



Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique

Rapariga Biz UN Joint Programme Mozambique



2020 ANNUAL REPORT

Implementing Agency: UNFPA, UNICEF, UN WOMEN, UNESCO

Country/Region or Area: Mozambique/Southern Africa

Project Title: Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique

ID MPTF Projects: 00101069, 00112818 and 00117215

Project Duration: 2016 - 2020

Project Budget (Available in 2020): USD 9,196,647

Project Donors: Sweden, Canada and UK

Reporting Period: January – December 2020

Contact Person/s:

- UNFPA: Assane Macangira/Emídio Sebastião
- UNICEF: Sabine Michiels/Ketan Chitinis
- UN WOMEN: Boaventura Veja
- UNESCO: Gina Alfiado Siteo



Table of contents

I. EXECUTIVE SUMMARY	4
II. INTRODUCTION	7
III. PROGRESS REVIEW: OUTCOMES, OUTPUTS AND KEY ACTIVITIES	8
3.1. OUTCOME 1: Girls and young women’s knowledge, agency and capacities strengthened to make informed decisions on their SRH, demand for and uptake of essential SRH services	8
3.2. OUTCOME 2: Availability of Quality Integrated ASRH Services for Girls and Young Women Increased	29
3.3. OUTCOME 3: An Enabling, Free and Safe Environment for Increased Participation of Girls and Young Women and The Promotion of Their SRH Rights Created	37
3.4. OUTCOME 4: Strengthened Governance and Coordination for Integrated SRH Programming	44
45	
IV. MONITORING AND EVALUATION	55
V. FINANCIAL SITUATION	56
VI. KEY CHALLENGES, LESSONS LEARNT AND RECOMMENDATIONS	56
VII. CONCLUSIONS AND FUTURE PERSPECTIVES	57
ANNEX	58

ACRONYMS

AFR	Adolescent Fertility Rate
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
CHW	Community Health Workers
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
CIADAJ	Multisector Committee for Development of Youth and Adolescents
CNCS	National AIDS Commission (<i>Conselho Nacional de Combate ao SIDA</i>)
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DHS	Demographic Health Survey
DPEDH	Provincial Directorate of Education and Human Development
DPGCAS	Provincial Directorate of Gender, Children and Social Action
DPS	Provincial Health Directorate
EMIS	Education Management Information System
e-VAWG	Elimination of Violence against Women and Girls
FP	Family Planning
GBV	Gender-Based Violence
GoM	Government of Mozambique
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
IANYD	Inter-Agency Network on Youth and Development
IP	Implementing Partner
MGCAS	Ministry of Gender, Children and Social Action
MICS	Multiple Indicators Cluster Survey
MJCR	Ministry of Justice, Religious and Constitutional Issues
MINEDH	Ministry of Education and Human Development
MINT	Ministry of Interior
MMR	Maternal Mortality Ratio
MNCAH	Maternal, Newborn, Child and Adolescent Health
MoH	Ministry of Health
NHRC	National Human Rights Council
PGB	Programa Geração Biz
RH	Reproductive Health
SAAJ	Youth Friendly Services
SBCC	Social and Behavior Change Communication
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UPR	Universal Periodic Review
VAC	Violence against Children
VAWG	Violence against Women and Girls
YFHS	Youth Friendly Health Service

I. EXECUTIVE SUMMARY

This report presents the progress and results achieved in the 5th year (2020) of implementation of the adolescent girls-focused Sexual and Reproductive Health and Rights (SRHR) programme, Rapariga Biz. The report includes analysis, lessons learned and recommendations produced by the relevant programme stakeholders and partners, namely: The Government of Mozambique, Civil Society partners and UN agencies; UNFPA (lead agency), UNICEF, UNESCO and UN Women. The Office of the Secretary of State for Youth and Employment is the lead entity within the Government of Mozambique among four line ministries (Health, Education, Justice and Gender). The programme receives financial assistance from the Embassy of Sweden and the Embassy of Canada.

The centerpiece of Rapariga Biz is the promotion and protection of the Sexual and Reproductive Health and Rights of girls and young women aged 10-24 years in 20 districts across Nampula and Zambezia provinces. The programme is aiming to reduce rates of child marriage and early pregnancy by utilizing a multi-sector and holistic approach to equip girls and women with knowledge, tools and information, empowering them to be at the center of their own development and future.

The year 2020, which constituted an extension year to the first Phase (2016-2019) of the programme, turned out to be an unusual year with unforeseen challenges caused by the sudden onset of the COVID-19 pandemic in Mozambique in March. The attempt by the Government of Mozambique to contain and slow the spread of the pandemic led to the adoption of a number of restrictions related primarily to movement and social gatherings, which in turn had implications for the programme implementation. Rapariga Biz adjusted to the situation by reprogramming activities to be COVID-19 adapted where possible, while certain programme components had to be postponed or discontinued for a certain period of time, this included all activities in the safe spaces.

The focus of Rapariga Biz in 2020 was therefore to continue providing access to SRHR information and services via COVID-19 adapted activities, as well as providing information about COVID-19 prevention and response, and mitigate secondary impacts of the pandemic in the lives of the girls and young women partaking in the programme.

Some examples of key achievements during the 5th year of implementation (2020) are:

- **153,664 Adolescent Girls and Young Women (AGYW)** reached by Rapariga Biz in the 9th cycle of **mentorship** which was suspended in March 2020 due to the COVID-19 pandemic. From 2016 to 2020, the program reached **699,006 AGYW (64% of target 1,085,447)**;
- **4,890 Mentors** were active in leading mentoring continuity in their communities, **87% of 5,608** young women empowered as Mentors in 2016-2019;
- Numerous mentors continued to provide **advice and counselling support** based on demand to thousands of girls **during COVID-19** via phone, door-to-door visits or individual meet-ups;
- **Mentorship manual/guide targeting boys and young men** on SRHR/HIV/GBV, life skills and positive masculinities developed and piloted in selected district;
- **777** adolescent girls received support in obtaining birth certificates and identity documents, thus contributing to the total **67% (470,847 out of 699,006)** adolescent girls have their citizenship rights enhanced by obtaining civil registration (birth certificates & ID);

- **1,304 (67% of 1,941)** adolescent girls and young women identified out-of-school at 9th cycle were supported in school integration, the rate of school integration rate in Rapariga Biz Program is 40% (2016-2020);
- **46% (91,717 out of 198,693)** girls and young women who accessed AYFS in 20 Programme Districts have adopted at least one modern contraceptive method in addition to male and female condoms;
- **3,194 consultations of Psychosocial support** were provided to girls and young women including Mentors (3,066), Monitors (25), focal points (98) and Mentees (5) in Nampula and Zambezia
- **45,544** new users have registered in SMS Biz counseling platform contributing to a total of **323,260 users** in platform aged 10-50 years of with 71% are adolescents and youth 10-24 years;
- Maputo **SMS Biz Counseling hub set up to respond to COVID-19 queries** from young people, and launch of the new sub-regional SMS Biz hub in Nampula (Oct 2020);
- **COVID-19 social media campaign** on mitigation of secondary impact reaching 4,151,561 young people with 8,804,191 impressions (Aug-Oct 2020);
- **9 Ouro Negro mini dramas** on mitigation of secondary impact of COVID-19 incl. preventive measures for young people with disabilities, violence prevention, ARSH and HIV, reaching 2.5 million listeners across the country.
- **300 AGYW** from safe spaces improved their **technical skills** and received **professional certification** in Nampula (electrical installations, plumbing, auto-mechanic, cooking);
- 175 girls and young women got access to **self-employment and business kits** to mitigate the socio-economic effects of COVID-19 at community level;
- **100 saving groups migrated to digitalization** (using mobile money) to avoid in-person gathering of girls and prevent the spread of COVID-19;
- Development of **education messages on COVID-19** prevention and back to school protocol, disseminated through 28 community radios in 4 local languages;
- Supported the Government in the **development of a National Curriculum for CSE**; through technical harmonization and province consultations of caregivers, teachers and students.
- Child marriage and early pregnancy have kept low rates among programme beneficiaries throughout all 5 years of implementation. One of the key achievements of the Rapariga Biz programme is the **remarkably low rates of child marriage and early pregnancy** among girls and young women aged 10-19 years while participating in the mentorship sessions in safe spaces. Across the 5 years of implementation 2016-2020, the rates of child marriage/premature unions among girls aged 10-19 years enrolled in the programme were **1.1% (in 2020, 0.5%)**, and the rates for early/adolescent pregnancy were **0.6% (in 2020, 2.0%)**.

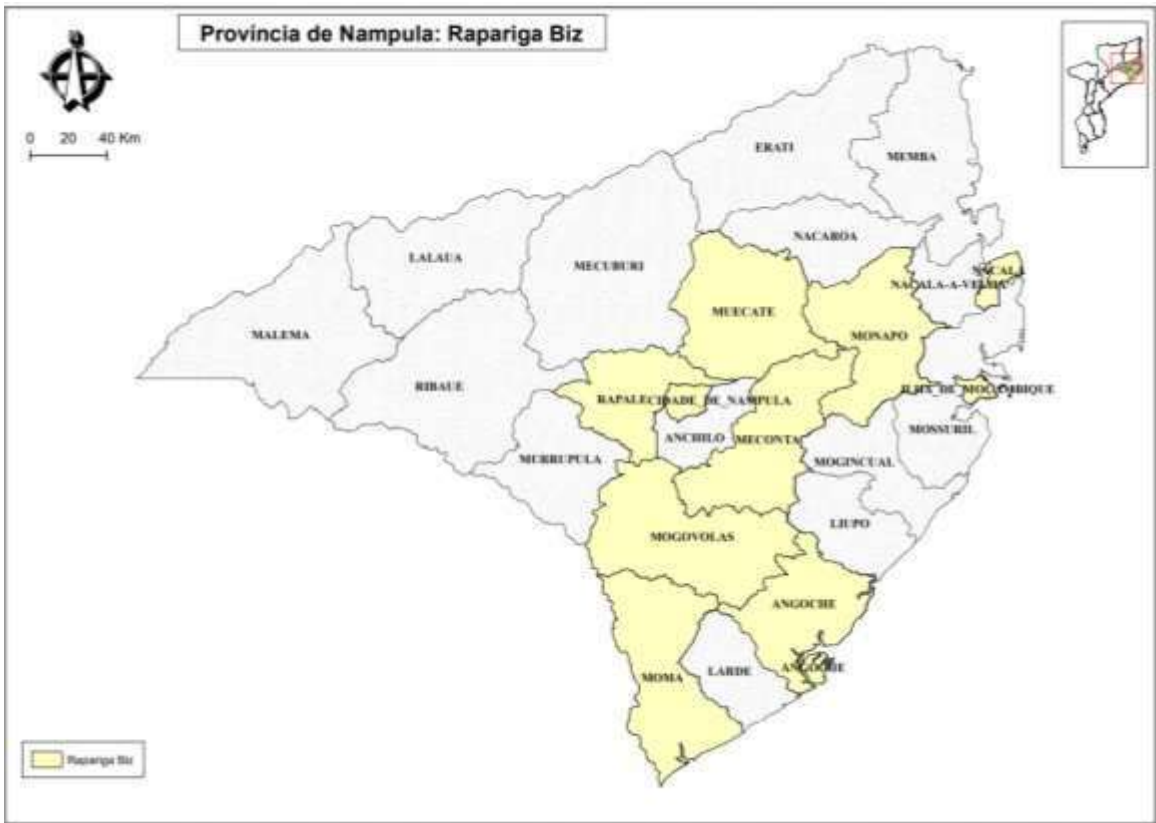


Figure 1 - Rapariga Biz District Covered (Nampula)

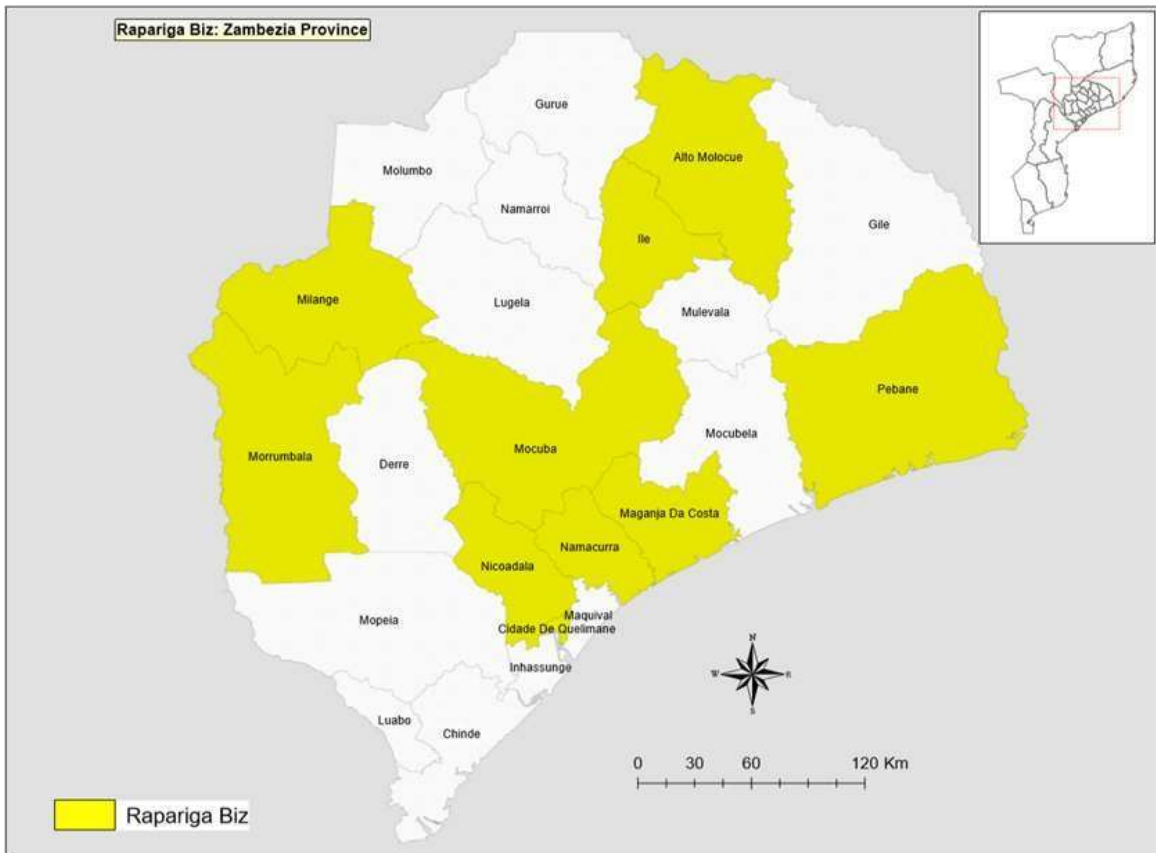


Figure 2 - Rapariga Biz Districts covered Zambezia

II. INTRODUCTION

Mozambique ranks among the lowest performing countries in the world on several indicators on girls and women's rights and well-being. Girls and young women face a wide range of challenges, including entrenched gender discrimination, harmful practices such as child marriage, widespread gender-based violence (GBV) and high rates of adolescent pregnancy, which affects their possibilities to reach their potential. Sweden has, since 2016, been at the forefront of a program to promote and protect the sexual and reproductive health and rights (SRHR) of young women and girls in two provinces of that country. Since then, Canada and the UK have joined as donors as well (Rapariga Biz End-of-Project Evaluation Report, 2020).

Therefore, the "Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique", shortly known as Rapariga Biz Programme, has the overall objective of ensuring that Sexual and reproductive health and rights of girls and young women in 2 provinces in Mozambique (Nampula and Zambezia) are fully realized through improved capacities to make informed choices and improved access to SRH services. The programme is implemented in 20 districts, 10 per each of the 2 provinces.

There are four UN agencies (UNFPA, UNICEF, UNESCO and UNWOMEN) implementing the programme, under the leadership by the Government of Mozambique (GoM), represented by the Secretariat of State of Youth and Employment (SEJE), and the ministries of Health (MISAU); Education and Human Development (MINEDH); Gender, Children and Social Affairs (MGCAS); and Justice and Religious and Constitutional Issues (MJCR), and their respective provincial and district branches. The first phase of the programme covered the period from 2016 through 2019, with a transition period covering 2020 and 2021.

This report presents the progress and results achieved in the 5th year (2020) of implementation of the Programme. Apart from the pre-textual parts (cover, list of acronyms, executive summary and introduction), the report has the following sections: progress review – outcomes, outputs and key activities (including 4 outcomes and respective 19 outputs), monitoring and evaluation, financial situation, key challenges, lessons learned and recommendations, and finally the conclusions and recommendations, and finally we have the annex (results framework).

On COVID-19, the results of the implementation of actions related to the prevention of COVID-19 and the adaptation of some activities of the Rapariga Biz Program in the face of pandemic, have been integrated and are presented in the related outputs

The report also includes analysis and, in some parts, success stories through which some beneficiaries and other stakeholders share, personally, their positive experiences as a result of the programme contribution. Some pictures and other figures (graphs and tables) are also included to give details and evidence of the achievements claimed.

III. PROGRESS REVIEW: OUTCOMES, OUTPUTS AND KEY ACTIVITIES

3.1. OUTCOME 1: Girls and young women's knowledge, agency and capacities strengthened

to make informed decisions on their SRH, demand for and uptake of essential SRH services

3.1.1. Outcome 1 - Overall description

The overall goal of Rapariga Biz is to ensure that the sexual reproductive health and rights of girls and young women between 10-24 years are fully realized through improved capacities to make informed decisions and improved access to SRH services. Thus, the knowledge and agency of the girls and young women to make informed decisions about their SRHR is central to Rapariga Biz's holistic and rights-based approach reflected in the Theory of Change. Girls' empowerment and engagement are also paramount to close a persistent gender gap in socio-economic outcomes, which is one of the core elements of achieving the demographic dividend.

