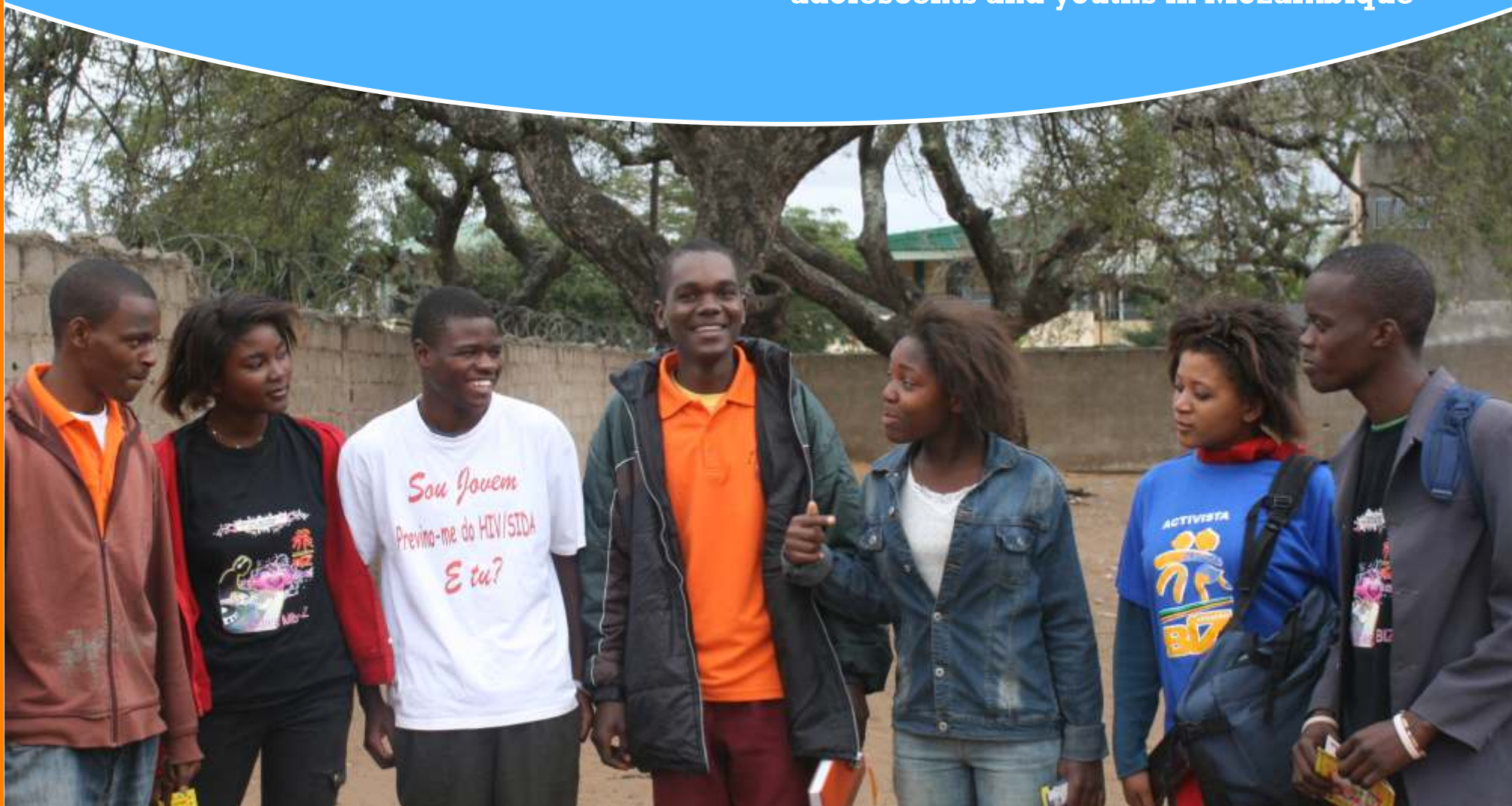


Programa Geração Biz

Investing in Youth: The story of a national SRH programme for adolescents and youths in Mozambique



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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ASRH	Adolescent Sexual and Reproductive Health
DANIDA	Danish International Development Agency
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
NORAD	Norwegian Agency for Development Cooperation
MoE	Ministry of Education
MoH	Ministry of Health
MONASO	Mozambican Network of Organizations against AIDS
MoYS	Ministry of Youth and Sports
PDoE	Provincial Directorate of Education
PDoH	Provincial Directorate of Health
PDoYS	Provincial Directorate of Youth and Sports
PE	Peer Educator
PGB	Programa Geração Biz
SIDA	Swedish International Development Authority
SRH	Sexual and Reproductive Health
STI	Sexual Transmitted Infection
TA	Technical Advisor
UN	United Nations
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization
YFHS	Youth-Friendly Health Service

FOREWORD



After a period of 16 years of devastating wars, the Government and the people of Mozambique were called upon to rebuild their nation. In addition to poverty and lack of infrastructure, they were facing the HIV and AIDS pandemic. They chose to focus on young people and embrace sexual and reproductive health and rights.

Today adolescents and young people make up almost 32% of the population, the largest cohort ever of 10-24 year olds ever. Most young people in Mozambique grow up receiving support from Geração Biz, a national, multi-sectorial, comprehensive programme for sexual and reproductive health and HIV prevention in young people.

In the twelve years of its existence, the Ministries of Health, Education and Youth and Sports and youth associations have built a solid institutional infrastructure to offer young people the information and services they need to exercise their sexual and reproductive rights and protect themselves from HIV. UNFPA has been a partner in this endeavor since its start in 1999 providing technical and financial assistance responding to its different phases of development.

Programa Geração Biz has received support from several national and international institutions. The subject of this publication, the history of Programa Geração Biz, is a way to remember and honor their contributions. Among many contributors, the support of Denmark, Norway and Sweden especially stands out, supporting PGB to develop into a national programme. Special recognition also goes to Pathfinder International, that has provided technical assistance from the beginning of the programme.

Today Programa Geração Biz is a household name among Mozambicans of several generations, and its relevance goes beyond HIV prevention and sexual and reproductive health of adolescents. Programa Geração Biz also addresses broader issues as youth participation, gender equality and the exercise of Human Rights.

The story of Programa Geração Biz is a story of possibility. The experience of this programme shows that it is possible to build a national response to the needs of youth in face of material limitations as well as complex challenges. Working together in partnership, government, civil society, donors, and UN has proven that enabling environments can be created.

