

### INTRODUCTION

dolescence is a period of change in the lives of boys and girls. As their bodies and minds grow, adolescents need accurate information to understand what they are going through. With the right information they can make informed decisions about their futures and lead healthy and happy lives.

Ungumi is a five-year project responding to the complex challenges of promoting improved sexual and reprodutive health and rights for girls and boys in the districts of Milange, Morrumbala and Derre in Zambézia province of Mozambique. Working in partnership with **the Government of Mozambique** and **the Government of Canada**, the project also inspired positive changes in the social and gender norms that influence the lives of adolescents, particularly girls. From inception, Ungumi engaged adolescents and their communities in identifying barriers that restricted adolescents' ability to claim their sexual and reproductive health rights (ASRHR) and pathways for promoting positive change.

The project incorporated a multitude of approaches, such as providing adolescent-friendly ASRHR services, raising awareness on gender equality and rights and challenging harmful gender norms by working with communities to include boys and girls in activities previously dissuaded. These included forming girls' soccer teams and teaching boys how to sew menstrual pads.

Over the past five-years, we had the opportunity to share in and experience transformation within communities. In Zambezia, young girls and boys undertake initiation rites that signal their coming of age. At the start of the project, these rituals would often promote early and forced marriage, negative masculine behaviours and, at times, violence. By working with the initiation rites providers and adolescents, age-appropriate messaging was adapted, depending on the ages of the adolescents at the ceremonies. Initiation rites providers also incorporated teachings about gender equality and adopted new positive practices, such as a more equal distribution of household chores between boys and girls.



Throughout implementation of the project and thanks to the training of SAAJ (Youth and Adolescent Friendly Health Service) providers, we saw improvements in access to and quality of sexual and reproductive health services provided to adolescents. Adolescents living in communities more than 5 km away from a health unit now have access to sexual and reproductive health counseling and supplies from monthly mobile SAAJs, which help to prevent unwanted pregnancies and sexually transmitted illnesses.

We hope you will enjoy learning more about Ungumi and its many impactful interventions throughout this booklet, such as mentoring and counselling of adolescents around their sexual and reproductive health rights, dialogue clubs with married adolescents, the introduction of girls' soccer teams, Child Parliaments and the strengthening of health systems to meet the demand for sexual and reproductive health services.

We are confident that the seeds for lasting transformation in gender roles and positive attitudes towards adolescent development have taken root and will continue to flourish for years to come.

Sincerely,

Entie Tagula Jos Chian

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AN ESTIMATED

45 % OF THE POPULATION is under 15 years of age in Mozambique

# MOZAMBIQUE RANKS 127 OUT 162 countries in the Gender Inequality Index

The consequences of this can be seen in girls' health, with HIV-prevalence significantly higher among adolescent girls than boys. 6.5% for girls compared to 1.5% for boys aged 15-19 years old test positive for HIV.4

# MOZAMBIQUE HAS THE TH HIGHEST childmarriage rate

48.2% of girls, or more than half a million girls, are married before the age of 18. Of these, 14% were married before the age of 15.<sup>5</sup>

## THE CONTEXT

n Mozambique, harmful social and gender norms contribute to girls' dropping out of school and marrying young,<sup>1</sup> making girls more vulnerable to different forms of violence, health and sanitation risks, increased systemic inequality and low self-esteem.

In rural areas, the root of the problem is often related to the lack of quality information and services related to sexual and reproductive health and rights (SRHR), subjects often considered taboo within communities. In Milange, Morrumbala and Derre districts of Zambezia province, 40% of adolescents learned about SRHR from their teachers,<sup>2</sup> with out-of-school adolescents depending on their parents, caregivers or older same-sex relatives for this vital information.

However, with limited access to contraception and knowledge about ASRHR, harmful cultural practices can be passed on, contributing to early marriage, early pregnancy and an increased risk of contracting sexually transmitted infections, including HIV-AIDS, especially for girls.



Getting information about sexual and reproductive rights was very difficult here in the community. Nobody talked about it. If I had had information, I would not have become pregnant at 16 years old. I would have gone to the health centre to learn how to prevent early pregnancy."

- Dina, 18 years old

# 44 % OF GIRLS BECOME pregnant before the age of 17 in Mozambique

Of these, 14% become pregnant before the age of 15, with Zambezia province having the second highest number of teenage births in the country.