3.1.2. Outcome 1 - Outputs and key activities

Output 1: Increased knowledge, skills and voicing of girls' right

The mentorship approach is the backbone of Rapariga Biz towards improving adolescent girls and young women's knowledge, capacity and agency, and constitute a core element of the safe space model (mentorship, safe space and girls' social network) approach applied by Rapariga Biz. This approach aims to provide the most vulnerable girls and young women between 10-24 years with skills, empowerment, social networks, leadership, decision making skills, economic empowerment and knowledge and access to information on sexual reproductive health and rights. The mentorship sessions are led by young female mentors trained by the programme and taking place in safe spaces at the community level. The safe spaces are identified by the girls and young women themselves and provide them with a safe, free and friendly environment where to conduct the mentorship sessions.

The mentorship sessions are focusing on enhancing certain skill sets, competencies and prerequisites among Rapariga Biz girls, these include:

1. Belong to a group and have friends at community level outside the family circle;
2. Know how to communicate and make decisions;
3. Exercise sexual and reproductive health and rights;
4. Know how to relate positively to different people (family, friends, partners, leaders) in the community;
5. Knowledge, access to tools and ability to exercising citizenship rights;
6. Develop skills to prevent risky situations or behaviours;
7. Have skills to create and manage a small business and financial savings.

An unusual year – mentorship in times of social distancing

In a normal year, each mentor conducts 3 mentorship cycles of 4 months each with approximately 30 adolescent girls and young women divided into groups of the 10-14 years, 15-19 years and 20-24 years in order to make the SRHR, rights and life skills content relevant for each targeted age group. By the

end of the year 2019, Rapariga Biz has completed 9 cycles of mentorship (2016-2019) reaching a total of 699,006 girls and young women aged 10-24, whereof 52.7% (368,761) being reached through the safe spaces. During the outbreak of the COVID-19 pandemic in Mozambique in March 2020, the regular mentorship sessions were discontinued until the end of the year in order to adhere to Government restrictions related to limited movement and social gatherings. For this reason, no full regular mentorship cycle could be finalized in 2020.

In the first months of the year, 4,890 mentors from Rapariga Biz continued to provide support and assistance to the mentees of the last 9th cycle of mentorship, including 153,664 girls aged 10-24 in Nampula (70,980) and Zambezia (82,684).

Many mentors reported that their mentees had reached out and expressed a wish to maintain contact and counselling during the period when the regular mentorship sessions were suspended. Individual mentorship counselling and information on COVID-19 response and prevention, SRH and GBV was therefore provided by mentors to thousands of girls and young women throughout the year on demand basis, through door-to-door visits, phone calls or individual face-to-face meetups. The assistance and follow-up by mentors to the girls in their mentorship group was based on follow-ups and keeping themselves informed about the situation of the girl at home and in the community, facilitating access to Youth Friendly Health Services and monitoring the situation of the girls vis-à-vis COVID-19.

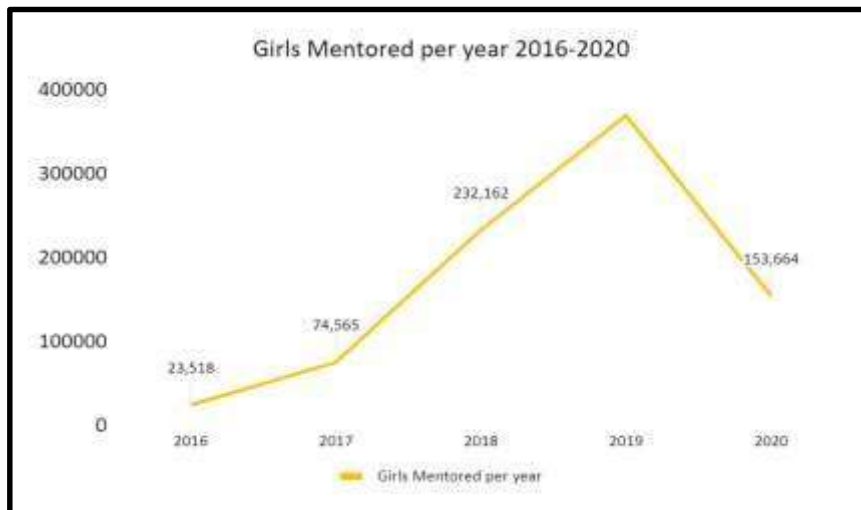


Figure 3: Girls mentored by year 2016-2020.



Rapariga Biz furthermore adapted to the situation by turning the mentorship sessions into thematic community radio sessions co-led by the mentors. A total of 12 thematic radio programs, of 20 minutes per each session, were designed and aired in lieu of the regular mentorship sessions with focus on SRH, gender relations, GBV, HIV, life skills - and also - on COVID-19 prevention and response.

An additional space was furthermore created in the radio session where girls, adolescents and young people could call in via phone to make specific questions or raise doubts.

"I have informed the girls from my safe space and other community members about how they can prevent themselves from COVID-19, that they need to distance themselves from each other, always wash their hands with soap and water, and stay at home. I am making sure that the girls continue to keep safe", Amina Cavana, 18-year-old mentor, Nampula province.

"I have been sharing preventive messages via SMS to the parents of the girls I mentor, then they pass the information on to their daughters. I also had the opportunity to take part in a training on the prevention of COVID-19 and I participated in the morning program of Radio Mozambique, where I shared information about prevention. I feel motivated to continue to share this information, and I came up with an idea to start making capulana (traditional Mozambican fabric) masks together with my girls to help prevent COVID-19", Sheila Jamal, 18-year-old mentor, Sheila Jamal, Nampula province.

Contribution to end child marriage

The issue of child marriage and forced unions in Mozambique remains one of the biggest obstacles affecting girls and young women in their transition to youth. 48% of young women between 20-24 years marry before turning 18 years, and the rate in Nampula province has the highest rate of 61% and in Zambezia the rate is 48% (DHS, 2011). Data from the 2017 Census show that the situation had hardly changed until the beginning of the Rapariga Biz programme.

Even with the COVID-19 pandemic, Mentors continued to monitor the situation of girls in the 9th cycle as passive, supporting them in accessing health, education, justice and status monitoring services. In relation to cases of premature marriage, in 2020, out of 106,819 girls aged 10-19 in 20 target districts, were reported 575 cases of early marriage which represents 0.5%, this rate is lower than 2% in all Mentees of the Program 10-24 years in 2020 (2,995 cases in 153,664).

Rapariga Biz has notably been able to keep the girls and young women out of a child marriage and/or forced union during the mentorship cycle they participate in during Phase I. The rates among the targeted girls and young women (10-19 years) across the 5 years were: 0.7% (2016), 1.6% (2017), 1.6% (2018), 0.9% (2019) and 0.5% (2020), giving an average rate of 1.1% of child marriage across the 5 years of implementation 2016-2020.

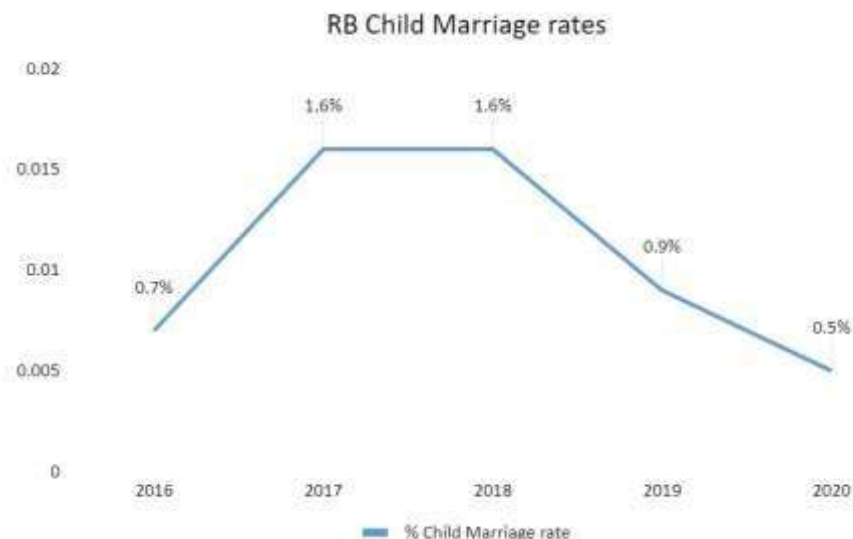


Figure 4: RB Child marriage rates

Rapariga Biz applies a two pronged approach to child marriage and forced union through the prevention efforts in the mentorship safe spaces, community dialogues, radio programs, SMS Biz etc. Secondly, Rapariga Biz through a combined multi-sector and community response, including local leaders, district focal points and mentors has also contributed to identifying and withdrawing girls from marriages and forced unions. In coordination with the Ministry of Gender, Children and Social Affairs, community leadership and the mentorship focal points, 42 cases of child marriage were dissolved in Nampula and Zambezia in 2020, of which 43% (18 of the 42) were referred to the courts and 57% had resolved at the community level.

Contribution to end early pregnancy

Mozambique has one of the highest teenage pregnancy rates in the region at 46.4%, and the targeted provinces of Nampula 60% and Zambézia 46.4% (*IMASIDA, 2015*) have some of the highest rates in the country. In the context of Rapariga Biz, data indicates that the rates of early pregnancies among the participants in the safe space mentorship sessions are notably low compared to the provincial and national rates. In 2020, out of 106,819 girls aged 10-19 in 20 target Districts, there were 2,052 cases of early pregnancies which represents 2%. Across all 5 years of implementation 2016-2020, the early pregnancy rate was 0.6%.

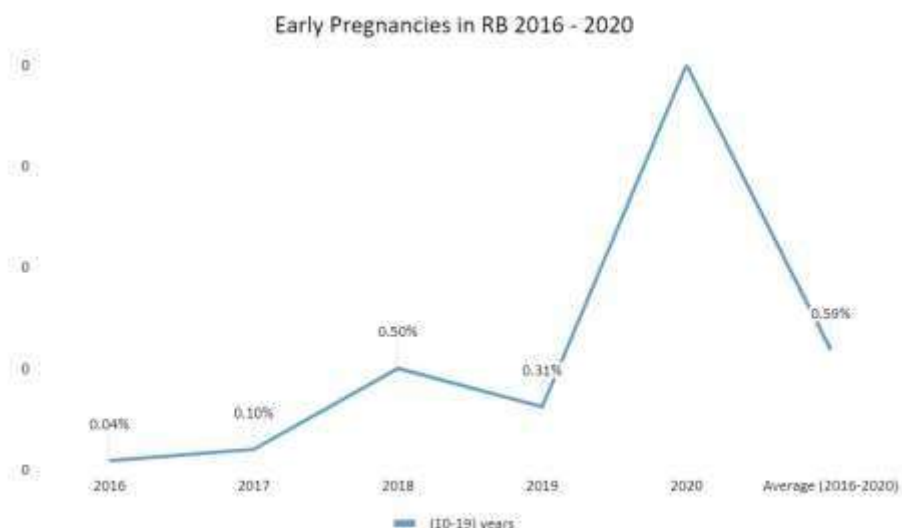


Figure 5: Early pregnancies in RB 2016-2020

Mentor as role models and emerging young leaders

Global evidence demonstrates that strengthening critical social assets, such as friends and mentors, lessens girls' health and economic risks.¹ The Safe Space Model adapted by Rapariga Biz highlights that investing in girls and giving them access to health, education and social assets expands their choices, allows them to exercise agency, builds their resilience to overcome the many threats to their rights, and ultimately empowers them.² In the context of Rapariga Biz, the presence of a trained female mentor from the same community ensures that the adolescent girls and young women in the safe spaces are supported, mentored and guided at an individual and collective level towards improved capacities to make informed choices and adopt healthy attitudes and behaviors related to SRHR through the mentorship sessions and beyond. The positive changes in attitudes and behaviour following the peer-to-peer mentoring oftentimes stretch beyond the core network of mentors and mentees, creating ripple effects among peers, families and communities – this has proven to be relevant also in times of crisis.

The mentors play a key role as role models with whom the girls and young women can identify and mirror themselves in; championing different empowering gender roles, pursuing and education and other dreams; providing a support system also outside of the safe community spaces; assisting girls and young women in translating information and knowledge levels into informed choices or change in behaviors related to their SRHR.

¹ http://www.popcouncil.org/uploads/pdfs/2012PGY_GirlsFirst_Leadership.pdf

² UNFPA (2014). UNFPA's Action for Adolescent Girls. Building the health, social and economic assets of adolescent girls, especially those at risk of child marriage. Programme document July 25, 2014

As the mentors themselves reside in the same vulnerable conditions, many of them report on having been victims of or at risk of teenage pregnancy, child marriage, school dropout, prostitution, GBV etc. and managed to overcome the difficulties facing them. Those mentors are using their own stories to encourage, support and empower the girls and young women in the safe spaces to make different and informed and healthy decisions in their lives in prevention of similar situations. For example, one mentor who fell pregnant early herself still managed to return to school, and is now inspiring the pregnant girls in her safe space to not abandon education. Others were married off, or attempts were made to marry them off, and they are making use of their own experiences to support the safe spaces



beneficiaries in protecting and preventing themselves from similar situations.

A great number of mentors are taking on responsibilities and leadership roles at the community levels. Such roles include playing a critical role in e.g. assisting the target group in interacting with parents or guardians, interacting with community leaders, school authorities, local government and to refer the target group to the health and justice services available in the community and at the district level, e.g. mentors are referring or accompanying the girls and young women to a youth friendly health facility (SAAJ) for the uptake of a modern method of family planning.

Some mentors are also participating in community radio programmes to advocate for and give voice to adolescents, SRH, GBV, HIV issues which confirms their position as respected community members. While some of these additional responsibilities and initiatives led by the mentors have been reduced in 2020 due to the COVID-19 pandemic, many mentors have maintained at least some level of this additional support to their mentees despite the challenges imposed by the pandemic.

The mentors are demonstrating strengthened skills in leadership, facilitation, advocacy and in their role as change agents at the level of the communities. Some of the key competences prioritized and encouraged in mentors are included in the below table.

Competences of the Mentors	
1	Know to put yourself in the place of the AGYW
2	Inspire, encourage and support the AGYW
3	Facilitate learning in the safe spaces in a participatory, dynamic and interactive ways
4	Support the AGYW express their stories, voices, challenges and dreams
5	Lead a positive change in the AGYW
6	Understand the situations of vulnerability of the AGYW in the community
7	Know to advocate for the sexual and reproductive health and rights of AGYW
8	Know how to related to different people
9	Share your personal stories of difficulty and vulnerability to demonstrate that change is possible
10	Mediate and resolve conflicts

Table 1 - Mentors competences

Psychosocial support

With reference to the definition of health as the bio-psycho-social and spiritual well-being by the World Health Organization, psychosocial support under Rapariga Biz is considered an additional approach to continue to promote and protect the well-being of girls and young women. The pilot on psychological support for mentors and focal points has been identified as a priority area in order to provide the necessary support and improve the quality of the program. In previous years, the mentors have expressed and shared experiences of emotional overload in their roles as mentors as they become witnesses to situations of high emotional distress and serious socio-cultural vulnerabilities. The gaps identified relate to mentors lack of the necessary knowledge and tools to better provide emotional support to prevent, manage and mitigate cases of socio-cultural vulnerability, and the focal points, monitors and other stakeholders of RB lack the sufficient training in being able to provide the necessary emotional and psychosocial support to the mentors.

The psychosocial support for mentors and focal points introduced in Rapariga Biz is based on the participatory group methodology, with three pillars: active listening; trusting relationship that favors speech and debate among participants; and the formation of thinkers who reflect on the individual in the context of the critical social situations they experience, as presented by Broide and Broide (2015) and the Freemind Program by Augusto Cury (2012). The psychosocial support package intends to support the mentors and focal points, who are role models in their communities, to also be emotionally empowered. The mentors and focal points experience similar challenges as the beneficiaries in the safe spaces and are also subjected to situations of great vulnerability and gender-based violence, which can paralyze them in their role as activists. The assumption is that with the tools



provided under the psychosocial support package, the mentors and focal points are able to build resilience in addressing the emotional burden and sociocultural vulnerabilities facing them and the beneficiaries.

The need for psychosocial support was even greater in 2020 due to the additional challenges caused by the COVID-19 pandemic, including; loss of spaces where to interact and engage with peers (e.g. school closure, closure of mentorship safe space sessions) which in turn is leading to social isolation; lack of meaningful daily engagement; heightened levels of stress and in some cases socioeconomic difficulties or violence in households. Due to the heightened need to mitigate the secondary impact of COVID-19 and to build resilience, the psychosocial support was reprogrammed to be provided via phone.

The main results achieved in 2020 were:

- 3,194 consultations of psychosocial support were provided to girls and young women including mentors (3,066), monitors (25), focal points (98) and mentees (5) to support them in dealing with the additional stress and challenges caused by the pandemic and to enable them to provide support to their mentees (see table below).
- Additionally, 1,900 mentors were reached with messages via phone on GBV, teenage pregnancy, child marriage and themes related to psychosocial well-being and resilience;

- A training was conducted for 29 district focal points and monitors in content on psychosocial support in order for them to be able to provide quality psychosocial support and supervision to the mentors;
- Lastly, a space was created under the community radio programs led by the mentors, where specialized radio spots were developed on resilience and emotional health relevant to the girls and young women during the COVID-19 pandemic. The testimonies produced lasted 5 minutes and were broadcasted 5 times a day.