Most importantly, the story of Programa Geração Biz is a homage to the young people who have dedicated their energy to making this programme work and who had the courage to face their challenges and better their lives and futures.

Patricia Guzman
UNFPA Representative, Mozambique

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INTRODUCTION

You are about to read a story of a national program that has been a school for social, academic and professional development for thousands of peer educators and government employees and throughout the years, the program has freed local communities from the stranglehold of taboos on sex, education and the role of young people in society.

You are about to read a story of a program that has:

- ❖ Reached millions of young people with behavior change messages on HIV/AIDS
- ❖ Brought quality services on sexual and reproductive health to young people everywhere;
- ❖ Reduced average school pregnancies by 78.4%¹;
- ❖ Administered HIV tests to more than 600,000 young people;
- ❖ Fostered and nurtured more than 400 youth associations;
- ❖ Equipped more than 16,000 peer educators with social and professional skills.

You are about to read about a program that has developed institutional capacities at national and provincial levels to ensure program's sustainability. Currently, the focus of capacity development is at the district level. The goal is decentralization to achieve program's strong ownership, efficiency and sustainability.

This is not a policy paper or a report on impact evaluation, although policy makers and program evaluators will certainly have a lot to benefit from reading it. This is a story of success told in a simple narrative language for the inspiration and refreshment of everyone who cares to know.

People from Sub-Saharan Africa and elsewhere have come here to see in loco this program that the World Bank has documented as a "Best Practice" and the government of Mozambique calls "a national model", and builds on it as a base for an integrated youth development approach

Now Programa Geração Biz is in your hands. Enjoy it!

¹Raw data were obtained from PGB Central Database and PGB provincial reports covering the period between 2005 and 2010.



CHAPTER I: ORIGINS OF GERAÇÃO BIZ

1. Social Context of Youth in Mozambique (1992 - 1999)

The civil war had crippled the capacity and quality of the national system of education. Throughout the 1990's, more than a million primary-school-age children were being left out of school each year. As a response, the government adopted measures to increase the system's capacity to enroll more children. Primary school had two or three shifts a day depending on the demand in each area. Classes got larger and some teachers had to work more than one shift a day. At the peak of the crisis, 10th grade graduates were recruited to teach in primary school. The overcrowding led to a deterioration of the quality of education. Primary completion rates averaged 27% for boys and 18% for girls (World Bank Indicators). Poor quality in primary resulted in higher repetition rates in secondary, thus hampering the secondary level's capacity to absorb all secondary-school-age children. Consequently, hundreds of thousands of youth continued to stay out of school despite these measures. According to UNESCO Institute for Statistics, secondary school net enrolment rate was just 8% in 1999.

Most out-of-school young people did not have meaningful occupations. In rural areas, public and private sectors combined employed only 2.5% of youth. Thus young people migrated to urban areas or to neighboring countries. In urban areas, the situation was really dire. Formal sectors employed only 15% of youth (UNFPA, 2005). Consequently, youth became frustrated, despondent and violent. Crime and sexual activities among youth surged. In 1997, 40% of all girls between 15 and 19 were either mothers or were pregnant with their first child (Inquérito Demográfico e de Saúde, 2003). There was no program that educated young people on sexual and reproductive health.

Traditionally, it is a taboo to discuss sexual health with adolescents. Lack of meaningful occupation and lack of education on SRH gradually pushed young people to early active sexual life that was quite often unprotected, undignified and a perilous for their physical and psychological health. Girls got pregnant and dropped out of school and suffered severe social stigma for dishonoring their families. Without help, some girls resorted to abortion. But abortion is illegal and society frowns upon it. So they turned to illegal practitioners who were unqualified and ill equipped. Quite often the results were disastrous.

In no area did lack of information on sexual and reproductive health (SRH) prove more catastrophic than in the context of HIV and AIDS. This was exacerbated by the widespread public denial of HIV in the early 1990's. When the government began tackling the disease, they met with a wall of resistance against preventive behavior, especially the use of condoms. It took thousands of deaths, thousands of sick people and thousands of orphans to sway the public conscience towards the need for behavior change.

Finding fertile ground in the lack of information and strong public denial, HIV and AIDS eroded family and community cohesion. Infected persons were discriminated against almost everywhere including in their own families. Inter-family conflicts increased as families accused one another of witchcraft. Sometimes these conflicts would result in deaths and deep hatred. The number of AIDS orphans increased but there were no social infrastructures to respond to these challenges. For many, life became simply unbearable and there was an outcry for help.

2. Towards a Coordinated Response

The national response to the challenges that youth faced grew out of the work and experiences of each of the following three entities:

- The Government;
- The Civil Society;
- The International Community.

a. Government Efforts

In order to give special attention to the development of young people, the government created the Ministry of Culture and Youth in 1992. One of the directorates in this ministry is the National Directorate for Youth Affairs which is for the development and implementation of youth policies and programs. It was in this line that the National Youth Policy was developed in 1996 describing youth as "social actors of the first plan in the construction of a just, developed and democratic society". The policy fostered the development of youth associations and it became the legal instrument for the creation of tens of youth associations throughout the country in subsequent years.

In the health sector, the government continued to look at STIs and HIV and AIDS primarily as health issues. Throughout the 1990's, strategies to address these challenges remained the domain of the Ministry of Health (MoH). Although there were many attempts to broaden the strategies in order to include other sectors, such attempts did not yield the desired outcomes primarily because other sectors were included only as auxiliary in their roles. It was not until 1999 that the government began to tackle HIV and AIDS with a truly multisectorial approach when they developed the National Strategic Plan on HIV and AIDS and created the National HIV and AIDS Council in 2000.

b. Civil Society Efforts

In another development, a group of citizens created AMODEFA - an association for the development of the family. The overall goal of the association is to contribute towards family stability through the implementation of information, education and communication activities. For young people, AMODEFA developed educational programs on sexual and reproductive health and implemented its pilot project in 1993 at Francisco Manyanga Secondary School. In 1996, they began teaching contraceptive methods to out-of-school youth. The country responded positively and AMODEFA expanded to other provinces.