# BEFORE THE PROJECT, Solve of GIRLS age 15 TO 19 attended school

This shows a significant drop compared to 88% of girls aged 10 to 14 and 78% of boys aged 15 to 19 attending school (according to Ungumi baseline data). Women achieve on average only 1.4 years of schooling, compared to 3.4 years for men.<sup>7</sup>

 $^3 A dolescent \& social norms situation in Mozambique. https://www.unicef.org/mozambique/en/adolescent-social-norms, <code>UNICEF</code>$ 

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548.2 % equivalent to more than half a million girls declared having married before the age of 18 and of these, about 14.3 %, equivalent to 56,323 girls, got married just before their 15th birthday (Early marriage and early pregnancy in Mozambique: causes and impacts, UNICEF & UNFPA, 2015)

<sup>6</sup>Immunization Indicators Survey, Malaria and HIV/AIDS in Mozambique, IMASIDA, 2015

<sup>7</sup>https://www.worldbank.org/en/news/opinion/2021/03/08/time-for-bold-action-to-advance-gender-parity-in-mozambique#:~:text=Well%20 documented%20evidence%20shows%20that,in%20the%20Gender%20 lnequality%20Index. World Bank 2021

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<sup>&</sup>lt;sup>2</sup> Data from Ungumi Project Baseline Report, 2019

### **OVERVIEW**

The ultimate goal of Ungumi is the improved sexual and reproductive health and rights for rural adolescent girls and boys in and out of school.

#### WHO DID WE WORK WITH?

#### **GOVERNMENT AND PUBLIC POLICY**

**HEALTH FACILITIES** AND SCHOOLS

COMMUNITY

**FAMILY AND SOCIAL NETWORKS** 

> **ADOLESCENT GIRLS & BOYS**

# **SOCIAL & GENDER NORMS**



#### WHAT DID WE DO?

- Adolescent mentoring on ASRHR, life skills & economic empowerment
- Girls' soccer championships
  - Dialogue clubs for married adolescents couples to discuss gender equality and SGBV
- Child Parliaments active & vocal
- ASRHR peer programs & counseling in schools
- Workshop for girls and boys to learn about menstrual hygiene and make reusable pads
  - Outreach for girls' enrollment in school
  - Parents' awareness raised on gender equality and importance of school and ASRHR
  - Traditional initiation rites transformed
  - Community Child Protection Committees trained to identify and respond to cases of child rights abuses, including SGBV and CEFM

- Zero Tolerance towards violence policies established in school
- Healthcare clinicians trained on adolescent-friendly SRH services responding to girls and boys needs
- Mobile ASRH services provided to adolescents in schools & communities
- Fit for purpose construction (latrines, school health corners, ASRH facilities)
- Advocacy alongside Child Parliaments to prioritize ASRHR in government budgets and in policies
- Knowledge and lessons learnt shared with government officials
- Government officials engaged as partners throughout the project

#### WHAT IS OUR IMPACT?



#### **ENHANCED EMPOWERMENT**

of married and unmarried boys and girls, aged 10-19

#### **GIRLS' RIGHT SUPPORTED & DEFENDED**



by parents, families, partners/husbands



#### IMPROVED ENABLING ENVIRONMENT

that promotes ASRHR, and prevents/responds to SGBV and CEFM

#### **IMPROVED ACCESS**

to quality ASRHR services that facilitates bodily autonomy





#### REDUCED SCHOOL **ABSENTEEISM**

of adolescent girls

government focus & resources on ASRHR including combatting CEFM

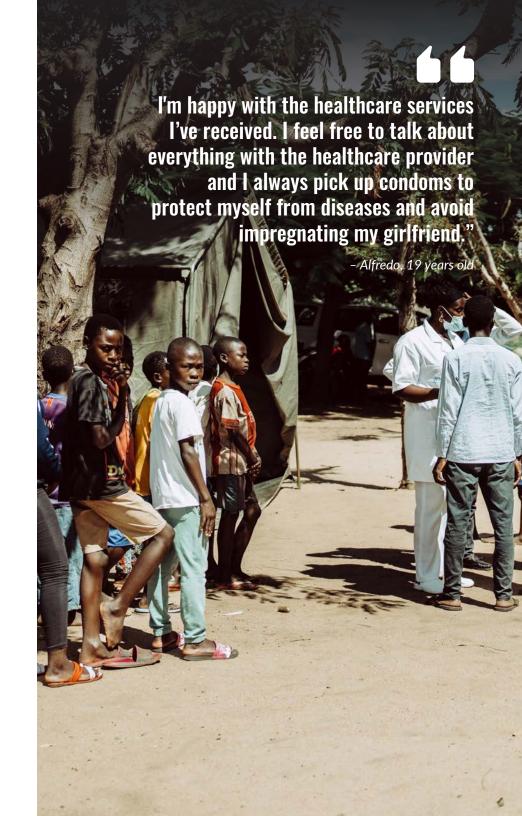




# ADOLESCENT-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

ver 63,000 adolescents (58% girls) received sexual and reproductive health services that included counselling, access to contraception, and STI testing. Healthcare was strengthened by training and technically supporting clinicians in providing adolescent-friendly and gender-responsive care, including appropriate care for survivors of violence.