Nampula Distris	Girls	Mentors	Monitor	Focal point	Total	Percentage
Angoche	0	167	0	6	173	10%
Cidade Nampula	0	565	1	16	582	35%
Ilha Moçambique	0	69	0	2	71	4%
Meconta	0	111	0	9	120	7%
Mogovolas	0	117	0	8	125	8%
Moma	2	88	0	2	92	6%
Monapo	0	41	0	0	41	2%
Muecate	0	143	1	11	155	9%
Nacala	0	77	0	6	83	5%
Rapale	2	205	1	14	222	13%
Total Nampula	4	1,583	3	74	1,664	52%
Distris	Girls	Mentors	Monitor	Focal point	Total	Percentage
Alto Molócuè	0	286	2	0	288	19%
Ile	0	121	2	2	125	8%
Maganja da Costa	0	160	1	3	164	11%
Milange	0	159	1	4	164	11%
Mocuba	0	71	2	4	77	5%
Morrumbala	0	123	3	0	126	8%
Namacurra	0	152	2	2	156	10%
Nicoadala	1	61	6	3	71	5%
Pebane	0	167	2	3	172	11%
Quelimane	0	183	1	3	190	12%
Total Zambezia	1	1,483	22	24	1,530	48%
Total attended (Q2 + Q3)	5	3,066	25	98	3,194	100%
Target 2020				2,038	3,194	157%

Table 2: Psychological support under RB

Case Study: Psychosocial support



Verónica dos Santos is 25-years old, from the Rapale district in Nampula province. She lives with her parents and their 6-year-old daughter. Her parents live off the field and are extremely poor. At one point in Verónica's life, her parents had to move to a village further away from the Rapale district centre and, for 5 years, she had to walk 12km daily in order to go to school, often barefoot, without school supplies and without a uniform. When she was in the 11th grade, aged 16, she got involved with a man ten years her senior and fell pregnant. The man abandoned her during the pregnancy. Only when she joined the Rapariga Biz programme did she realize that she had experienced an early pregnancy.

When she became pregnant, she started to feel low, and she lost her self-esteem and self-confidence. Verónica explains that she felt very sad and cried most days during this period. With the support of her parents, Verónica managed to return to school and finish the 12th grade.

As a mentor under the Rapariga Biz programme, Verónica attended the psychological support sessions. During the first meeting with the psychology team, Verónica was able to speak about her story for the first time. She had the opportunity to share her story in a group with other mentors, many of whom had also experienced similar situations, and she felt relieved: "I got rid of the pain". After the meeting, she created bonds of friendship with fellow mentors: "At that time we didn't know each other well and it was difficult to open up and trust each other. But after we started to tell each other about our stories, we started to feel free". The mentors in the group became very close and started to support each other, which gave them a sense of community.

After taking part in the psychosocial support sessions, Verónica claims to have experienced a transformation in her life. She says that she has started to accept herself and her reality: "Now I'm someone else, because I can walk, I can play with friends, and I can tell my story to other people without feeling ashamed. These are things I couldn't do before". Verónica believes that through this experience she started to feel more joy, and that this change in her self-esteem and wellbeing was noted as well by the girls in her group and by other mentors, who saw her more excited and happy. After the sessions, she began to pay more attention to the participants in her group and became better at identifying when any of the girls was having trouble opening up.

Currently, Verónica is a Focal Point in the Rapariga Biz programme and is focusing on helping girls in her community. Additionally, she breeds chickens together with mentors from the programme. Today, more empowered, she says with conviction that she wants to be a business woman. Verónica is grateful for the opportunities offered to her by the program: "Psychological support is a light, a path to the future. It does not only stay with the mentors, because the mentors can extend this support to reach the girls. After all, we all go through difficulties and we all have the need to meet with a psychologist sometimes, someone who can help us to become stronger".

Output 2: Citizenship of girls and young women

Civil registration

Civil registration provides the basis for individual legal identity which is fundamental to social inclusion. Yet, many of the girls entering the Rapariga Biz programme lack civil registration and identification documents, preventing them from accessing education, justice and health services. For this reason, Rapariga Biz is supporting civil registration of girls in the safe spaces, to ensure they receive identification cards and in some cases also so called “poverty certificates”. In 2020, despite the closure of safe space sessions, the civil registration of girls continued throughout the year with support from the Rapariga Biz programme. A total of 777 girls and young women obtained civil registration, identification documents and poverty certificates, to enforce their citizenship rights and enable them access to services.

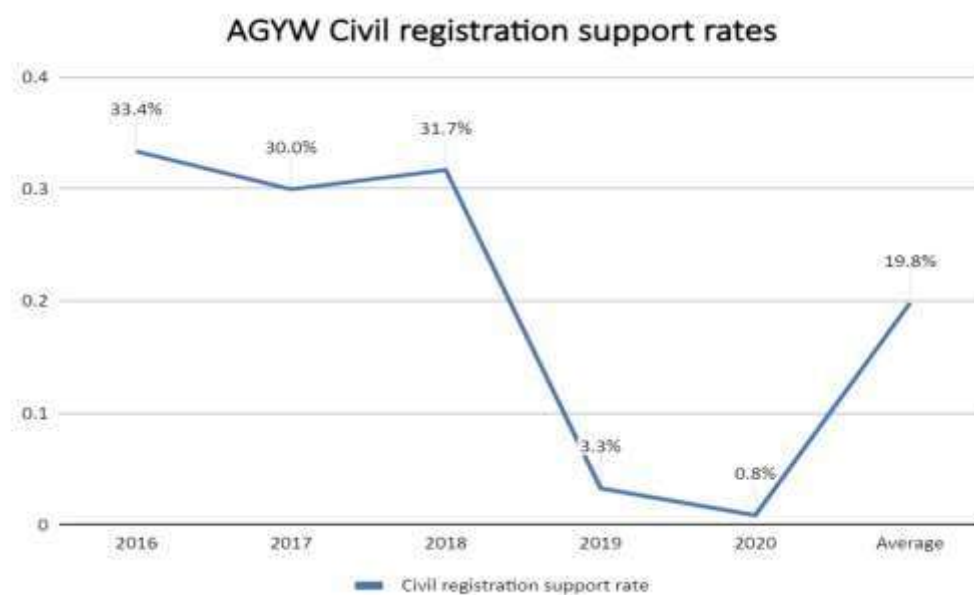


Figure 6: AGYW civil registration support rates

School integration

Global studies show that the retention of girls in schools contributes to lower rates of teenage pregnancies and premature marriages. A key emphasis of Rapariga Biz continues to be placed on school integration of vulnerable out-of-school girls identified through the safe spaces by provision of support of school materials and uniforms.

The integration process has been a coordinated exercise between civil society and the Government through the Education and Social Action sectors. In 2020, 1,304 (or 67%) of the total of 1,941 identified out-of-school girls were integrated into primary and secondary schools in Program Districts. Since the onset of Rapariga Biz, the rate of integration of vulnerable out-of-school girls supported to enter school is 40% (with the following distribution per year: 2016 67.3%, 2017 47.7%, 2018 37.8%, 2019 18.6% and 2020 67%). The number of girls to be supported for (re)entry into school remains high due to various factors, including the increased number of girls and young women reached through

Rapariga Biz as well as the lengthy and complex administrative process in terms of approval of each case of school integration as it needs to reach the provincial levels.

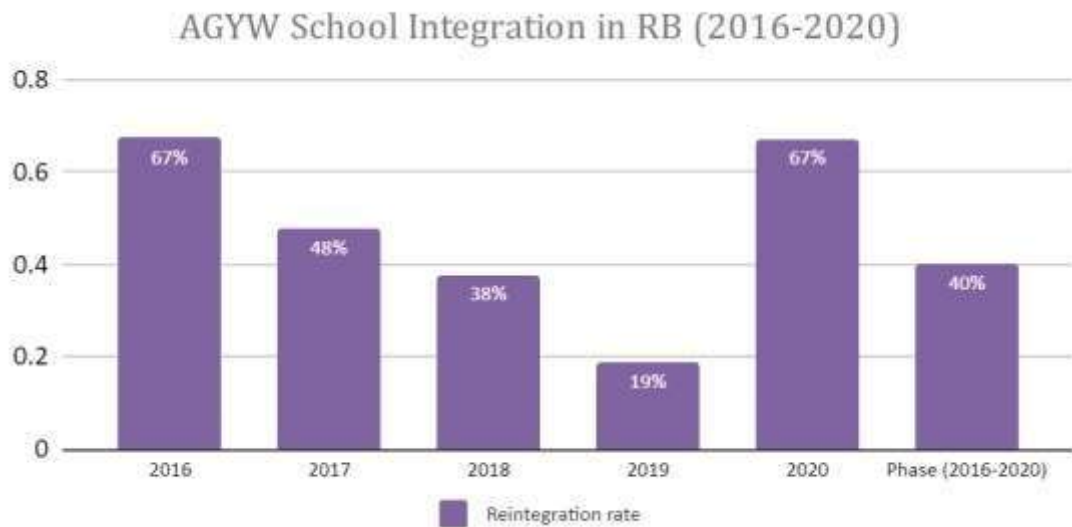


Figure 7: AGYW school integration in RB 2016-2020

Output 3: Increased demand for SRH services

The demand creation approach of Rapariga Biz is aiming at reaching the same target group with the same information through various channels. Since 2020 was an unusual year in which several approaches to creating demand had to be adapted and reinvented as efforts of different actors and communication methods to continuously ensure the access to the SRH services by girls and young women, mentors were not apart from the reinvention since the safe space model approach was reinvented to individual contacts, by phone and Radio Programs. Additionally, as available channels to access information on availability of SRH services includes PGB activists, health providers thr, SAAJ/health facilities, SMS Biz, radio and TV are other channels through which sexual and reproductive health and rights information and counseling are reaching the target group.

Access to SRH Services and Counselling

In order to improve the capacity of adolescent and youth service provision on ASRHR at AYFS in Nampula and Zambezia Programme target areas, at 95 health professionals were trained in the districts of Nampula (19) and Zambezia (76) in sexual and reproductive health, STI / HIV / AIDS, GBV to strengthen primary health care for adolescents and youth and including good practices of COVID19 prevention during the provision of services to adolescents and young people.

In 2020, 315,790 (198,693 Women and 117,097 Men) Adolescents and Youth accessed AYFS services for counseling and to benefit from specialized and integrated SRH services in the Health Units of 20 Districts of the Rapariga Biz Program in Nampula (136,591 A&Y) and Zambezia (179,199 A&Y), including 8,155 of girls from safe spaces who were referred by Mentors during the COVID-19 period for counseling and access to adolescent and youth services.

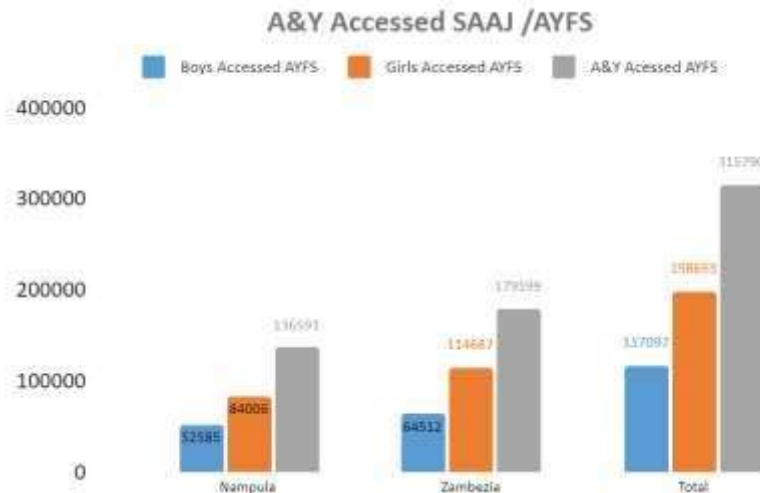


Figure 8: A&Y accessing to YFS

Family planning and modern contraceptive adoption

For the realization of sexual and reproductive health of girls and young women, one of the benefits is the availability of modern methods of contraception by health services in all health units and communities.

As a means of ensuring continued realization of universal access rights to health services and achievement of ASRHR, health providers from AYFS of 20 Health Facilities in Programme Districts advised 198,693 girls and young women on the different types of modern contraceptive methods available and at least 46% (91,717) girls and young women have adopted at least one modern contraceptive method in addition to male and female condoms.

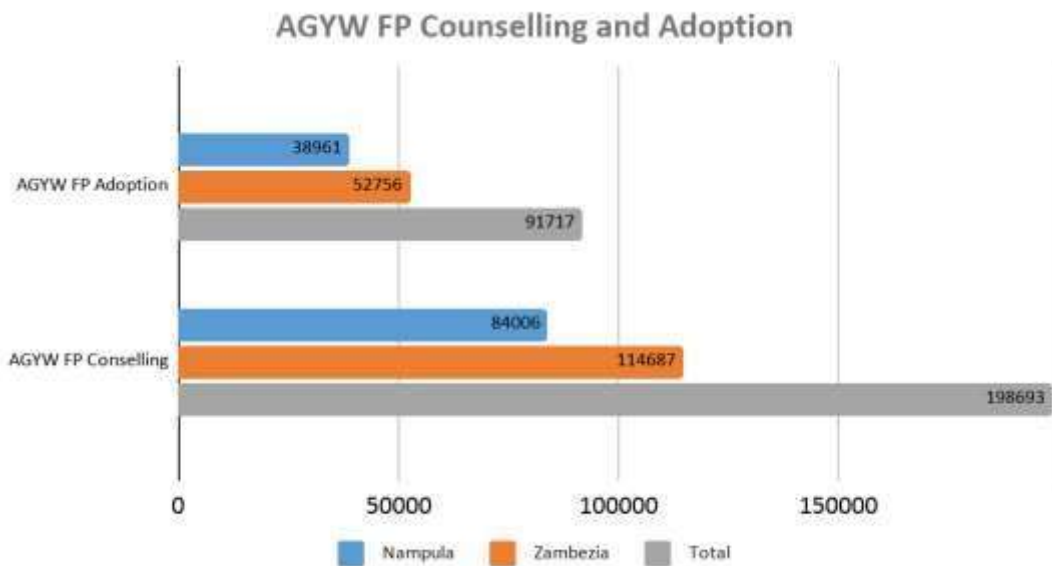


Figure 9: AGYW FP counselling and adoption

Output 4: Girls and young women are voicing the issues concerning their lives

Rapariga Biz works to empower adolescents and youth, especially adolescent girls and young women, to make their voices heard by creating spaces where they can safely express their challenges, ideas and opinions. For this reason, several adolescent and youth-led platforms are supported or initiated under Rapariga Biz to contribute to girls' participation and advocacy on issues important to their lives. This advocacy model aims to provide the girls and young women with a voice and a range of spaces for participation - from the safe spaces at the community level and the dialogue circles at district levels, to the provincial and national level forums and conferences.



Due to the COVID-19 pandemic and the restrictions related to movement and social gatherings, the main platforms and means of advocacy supported in 2020 were digital ones including: the media, through participation in national and provincial radio and TV programs; in the Child Parliament, and through participation in webinars or digital discussion forums, such as the launch of UNFPA's flagship report State of World Population (SWOP) 2020

and various sessions at the National Youth Week which was broadcasted nationwide.

State of World Population (SWOP) 2020 report launch

UNFPA's flagship report 'State of World Population (SWOP)' in 2020 had a focus on the prevention and elimination of child marriage. The SWOP report launch in Mozambique took place through a webinar with participation of Graca Machel, the Minister of Gender, Ambassador of Sweden, a Parliamentarian, Social Activist and a Rapariga Biz mentor in the panel. The webinar had more than 100 participants streaming the event online and numerous more have watched the recording of the event at UNFPA Mozambique's Facebook page: [UNFPA's State of World Population \(SWOP\) report launch](#).

Adolescent and youth participation in media

In 2020, and despite the many COVID-related restrictions and challenges, 650 adolescents from key participation platforms in Zambezia and Nampula provinces, namely, media clubs (under ICS, FORCOM, TVM and RM), RB mentors and Child Parliament enhanced the quality of peer-to-peer communication and social mobilization activities as a result of specific online and face-to-face trainings to improve knowledge and skills on how to better address and engage peers and families in key discussions concerning their lives, focusing on SGBV, ASRH, child marriage, HIV, COVID-19 prevention, infection and secondary impact on children and their families.

The declaration of the state of emergency in early March, to curb the rapidly growing number of COVID-19 infection cases in the country significantly impacted the implementation of regular activities, including participation of adolescents and youth in regular activities. Media clubs had partially suspended face-to-face interventions to comply with COVID-19 preventive measures, resorting to online/home produced media programmes.

Child parliament activities were mostly affected as face-to-face social mobilization sessions were suspended for a longer period. UNICEF nevertheless sought alternative ways to ensure sustained engagement. Child parliamentarians were able to join media platforms as programme guests, child participation training thereby allowing them to contribute to enhancing programme quality by sharing their experiences, stories and opinions on the issues discussed.

As part of a strategy to address bottlenecks related to outreach of adolescents living in remote communities (with limited/no access to key life-saving second decade priority on ASRH information and services), to strengthen collaboration among the different child and youth participation platforms, avoid duplication, rationalize resources, ensure programme equity and inclusiveness of interventions, two provincial exchange-of-experience-training events were conducted in Zambezia and Nampula provinces. The two events counted with the active participation of 55 adolescents and youth (linked to RB, Child Parliament, ICS, FORCOM, TM and TVM adolescent clubs in Quelimane, Nampula and all RB districts), and provided a safe and nurturing space for them to share and exchange their personal stories, knowledge and experiences from the daily interaction with peers, families and communities, as well as seeking peer, mentors and facilitators' guidance/advice on how to tackle some of the challenges faced in field. As a result of this "connecting the dots" exercise, change makers and champions from these key platforms now feel part of a larger support group and systematic exchange and coordination has been fostered.

Local Artists and Influencers engaged to Reach Adolescents on COVID-19



As traditional interpersonal adolescent engagement mechanisms became unavailable due to COVID-19, UNICEF Mozambique leveraged social media, radio and WhatsApp to continue communicating with and engaging adolescents throughout the country.

As part of the Risk Communication and Community Engagement strategy in response to COVID-19, in collaboration with UNFPA, Coalizão and the Secretary of State for Youth and Employment, UNICEF Mozambique developed and implemented an adolescent friendly social media campaign to inform and engage adolescents and young people on preventive measures and mitigation of secondary impact. The campaign intended to respond to the need

to *curb the spread* of COVID-19 and ensure adolescents were complying with the preventive measures because data showed that although awareness levels were high, this did not always translate into practice (especially with regards to wearing a mask or physical distancing). By producing content that resonated with adolescents and young people, the creative approach sought to foster engagement through sharing videos and thereby nudging young audiences to practice promoted behaviors and learn more about COVID-19, mental health and violence against children. Some of these videos can be accessed here: [Seek help/report case of VAC](#); [Mental health](#); [Protection online](#) and [Keep active/mental health with Raima Manjate](#).