Making use of the legal framework that the government had created, in 1993 some citizens created Aro Juvenil - an association wholly geared to address the interests of young people. The rationale for the creation of Aro Juvenil was to accelerate the implementation of youth policies and programs that the government had adopted. AMODEFA and Aro Juvenil were crucial in the development of the national response to adolescent sexual and reproductive health challenges.

c. International Community Efforts

But the momentum towards this response began in 1994 in Egypt at the United Nations International Conference on Population and Development. In its chapter VII.6, the Programme of Action of the UN ICPD points out that young people's lack of knowledge on their SRH had consequences at the national scale. The ICPD encouraged the creation of national youth programs that would address "... unwanted pregnancy, unsafe abortion, sexually transmitted diseases and HIV and AIDS ..." The conference also believed that it was possible "To substantially reduce all adolescent pregnancies".

3. Intersectoral Committee for the Development of Youth and Adolescents (CIADAJ)

The return of the MoH delegation from Cape Verde where they had attended training on programming ASRH became a game changer. In 1996, the government, with the financial and technical support from UNFPA, created an eight-month project, September 1996 - April 1997, with the following objective:

To formulate a national multisectorial programme to identify and respond to the socio-economic, cultural and reproductive health needs of adolescents and young people.

The main deliverable was: An Intersectoral Committee for Adolescents and Youth Development

The project delivered the results and the *Intersectoral Committee for the Development of Youth and Adolescents (CIADAJ)* was created in 1997. It was composed of members from several ministries including the Ministry of Education (MoE), the Ministry of Health (MoH), and the Ministry of Youth and Sports (MoYS). It also had members of the Civil Society including AMODEFA and Aro Juvenil. Presided by the MoYS, this body met every fifteen days and the same year they were created, they developed the *National Plan for the Development of Adolescents and Youth* with three major areas:

- Promotion of SRH for adolescents and youth;
- Promotion of Self-Employment among youth;
- Promotion of policies and legislations on youth.

CIADAJ presented the plan in a special donor meeting in Maputo and UNFPA decided to support "the promotion of sexual and reproductive health", whereas the United Nations Educational, Scientific and Cultural Organization (UNESCO) became interested in "promotion of supplementary vocation training and self-employment". There was no donor interested in the third area. So, from the National Plan for the Development of Adolescents and Youth, two distinct youth programs evolved in 1998.

The area on the promotion of reproductive health became known as *Programa de Saúde Sexual e Reprodutiva e Prevenção de DTS/SIDA para Jovens e Adolescentes* (SRH Program for the Prevention of STD/AIDS for Adolescents and Youth) and it had three areas of activities:

- ❖ Development of educational programs on SRH for adolescents and youth;

- ❖ Institutional capacity building for government ministries and non-governmental organizations;
- ❖ Development of SRH services solely focused on the needs of adolescents and youth.

At its mouth, this river that developed from three distinct tributaries became a delta. PGB is really an estuary.

There was a feeling that the program's name was too long and hard to remember, and young people were asked for an easy and suitable name for their program. Most young people responded that they were too busy preparing for their final exams. Bingo! The name was found: "Geração Biz" (busy generation) and the program became known as Programa Geração Biz (PGB) - an invitation for youth to get busy with solutions for their SRH.

4. Programa Geração Biz: Overview

PGB seeks to achieve the following objectives among adolescents and youth aged 10 to 24:

Main Objective: Improve adolescent sexual and reproductive health (ASRH)

Specific Objectives:

Reduce the incidence of early pregnancy	Reduce the incidence of STIs
Reduce the incidence of HIV and AIDS	Reduce the incidence of unsafe abortions

In order to achieve these objectives, the program provides the following services:

- Education for behavior change on SRH
- Education for skills on SRH
- Youth-friendly health services and counseling on SRH including HIV/AIDS

Geração Biz employs three main approaches to deliver the above three services:

- ❖ The health-based approach, implemented by the MoH, provides quality and youth-friendly services and counseling within the public health system and other appropriate locations.
- ❖ The school-based approach, implemented by the MoE, reaches in-school youth with information on SRH and refers them to the health-based approach for further assistance.

- ❖ The community-based approach, implemented by the MoYS, reaches out-of-school youth with information on SRH and refers them to the health-based approach for further assistance.

Other implementing partners are the non-governmental organizations and youth associations. UNFPA has provided both financial and technical assistance and Pathfinder International has focused solely on technical assistance. PGB major donors are DANIDA, NORAD, SIDA and Trocaire.

Additionally, the program implements other crucial strategies that support the three approaches mentioned above. For instance, PGB builds and strengthens technical and institutional capacities of the implementing entities and, through its advocacy, it strives to create an enabling social and political environment for ASRH. At the heart of PGB is the multisectorial approach that binds together all the different approaches into a single programmatic response. The program as a whole has adopted several guiding principles which include gender equality, the right of young people to a positive sexual and reproductive life and respect for cultural diversity. This last guiding principle points to the flexible nature of the program that enables it to accommodate local strategies while retaining its essence.

PGB has four levels of management.

- ❖ Central Level composed of representatives from the three ministries, the Civil Society including youth associations and representatives of UNFPA and Pathfinder International.
- ❖ Provincial Level composed of representatives of the Provincial Directorates of Health, Education and Youth and Sports, representatives of the Civil Society and UNFPA.
- ❖ District Level is a replica of the Provincial Level but without UNFPA.
- ❖ Community Level composed of all peer educators (PEs) and health services providers.

Geração Biz was launched in 1999 in Zambézia and Maputo City. Since then it has had three phases:

- Pilot Phase (1999 - 2000); ➤ Expansion Phase (2000 - 2009); ➤ Transition Phase (2010 - 2011).



CHAPTER II: THE PILOT PHASE

The launching of the program in 1999 and the beginning of its expansion in 2000 were daring moves. The director of CIADAJ who oversaw the launching of the program remembers that "I went to the meeting very nervous, wondering what the response would be. The country was concerned with bread and butter issues, yet I was there to tell them about ASRH." Programa Geração Biz was to be launched and piloted during the most difficult socio-economic and political situation the country had been through since the peace agreement. But the team was propelled to act by evidence on the ground that young people were missing life opportunities for lack of education on SRH. "... We saw the need and decided it was time to act. AIDS was claiming many lives" recalled Mr. Maluleque. ASRH issues and HIV and AIDS had become a national threat.

"We adopted a progressive approach. We provided information and education on SRH to all young people. To those who were sexual active we provided quality services, including condoms" explained Rita Badiani, the first chief technical advisor of the program. The goal of the information and education package was behavior change. Young people were encouraged to delay their sexual debut in order to prevent early pregnancies, STIs and HIV and AIDS. Preventing these would allow them more time in school in order to be empowered for life. For those young people who were sexually active, behavior change meant adoption of safe sex including the use of condoms in order to prevent early pregnancies and infections. Behavior change also meant the reduction of partners and the use of public health services for all health needs including SRH.