While these services were provided at health facilities, it was clear that adolescents living in peripheral communities faced additional access challenges due to the far distances from their homes to a health facility. To respond to this challenge, the project deployed 12 mobile health brigades for adolescents in communities more than 5km from the nearest health unit, serving 1,000 adolescents monthly.



# ENGAGING BOYS IN MENSTRUAL HYGIENE MANAGEMENT

ack of menstrual supplies and harmful cultural practices around menstruation contribute to girls' absenteeism and school dropout. Many girls, especially in rural areas, were teased by their peers and felt embarrassed when they had their periods, leading them to skip school and fall behind or even

drop out. Girls also shared their worries about being teased if their traditional menstrual pads leaked while in class.

Various strategies to address this were implemented, such as introducing reusable menstrual pad making workshops, distributing PeriodPanties, building/ rehabilitating latrines

to enable girls to feel safe while managing their menstrual hygiene, and providing schools with emergency menstrual pads. To challenge the myths and misinformation around menstruation, the project integrated the topic into the community mentoring groups and school activities to ensure that both girls and boys had access to correct and clear information about menstruation and the menstrual cycle.

A particularly effective approach was including boys in the menstrual pad making workshops. This opened up a space for discussions on menstruation that imparted correct information and demystified the topic. Boys made pads for their sisters and mothers, and some taught girls in their communities how to

make pads. Girls stated that boys are now more empathetic, supportive and the teasing has subsided, encouraging girls to return to the classroom.

Seventeen year old Raul shared, "With time, I began to realize that boys should know how to help the girls who used the traditional pads and end up leaving school for fear of getting dirty." After learning that boys in the mentoring groups were making menstrual pads, girls in their

communities began asking the boys to teach them their newfound skills. "Some girls came to me to learn how to make the pads. I have already taught five girls and told them to teach their friends!"



I never missed school, but it was a big effort to attend. I was always alone in the classroom, because I didn't go out to play with other girls at recess because there was the risk of the traditional cloth we use during our period falling off if the string was not well tied."

- Marilia, 13 years old





[After training] Now we know the routes we have to take to reach the rulers, so it has become easy for us to have an audience with the district administrator and directors of various areas. It has also become easy to invite the government to accountability meetings."

- Arlino, 15 years old

**CHILDREN'S PARLIAMENTS** 

hrough the Children's Parliament, boys and girls exercise their right to participation.

They learn about their constitutional rights and how to voice their concerns and priorities to governments and communities at large.

The Children's Parliament is also an effective tool for children to influence decisions that impact their lives, such as laws, policies and government expenditures.

Ungumi worked with Children's Parliaments to build their knowledge and skills in Adolescent Sexual and Reproductive Health Rights (ASRHR), gender equality, Sexual and Gender-Based Violence (SGBV), and advocacy and lobbying.



Key accomplishments included:

- The creation of six subgroups of Children's Parliaments in remote communities to ensure that rural children have their voices heard
- The Children's Parliaments reached nearly 9,000 people through school and community events and over 60,000 people through community radio broadcasts. This included:
- Awareness sessions on ASRHR topics in schools and communities, such as early pregnancy, child early and forced marriages/unions and menstrual hygiene management;
- Advocacy campaigns with government participation that commemorated children's rights and ASRHR.

• Children's Parliament members improved their capacity to engage and negotiate with government, meeting with government and civil society actors to ensure the rights and concerns of children were front and centre when designing and implementing governments' plans and budgets. Through advocacy and lobbying, the Children's Parliamentarians influenced the inclusion of children's concerns in the district-level social and economic plans and budgets in the three districts where the project operated.



## **INITIATION RITES**

nitiation rites ceremonies are institutionalized by the community and symbolize the passage of young adolescents into adulthood. In this ceremony, girls and boys receive a set of teachings to put into practice when they are declared women and men. Early in the project, initiation rites were identified as a key driver of school drop-out, adolescent pregnancies, child marriages/unions, and perpetuating harmful gender norms. After gaining the rites providers' trust, the project team observed girls' and boys' initiation rites and, working with adolescents, pinpointed messages and practices of concern.