With UNICEF technical support, a group of eight local artists and social media influencers participated voluntarily to produce *selfie-type* videos and images containing key actionable behaviours on COVID19

preventive measures, mental health and wellbeing and how to report cases of violence against children. The short videos were shared through social media and Whatsapp to maximize reach. The artists also participated in launching a *TikTok-like* challenge through social media to encourage young people to wear a mask and share videos or pictures of themselves using the hashtag #euusoamascara (#iwearmymask).



The campaign was launched on the 14th of August, producing 12 selfie videos as well as the TikTok challenge video, along with the same number of static images with a new topic posted every other day during the week. By October, the campaign reached 4,151,561 young people with 8,804,191 impressions and an engagement of 418, 997. Total video views were 492,293 and total images views were 52,051. The *TikTok* mask challenge video received 53,000 views and 12,000 likes on UNICEF social media, and over 100 adolescents and young people participated in the campaign offline (by sending their selfie pictures and videos), mainly from Maputo, Zambezia and Nampula provinces.

The major success of the online campaign was the organic engagement with the videos explaining asymptomatic COVID-19, mental health and well-being tips, identifying and reporting violence against children as well as safety online. In addition, youth groups and organizations across the country like the Child Parliament and Coalizao systematically shared the campaign videos and messages through their Whatsapp groups allowing it to go viral. Although difficult to pinpoint the actual impact of the campaign offline, the most meaningful engagement seemed to have taken place “offline” where during the 3-day #iwearmymask challenge, more than 100 messages containing images and videos were shared, including a home-made video from a 12-year old girl and her brother demonstrating how to make a mask using a bandana.



To further expand “offline” reach of the social media campaign, UNICEF leveraged the on-going partnership with PCI Media Impact to adapt the content from the social media campaign by engaging local artists across all 12 provinces in local languages to produce radio talk shows further nurturing social dialogues at the local level. Male and female local artists from Maputo to Manica provinces shared their experience of how they were preventing and mitigating the impact of COVID 19 and called for communities to respect social distancing, wear a mask and wash hands with soap.

Ouro Negro broadcasting

Ouro Negro edutainment drama series Jambolane and InTxunáveis were broadcasted across 104 radios of which 13 from Radio Mozambique, 64 radios from ICS (all provinces) and 27 independent community radios reaching over 1.5 million listeners. 42 live programs in 37 radios, for a total of 1,554 programs, Ouro Negro ao Vivo programs were produced by Radio Mozambique (12 radios), 25 Community Radio (ICS and private) 15 radios in Zambézia and 10 radios in Nampula. 447 (57 girls, 32 boys, 121 women, 254 men) young people and caretakers/parents were engaged in the Ouro Negro ao Vivo programs.

Ouro Negro success stories

One of the protagonists of the radio drama “Os Intxunáveis” is Josefina, a mentor from the Rapariga BIZ Program who works in the village of Nguva. To ensure that the stories reflect the reality of the implementation of the Rapariga BIZ Program, a member of the Coalition is part of the Technical Reference Group that reviews the stories about Adolescents. In addition, members of the Coalition who actively work on the program at the provincial level are regularly invited to the Technical Workshops that take place at the beginning of the writing process for each season, to share real stories collected in the field. In December 2020, Laura Fernando, focal point of Rapariga Biz in Nampula, participated in a technical workshop for the writing of the season 8 and shared real stories about the usage of male and female condoms and what the mentors are doing in this sphere.

In Nampula and Zambézia, radio producers are encouraged to contact Mentors and BIZ Girls to share their stories under the Rapariga BIZ program. In 2021, this collaboration will be strengthened and systematized thanks to the presence of PCI Media Field Officers in the provinces of Nampula and Zambézia. Example of a story shared by a mentor on the Ouro Negro ao Vivo program produced by Rádio Moçambique - Emissora Provincial da Zambézia:

Marriage? Only after age 18

“My name is Carla Carlitos Francisco, I was married with an older person, I was only 14 years old and he was 33 years old when he came home, he said that he liked me and saw me as a beautiful woman to marry, he tried to talk to my parents, who denied the marriage proposal because they wanted me to study. But he tricked me into going to the district of Namacurra with the proposal to guarantee my studies, I was thrilled to accept it.

I deceived my parents by informing them that I was going to study in Namacurra, I asked for the transfer and already in Namacurra he enrolled me in the School. At home I lived with his 4-year-old daughter, I didn't wash the dishes well even after washing the dishes, they still had some sand and he didn't like it and hit me a lot. I was always full of pain at home, I asked help from my neighbor telling her what was happening. She told me "I did not forbid you to marry, but you are too young to marry that man, your parents are alive, go to them and tell them everything that you are living because at that age you cannot".

I went to my parents, who reminded me that I shouldn't go there to get married, but to study. The day I left for Namacurra, I ran away from home, I didn't take any utensils from home other than my body clothes and underwear. My parents were very worried, when people came to me, I guided them to tell my parents that I am not in Namacurra, they even came to meet me at my school and I

informed them that I wanted to stay married. They said that they did not deny that I was married, but that man was older. He did not bring anything to formalize the relationship, something like the "lobolo".

When he started hitting me and didn't want me to go to school, I realized that he was bad news. He followed me every time I went to school, just to confirm if I was going to school or somewhere else, so I informed him, that as he is a very jealous man I will leave you, he said you won't leave me because you came alone from Quelimane, I said to him back that as I came alone I can also go alone. On the same day I called my parents who came and rented a house for me, I continued to study and thank God I finished 10th Class without failure. I realized that he wanted me to be disgraced. He used to come to the house where I was renting, but there was a lady called Dona Gelita, she was my neighbor and someone who looked like my mother who helped me. Sometimes, when he used to knock on my door, I called Dona Gelita saying that the crazy man has arrived and is slamming the door. After finishing grade 10, I noticed that I could study more and I continued to grade 11.

After all, today I am married and I have 2 children. One of the children I had with a man who I did not have a serious relationship with. It was also another relationship that I had been deceived when I was 18 years old. Today I am 22 years old, I am married, and I am at my house. Looking back at what happened to me, it was not a good thing. If time went back I wouldn't do the same. I had a friend of mine, she was married to a teacher, he bought her a lot of things and I thought it was a good life, but then I found out that it wasn't, it was worth studying. Today I have finished grade 12th, I have 2 children and I am an activist for the Coalition Association and I am a peer educator.

Those girls who are not old enough to get married, cannot get married to go beyond what I went through. I don't want my friends, girls to go through what I went through. Study, focus on your studies. Despite everything, don't worry about having what the others have, be patient and study first."

Story from a radio producer in Nampula

The collaboration between the radio and the mentors has been going very well, we used their experience to raise awareness among other girls regarding Sexual and Reproductive Health and several other topics, they have been behaving well and following our instructions. One of the positive aspects is the availability they have had to collaborate and participate in the programs and also the sharing of their stories in the programs, although sometimes they have been afraid to identify themselves and prefer to use fictitious names. One of the challenges we had was when the pandemic started, schools closed and many of them were dispersed, some traveled to other districts, making it difficult to locate them on the radio. (Mário Oraibo, Producer ONAV RC Namialo)

The collaboration with the mentors was positive, they responded to our invitation to always be on the radio, they told their stories in the first person very willingly. The mentors contributed a lot to the stories they told on the radio, because they covered and encouraged other girls of the same age group to make good decisions in their lives. The current challenge is the time and availability factor of the mentors, since some of them study and work and it is difficult to reconcile with the time when the program goes on air, but to further improve our collaboration, we intend together to study ways

of see to what extent it is possible to manage their time in order to participate more often. (Helder Sualeque, ONAV producer Nacala Porto)

Feedback from a mentor in Nampula on collaboration with Radio producers

The collaboration with the Radio was very good, the first time I went to the radio I participated in ONAV as a guest and then I started to encourage and invite other girls to tell their stories. It was great to share my story to encourage others not to feel alone and vulnerable. Some girls after listening, tried to get close to me, others wanted to tell the stories on the radio as well. I used stories during my sessions for girls and they learned a lot and some were also interested in sharing their stories. One of the positive aspects was that, after telling my story, I was asked to collaborate with a program for teenagers and young people on the radio, I felt very happy after receiving the invitation because I like to teach other children. One of the challenges we have is in recruiting girls, some caretakers have been afraid to let their daughters go on the radio but we always try to convince them and after a lot of conversation they accept to authorize it. The program cannot stop because it has helped many girls with the stories that have been told on the radio. (Anabela Júlio, Mentora, 20 years old, Namialo)

The collaboration has been good, though the program I started to have more knowledge and it has helped me to advise the girls in the sessions, with the stories that are told on the radio. I already shared my story too, and when that happened, many people called to give me strength and praise for their courage. One of the positive things was that I gained the practice of speaking on the radio, because it is not easy and I was very afraid and I also increased my ability to advise girls through the stories I hear. (Maria Noémia, 23 years old, Mentora, Nacala Porto)

Maximizing the reach of Ouro Negro through provision of Solar Powered Radios to RB mentors

By end of 2020, a total of 4,365 Rapariga Biz mentors (99% out of the 4,402 planned) in targeted Rapariga Biz districts were provided with solar-powered radios with an SD card (16GB) with episodes of the radio drama “Os inTXunáveis”, to increase their knowledge of sexual and reproductive issues as well as prevention of child marriage and gender-based violence. This innovation has supported collective listening between mentors and Rapariga Biz girls – of which 2,222 were in Zambézia and 2,143 in Nampula – and continued to provide not only learning opportunities on topics of interest but sustain collective dialogue and discussion in the safe spaces. Consequently, RB mentors have been empowered with new life skills such as the ability to speak up and demand self-respect, and facilitate the mentorship sessions in a more dynamic, inclusive and participatory way.

COVID-19 programming

The popular entertainment-education radio drama Ouro Negro produced 9 mini-dramas targeting adolescents on prevention and mitigation of the secondary impacts of COVID-19; messages included ASRH, HIV and VAC prevention, child marriage as well as COVID prevention measures including for young people with disabilities. The episodes were broadcast twice per week by 115 radio stations in Portuguese and several local languages: Emakwa, Cisena, Elomwe, Ndao, Tsonga. The knowledge, attitudes and compliance of COVID-19 preventive practices were monitored and used to adjust the RCCE strategy to better respond to information needs. Two national, rapid Knowledge, Attitudes and Practices (KAP) surveys targeting 3,000 people were completed in 2020.

Storylines were developed on violence, SRH, education & mental health, children with disabilities, children's health and nutrition, hygiene and physical distance at water fountains. Each episode was written and produced in Portuguese and, in partnership with RM, translated and produced to five Mozambican languages: Tsonga, Cisena, Xindau, Elomwé and Emakwa. The radio drama mini series was broadcast in Portuguese from July 20 - August 03 using the radio time slots of the re-broadcasts of the Jambolane radio drama in 115 radio stations nationwide, including RM, ICS, and independent radios. Broadcast occurred in Mozambican languages (and a rebroadcast in Portuguese) between August 31 and October 11, 2020. Episodes in Portuguese and in Mozambican languages were also shared and available for download in all our social media platforms, and Youth organizations such as *Coalizão da Juventude*, *Parlamento Juvenil* and others were informed of this opportunity. At the beginning of October 2020, the miniseries was also made available on the VIAMO 3-2-1 platform as well as Ouro Negro social media platforms which led to the following results:

- During the months of October, November and December, data from the VIAMO 3-2-1 platform indicated the number of listeners for the content of InTxunáveis at 12,117, of which about 60% were young men and 40% young women.
- A total of 38,793.64 episodes were listened to in October, November and December 2020.
- The most selected language was Portuguese, followed by Changana, Macua and Sena. ● Around 40% of listeners are aged 18-24 and 30% under 18.

In addition, special Editions of *Ouro Negro ao Vivo* program were produced with local artists talking about COVID-19 in the last week of October 2020 in all provinces by 12 Radio Mozambique radio stations, replicating content and messages from the social media campaign as an effort to engage local artists in local languages to share their stories of mitigating effects of COVID-19 and encouraging listeners to adopt prevention measures. 19 programs were produced in 18 Mozambican languages. The program “Covid Resposta” in Radio Moçambique with an invited specialist as guest began in April 2020 and was produced until the end of September by all 12 Radio Mozambique radio stations.

3.1.3. Outcome 1 - Challenges

- Due to the Government’s COVID-19 restrictions, the mentorship sessions in safe spaces were suspended in March 2020. Some mentors have been continuing to engage with their mentees and provided needed support throughout the year through individual mentorship sessions upon request via door-to-door visits, phone calls or individual meetups. Yet, these informal mentorship sessions/encounters have been sporadic and not aligned with the regular mentorship cycles and manuals.
- The restrictive measures imposed by the Government due to COVID-19, did not allow for the creation of new mentorship groups and thus, the integration of new girls into the programme. Furthermore, a reduction in the number of mentors in the programme districts and the lack of training of new mentors in 2020, led to an inability to expand the programme to new Districts.
- The suspension of fairs and mobile brigades of integrated services in the communities limited the scope of services adapted for adolescent girls and young people.
- The school reintegration of out-of-school girls has been challenging primarily due to the lengthy and complex administrative process in terms of provincial approval of each case of

school integration, as well as unavailability of previously identified girls due to relocation or lack of secondary schools in some communities.

- Challenges faced in relation to the reach of Provincial broadcasters to the different districts of the program.
- Due to gender norms in some districts of RB in Nampula and Zambézia, a few solar-powered devices were reported as damaged because the mentors have little power over their fathers or caregivers who would claim ownership over the device in their absence. Additionally, external factors such as solar-powered radios being stolen, rains and precarious living conditions are factors contributing to increasing risk of damage of the solar-powered devices. Nevertheless, mentors were constantly made aware of the care to be observed to safeguard the durability of the radios and as a result a major group of mentors are now pioneers in using it as an additional tool to ensure their voices continue being heard and that they can better tackle key issues related to child marriage and abuse, HIV, early pregnancies, VAC and other second-decade issues.

3.1.4. Outcome 1 - Lessons learned

- In times of crisis, such as the COVID-19 pandemic outbreak, women and girls are at higher risk of gender-based violence, including intimate partner violence, early marriage and other forms of domestic violence and sexual exploitation and abuse, due to livelihood shortage, increased tensions in the household, restricted movement and disruption in access to health, social and protection services including in school environments. The peer-to-peer counselling, information and support network provided by Rapariga Biz via the mentors is therefore even more crucial in times of crisis. The trust created between the mentors and mentees, is enabling the mentors to guide and influence positive transformation in attitudes and behaviors among the younger girls, both in terms of sexual and reproductive health and choices, and also in terms of COVID-19 prevention and response.
- It was critical that the psychosocial support got reprogrammed to be provided via phone in order to be able to continue its provision during the COVID-19 pandemic. However, the target was not achieved due to delays encountered as a result of the suspension of the in-person psychosocial support sessions due to COVID-19 and the fact that not all 4,800 mentors have phones.
- It is well-known from previous health crises that adolescent girls are disproportionately affected by emergencies. The psychosocial support takes into account the fact that the COVID19 pandemic is disproportionately affecting girls and women by exacerbating existing systemic gender inequalities at all levels, with potential implications for the incidence of child marriage or early pregnancy - and the psychosocial support therefore works to strengthen the resilience in girls and young women as well as the positive norms that support equality and an enabling environment.
- Some important lessons can be learned from the social media campaign, namely that along with the standard equity parameters related to access to social media in terms of gender, age, geography it is important to consider that Whatsapp appears to be a more effective channel to engage adolescents at scale.
- Similarly, the experience of building artists' capacities and engaging them in RB SBCC as part of COVID-19 prevention interventions, in their local language, empowered them as spokespersons and held them accountable to communicate correct information through local

community radios. It will be important to continue seeking ways of further engaging local artists systematically as influencers in RB SBCC interventions at all levels.

- A key lesson learned that should be highlighted and replicated in the coming years was that the programme was able to reach and engage adolescents and young people from five different participation platforms; the C2C (child to child), media network, the Child Parliament, the Rapariga Biz peer education Safe Spaces, the Youth Parliament and the SMS BIZ peer counselling platform) through Zoom including training them on COVID-19 and engaging them in the annual review and planning exercise. This was a low-cost and effective approach for capacity building, knowledge sharing and planning. It will be important to continue to build the capacities of young people in using virtual communication technologies and encourage them to transfer these skills to their peers.

3.1.5. Outcome 1 - Recommendations

- The psychosocial response ought to be strengthened at the District level and included in oversight missions. Involvement of psychosocial response should be included in the training of mentors and in the Mentorship sessions guide.

3.2. OUTCOME 2: Availability of Quality Integrated ASRH Services for Girls and Young Women Increased

3.2.1. Outcome 2 - Overall description

The agency and demand creation developed under Outcome 1 is influencing the uptake of SRH services and the increased need for the availability of quality integrated ASRH services for adolescents, girls and young women at schools, health facilities and at community levels in the target districts. In Outcome 2 the objective is to make the integrated ASRH quality services available for girls and young women. It will be accomplished through the following outputs as defined in the PRODOC:

- **Output 5.** Teachers implement the comprehensive sexuality and sexual health rights Education package
- **Output 6.** Mobile health clinics and Community Health Workers (CHWs) in 20 priority districts deliver integrated SRH services at the community level
- **Output 7.** Integrated ASRH services by health providers are available in #school SRH corners
- **Output 8.** Coordinated services to GBV survivors
- **Output 9.** Access to microfinance, vocational training and SME development for girls and young women

Output 5. Teachers implement the comprehensive sexuality and sexual health rights Education package

Comprehensive Sexual Education Curriculum

In the context of Sustainable Development Goal (SDG) 4 on Education, Rapariga Biz is working to support the alignment of CSE in the national education curriculum, and to ensure inclusive and equitable quality education.