1. Two Strategies

The pilot phase was a moment to test strategies and learn experience-based lessons that would support the expansion phase. The program adopted two different strategies, one for the provinces and the other for Maputo City. In the provinces, the program was implemented and supervised by the government through its sectors of Education, Health and Youth and Sports. In Maputo City, the program was implemented by the Civil Society through AMODEFA and youth associations and it was supervised by the government sectors.

1.1. The Strategy for the Provinces

In Zambézia, where the strategy for the provinces was first implemented, PGB was managed by the government through its Provincial Directorates of Youth and Sports, Education and Health who comprised the provincial multisectorial coordinating committee. The program began first with the community-based component under the management of the Provincial Directorate of Youth and Sports in 1999 and later that year the school-based component was organized and its implementation began in 2000. The health-based component did not take roots until 2001.

Each of these directorates had a sectoral technical team that oversaw program implementation in their sector. The Directorate of Education recruited and trained students as peer educators (PEs) to implement the program in schools. It also recruited and trained teachers as activists for SRH who often served as counselors for PEs. Teachers have also provided program continuity and seamless connection in their respective schools when old PEs graduate and leave school and new PEs take on the program. The Directorate of Health selected and trained some of its nurses to provide youth-friendly services on SRH in health centers.

The Directorate of Youth and Sports was responsible for the community-based approach. In collaboration with youth associations and community leaders, they recruited young people and trained them as PEs to implement the program in their communities. For the most part, community-based PEs reported to the Directorate of Youth and Sports for all their PGB activities. The original strategy for the provinces envisioned the building of technical and institutional capacities in youth associations so that they would implement the program. However, in the provinces, youth associativism was still a novelty when PGB started and the Directorate embarked on a long term work of fostering youth associations and developing their associative capacities. While this was going on, some members of these associations were selected and trained as PEs who, as it has been mentioned above, reported to the Directorate of Youth and Sports.

For their part, in 1999, UNFPA and Pathfinder International, sent in-residence technical advisors (TAs) to the provinces to provide technical and administrative assistance to the government sectors. The first major activity that TAs undertook in newly entered provinces was the development of basic technical and institutional capacities in government sectors to enable them to

implement the program effectively and efficiently. TAs trained technical teams in each sector, prepared the logistics and developed action plans that included community mapping and sensitization as the very first steps. They also advocated for the mainstreaming of PGB activities in government sectors and supported the Directorates in the overall training aspects of PEs and health providers. In terms of supporting community youth associations in the provinces, UNFPA and Pathfinder provided capacity development through the Directorate of Youth and Sports.

1.2. The Strategy for Maputo City

Unlike youth groups and associations in the provinces, youth groups and associations in Maputo City were well organized and developed. The national youth associative movement began there in the early 1990s and youth associations and the civil society had avidly participated and partnered with the government in the conception of the program way before the creation of CIADAJ. By the time Geração Biz was launched, they had developed and become a force to reckon with. Thus in Maputo City the school and community-based approaches were managed and implemented by the Civil Society through AMODEFA and local youth associations. Both school and community-based PEs were members of youth associations and AMODEFA to whom they reported. These, in turn reported to government directorates who monitored and advocated for the program. This strategy involved PEs in both the implementation and management aspects of the program. These associations received direct institutional and technical capacity development from UNPFA and Pathfinder International.

In Maputo City the program began with the school-based component with AMODEFA and Aro Juvenil. The community-based component followed a year later with AMODEFA. Indeed, AMODEFA was the spinal cord of Geração Biz in Maputo City. In order to develop an efficient and sustainable community-based component, this organization brought together several community sports clubs under the name "Clubes Amigos da AMODEFA" (clubs friends of AMODEFA) and endowed them with capacities to educate youth on SRH in the context of Geração Biz. By creating the necessary capacities including the training of peer educators in these clubs, AMODEFA expanded its community outreach. When the City Directorate of Youth and Sports later came aboard, the community-based component had developed. Nevertheless, the Youth and Sports Directorate boosted the program's credibility before community leaderships and quickened its ownership in those levels of government.

2. Results

The original strategy envisioned a government program that would be owned and implemented by the Civil Society both in Maputo City and in the provinces. Due to reasons mentioned above, the strategy was rearranged in the provinces and the government took on the implementing responsibilities while they fostered and developed youth associations. The rearrangement, however, was like walking on a thin line because there was an ever-present danger of paradoxically weakening the very same associations the program sought to strengthen. Since PGB was more attractive and organized than any activity that these associations had, associations began to miss out in their other activities as their PEs got more and more involved in PGB. PEs' Loyalty began to shift from associations to the Directorate of Youth and Sports. In response, the Directorate increased the responsibility of youth associations over PEs. For instance, it became mandatory for them to requisition their material and submit their reports through their associations.

Emídio Sebastião, a leading officer for PGB at UNFPA, said that one of the lessons learnt during the pilot phase was that there was a big demand for the program and that PGB would have an urgent need to develop enough qualified human resources including PEs and health providers in each district to effectively supply the services. Both in Maputo and in Zambézia people were enthusiastic about the program. PGB was like a spring in the desert. Soon people began passing the word along and its demand increased especially among young people. Word of mouth is the major reason why PGB began expanding very early at a very fast speed. Adolescents and youth flocked to health centers for youth-friendly services on ASRH.

Unfortunately, in 1999 young people were not able to get the full benefits of youth-friendly services because of two main reasons. First, in Zambézia the health-based approach with its youth-friendly services started late in 2000. Second, although in Maputo City the health-based approach started in 1999, its services were being offered along with other health services for the general public. Young people got discouraged from seeking the services because of social and ethical aspects such as menacing adult looks, unfriendly professional manners, lack of privacy and confidentiality. Because of these problems, only 1,173 young people sought clinical services in 1999. In 2000, these obstacles were addressed. In Zambézia the health-based approach was introduced and in both provinces the component began offering its services apart from the general public health services. That year 23,399 young people sought the services (Justiniano & Santos. 2001).

Hélder Andrade, a provincial coordinator stressed that they also learned that PGB was stronger through the complementarity of its three approaches, namely school-based, community-based and health-based. In order to achieve optimal efficacy, they decided to improve the youth-friendly environment in health centers and not to lag the health-based approach behind the school-based and community-based approaches.



