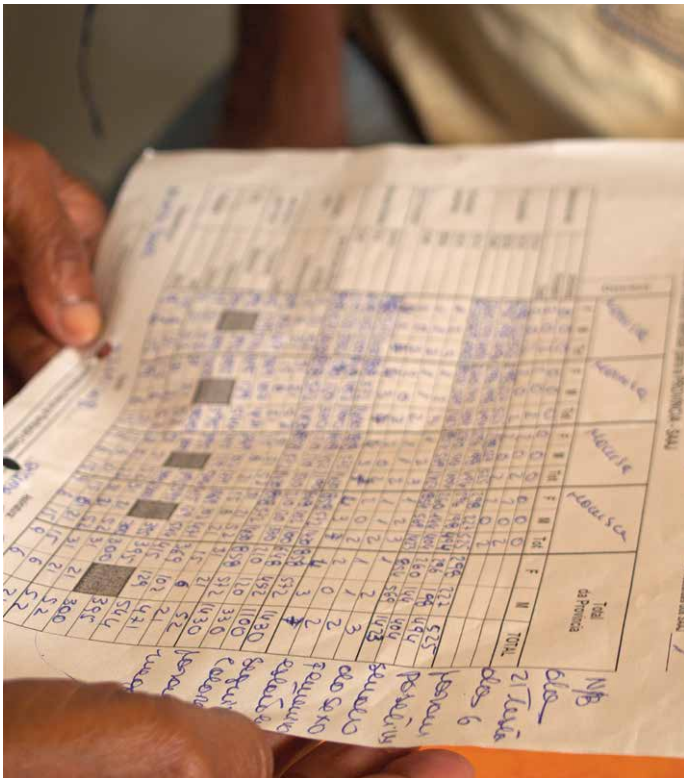
During the field trips, Digna also records the number of people seeking support from the mobile clinic. She compiles handwritten lists of ages and health test results. But she leaves the forms with the local public administration. What happens afterwards with the data – she doesn't know. Youth, health, 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…"**

### 3.2.5 Monitoring progress and achievements

Countrywide, increasing numbers of volunteers (mentors) are active (7,506 in 2017). They played an important role in reaching over 700,000 youth in communities, and the fact that over one million youth attended AYFHS in health facilities in 2017. During the field mission it was repeatedly stated that the number of early pregnancies and related school dropouts decreased significantly. However, a lot of this information is anecdotal. Comprehensive and reliable quantitative data on results achieved by an intervention/project in a specific location are rarely available.

The revitalisation of the PGB led to an effort to strengthen data collection and management. The PGB provincial coordinators are expected to map existing interventions and collect and collate data contributing to the PGB indicator framework. However, only eight of Mozambique's eleven provinces contributed to the national database by May 2018.

However, monitoring in an environment where different sectors collaborate and many activities rely on networking with youth volunteers and community activists is a complex task.



Nurses in youth health centres 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.

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 programmes, 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 hasn't received any feedback on the data: "I have no idea what they do with it," she says.

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.

## Clotilde:

### *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 advises 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. It was neither 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.

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