The integration of CSE into the curriculum of the National Education System has been supported by the Rapariga Biz Program in partnership with INDE (National Institute for the Development of Education) and under the coordination and approval of MINED (Ministry of Education). As the revision of the primary school and secondary curriculum plans were made in the previous year, followed by the government's approval of the new Law on Education National System, in 2020 in 2020 the integration process in the curriculum was carried out as follows:

- Comprehensive Sexuality Education (CSE) integrated in secondary education curriculum;
- Supported the Institute for Education Development (INDE) on CSE curriculum alignment based on MINEDH life skills package and UNESCO International Guidelines 2018;
- Produced a final report on CSE alignment in the Curriculum;

Conduct National Seminar on harmonization of CSE indicators

As part of the process of integrating the CSE into the Curriculum of secondary and primary education, there was a need for harmonization of sectoral indicators and alignment of the CSE, having been conducted for this purpose two technical meetings and one high level meeting, which defined the key actions:

1. Need to carry out training with the support of a consultancy to ensure that the variables and indicators have a logical communication with each other in line with the country's report on ESA, Education Statistics and the 2020-2029 Strategic Plan;
2. Each sector (MISAU, MGCAS and others) and Organic Unit should send contributions based on a matrix provided by MINEDH (DIPLAC) with a view to more contributions on variables / indicators to be adjusted, for example the department of special educational needs mentioned absence an indicator that measures adolescents and young people with disabilities and access to comprehensive sex education in the classroom;
3. Include indicators on youth and adult literacy;
4. Organize a 03-day Workshop facilitated by a consultant, outside the city of Maputo, to refine data to collected / subsidies to allow total concentration, to ensure its effectiveness and efficiency;
5. The need to look at and contextualize the current indicators since it verifies whether there are indicators of results, activities, products and resources, in the current proposal of indicators defined for Mozambique in 2018 with regional orientation.

Teachers empowerment on CSE

The training of teachers did not take place in 2020 due to the Covid-19 pandemic. Thus, for 2021, MINEDH is likely to increase demand in terms of training, having recommended the certification of trainers on CSE. Therefore, 23 trainers were certified as trainers who will serve to facilitate pre-service and in-service training sessions intended for 200 teachers, planned for the second quarter of 2021.

Output 6. Mobile health clinics and Community Health Workers (CHWs) in 20 priority districts deliver integrated SRH services at the community level

As per the 3-pronged approach under PGB to reach adolescents and youth with sexual and reproductive health services, Rapariga Biz is providing support to strengthen the access and quality of services at the community, school and health facility levels. The need for bringing the services closer to the adolescents and youth is also due to the fact that in the provinces of Nampula and Zambezia only 12% of health facilities have AYFS specialized services (12.9% Nampula and 10.4% Zambezia).

The Programme recognizing the challenges faced by girls and young women in accessing sexual and reproductive health services in the remote communities in the 20 targeted districts, had planned to carry out health mobile brigades with the participation of health professionals and Community Health Workers, whose activities for the period under analysis did not take place due to the pandemic COVID-19 and limitations in mass community activities.

Output 7. Integrated ASRH services by health providers are available in school SRH corners ASRH Services in Schools

In the period under analysis, the provision of SRH services in Schools was planned unfortunately it was carried out only in the first Quarter due to the COVID-19 pandemic that the world is facing and Technicians were involved in activities to raise awareness of COVID-19 prevention measures.

Despite this situation in the first quarter, the health professionals carried out the activity visiting 45 secondary schools (47% out of 95 schools in Nampula) and 2 technical schools where 14,928 adolescents and young people were covered in awareness-raising lectures on topics of pleasure and menstrual hygiene, STIs and HIV / AIDS; prevention of early and unwanted pregnancy, 5,901 girls benefited from the oral method for contraception and 14,826 male condoms were distributed.

ASRHR counselling through SMS Biz

Around 319,000 adolescents and young people (41 per cent female) were systematically engaged with the SMS BIZ platform by asking questions related to SRH, HIV prevention, child marriage and gender-based violence issues. To leverage the effectiveness of this platform, the Secretary of State for Youth and Employment, Ministry of Health and UNICEF repurposed two SMS BIZ counselling hubs with 52 trained counsellors to respond to COVID-19. This setup allowed counsellors to address more than 500,000 queries on COVID-19 between April and December 2020. Link to [SMS Biz promo campaign](#).

Despite COVID-19 limitations, UNICEF helped launch a new SMS BIZ counselling hub in Nampula city with 20 new counsellors. The platform is now active and since it has opened 1,952 new young people were registered in SMS BIZ in Nampula province.

Currently, SMS BIZ has a total number of 323,260 beneficiaries in the age group of 10-50 years old, where more than 72% are beneficiaries in the age group of 10-24 years old. Additionally, over 100,000 messages were responded to in just six (6) months (November 2020 - April 2021), where the three most discussed topics were (i) COVID-19, (ii) Sexuality and (iii) Family Planning. To date, Nampula province has a cumulative of 55,692 adolescents and youth beneficiaries where 58% are Male and 42% are female.

To promote uptake of SMS Biz counseling platform, UNICEF provided support to Coalizão in launching a social media campaign with promotion videos the Association had produced. The social media campaign reached 2,666,187 through only 10 video posts and triggered interesting online discussions around access to and quality of SAAJ.

The SMS Biz/Ureport platform also allowed to collect real time socio-behavioral data on COVID-19 prevention and mitigation of secondary impacts through 8 polls related to knowledge of COVID-19 prevention measures, myths and rumors and demand for health services, mental health, VAC, schools reopening and climate change. The polls were conducted among over 300,000 SMS BIZ users, of whom 77 per cent were aged 10-24 years. Data collected on COVID-19 helped to better understand young people's perceptions of COVID-19 and the impact of the pandemic on their lives as well as how to better respond to rumors. **COVID programming**

Abuchamo Live Shows

As part of an initiative to systematically engage artists and social media influencers in all UNICEF SBCC work, in particular in boosting the uptake of SMS Biz, the Secretary of State for Youth and Employment kick-started two new initiatives: training of youth bloggers and engaging local musician and child rights activist Abuchamo Munhoto. Abuchamo produced Live Shows on Facebook including ASRH, VAC and COVID prevention content. In just a few Live Shows, he managed to reach 20,561 young people and initiate key live discussions also with other artists and influencers. Moving forward in 2021, it will be important to connect his initiative with other interventions such as the Adolescent Media Programme, Child Parliament, and many others.

Training of youth bloggers

UNICEF and the Secretary of State for youth and employment trained a total of 30 youth bloggers and influencers on COVID-19 prevention, SMS BIZ (adherence and promotion), and economic empowerment. The purpose was to empower youth bloggers with correct information on COVID 19 so they could help raise awareness and disseminate correct information on prevention of COVID-19. They also received training on registration to SMS BIZ/U-Report, and other key thematic areas. Since the training, the bloggers have used their social media channels/blogs to disseminate information, through LIVE shows and posts, on measures of prevention of COVID-19 and promoting the peer-to-peer counselling service (SMS BIZ/U-Report). In 2021, three additional regions will be held as the Secretary of State for Youth and Employment has embraced the importance of engaging youth bloggers and is intent on continuing to collaborate with them in the future.

Abuchamo Munhoto is one the artists and influencers that benefited from the training of bloggers, and used the learning acquired at the training to promote positive behavior change and referral of adolescents and youth to adhere to a peer-to-peer counseling service (SMS BIZ – 9 22 22) to receive information on COVID-19 prevention and mitigation of secondary impact as well as amplify the voices of adolescents and young people so they can be empowered to discuss issues and propose solutions for topics that concern them.

Output 8. Coordinated services to GBV survivors

In Mozambique, 37.2% of women aged 15-49 years have experienced physical or sexual violence, including other forms of violence affecting adolescent sexual reproductive health. The early pregnancies prevalence is at 46% and child marriage at 48% (DHS, 2011). This is a major concern of

the Mozambique Government, and coordinated actions have been carried out under the leadership of the Ministry of Gender, Children and Social Action, in collaboration with the Ministry of Justice, and Constitutional and Religious Affairs to promote legal tools and reporting mechanisms in the communities and areas of the programme. The coordinated actions have led to the identification of new cases of GBV and child marriage, and to the improvement of the multi-sector response, including services. Mozambique approved the essential services package to be provided by the health, social services, police and justice sectors (the “Essential Services”) as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms, but it is still in incipient phase.

Awareness and sensitization on Gender-Based Violence

The response to cases of gender-based violence of adolescent girls and young women under Rapariga Biz is led by the multi-sector coordination structure. Under the leadership of the Ministry of Gender, Children and Social Action sector, awareness raising activities and dialogues at the community and school levels have been carried out in the communities where the safe spaces are implemented. The aim of these efforts has been to complement the efforts under Outcome 3 to create an enabling environment for girls and young women SRHR and raise the awareness of GBV, harmful practices, the structures in place to denounce and report cases as well as to disseminate the laws against all types of gender-based violence and to create a space to identify and support the victims of these atrocities.

Output 9. Access to microfinance, vocational training and SME development for girls and young women

1,475 girls and young women in the safe spaces were economically empowered through vocational training, financial literacy and small business set up in the provinces of Nampula and Zambézia.

Rapariga Biz programme implementation is consolidating the correlation between girls and young women’s risk of teenage pregnancy, parents’ harmful practices or child marriage and economic



disempowerment in line with global evidence. Economic empowerment interventions have contributed to increased professional and business opportunities for 1,475 adolescent girls (mentees) and young women (mentors) in the safe spaces, sustaining their income levels, access, and control over productive assets for their micro and small enterprises at community level. This is also reinforcing their purchasing power and

decision making on their SRHR.

A total of 300 girls and young women from the safe spaces in the province of Nampula improved their technical skills and received professional certification (electrical installations, plumbing, auto-mechanic, sewing cooking). This also resulted in increased young women’s activism and seizing emerging business opportunities through their inclusion in the production of fabric masks for their community’s prevention. As a way of reinventing themselves in the context of COVID-19, and reducing its socioeconomic impact, 70 adolescent girls and young women previously trained in the cutting and

sewing in Nampula engaged in the production of masks for marketing (hence allowing for their business survival and financial stability during COVID-19 health and economic crisis) and for free distribution among other women, girls and vulnerable people who are unable to buy masks as covered by *Rapariga Biz* and IFPELAC own resources.

Prior to enrolment adolescent the aforementioned 400 girls and young women benefited from vocational orientation sessions facilitated by the professional training institute (IFPELAC) – the professionalization arm of the State Secretariat of Youth and Employment (SEJE) – and downstream implementing partner of *Rapariga Biz*. The objective was to offer girls in the safe spaces a gender sensitive vocational orientation process that would enable them to develop a realistic idea of their own abilities and interests and to gather practical experience in several occupational fields. Following the orientation sessions 310 girls chose to enroll in a variety of courses, with emphasis on nontraditional areas of professional choice by young women from low-income households, such as mechanics, civil construction, computing and electrical installations.



175 girls and young women from the safe spaces in Zambézia had access to self-employment and business kits. Kits were used to start-up businesses in fishery, textile, and green transportation value chains and to mitigate the socio-economic effects of COVID-19 at community level. Kits included chest freezers, fresh fish, clothing, bicycles and accessories and cosmetics.

1,000 adolescent girls from 50 saving groups (village saving and loans associations - VSLA) migrated to digitalization (using mobile money) to avoid in-person gathering of girls and prevent the spread of COVID-19 contributing to prevention of COVID-19, sustainability of their businesses and reduction in the digital divide between boys and girls. The 50 Saving groups led by adolescent girls and young women enhanced their personal financial management skills in the safe spaces in Nampula. VSLAs members are running small businesses at community level and earning regular income and making them self-sufficient resulting in less negative coping strategies and vulnerability to HIV/AIDS, early marriage, and other harmful practices.



To allow for national ownership and sustainability of the approaches piloted by *Rapariga Biz* Programme on economic empowerment in 2020 UN Women signed an MOU with BCI (private sector) to, *inter alia*, “Promote the access of women and young women to financial services (including preferential credit and insurance schemes for agriculture, livestock, agro-processing and non-farm commercial initiatives).” Through this it is expected that adolescent girls and young women increase their knowledge on financial literacy and access to banking services and credit to sustain their business at community level starting from 2021.

Case Study: Economic Empowerment

Producing *capulana* (local name for fabric, a type of sarong worn primarily in Mozambique) masks is the way I found to contribute to the prevention of COVID-19 and make some money out of it. Elsa dos Santos, a 27-year-old young woman residing in the periphery of Nampula, is a mentor of the *Rapariga Biz* Programme and a member of the saving group (VSLA) in *Natiquiri*. With the extension of economic empowerment to mentors, she benefited from the tailoring course at IFPELAC in 2019 and established her business. Due to the COVID-19 pandemic, she has learned to adapt her business to mitigate the negative impact on her income, now she produces face masks using *capulana* for sale.

“I’m Elsa dos Santos, I’m 27 years old, I have survived an abusive union and I am the mother of a 10-year-old girl, who I take care of as a single mom. I make my earning by sewing clothes, which allows me to pay rent and cover other daily household expenses. I have been a mentor for the *Rapariga Biz* program for 4 years and a member of the savings group, where I also act as a community facilitator in financial literacy.

I always dreamed of becoming a fashion designer, because I am delighted to see men, women and children from my community well dressed and with a tailor-made outfit. My opportunity came in 2019 when, through the *Rapariga Biz* program, I was trained in tailoring and design by IFPELAC. With the successful completion of the course, I was granted a manual sewing machine that helped me to start my business. With the outbreak of COVID-19 pandemic, misleading rumors, and imposed measures on restriction of movement, everything changed, few people requested for my services and my income dropped sharply. I saw an opportunity to produce *capulana* masks, since many people cannot afford to buy the masks sold at the pharmacy. My masks comply with the guidelines from the Ministry

of Health for homemade masks. I sell each mask at a symbolic price of MZN 20.00 and per day I can produce and sell on average 50 masks, making about 1,000.00 MZN (approx. USD 15.00). The price I charge is really to help people who do not have resources to prevent the Corona Virus transmission, but also to strengthen my income.”



3.2.3. Outcome 2 - Challenges

- There is a concern from some teachers both male and female, parents and community leaders have resistance to introducing CSE and SRHR before 15 years old.
- Due pandemic COVID 19, the mass activities including training teachers and dissemination of information were postponed from 2020 to 2021.
- Plans to organize nation-wide promotion of SMS Biz through roadshows and fairs (feiras) were hampered due to COVID restrictions on community engagement interventions and mass gatherings which slowed down uptake of the counseling service.
- Achievements on the economic empowerment component in 2020 were seriously constrained by delayed disbursement of funds and the outbreak of COVID-19 resulting in sudden closure of technical and vocational schools, restrictions for informal vendors’ activities and prohibition of girls and young women gathering in the safe spaces and saving groups with the declaration of the State of Emergence/Public Calamity. The use of digital platforms (mobile money) was used as a mitigation strategy.

3.2.4. Outcome 2 - Lessons learned

- The province consultations with teachers, students and caregivers on identification of the CSE key contents to integrate on the grades of primary and secondary education curriculum;
- In order to ensure wider uptake of the SMS Biz counseling service across RB provinces, it will be important to seek ways to mainstream SMS Biz promotion across all RB interventions and platforms to reach more adolescents in the future.
- Financial literacy and establishment of saving groups in safe spaces is demonstrating to be a strong vehicle for young women’s economic empowerment and expand their choices in terms

of SRHR. It can also be massively applied and scaled up in all safe spaces as it seems to be effective in enabling young women to run their business at community level.

- Digitalization of financial inclusion instruments (such as saving clubs and guidelines on entrepreneurship) for girls and young women in the safe spaces is key for their business resilience during the COVID-19 pandemic. The outbreak of COVID-19 and consequent restrictions in the movement of people and social distancing has challenged the traditional way of doing business. Digitalization of tutorials on business management, saving and investment tips, financial transactions and marketing platforms seemed to be an encouraging step towards mitigating the negative impact of COVID-19 on micro-businesses.

3.2.5. Outcome 2 - Recommendations

- As per MINEDH recommendation and as per UNESCO CSE Evaluation report, INDE should elaborate a New Curriculum Manual with CSE contents to be used by teachers during lesson plans. Teachers, Caregivers and Community Leaders should be trained on CSE, SRHR, gender and national law against early pregnancy, so they can understand that children and young people need support on SRHR.
- As MINEDH recommends there is a need for a consultancy on aim to harmonize the CSE indicators on EMIS, then the National Seminar can take place.

3.3. OUTCOME 3: An Enabling, Free and Safe Environment for Increased Participation of Girls and Young Women and The Promotion of Their SRH Rights Created

3.3.1. Outcome 3 – Overall description

Families, community members and leaders, religious leaders, parents, midwives, boys and men have played a critical role in promoting an enabling, free and safe environment for increased participation of girls and young women and ensure they enjoy their sexual and reproductive health and rights. Therefore, the involvement of these actors in the programme have shown to be key to address the barriers and behavioral gaps in the environment surrounding girls and young women at the community related to SRHR. In working with local leaders and other influential players, the emphasis is placed on the communities' role in keeping adolescent girls and young women in school. For those girls and young women that, for any reason, are out of school, the main focus has been their return to school. Local actors have also been useful in supporting the RB mentors in the identification of safe spaces, resolving intergenerational issues at family level and supporting high attendance of the AGYW in mentorship sessions, as well as contributing to preventing and nullifying child marriage cases in their communities. Thus, to ensure the creation of the enabling environment for the fulfillment of SRHR by the AGYW, outcome 3 is unpacked into the following outputs.