CHAPTER III: THE EXPANSION PHASE OF PGB

1. Expansion

PGB completed its national coverage in just eight years when it entered the last province in 2007. But expansion continued within the provinces to cover more districts and schools. By the end of 2010, PGB had the following coverage nationwide:

➤ 124 districts; ➤ 220 administrative posts²; ➤ 710 schools.

Table 1: PGB coverage in 2010	Maputo City	Maputo Province	Gaza	Inhambane	Tete	Manica	Sofala	Zambézia	Nampula	Cabo Delgado	Niassa	Country
PGB Start Year	1999	2001	2000	2004	2002	2007	2006	1999	2007	2003	2005	1999
District Coverage	100%	100%	100%	100%	93%	70%	100%	88%	43%	100%	56%	83%
Adm. Post Cvrage	100%	82%	49%	64%	65%	36%	63%	69%	26%	73%	39%	54%
School Coverage	64%	51%	27%	17%	61%	67%	30%	22%	14%	37%	27%	29%

Data source: PGB M&E system, SAPDI. 2010.

Overall, PGB expanded very fast. How did it all happen?

Expansion sought to capitalize on locally existing resources in a broader sense of the term. That was the engine behind this fast expansion. Otherwise UNFPA and the government would not have had enough resources to sustain the program as it got larger and larger. The strategy focused on entering major urban areas including capital cities. Why? Because there were physical resources such as health centers and hospitals to house youth-friendly services, schools to house the school-based component and provide some rooms for counseling corners³. Similarly, major urban areas had capable human and social resources that would quickly embrace and nurture the program. Youth associations were usually stronger there. Opposition to ASRH was usually less in urban areas. There was the need to shelter the program from severe opposition and maximize its impact in its early stages in each province. Coupled with using locally existing resources, PGB reached out for assistance

² Districts in Mozambique are divided into Administrative Posts which are divided into Localities and Communities.
³ A counseling corner is a special room at school or community where youth can get information and counseling about SRH, STIs and HIV/AIDS.

through a well conceived resource mobilization strategy. The first major financial supporters of PGB were UNFPA and DANIDA. But there was the need for more funds in order to cover every province. So managers reached out to donors and invited them to field trips to learn more about PGB, (Hainsworth & Zilhão. 2009). This strategy resulted in financial assistance from Trocaire, NORAD and SIDA in the priority provinces of these donors.

2. Challenges During Expansion

The period of expansion was also a period of great pressure on the program and tension in the program. Expansion was a period of pressure on the program because, as more and more people learnt of it, they began calling for the program to be implanted in their schools and districts. PGB provincial coordinators in many provinces recount episodes when, during district sensitization meetings, school principals and district government officers would ask for the implantation of the program in their areas. These calls explain, in great measure, why PGB expanded so fast. It was also pressure on the program because old areas wanted to see the program consolidated to ensure its sustainability. PGB was being pulled several directions at the same time by people who wanted the program. PGB had to ensure that in expanding to new areas; it did not lose its quality in old areas, causing a tension in the program: quantity vs. quality.



The immediate constraint was the limitation of resources - limited finances, limited qualified staff and limited physical means. Reaching more people and maintaining the quality at the same time proved a serious challenge. There were three major challenges worth highlighting:

- Maintaining effective program supervision;
- Replenishing schools and communities with new PEs;
- Supplying PEs with their regular toolkit.

2.1. Maintaining effective program supervision at the grassroots level

Expansion increased the number of districts, the number of communities, the number of schools, the number of youth associations and the number of peer educators to be supervised. Throughout the expansion phase, supervisions were conducted by technical teams from provincial headquarters. Well, there were not enough technical teams there to do the supervisions. As a response, PGB trained more staff from provincial headquarters to help with program supervision. Hence provinces had two or more technical teams to supervise the work.

But this did not solve the challenge of limited funds to sustain all the supervisions. PGB restructured its systems in order to shave off some costs. For example, its quarterly technical meetings that used to last two full business days were shortened to one compact business day. Also, PGB got more aggressive on mainstreaming its activities in government sectors and improve its ownership in these sectors. As a result, government sectors in the provinces slowly began to pay for PGB utilities and to share their other means with PGB. It was during this period that government sectors of Education, Health and Youth and Sports began to include PGB technical members in their regular sectoral supervisory team. For instance, in visiting and supervising districts for all education related aspects, provincial education technical teams included PGB technical members. This meant that PGB provincial technical staff, in particular, could visit and provide regular technical assistance to their districts with minimal costs.

2.2. Replenishing school and community-based approaches with new peer educators

But the quality of PGB depended heavily on having enough qualified PEs. Youth peer-educators, however, do not stay in the program for ever. The philosophy of peer education means that peer educators cease to be peers

once they reach the age limit which is 24 for PGB. Also, most school-based peer educators get out once they finish their secondary studies. There are many other reasons why these get out of the program, such as when they move to areas where PGB is not yet present, or, when they get jobs, or, when a girl gets married. Supplying an adequate number of PEs in new areas and replenishing them in old ones while, at the same time, a high percentage of PEs leave the program after a certain time has been by far the greatest challenge. There were five main responses to this.

- ❖ Ensuring that PEs were recruited at their early teens and early secondary classes to maximize their stay in the program;
- ❖ Developing a system of transference of PEs so that when they moved to other areas where PGB existed they would be readily taken in;
- ❖ Encouraging school-based PEs to join the ranks of community-based ones if they finished their secondary studies before they reached the age limit;
- ❖ Youth associations, in particular, began twinning their PEs with interested members so that these would get on-the-job training while they waited for the formal training;
- ❖ Some provinces relaxed their observance of the age limit to allow PEs to stay longer.

As the results below show, these measures resulted in significant improvements in ensuring that both old and new areas had an acceptable number of PEs.

Supplying Peer Educators with Their Regular Toolkit

The PE's toolkit has the following items:

- Two PE's t-shirt supplied once every six months;
- A PE's cap supplied once every 12 months;
- A PE's shoulder bag supplied every 12 months;
- IEC materials and condoms for two months;
- A PE's Manual;
- PE's personal identification tags.

Nothing gave PEs as much community visibility and recognition as did their toolkit. With caps on their heads, t-shirts on the bodies and bags on their shoulders, a pair of PGB PEs is an attractive sight, instantly recognized as credible, therefore less prone to encounter opposition. The toolkit is a great

source of encouragement and protection for them. During expansion, there arose the need to ration the toolkit because the program was training significant numbers of PEs such that it became difficult to replenish every PE's toolkit timely and accordingly.