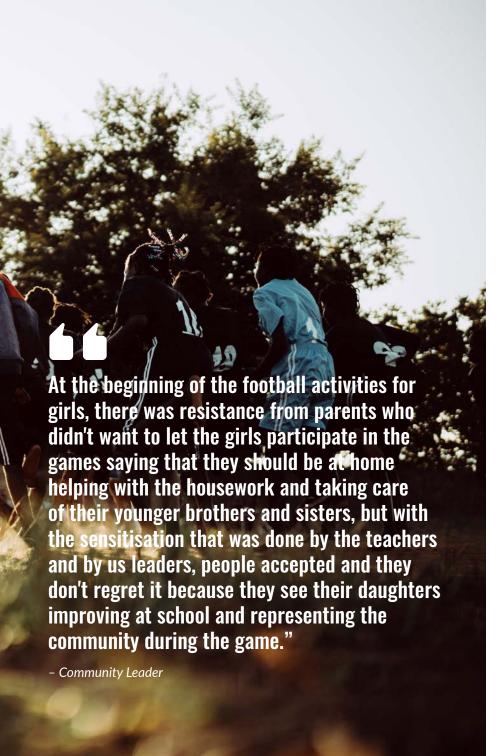
Some of the teachings shared during the initiation rites promoted gender-based violence and harmful practices, such as early marriage, as well as negative masculinities and unsafe menstrual hygiene practices. The project worked with initiation rite providers to identify, reflect and change harmful teachings, designing a manual to guide these discussions. Key recommendations centered on the importance of separating the age groups and tailoring the topics and messages accordingly, adopting gender transformative messages, and immediately stopping all abusive practices. Several initiation rites providers are now

gender champions who raise awareness on the importance of changing behaviours with parents.

Over 450 initiation rites providers were trained and have adopted the following practices:

- Before younger and older girls/boys were taught together. Now adolescents are separated by age groups during the initiation rites to ensure appropriate messaging
- Dressing girls provocatively at the end of the ceremony has stopped
- Physical and psychological violence is being eliminated
- Boys are taught to help with domestic chores (ex. clean, wash dishes)
- Boys are taught that women need to be involved in financial management in the home
- The madrinhas (female rite providers) teach the girls about culturally sensitive menstrual hygiene management, such as hanging their washed pads discretely in the sun to prevent infections





## **GIRLS' SOCCER**

he Lurdes Mutola soccer championship engaged over 370 girls from across 21 schools in Zambezia province. The games were broadcast on the local radio stations and received coverage on national television.

Unlike other soccer championships, it included ASRHR services, health information, and speeches from high-level government officials.

However, the most notable impact was the attitudinal shift from parents and community members. While they were initially resistant to girls participating in the championship, citing rigid gender norms including that 'soccer was for boys' and 'girls had domestic chores', through ongoing conversations, the girls were permitted to play. Some girls even returned to school to qualify to play soccer.

While COVID-19 restrictions prevented the games in 2020 and 2021, when the government lifted restrictions in early 2022, parents approached the schools to ask when the girls' soccer competitions could resume. The championship was held in June and July 2022 and organized by the schools, with support from the district government.



### **SUSTAINING OUR GAINS**

ustainability was a central component of the project from the start to ensure that the gains made would be long-lasting. This integrated sustainability strategy prioritized building links between various community and government actors, such as establishing relationships with the health, education, and justice sectors, to support communities and schools to continue activities. The project also worked with government partners to build their capacity to maintain monitoring and providing technical support to community groups.

At the government level, the education sector is continuing sports activities involving girls and boys at school, while incorporating awareness raising on ASRHR, SGBV and gender equality. To ensure the continued provision and funding of critical ASRHR services, the health sector incorporated this care into their sector's operating budget under their ongoing mobile vaccination brigades.

At the community level, Ungumi-trained activists and mentors continue to carry out sensitization activities at schools and within communities, supported by school management teams and community leaders. Community Child Protection Committees (CCPCs) continue to carry out activities to prevent, combat and respond to cases of violence against children. They maintain their relationships with the district reference groups coordinated by the prosecutor's office and the health and social action district sectors. Champions among the initiation rites providers continue to advocate for gender equality and changes to the ceremonies.



At the individual level, the reusable menstrual pad workshops continue to train boys and girls under the tutelage of hygiene committees established through the project. These committees are also managing the latrines built or rehabilitated under Ungumi, which continue to support girls' ability to manage their menstrual hygiene in a healthy and safe way.

Young men and women continue to establish and maintain Village Savings and Loan Associations (VSLAs), with accounting support provided by local teachers. The VSLAs are also a common place where mentors, initiation rite providers, and members of the Community Child Protection Committees meet to exchange experiences and challenges of their work, continuing the impactful conversations that were fostered through the Ungumi project.