- **Output 10** - Enhanced involvement of men and boys to strengthen their SRHR
- **Output 11** - Faith based leaders and youth groups mobilized and active to promote adolescent SRH and rights
- **Output 12** - Communities participating in community dialogues on SRHR related to girls and young women
- **Output 13** - Strengthened awareness of girls and young women on SRHR including HIV/AIDS and GBV prevention

Output 10 - Enhanced involvement of men and boys to strengthen their SRHR

When the programme was initially designed, its project document described adolescent girls and young women as the main target, particularly due to the fact that, as AGYW were the most vulnerable, there was a need to reinforce the positive discrimination towards girls and women to ensure that they would equal their peer boys and men in the full enjoyment of their sexual and reproductive health and rights. While this initial intent, registered fruitful and tangible results over the years, on the other hand there was a common understanding among the RB programme stakeholders that something was lacking in order to ensure that the counterparts of those girls and women, concretely, boys and men, should also benefit from the programme to ensure that they not only pursue the fulfilment of their SRHR, but also those of their peers. In essence, a perception of the role of the boy and men for the empowerment of girls and women continued to solidify as time evolved. Consequently, since 2019, the programme has counted on the support from gender and masculinities specialists from John Hopkins University (JHU) and *Rede Homens pela Mudança* (Hopem) to design tools to be used to enhance the involvement of men and boys to strengthen their SRHR.

The technical support received from both JHU and Hopem resulted in the designing, validation and piloting of boys' mentorship tools to be used under the Rapariga Biz mentorship. In the same scope, as part of the pilot of the package, six mentors were trained and 100 young boys reached in the communities of Rapale and Nampula districts.

Equally, the package of material for boys' engagement and M&E tools were designed over the reporting period. Concretely, a concept note, a manual and an operational guide for boys mentoring approach were designed and piloted.

Output 11 - Faith based leaders and youth groups mobilized and active to promote adolescent SRH and rights

Faith-based leaders and youth groups are key stakeholders when it comes to promoting sexual and reproductive health and rights. In light of this critical role played by the religious congregations, UNFPA, under the Rapariga Biz and through our partnership with Coalizão, our youth coalition partner, has been working with COREM (*Conselho das Religiões em Moçambique*) – Mozambique Council of Religions, which comprises several religious groups and congregations in Mozambique. With this partner, and using the ecological model (society, community, family and individual), COREM has a four-fold influencing role, following the 4 layers of the mentioned ecological model in order to implement awareness raising initiatives to promote adolescent sexual and reproductive health and rights. Their influencing role, particularly under the Rapariga Biz involves targets simultaneously the society, the communities, families and individuals.

Cognizant of the situation of early marriage in Mozambique, particularly in rural communities, and considering that women and girls are the most affected ones with this harmful practice, it was deemed imperative to join forces with the religious leaders in Nampula and Zambezia. The immediate results of the work with religious leaders are the following:

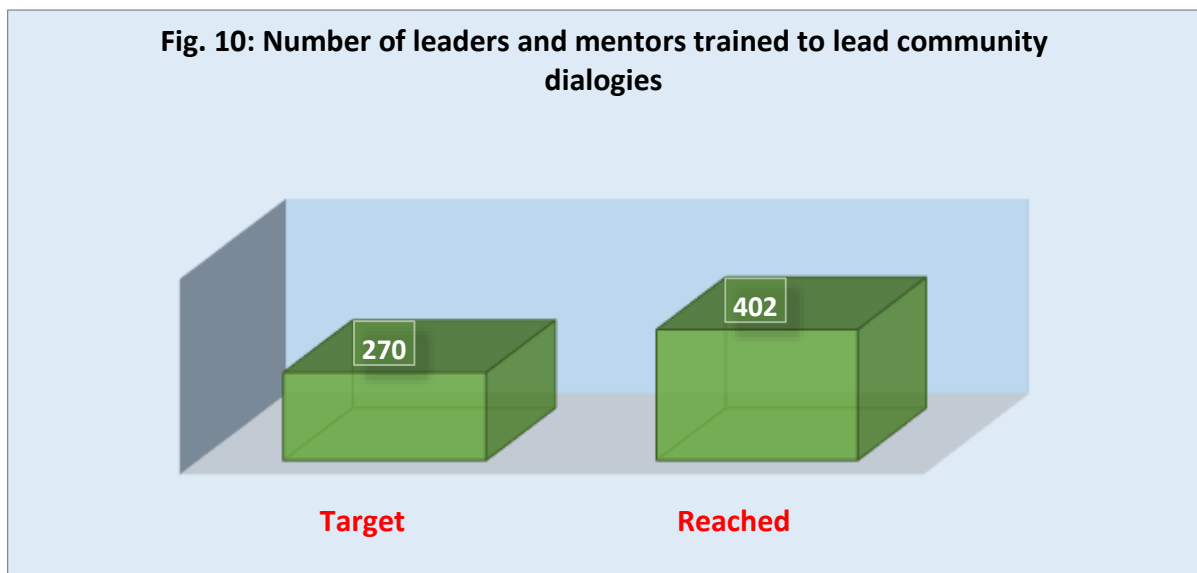
- 150 community leaders provided with skills on SRH and GBV;

- Agreed upon a need to establish a network of religious leaders to address issues related to early marriage.
- Establishment of foundations for coverage of issues related to SRH, GBV in the communities with leadership by religious leaders.
- Religious leaders were equipped with tools to identify and contribute to the reporting of cases of early marriage in Rapariga Biz communities.
- Trained religious leaders committed themselves to advocate for inclusion of SRH, particularly early marriage, in all religious homilies, nationwide.

Output 12 - Communities participating in community dialogues on SRHR related to girls and young women

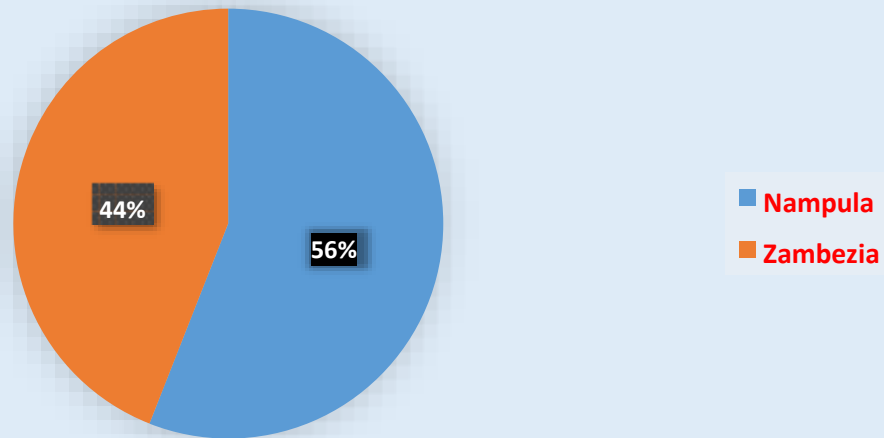
Community members and leaders play a significant role in promoting adolescent sexual and reproductive health of girls and women. Most importantly, as community leaders are seen as culture guardians in their respective communities, they have a highly convening and influential role at that level. For the year in analysis, the programme had planned to train 270 community leaders and mentors aimed at implementing community dialogues in Nampula and Zambezia provinces.

Of particular importance is the fact that the above mentioned target was achieved by 149%, as 402 community leaders and mentors were trained and supported to implement community dialogues, compared to the 270 leaders and mentors initially planned to be trained. The immediate effect of the trained leaders and mentors, both in Nampula and Zambezia, is that a total of 2,056 community dialogues events were held on issues related to ASRH, Child marriage and COVID-19. These community dialogues reached 29,846 people from the target communities. Figure below shows targeted and reached leaders and mentors trained to facilitate community dialogues (figure 10).



It is also important to highlight that, out of the 402 community leaders reached, as per described above, the performance achieved in each province was 225 in Nampula, representing 56%, and 177 were achieved in Zambezia, representing 54%. Figure below presents this distribution per province.

Fig. 11: Percentage of leaders and mentors trained to hold community dialogues, per RB province, 2020



It is also worth mentioning that due to COVID-19, community dialogues held in 2020 followed COVID-19 prevention measures, including social distancing, use of facial masks, handwashing and other preventive measures. Picture below shows a group of community members in a community dialogue duly equipped with their masks and observing social distancing.



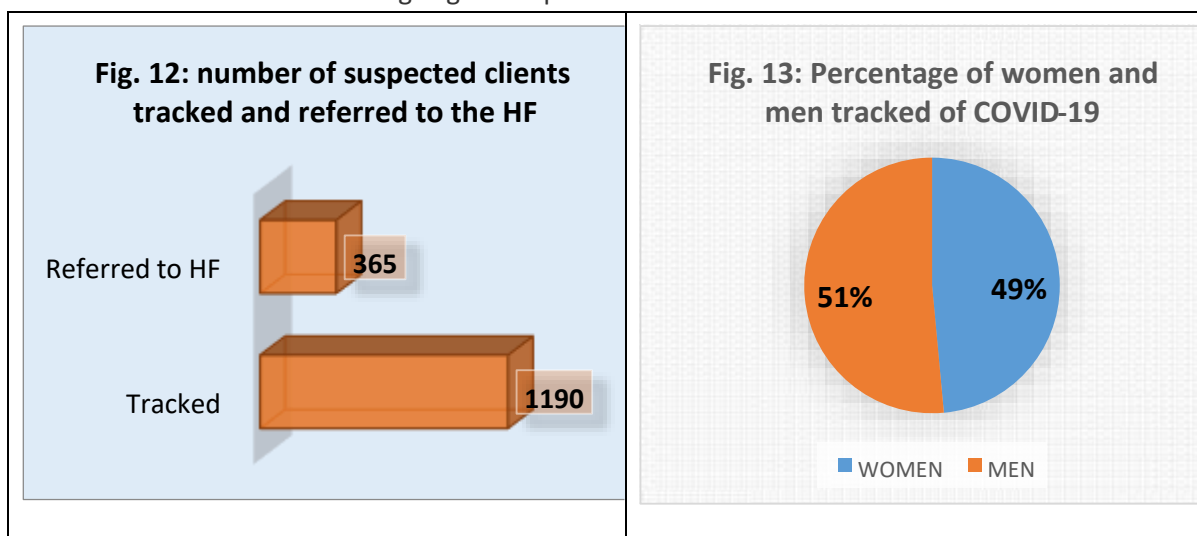
Community dialogues in the context of COVID-19

In March 2020, Mozambique registered the first case of COVID-19. In April 2020, the Mozambique Government, the President of the Republic declared a state of emergency due to COVID-19. The state of emergency was regularly renovated until it changed to the state of calamity, with almost the same legal, social and economic effects. Both the state of emergency and the state of calamity resulted in inevitable change in the way the programme had been implemented. As the result of the pandemic, both beneficiaries and implementing agents of the programme had to be trained on issues related to the new pandemic. Additionally, COVID-19 prevention measures comprise a series of restrictions aimed at preventing the spread of the disease. COVID-19 prevention measures also include avoidance of crowded places and public gatherings, including in churches, mosques and other religious premises,

implementation of social distancing, use of facial masks and shields and other individual personal protection equipment, as well as scaling up of personal and collective hygiene measures.

As mentioned above, the way of working and the approaches to the implementation of the programme changed to respond to the pandemic. Particularly, the implementation of the community dialogue was also affected by the “new normal”, as it came to be named later. So, a shift from in-person community dialogues to radio dialogues occurred. Therefore, a total of 24 radio dialogues were held during the period in question. These radio dialogues were broadcasted in radio stations in Nampula and Zambezia, with participation of community leaders, influential people, parents and mentors, as well as the larger audience of radio listeners.

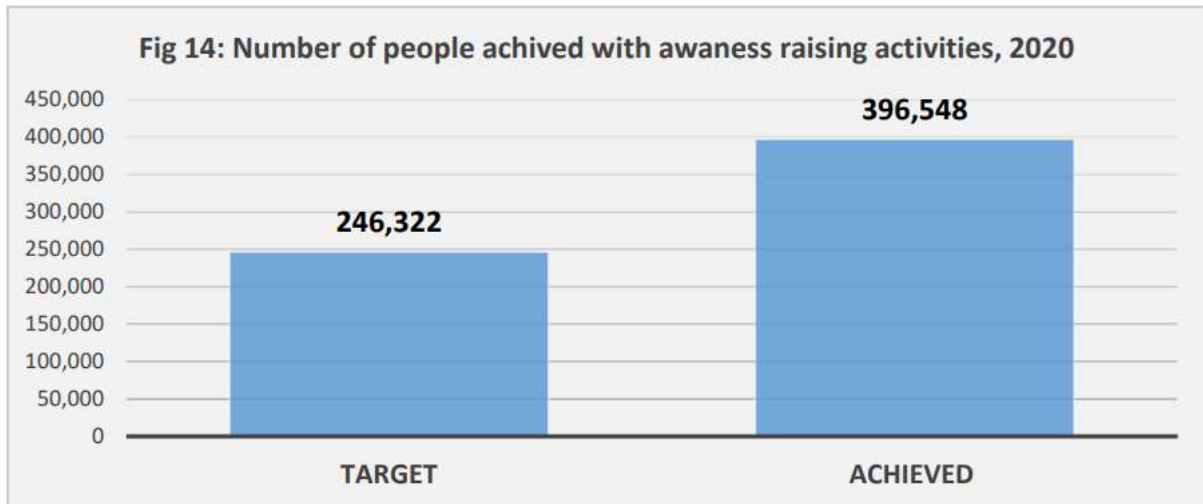
Additionally, the programme had to contribute to the implementation of community epidemiological surveillance, including in Rapariga Biz districts. Therefore, 84 communities have been implementing community surveillance of COVID-19, following a specific training on COVID-19 epidemiological surveillance targeting 60 community facilitators and 5 government and civil society technicians that were provided with skills to contribute to the identification of suspected cases of COVID-19 and the respective notification and referral to the health facilities of the respective health catchment areas. An immediate effect of the community epidemiological surveillance was the tracking of 1,190 suspected cases (578 females and 613 males) that presented at least one COVID-19 symptom. As it can be noticed by the graphic below (figure 12), more men than women were tracked by the COVID19 community epidemiological surveillance under the RB programme in 2020. Out of the 1,190 tracked patients, 365 clients (202 females and 163 males), representing 31%, were referred to health facilities for additional COVID-19 screening. Figure 13 presents tracked and referred clients to health facilities.



Output 13 - Strengthened awareness of girls and young women on SRHR including HIV/AIDS and GBV prevention

The aim of the Rapariga Biz Programme is to promote sexual and reproductive health rights of adolescents and young people in Mozambique. In line with Geração Biz, awareness and demand creation for SRH constitute a key part of Rapariga Biz through the mentorship sessions in the safe spaces, as well as school and community outreach through peer educators and service providers. Thus, over the year in review, Rapariga Biz also carried out outreach and awareness raising on ASRH/HIV/GBV. People achieved in both provinces are presented below.

Initially, it was foreseen to reach 246,322 people with the aforementioned outreach and awareness raising activities. Actually, 396,548 people were reached in Nampula and Zambézia provinces, representing a performance of 160%. Additionally, due to COVID-19, it was planned to provide 1,000,000 adolescent and young people with knowledge on ASRH, GBV and COVID-19 response. Therefore, 1,008,482 adolescents and young people were reached by 1,493 activists trained in selected districts with the aim at ensuring the integration of ASRH, GBV and COVID-19 response in their activities. Figure below depicts people targeted vis-à-vis the number of people that was actually achieved.



Additionally, under Rapariga Biz, UNFPA has been engaging with Zambezia Provincial AIDS Council (*Conselho Provincial de Combate ao SIDA - CPCS*), as part of adolescents and youth technical groups. Thus, as a result of this partnership, last year, UNFPA was invited by the CPCS Zambezia to co-organise two relevant events: the celebrations of the International AIDS Awareness Day, and the provincial campaign on HIV prevention, care, treatment, impact mitigation and prevention of stigma and discrimination related to HIV. The AIDS awareness day was celebrated in Milange, where a series of events took place, including lectures/talks on HIV prevention, care and treatment, and impact mitigation. The event also comprised cultural and sport events. People living HIV also gave testimony of their experience in living with HIV. Pictures below show activities implemented during the 1st December celebrations in Zambezia.



With regards to the HIV campaign, it is crucial to highlight that the event started from 23 December 2020 through 31 January 2021, in Quelimane city. It had a hybrid approach involving both face-to-face counselling/sensitization and distribution of condoms, and social media for promotion of and demand creation for use of condom. Public figures, including artists, journalists, public servants, musicians, sports men/women and other opinion and decision leaders were used to produce radio and TV spots on HIV prevention, care, treatment, impact mitigation and prevention of stigma and discrimination related to HIV. The main immediate results of the HIV campaign were as follows: 500,000 male condoms distributed; 43,000 people particularly adolescent and youth were sensitized on the correct and consistent use of condom; 800 leaflets on HIV prevention, care and treatment were distributed; and it was estimated that 600,000 people were sensitized and received messages promoted by mobile multimedia units. Additionally, a total of 300 taxi drivers, the main means of transportation in Quelimane, were reached by the campaign. Find [here](#) a folder of three of the 5 radio and TV spots used during the campaign. The spots are about the importance of HIV testing, HIV treatment, and prevention of HIV related stigma and discrimination, and were broadcasted both in Portuguese and in local languages. Public figures namely Frederico Costa, Deolinda Morreira and Mister Danny, renowned TVM journalist, Radio Moçambique journalist and sportsman/personal trainer, respectively, were the figures of the three spots.

3.3.3. Outcome 3 - Challenges

- Due to COVID-19, the programme had to, forcibly, find alternative ways to implement community dialogues in Nampula and Zambezia. Thus, from an in-person perspective, community dialogues were shifted to radio dialogues. While this latter approach attains the same outcomes in terms of topics and beneficiaries achieved, there is a common understanding that the social bond that is created with the in-person approach is lost.
- Change in the modalities of and approaches to training: Implementation of capacity building initiatives under the Rapariga Biz programme, including those related to community dialogues were also affected by the pandemic. The trainings initially planned to be in-person had to be changed to virtual trainings due to COVID-19 that required social distancing and other preventive measures.
- Over the last years Rapariga Biz has been focusing on establishing a good linkage between mentorship and community dialogues to ensure comprehensive results in the communities. However, with the pandemic, this linkage was affected.
- Due to the COVID-19 restrictions, boys and young men were only reached with mentorship through the piloting of the mentorship manual during 2020. However, the mentorship manual for boys and young men has been developed and printing is in process (with financial support from the Global Programme to End Child Marriage).
- Focus on COVID-19 to the detriment of other thematic areas: soon after the first case of COVID-19 was confirmed in Mozambique, the Government of Mozambique declared the State of Emergency. Consequently, all attention of most of the stakeholders was put on COVID-19 to the detriment of other thematic areas, including issues related to the programme.