Locally existing resources played a major role for PGB to keep its quality. But it took an on-going open dialogue between provincial coordinators, in particular, and PEs to ensure that PEs understood the need to ration their resources and look for local alternatives. Slowly but steadily, PEs began to embrace the whole idea. They visited hospitals and health centers for condoms. Stella Mabyaia, a school-based PE in Xai-Xai, recalls that "We would go to the provincial hospital and the nurses would give us the condoms at once because they already knew us." Also, PGB partnered with the Núcleo de Combate ao HIV e SIDA which became a valuable local asset for the provision of condoms and informative material on ITs and HIV and AIDS. In Maputo City, Gaspar Mabunda recounted that they began using commemorative days' t-shirts for their peer educators. For instance, they would approach the organizers of the World's AIDS Day events and ask them "... to make the day's t-shirts with PGB colors" for their PEs.



Capitalizing on locally existing resources and reaching out for partners enabled the program to expand and consolidate at the same time. Thus quantity and quality were achieved. The results achieved are presented in the next section.

3. Results and Analysis

PGB has reached millions of young people, their parents and communities at large with behavior change messages in 124 of the 149 districts across the country. Thousands of PGB protagonists including PEs have reported positive changes in their communities, in their schools, in their peers and in themselves.

Impact in the Communities and Schools

Society has changed their attitudes in many areas. For instance, Adelino Maurício, the PGB provincial coordinator for the education sector in Niassa, observed that community leaders no longer take their children out of school for initiation rites as they used to do. They wait until schools go on the long recess to hold the rites. Still in connection with these rites, Paula Nárcia Hanza, a PE in Tete, has noticed that community leaders encourage adolescents to take their own razor blades to these rites. This indicates that communities have become more aware of HIV, its transmission and prevention. Alberto Macamo, a teacher activist who was once called "teacher of promiscuity" in Gaza, has noticed that communities are more engaged in HIV and AIDS discussions and have become more aware of prevention methods. This may well signal that the stranglehold of sexual health taboos on communities is weakening.

Indeed, PEs everywhere report significant community behavior change in relation to certain taboos about SRH. For example, Vera João Fonseca reported that her community in Mandimba discusses the "consequences of unwanted pregnancies and abortions" and that is an indication that "the community is aware of the urgent need for behavior change". Sérgio Nhandumbo in Inhambane reported that "... community members and other influential people discuss together the issues that affect their adolescents and youth, particularly issues related to HIV and AIDS ..." Tayob Sacoar Arune in Cabo Delgado, has noticed that the number of early pregnancies has declined in his secondary school. He has also noticed a "reduction in the number of premature marriages among adolescents and youths ..." (MISAU at al. 2009).

3.1. Impact among Youth

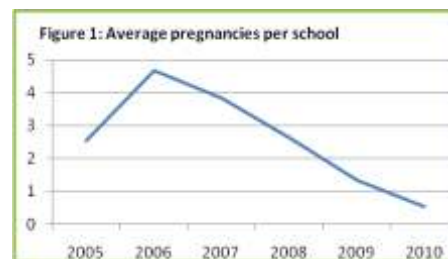
- ❖ In 2010, the program reached close to four million young people, up from about 72,000 in 2003;
- ❖ More than 1.5 million young people's appointments at YFHS from 1999 until the end of 2010;
- ❖ More than 600,000 young people took the HIV test since 2005;
- ❖ More than 17 million condoms distributed from 1999 until the end of 2010.

There was a time when it seemed that the messages of PGB were falling on deaf ears and having little effect on the reduction of pregnancies, in particular. As the graph below shows, in 2006 and 2007, there was an alarming surge in the number of pregnancies in schools.

A study was conducted to explain the reasons behind the fact and it was found that girls were having unprotected sex with older people during the school long vacation. As a response, PGB widened its range of themes to include intergenerational sex as a threat to young people's health. Girls were equipped with information and skills to deal with older men who courted them for sex.

It is a known fact that a reduction in the number of pregnancies improves school retention rates for girls. The more years girls spend in school the more empowered they become. The decline in the number of pregnancies is a strong indicator that girls are getting more empowered.

The graph below shows a sustained sharp decline after a sharp rise in average school pregnancies. What is more interesting is that while school coverage grew at an average annual rate of 25%, average pregnancies per school decreased at an average annual rate of -26.4%.



Year	Schools	Pregnancies	Average
2005	233	593	2.54
2006	325	1515	4.66
2007	444	1701	3.83
2008	594	1564	2.63
2009	664	884	1.34
2010	710	388	0.55

Data sources: PGB database and PGB provincial reports.



3.2. Impact in the Life of Peer Educators

PGB has equipped more than 16,000 PEs with important SRH skills and knowledge that have forever transformed their lives. Talking about changes in his own life, Teodósio Riquito a PE in Nampula, said:

I changed my behavior from the moment I became a peer educator. I confess that I have once been a little off the norms. I enjoyed getting out to parties past the hour at night and having many girlfriends. But I have changed... Now I am respected at home. Though I am the youngest child, I am now invited to participate in family meetings where important decisions are made.



David Simango Jr. in Maputo City says that PGB has meant freedom from social stigmas about albinos.

Whenever I walked around, people would point at me with disdain. Everybody said whatever they liked. Some would look at me and say that albinos do not die, they vanish. People would advise me not to eat fish. But after many years, I decided to try it and I did not have any health complications. My mother did not want me to eat fish for fear of what she heard people say about albinos... On the other hand, the [PGB] training was an opportunity that has awakened in me the sense of being useful in the society despite the taboos that some people hold in relation to albinos... From the despised we became the sought after and dearly loved ones.

Paula Nárcia Hanza in Tete found a “second family” and a sense of being useful in PGB.

When I became a PE in 2004, I was reeling from my parents divorce and mom's poor health as she had been just diagnosed with tuberculosis. Being the oldest child in the family I had to provide solace to my siblings amidst family chaos. At home, things were too heavy for me to bear, but I found support and a second family in PGB. My coordinators and technical advisors would take their time to ask me about mom's health and my siblings and how I was doing in school. But I got bolder to face life's challenges when, in 2005, I managed to convince a frail lady who had had children with different men to resume the antiretroviral treatment. Then in 2010, a lady met me on the road and said “Do you remember me?” It was the same lady, but now she looked strong.