3.3.4. Outcome 3 - Lessons learned

- Working with community and religious leaders and other community-based influential people is important to bring about change in terms of gender transformative norms.
- The SMS Biz and radio played a key role as a platform to disseminate SRHR to adolescent girls and young women and other people.
- The COVID-19 pandemic has taught us that some in-person meetings held before might have been unnecessary, if the information and communication technologies were well explored. So this pandemic has affected and will continue to impact on labor dynamics and relations.
- Targeting only girls and women in sexual and reproductive health and rights is important, but most importantly is to ensure both girls' and boys' mentorship to ensure comprehensive outcomes, particularly in patriarchy dominated contexts like the Mozambican one.
- Virtual events can be an alternative to cut high costs with trips, accommodation, meals etc., as during the pandemic, those showed to have almost the same outcomes in terms of training objectives.

3.3.5. Outcome 3 - Recommendations

- Implement the boys' mentorship in all RB districts. Use lessons learned under girls' mentorship programme to improve the quality of boys' mentorship.
- Scale up the use of ICT to be used in virtual and/or hybrid (in-person + virtual) events, and to promote social and behavior change communication.
- Continue to support COVID-19 community epidemiological surveillance until the pandemic is under control at national and local level, particularly at community level.
- Resume mentorship and community linkages.
- Distribution of information, education and communication materials should also target religious leaders.
- Complete the manual or guide on community dialogues.

3.4. OUTCOME 4: Strengthened Governance and Coordination for Integrated SRH Programming

3.4.1. Outcome 4 - Overall description

The overall ownership and leadership of Rapariga Biz sits with the Government through the Ministry of Youth and implementation is happening through its multi-sector structures at national, provincial and district levels. The multi-sectoral committees at all levels continue to provide a strategic mechanism for leadership and coordination of the implementation of Rapariga Biz. At the national level, the oversight of the program is occurring through a steering committee in which all partners and the government participate.

The involved UN agencies are providing technical assistance and leadership within the scope of their respective comparative advantages, and through partnership with civil society partners.

The aim of Outcome 4 is to strengthen the governance and coordination for better SRHR programming at all levels from national, to provincial and district. Actions are focused on reviewing and/or formulating policies and programming concerning adolescents and youth, strengthening coordination

mechanisms between the national level and the targeted provincial and district levels as well as generating evidence and collecting data to feed into programming, advocacy etc. Cross-sectoral coordination of the investments in youth is also essential for the governance of demographic dividend policies. Thus, the below outlined outputs will contribute to achievement of Outcome 4:

- **Output 14** - UPR process and report include ASRH
- **Output 15** - Strengthened inter- ministerial coordination mechanisms on ASRH issues at national level (CIADAJ)
- **Output 16** - Strengthened coordination on ASRH at provincial and district levels (through PGB)
- **Output 17** - SRH specific rights and needs of girls and young women included in existing policies and plans
- **Output 19** - Situation at the program site and implementation progress

3.4.2. Outcome 4 - Outputs and key activities

Output 14 - UPR process and report include ASRH

Inclusion of ASRH topics in the Universal Periodic Review (UPR) process had significant improvement in the last UPR process. Young women platforms located at district, provincial and national level were engaged on the Universal Periodic Review (UPR) through a national level auscultation with the Ministry of Justice, Constitutional and Religious Affairs - the government body which coordinated human rights issues. Through a national workshop, organized with support from UNFPA, with remote participation of the provinces, young girls and boys reviewed the UPR. Recommendations of the 2nd Cycle - SRHR (128.142-43; 60), HIV (128.137, 39, 41, 43), GBV (Recs. 128.47, 49, 50, 52, 53, 54, 55, 58, 92, 94, 95, 129.16) and Disabilities (Rec 128.39; 43-44; 55; 65-66; 150) - and made inputs to the State Report, that, in turn, will help to improve the position of those topics in the Government's Human Rights agenda for the next 4 to 5 years. This National Auscultation was prepared by young women and boys' influencers who used their networks to call for participation of their peers throughout the country. The Ministry of Justice, Constitutional and Religious Affairs in turn agreed on prioritizing those topics in the Government's Human Rights task force.

Output 15 - Strengthened inter-ministerial coordination mechanisms on ASRH issues at national level (CIADAJ and PGB Multi-Sector committee)

Under the Rapariga Biz Programme there are basically two main bodies that are the coordination mechanisms at central level, namely the Multi-sector Coordination Committee (PGB) that directly oversees and monitors the implementation of Rapariga Biz, and the second one is the Inter-ministry Committee for Development of Adolescents and Youth – shortly known as CIADAJ – a Government platform to coordinate youth development. The Multi-Sectoral Coordination Committee (PGB) is, which includes the State Secretariat of Youth and Employment (formerly Ministry of Youth and Sports), Ministry of Health, Ministry of Education and Human Development, Ministry of Gender, Children and Social Action, Ministry of Justice, representation from AIDS Nacional Council (CNCS), the Youth National Council and COALIZÃO. Representatives from UN agencies participating in the RB take part in the Multi-Sectoral Coordination Committee. The Multi-Sectoral Coordination Committee meets quarterly and provides overall leadership and oversight of the programme, while also reviewing the status of implementation and ensuring inter-ministerial coordination and cooperation at all levels.

Last year, the PGB coordination mechanisms was essentially focusing on the support to the realization of the Rapariga Biz End of Project External Report and Preparation for the Second Phase of the Programme. Details on the referred to external evaluation are presented in output 19 of this outcome.

Support of CIADAJ

The Inter-Ministry Committee for Development of Adolescents and Youth is a Government mechanism to monitor and coordinate all policies, strategies, programmes and initiatives related to adolescents and youth in Mozambique. The CIADAJ is composed of relevant Ministers and chaired by the Prime Minister and the Secretary of State for Youth and Employment (formerly the Minister of Youth and Sports) is the Vice-Chair. The CIADAJ was established in 2013, by the Assembly of the Republic, through Resolution No. 16/2013, of 31 December, approved the Youth National Policy that calls for Mozambican youth to have a long and healthy life, based on decent health, education and work, a compatible remuneration, decent housing and solid technical, professional and vocational training.

One of the responsibilities of CIADAJ is to advise the Government in the creation of health provision mechanisms for adolescents and young people and also to ensure periodic harmonization of data on actions and initiatives implemented by Government, private sector and civil society for the benefit of adolescents and young people. In Article 2 of the Resolution approving the Youth Policy, the Government has to present to Parliament the status of implementation of the National Youth Policy. Rapariga Biz provided support to the CIADAJ Technical Committee to prepare the document to guarantee that issues related to adolescent and youth sexual reproductive health and rights, and especially related to girls and young women and issues of GBV, were included in the document.

In 2020, Rapariga Biz supported 4 important events related to CIADAJ and other pro-youth key activities. The first one was the National Conference of the Youth National Council (CNJ) held in Vilanculos, Inhambane. This was an electoral event that led to the election of the new management structures of the council. The second event was the CIADAJ National Conference in Inhamitane City, Inhambane province. Essentially, the event comprised participants from all provinces, and its main aim was to gauge the level of implementation of the Youth National Policy and preparation of the respective plan for 2021. UNFPA was part of the event, and took the opportunity to present the results of the mapping of sexual and reproductive interventions for adolescents and youth in the country. Furthermore, UNFPA supported the realization of the Youth Creative Prize, whose aim is to promote innovation and creative ideas by youth in Mozambique. Finally, Rapariga Biz also supported the preparation for the realization of the CIADAJ ministerial session convened and chaired by the Prime-Minister, in his Office. The event was held in February 2021. Topics dealt with during the event included review of the implementation of 2020 action plan of the Youth Policy; 2021 Action Plan for the implementation of the Youth Policy, Mapping of SRH interventions for youth, and Chronogram of activities under CIADAJ, to be carried out in 2021.

When it comes to PGB coordination, among the quarterly meetings, two of them are worth giving further details due to the outcomes: One event was held on the 2nd of October 2020 for the review of the external evaluations findings and recommendations. This was held at SEJE (Meeting Room). Essentially, the group agreed with the findings and recommendations of the external evaluation except for one related to boys' mentorship. According to the external evaluation, the programme should only focus on girls' mentorship and not on the boys' mentorship. However, the group agreed that in phase II, apart from girls' mentorship, the boys' mentorship should be a priority. In the same event, participants also agreed on the roadmap to the design of the phase II of the programme.

Another PGB coordination meeting, held at Hotel Girassol (3-5 November 2021) with participation of national and provincial PGB stakeholders was held to approve the main RB tools, the review of real-time monitoring tool (Kiri Biz) and reflection on the “new normal” in the context of COVID-19.

Output 16 - Strengthened coordination on ASRH at provincial and district levels (through PGB)

PGB Provincial Multi-Sectoral Committees

At the provincial level in Nampula and Zambézia, the PGB Provincial Multi-Sectoral Coordination Committee leads and coordinates the Rapariga Biz implementation. It is composed of provincial directors of the ministries involved in PGB plus the Ministry of Justice, Constitutional and Religious Affairs. It is chaired by the Provincial Directorate for Youth and Sports. UNFPA, UNESCO, UNICEF and UN Women are also members of the Provincial Committee. The PGB Provincial Multi-Sectoral Coordination Committee meets once every trimester with a focus on reviewing implementation for the past three months and endorsing work plans for the next three months. In these meetings, operational issues affecting the Rapariga Biz implementation are also addressed.

During 2020, the PGB/Rapariga Biz Multi-Sectoral Coordination Committee met two times in Zambézia and Nampula provinces, with participation from national PGB representatives. Additionally, one district multisector committee was held and facilitated by a national representative in each of the 20 districts where the programme is implemented. Essentially, the events resulted in:

- Support to the realization of the RB end-of project external evaluation;
- Support to the realization of the study on disability inclusion in programmes;
- Approved and reviewed RB 2019 plans and reports;
- Carried out multi-sectoral supervision and monitoring visits to RB activities;
- Given ongoing technical support to implementing partners and district multi-sectoral committees;
- Accompanied and supported the training of new mentors (in quarter 1) and the realization of community dialogue activities in respective province;
- Contributed to the preparation and celebration of important festive and commemorative dates: April 7th (Mozambique Women’s day), March 8th (International Women’s Day); June 1st (International Children’s Day), July 11th (World Population Day), August 12th (International Youth’s Day), September 26th (World Contraception Day), November 25th - December 10th (16 days of activism against gender-based violence), December 1st (World AIDS Day) and December 10th (International Human Rights’ Day);
- Coordination actions on youth’s involvement and participation in COVID-19 response.
- Supported the opening of UNFPA office in Zambezia
- Support to Population Council technical support in Nampula and Zambezia

Output 17 - SRH specific rights and needs of girls and young women included in existing policies and plans

Rapariga Biz is aligned with the Mozambique Government policies and strategies, and reflects the United Nations’ continued focus to put equality at the centre of its sustainable development agenda, including through SDG goals such as Goals 3 (Good Health), 4 (Quality Education), 5 (Gender Equality) and 10 (Reduced Inequalities).

Following the launch of the National Strategy on School, Adolescent and Youth Health in 2019, RB stakeholders support the roll-out of the strategy at provincial and district levels. Among others, this strategy recommends the establishment and/or increase of school-based health corners, youth friendly services, and safe spaces to address ASRH needs nationwide. To this effect, RB implementing partners in Zambézia and Nampula implemented their interventions at those three levels (school, health facility and community) as per the PGB structure. Additionally, advocacy efforts also continued on the need to increase the number of school health corners, SAAJ and safe spaces aimed at implementing the referred to strategy.

Additionally, Rapariga Biz supported the reproduction and distribution of new Youth Friendly Service registration tools. The implementation of the new tools has taken place both in Zambezia and Nampula thanks to the contribution. In order to ensure that YFS providers familiarize with the tools, RB supported DPS in Zambezia and Nampula to train staff on the new tools.

Concomitantly, the “stay home” approach to respond to COVID-19 had initially caused “backfire effect” as clients avoided to seek for health services in fear of getting infected by the COVID-19. Therefore, RB supported the on job training to health providers in order to refine their messages to encourage people to resort to health facilities when needed.

Furthermore, following Mozambique’s first positive case of COVID-19 in March 2020, and the subsequent declaration of a state of emergency, the Ministry of Health (MoH) put in place regulations to curb the spread of the pandemic, including stopping all elective surgeries. To limit the spread of contagion and ease the pressure on the health system, at that time, only emergency surgeries were allowed. Once considered to be ‘non-essential’, girls and women that were on waiting lists for obstetric fistula (OF) repair surgeries saw their dreams of correcting their obstetric fistula postponed indefinitely. This exacerbated their pain and suffering, including discrimination from community members and relatives, sometimes even from their own husbands.

Cognizant of the suffering and discrimination faced by women and girls, UNFPA Mozambique, in partnership with its governmental and civil society partners, started to advocate for the resumption of elective obstetric fistula surgeries, in partnership with the fistula project. The momentum of this advocacy effort took place as Mozambique marked the International Day to End Obstetric Fistula (23 May 2020), under the theme: “End gender inequality! End health inequities! End Fistula now”! Among other activities, celebrations included radio and TV shows and debates, a live concert with 3 renowned musicians broadcasted live on Facebook, virtual trainings and talks facilitated by health professionals and a meeting with health authorities. This advocacy work led to two great changes: the MoH, via the Minister himself, committed to the achievement of 80% of surgeries for those needing fistula corrections in the coming years; and four days after the International Day, the MoH issued a circular to all provincial directorates of health, instructing them to, exceptionally, resume elective surgeries, only for obstetric fistula cases.

“The resumption of the OF repairs is important to alleviate a lot of suffering affecting adolescent girls and women with limited access to sexual and reproductive health services, mostly those from rural areas. These girls and women suffer from discrimination including from their relatives. After the resumption of fistula repair surgeries, 11 girls and women have already received surgeries in Mocuba district,” shared Armando Rafael, surgeon, and focal point for fistula surgeries in Mocuba, Zambézia.

Please find here a [link](#) with a human interest story on the resumption of the OF surgeries, which was featured in the Global UNFPA Humanitarian Update.

Output 18. Enhanced evidences for girls and young women’s SRHR

Mapping of Youth interventions:

Due to the fact that there were several isolated sexual and reproductive health interventions for youth, with limited coordination and complementarity, among them, in part caused by the lack of comprehensive and consistent information, RB supported the youth mapping exercise that started in 2019 and concluded in 2020. Basically, the mapping was needed as it would help to:

- Avoid the duplication of efforts by SRH project implementing partners in Mozambique;
- Ensure complementarity of SRH initiatives for adolescents and youth;
- Save resources and time – to avoid “reinventing the wheel” creating tools and procedures that already exist;
- Guarantee ownership and sustainability of the initiatives;
- Increased efficiency and effectiveness of the interventions;

The main objective of the mapping exercise was to provide SEJE, UN agencies, CSO and other partners with a planning, priority definition and geographic spread identification tool for sexual and reproductive projects and programmes for adolescents and youth, through consistent and comprehensive information in Mozambique. To this end, the methodology of the mapping is described in the figure below:



The main conclusions and recommendations of the mapping are:

Conclusions:

- The major projects for adolescents and youth are Rapariga Biz; Viva Mais and DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe).
- There are some provinces that are left behind in terms of projects, including Niassa, Tete, some part of Manica, North of Gaza, interior of Inhambane and the coastal part of Cabo Delgado;
- There is relatively equitable regional (North, Centre and South) geographic distribution of the projects in Mozambique;

- Employability and entrepreneurship are important emergency areas that need support;
- There are many SRH projects and programmes but without clear coordination and complementarity; and,
- Caia (Sofala), Guro (Manica) and Inhassoro (Inhambane) are important commercial and socioeconomic corridors, but without projects.

The following map shows the distribution of the major programmes in Mozambique:

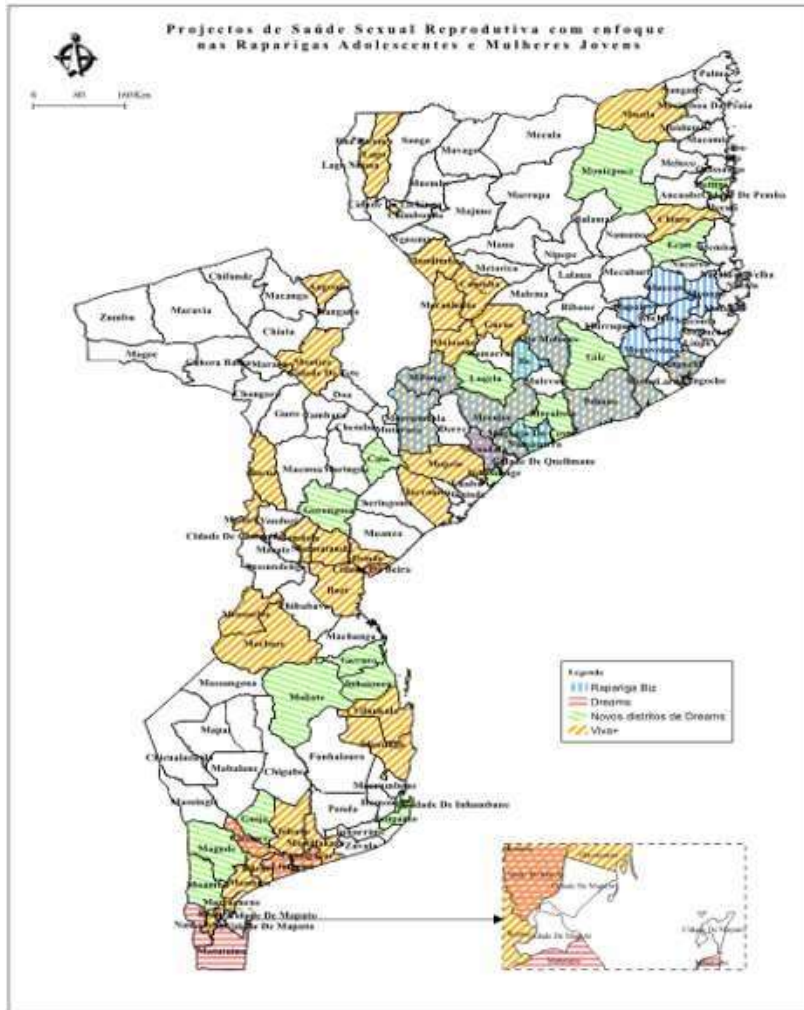


Figure 15: Geographic spread of the major SRH programmes for adolescents and youth

Recommendations:

- Contribute to the government and ownership by the government, at all levels;
- Promote the 3Es (education, empowerment, and employability)
- Need for multi-sector coordination, alignment to national policies and harmonization of approaches;
- Promote work with private sector to facilitate transition from school to employment
- Use of ICT and IEC materials;
- Expand the programme to districts that are left behind.
- Disseminate scholarships, professional training and employment for the youth.