Adelina Tiroso, as a young single mother who experienced rejection from the father of her daughter, has seen a positive transformation among male PEs in Zambézia regarding the role of women in the society.

Unfortunately, life is disproportionately very tough for girls. I believe that “Geração Biz” can help eliminate the descrimination which girls experience. Even among us peer educators, at the beginning, our voices were not heard, but after the training on gender equality, boys understood that they were wrong.



Connected to the skills and knowledge is the sense of self-realization that PEs have as a result of helping young people adopt responsible behaviors. Absalão Chilengue in Gaza feels realized for touching lives.

As a pee educator, I have had reasons to celebrate. One day a young couple came to the YFHS. The girl was pregnant but the boyfriend did not want to assume the responsibility. We talked to him and he understood and took responsibility the pregnancy. Both are still together and the girl still goes to school (...) I have a sister who is HIV positive (...) I took the initiative to walk her to the hospital when she came back from Maputo where she lived with her husband who died of AIDS in 2007 (...) If I were not a PE maybe I would not have had the idea to take her for treatment. There is no better salary than that!

Because of their social and professional responsibility, many PEs have gotten jobs in public and private sectors. Filomena Domingos in Zambézia credits her job career to her performance as a PE.

I began working as a receptionist at the Youth and Sports sector in 2001, the same year that I became a PE. As an exemplary PE, I got a UNFPA college scholarship which led to my several promotions and now I am the Head of the Department of Youth Affairs in the province. Being a PE became an occasion for social and professional maturity and many PEs have since gotten jobs especially in the health sector. For instance, Mandito Papasseco is the Zambézia coordinator of the Mozambican Network against AIDS (MONASO); Noel António works at blood bank in Quelimane; Verónica Estoquene is in the health sector in Gurue; Isilda Juma is the district youth coordinator in Mocuba. The list can go on and on.

Catija Afonso has gotten good education despite her family's meager resources due her father's loss of job.

I have benefitted from several trainings and support in PGB ever since I became a PE in 2006 including educational assistance such as free access to computer, internet and photocopiers while studying for the teaching certificate. In 2008, as a teacher activist in Mandimba, I was awarded a UNFPA scholarship. Currently I study Educational Administration at Universidade Pedagógica and teach mathematics at Escola Secundária de Amizade in Lichinga. Thanks to my performance as PGB teacher activist, in 2009 I attended one-month intensive course in Mathematics for Secondary Education in Brazil.



Alex Muianga is the president of Coalizão – one of the three major organizations that implement PGB in Maputo City.

One day, I visited our school counseling corner for help because my girlfriend's period was delaying. The PE at the corner was so articulate that I began visiting the corner regularly. Then I became a PE and later I was entrusted with the responsibility to coordinate the work of other PEs. Next I became a staff at AMODEFA where we decided to create Coalizão - a youth association that within its five years of existence has grown from 90 to 514 PEs. We are full members of several networks including MONASO and AfriYAN (African Youth Network for Population and Development). I have been the president of Coalizão for the past five years. In 2003, I won a UNFPA scholarship and studied Psychology of Organizations and have since written articles and participated in many radio and television programs on SRH. When my family began noticing a positive social change in me as a result of my activism as a peer educator, they started involving me in the family decision making process although I was not the oldest.



ASSOCIAÇÃO COALIZÃO DA JUVENTUDE MOÇAMBICANA

Para a estabilidade dos Adolescentes através da promoção do seu bem-estar harmonioso e assegurar o exercício dos Direitos Sexuais e Reprodutivos, através da informação, educação e formação, em locais e/ou em parceria com o sector público e a sociedade civil em particular.

MEMBROS DO PROGRAMA GERAÇÃO 2030
ENVOLVEMOS AS NOSSAS ACÇÕES
EM PARCERIA COM AS ESCOLAS & 10 ASSOCIAÇÕES JUVE

Com uma escola que apelida...
...a gentileza...
...programa disponível...
...Educação e Comunica...
...componente aconselham

CHAPTER IV: CAPACITY DEVELOPMENT AND SUSTAINABILITY

1. Community Ownership

Community ownership begins with community awareness. Though they have steadily reduced, taboos around SRH still had a grip on communities, such that PGB would have succumbed under community opposition had it not relied on community mobilization. José Maluleque, the former head of CIADAJ highlighted the importance of winning community's hearts and minds to avoid making "this program an occasion for intergenerational conflict". PGB employed four major approaches to achieve this end.

First, there were public and private sensitization campaigns "to present PGB", Baisamo Juaia recalled, "as a program that sought to complement parents' efforts to educate their children to adopt safe sexual behavior." This first PGB technical advisor in Zambézia also recalled that parents slowly began to share personal and family stories about their sons and daughters and their sexual health and HIV and AIDS.



Second, community leaders were involved in crucial aspects of the program such as selection of youth to become PEs. This helped reduce community suspicion over the integrity of the program. They have often been asked to share community resources such as churches and community centers with PEs. For instance, Raul Mulhanga and his fellow PEs in Boane implement some PGB activities in churches. One of the first youth centers in Zambézia was put together with assistance from a Catholic congregation.

In some places, as in Zambézia, where community ownership seemed an elusive target, PGB started to turn to a special category of "peer" educators. Parents, teachers, media professionals and DJs were trained as supporting PEs, participating side by side with young PEs in the regular PE training.

Finally, community and school leaders were encouraged to monitor the work of their PEs. In some areas they participated in quarterly meetings where they listened to the challenges that PEs faced. The approach enhanced significantly the PEs' sense of community accountability and reduced their tendency to think they belonged only to the Youth and Sports Directorate. The same was true with the school-based PEs whose sense of accountability to their school principals and coordinators was improved.

Despite these efforts, community sensitization did not bring change overnight. Early PEs and health providers experienced difficulties. In Gaza, for example, some PEs were called "teachers of promiscuity." A health provider in Zambézia tells of an outraged father who once stormed the clinic demanding to see the nurse that had been "teaching promiscuity to my daughter" at the clinic. "Let that girl be out of my home with her teachings", Gilda Banqueio recalled the day her neighbor put her out of her house. A group of PEs in Lichinga were denied to present their plays in their communities. "Is this what you learn there where you say you work?" Amélia had forgotten a condom on the table. Before she could explain, her father's voice thundered "The theories you learn out there will have no place in my house!"