- Increased coordination among cooperation partners.

Qualitative study to enhance the demand for SRH and GBV services of girls and young women with disabilities

There is a need to better understand the barriers that girls and young women with disabilities face in their demand for GBV and SRHR services, in their access to services (health, police, justice, social action), and in the quality of services that they are provided. For this reason, in line with the mandate of "Leaving No One Behind" and "Reaching the Furthest Behind First", a consultant was hired in 2020 under Rapariga Biz programme and the Spotlight



Initiative to conduct a qualitative study on how to enhance the number and meaningful participation of girls with disabilities within these two programmes.

The final report "Study to Improve Sexual and Reproductive Health and Rights of Adolescents Girls and Young Women with Disabilities: an Analysis of Access and Participation by Young Women and Girls with Disabilities in SRH and GBV Programmes in the Provinces of Manica, Zambezia and Nampula" give recommendations on how to systematically increase women and young persons with disabilities' demand for and access to SRHR, and in particular, access to gender-based violence prevention programmes and response services. The study looks at their positive learning experiences and behaviour change, considering existing approaches (mentorship) and the recommendations produced are based on an assessment of the level of participation, learning and behaviour change of girls and young women with disabilities that have been included in the programmes and well as the relevant support persons including mentors mentoring girls with disabilities, peers, Rapariga Biz implementing partners and service providers. The findings and recommendations produced by the study will aim to ensure greater inclusiveness of the Rapariga Biz programme in the development of the Phase II Programme Document.

Output 19 - Situation at the program site and implementation progress



External evaluation of the Rapariga Biz Program

In 2020, as a way to gauge the situation at programme site and implementation progress, the RB programme had its end-of-project external evaluation. The purpose of the evaluation was to help the donors and their partners assess the progress of the on-going RBP and understand what is working well and the challenges faced in its implementation in order to make informed decisions on how

program implementation may be adjusted and improved. The objectives were to use the results of the evaluation to plan for the next phase of the program and to advise on changes needed in the program guidelines and in the general functioning of the program.

In terms of methodology, quantitative data was collected through an online/telephone-based structured questionnaire, directed at stakeholders from the national and provincial level governments, the bilateral donor agencies, the UN agencies and program implementation managers and supervisors. Quantitative data was also gathered from the Monitoring and Evaluation (M&E) system and from existing reports, either prepared through the Rapariga Biz network or from reputable international sources such as the World Health Organization (WHO). Qualitative data was also collected in the form of Key Informant Interviews (KIIs) with a sub-set of the stakeholders that may or may not have participated in the survey. KIIs were also conducted with program officials at central, provincial, district and municipal levels. In the provincial and district-levels the team conducted focus group discussions (FGDs) with a total of 470 participants using qualitative analysis.

The evaluation team reported 14 operational conclusions, 25 strategic conclusions, 13 operational and 13 strategic recommendations and a set of lessons learned. The 26 recommendations are clustered according to whether they are at a “strategic level” or “operational level”.

The key strategic recommendations (extract from the evaluation report) are:

- The core components of the RBP should be: a) the safe spaces (required for knowledge, skills and attitude development), b) the community development component (required for enabling environment development at the community level and, c) the delivery of health services by MISAU.
- The next few years should be spent consolidating lessons learned and improving the approaches and strategies used in the RBP, not in engaging in a larger geographical scope. No effort should be made to expand into other provinces until the issues and weaknesses explained in this evaluation or in the Technical Assistance Facility (TAF) report are successfully dealt with. If deemed feasible by the donors, Reference Group and the GoM, a case could be

made to expand to the last districts in the two provinces now covered, but that should only be after an adjustment period allows for improvement.

- The next phase should not expand to mainstream boys in all the components. The designers of phase 2 should, however, recognize that for some results, not including boys may present a constraint to either the transformation process or the enabling process.
- Because what is unique about the RBP is its focus on behavior change, the evaluation recommends that the RBP's expected outcomes statements and indicators reflect the diverse changes sought within the diversity of targeted beneficiaries and their social ecosystems, and not a generic indication of an entire population without disaggregation.
- The logic underpinning the approaches used for safe spaces and community development should be researched to provide evidence as to: a) what works and what does not under different conditions, b) how can the approaches be contextualized, c) what are the limits to the approaches and what would be required to leverage them, d) what competencies are required and where, e) how, and when, can RBP exit the main approaches used.
- It is assumed that the behavioral change sought by RBP will affect much more than the indicators selected for the ultimate outcomes, and it is this larger picture that should be managed by the RBP.
- M&E systems must be reformed so that they are more effective as a fundamental management strategy tool. The scope and functionalities of the M&E systems should be expanded so that they cover the entire results chain, including effects and program management, both strategic and operational. The data gathered and analyzed should also include those dealing with cross-cutting issues and specific development policies such as human rights.
- The approach to community-based enabling environments should be more rigorous in its *raison-d'être* and application, evolving from a "dialogue" mode to a "development" mode.
- The RBP should be more proactive in reaching out to Most Vulnerable Girls.

The 13 operational recommendations (ORs), as per the report, are:

1. Closer managerial linkages between policy level and grassroots at province, district, and community level of health services.
2. Better integration of hospitals in the RBP network of the implementing partners.
3. Improve the quality of training the mentors and mentees to deliver the correct messages and information and improve supervision to ensure compliance with required guidelines.
4. Use the lessons learned in the RBP to improve visibility and sharing knowledge on the RBP.
5. Improve the overall program-level management of the RBP.
6. The GoM should be much more specific in terms of which government agency should do what in dealing with creating an enabling environment at the community level.
7. Provide special attention to obstetric fistula.
8. Pedagogical counsellors of accredited Technical and Vocational Education and Training (TVET) institutions should be involved in the selection much sooner than they are now.
9. Further develop Short Message Service Biz (SMS BIZ) so that it becomes part of the main portal for networking for all participants.

10. The responsibility for providing the services offered through School Corners should eventually be transferred to MISAU, albeit with health sector oversight and supervision.
11. Install, within each group of components, a quality assurance function as part of program management.
12. Since the evaluation found that there were very few norms or standards established except for clinical transactions in health, it recommends that any transformative process be accompanied by norms and/or standards.
13. The Reference Group should commission a review of the remuneration paid to mentors, supervisors and other “volunteers” that are critical to the success of the RBP.

According to the report, the evaluation team has learned several lessons during the process of execution of the assignment, as follows:

- Without an effective M&E system geared to providing detailed analysis on the future actions that need to be taken in order to meet expected outcomes, decision-makers must use ad-hoc information based on input and activity management (and not information on result achievement and its causal links).
- Assumptions are only as useful as the effort made to validate them. Monitoring at all levels is required to do that, and research into how and why things are changing informs the rationale and understanding of how change happens.
- The sum of outputs does not necessarily equate to an outcome. Outcomes need to reflect effects in pursuance of a goal.
- Once intermediate outcomes are identified, program managers need to know what will cause them to be transformed into higher level outcomes. Whatever that is, it needs to be managed to ensure it happens.
- Management of the three ultimate outcomes were very important as a whole but they were not adequate as a means of monitoring behavioral change. The lesson to be learned here is that Performance Matrices must reflect what we ultimately want as an impact.
- The risks need to be monitored and acted upon. Only a system that seeks out information on what is not likely to happen, and is also able to capture any adverse effects and why they occurred, will be in a position to make the management decisions that will favor progress.
- At the planning phase of the RBP there was a tendency to define and set levels of objectives and targets that were not sufficiently reflective of the scope of the RBP’s expected outcomes. This has resulted in important stakeholders not being held accountable for important parts of the results chain and has deprived the RBP managers of the means to monitor the progress towards attainment of what should have been a series of outcomes.

3.4.3. Outcome 4 - Challenges

- Some coordination mechanisms at national and provincial level are not replicated to district level. For example, the PGB multi-sector coordination mechanism does not function well at district level;
- Government has been complaining that there is a lack of alignment between the RB planning schedule and that of the government. This makes it difficult to include RB achievements in their reports;

- Government presented the “new approach” to Rapariga Biz, but a consensus has not been achieved so far.

3.4.4. Outcome 4 - Lessons learned

- Combination of service delivery and advocacy dialogue bears better results.

3.4.5 Outcome 4 Recommendations:

- Implement in a pilot phase the reactivation of the PGB district multi-sector committees;
- To find a consensus on the “new approach” to Rapariga Biz proposed by the government; and,
- Continue to disseminate the findings and recommendations of the mapping exercise.

IV. MONITORING AND EVALUATION

The monitoring and evaluation of the Rapariga Biz Programme provides systematic monitoring of the implementation, periodic verification of achievement of results versus the approved annual plans. a harmonized results framework (annex 1) is prepared oriented to PRODOC results, updated annually according to the achievement due to the implementation of the programmed activities

On a quarterly basis, systematic planning and review with implementing partners and Government on the programme implementation is held including joint monitoring visits to the implementation sites to assess the level of progress, document challenges, and verify significant changes resulting from the activities implemented. Reporting is made quarterly for review by the Multisector Steering Committee and annually to inform Donors and stakeholders outside the Programme.

Improved data quality and availability

Data quality is crucial for Monitoring, Evaluation and Learning in Rapariga Biz, however the increasing volume of information poses challenges to the program for improving the tools created for collecting and analyzing data to translate them into useful and relevant information to communicate significant changes due in the implementation of the program to Stakeholders.

The introduction of digital and Real Time Monitoring systems for data collection, processing and analysis including the formation of focal points, monitors and local digitizers is a methodology used by the program for data availability, responding to the required quality and showing evidence about the implementation and results of the Program. In this case, 3 systems were introduced for use in the KiriBiz Program, the mentorship RTM monitoring system, InfoBiz AYFS and Health School corners RTM monitoring system and Comcare for psychosocial support data management.

For the KiriBiz, <https://rapariga.biz/> a real-time monitoring system established for processing mentoring data, initial status and changes of status of girls in each cycle the system its functioning has recorded 88% (612,761 out of 699,006) of data from girls assisted in the program from 2016 to 2020 in 20 Districts.

Using a commcare application for data analysis on implementing the psychosocial support package, it was possible to collect, process and analyze data from remote psychosocial care carried out in Nampula and Zambezia, been registered 3,194 counselling sessions with mentors and focal points the Rapariga Biz Program.

Regarding the INFOBIZ platform for managing PGB information in the components of AYFS and SRH School Corners, due to the existence of parallel monitoring systems in the sectors (such as SISMA in health sector) during the period under analysis, reflection meetings were held at the provincial and national levels for review and harmonization of INFOBIZ with other monitoring systems.

V. FINANCIAL SITUATION

The Rapariga Biz program received in 2020 a total of \$ 5,433,567 corresponding to 2 disbursements from Canada of \$1,842,683.00 and \$1, 899,583.00, totaling up \$ 3,742,266 for the period from 1 July 2020 to 30 June 2021 and 1 disbursement from Sweden from \$1,726,413.00 for the period of 1 January to 31 December, 2020. To these funds received in 2020, \$3,763,080.00 the balance of 2019 is added, which makes a total of \$9,196,647.00 of US dollars available for 2020. For UK the roll-over from 2019 to 2020 was \$ 281,926, with expenses of \$ 204,743. The UK balance by end of 2020 was reimbursed to the Multi-Partner Trust Fund (MPTF). See table below.

Cooperation Partner	Balance 2019	Received in 2020	Total amount available for 2020	Spent in 2020	Implementation Rate (%)
Sweden	1,874,014.00	1,726,413.00	3,600,427.00	2,077,689	58%
Canada (Regular + COVID-19 top-up)	1,607,140.00	3,742,266	5,349,406	1,208,370	23%
UK	281,926.00	-35,112	246,814	204,743	83%
Total	3,763,080	5,433,567.00	9,196,647	4,640,479.93	50%

Due to the COVID-19 pandemic that shook the world and the country in particular, many activities were canceled and others were resized and refocused to respond to the pandemic. That is why the level of financial implementation was around 50% in 2020.

VI. KEY CHALLENGES, LESSONS LEARNT AND RECOMMENDATIONS

6.1 Key Challenges and mitigation measures

- With the mentorship sessions in safe spaces suspended and many sexual and reproductive health and gender-based violence services disrupted, girls and young women are facing greater risks of violence and harmful practices including child marriage/forced unions and early/unwanted pregnancies. Many mentors have despite the challenges caused by the pandemic, proven to be proactive and resourceful agents of change in the COVID-19 response by continuing to engage with and support their mentees with information about SRH, GBV and COVID-19 prevention through alternative means such as by phone and door-to-door visits. Mitigation measures of the secondary impacts of the COVID-19 pandemic, and additional difficulties and stresses caused by this situation, have included psychosocial support provided to girls and young women including mentors and focal points via phone.
- Mapping exercise showed that there are wide range of initiatives to promote SRH for adolescents and youth people, but this are not well coordinated and there is not complementarity;

- There was an idea of promoting income generation activities and economic empowerment in Rapariga Biz districts, but only some of them benefited from these initiatives;
- COVID reduced the seeking of services by adolescents and youth in some districts as the messages on COVID-19 inhibited people to go to health facilities.
- The focus on COVID-19 also devoted the attention to SRH programmes as the main focus was put on COVID-19 response.

6.2 Main Lessons learned

Due to the need to mitigate secondary impacts of COVID-19 and build resilience, psychosocial support sessions were provided to mentors including messages on GBV, teenage pregnancy, child marriage and themes related to psychosocial well-being and resilience. After the suspension of the in-person psychosocial support due to COVID-19 restrictions, it was critical for the activity to adapt the psychosocial support to be provided via phone in order to be able to continue its provision. However, the full target was not achieved due to the fact that not all mentors have phones. Thus, in order to reach the target mentors either need to be provided with a phone, or alternative ways of reaching all mentors needs to be set up.

Across implementation, the complementarity of the mentorship approach and community dialogues has yielded positive outcomes and good practices are emerging from the communities where community dialogues and engagement is secured in the same locations as the safe spaces which ought to be scared up across the targeted districts.

A key lesson learned through COVID-19 is that it is feasible to use online learning and training platforms to reach and engage adolescents and young people, especially those pertaining to youth associations and groups. This is actually a low-cost and effective approach for capacity building, knowledge sharing, planning and monitoring and it will be important to continue to build the capacities of young people in using virtual communication technologies and encourage them to transfer these skills to their peers.

6.3 Overall Recommendations:

- Implement the boys' mentorship in the programme;
- Align the RB programme planning and reporting cycle with to the government planning and reporting exercise;
- Build on the RB mentors' experience of and contribution to COVID-19 community surveillance to other health areas that are relevant to adolescents and youth;
- There is a need to scale up economic empowerment initiatives in all Rapariga Biz districts;
- The resumption of the in-person mentoring sessions in the "new normal" in the context of COVID-19 should be expanded to the rest of the districts;

VII. CONCLUSIONS AND FUTURE PERSPECTIVES

Rapariga Biz is applying a human-centered, bottom-up and 'Leave No One Behind' approach in empowering adolescent girls and young women in being agents of change and enabling them to make informed decisions concerning their bodies, development and future. The programme is operating on multiple layers; by direct interventions reaching marginalized girls and young women in terms of building knowledge, agency and skills and by facilitating access to and strengthening of adequate

youth friendly and gender sensitive services; by contributing to an enabling environment through community interventions, male engagement and lastly, through strengthening and harmonizing joint advocacy efforts concerning legal and policy frameworks in favour of adolescent rights.

In the development of Rapariga Biz Phase II, it is advised that the new Programme Document ought to:

- Build on the identified successes in keeping the low rates of child marriage and adolescent pregnancy among the girls and young women during the mentorship cycle when they participate in the safe space sessions;
- Through the leadership of the Secretary of State for Youth and Employment, the Government ownership of Rapariga Biz should be a strategic priority in the design of the second phase through strengthening of capabilities and coordination mechanism of PGB structures at national, provincial and district levels;
- The design of the second phase of the programme should be informed by an evidence-based approach to identifying a core package of interventions concerning the sexual and reproductive health of girls and young women including by drawing on existing evidence from Rapariga Biz and similar programmes, the external evaluation report, TAF report and the Rapariga Biz annual reports;
- Modelling good practices on what works towards realizing the sexual and reproductive health and rights through improved capacities to make informed choices and responding to a gap in the uptake of SRHR of girls and young women, Rapariga Biz ought to ensure its continuous strengthening and scale up nationally and regionally;
- Strengthen programmatic complementarity and geographic convergence at the district and community levels to assess and facilitate operational convergence, and to ensure synergies with other relevant programmes including the Spotlight Initiative and the Global Programme on Child Marriage among others;
- Strengthen links to and synergies with other initiatives and programmes (I/NGOs, Government and/or private sector) that will provide employment or study opportunities to the girls and young women after finalizing the Rapariga Biz programme to ensure sustainability and continuation of programme successes.

ANNEX

Find [here](#) the link with the Results Framework.