As the program's positive impact became visible and appreciated, community opposition began waning. "The man came back two years later to apologize and to thank me for helping his daughter" at the clinic, Estrela Góia recalled with a sense of pride. Also, the government became more assertive in its programs to raise awareness on ASRH, STIs and HIV and AIDS.

2. The PGB Peer Educators

A major activity in capacity development has been the training of PEs. As of 2010, PGB trained more than 16,000 PEs nationwide. Candidates for PEs are selected in an interview on the basis of the following qualifications.

Volunteerism is the sine qua non.

- Communication skills;
- Responsibility;
- Ability to work in group;
- Volunteerism.
- Creativity;

Once interviewed and selected, they go through 80 hours of training whose curriculum centers on building the following skills and competencies:

- Communication for behavior change;
- Planning abilities;
- Competencies on SRH & HIV;
- Social skills and diversity;
- Skills on M&E;
- Liaison skills.

After the training, they receive certificates of participation and are formally introduced to their schools and communities to implement the following major activities:

- Awareness raising on STIs, HIV/AIDS;
- Provide condoms and counseling on SRH;
- Help young people develop SRH skills including the ability to plan and manage their SRH.
- Teach about the consequences of early pregnancy;
- Refer young people to YFHS for further help;



PGB has faced two major challenges in regard to PEs: Gender Equality and Incentives for Retention.

2.1. Gender Equality

In 2006, a study revealed that between 1999 and 2003 PGB recruited more boys than girls, but girls dropped out of the program in bigger number than boys leaving PGB with far more male than female PEs. In addition to socio-cultural demands and challenges on girls, three internal gender blunders contributed to this phenomenon, the study found. First, PGB lacked "specific strategies in recruiting, training, or follow-up to increase the involvement of girls, or to facilitate their participation and retention" (Badiani, et al. 2006). Second, girls' share in leadership responsibilities was very low - 38% against 62% for boys. Third, because of their numerical and leadership dominance in the program, boys outnumbered girls in achievement and in public recognition. In order to improve gender equality in the program, the study recommended improvements in PGB internal gender strategies and in the social environment of female PEs.

2.1.1. Improving PGB Internal Gender Strategies

According to the study, gender inequality began with the actual process of recruiting, interviewing and training PEs. In fact, gender inequality in PGB was a reflection of a gender bias among community and school leaders who played a substantial role in the selection of candidates for PEs. In response, PGB highlighted the indispensability of female PEs and sensitized community and school leaders on the need to select girls into the program. They also urged parents to be more supportive to their daughters.

For their part, PGB managers were to ensure that both boys and girls were recruited and trained in equally the same numbers. Additionally, managers promoted and ensured gender equality in leadership at the local level and rotated leadership roles based on gender. For instance, if the PGB coordinator in a given community or school is a boy and the vice coordinator is a girl in one year, the coordinator will be a girl and the vice coordinator will be a boy the following year.

Creating gender equity in numbers and in leadership roles resulted in both boys and girls getting equally exposed to critical public appearances such as TV, radio, special meetings, theatre, and features in local newspapers. Consequently, girls began sharing the same public recognition as boys and

this aspect became yet another incentive for parents, particularly reluctant fathers, to support their daughters' involvement with PGB.

2.1.2. Improving the Social Environment of Female PEs

Gender inequality in PGB mirrored the traditional mindset according to which education on sexual and reproductive health was more suitable for boys. Early female PEs suffered public ridicule. For instance, Alberto Macamo in Gaza recalled that if a girl happened to teach in public about the correct use of a condom, men and boys, would ask her on the spot, with a malicious intent, if she had ever dressed a live penis with a condom. Situations such as this one were very embarrassing and constituted a stumbling block for girls to join the program. Girls needed a favorable environment to join the program.

PGB adopted three important approaches that substantially helped to attract and retain girls in the program. First, the study that has been referenced in this section observed that girls are more likely to join and stay in the program if their friends are also in the program. Once in the program in their social groups, girls become a source of encouragement to one another. So PGB began discouraging recruiting girls separate from their social peers and groups.

Second, the program introduced income generation opportunities exclusively for girls so that in addition to working as PEs, they would also implement income generation activities that would ease up some of their personal financial limitations. Income generation opportunities emboldened parents to break free of their community gender bias and to further encourage their daughters to join the program. Along with this approach, PGB instituted social support network for female PEs. Community ladies, female school teachers and other professional ladies, such as PGB provincial coordinators and health providers, joined hands to provide psychosocial support for female PEs.

2.2. Incentives for the Retention of Peer Educators

During the expansion phase, PEs petitioned with the MoE for incentives in recognition of their work. PEs believed that an incentive from the central government would boost their motivation, increase their retention and enhance community ownership of the program. In response to this petition, in 2007 the MoE approved an incentive package with the following benefits:

- Free school materials
- Exemption from registration fees.

In another gesture of recognition, the MoYS introduced a package of incentives in 2010 that included:

- Free meals and transportation for PGB
- Sports materials for 2 associations per province.

2.3. Results on Gender Equality and Retention of Pes

PGB achieved encouraging results both in terms of Gender Equality and Retention of Pes.





Quantitatively, girls have always been around 45% of all qualified PEs. Qualitatively, however, the 45% of 2010 may well represent a gain considering the many conservative areas that PGB had entered.

The share of active female PEs rose from 43% in 2003 to 45.5% in 2010.

Male and female retention levels rise and fall together. As gender bias decreased, other common factors to both girls and boys became more important in explaining retention levels.

3. UNFPA and Capacity Development

The government and UNFPA began a bold partnership on ASRH after the 1994 ICPD. The partnership became more visible in 1996 when UNFPA funded the project that established CIADAJ. From there on, the partnership grew stronger and partnership responsibilities were defined. The government would provide program leadership through CIADAJ; create an enabling political and social environment; and advocate for program integration in its sector. UNFPA would provide financial assistance and capacity development.

In fulfillment of its partnership responsibilities, UNFPA fundraised and attracted donors to fund the bulk of capacity development and to sustain the launching, expansion and consolidation of PGB. They also partnered with Pathfinder International to assist with capacity development from the very beginning of PGB. In their partnership, UNFPA oversaw all administrative aspects and Pathfinder International took charge of the capacity development.

3.1. Pathfinder International and Government Capacity Development

Pathfinder International set up a scheme of technical assistance and capacity development at central and provincial levels. At the top of the scheme sat the Chief Technical Advisor. At the central level, the scheme placed two technical advisors (TAs) in each of the three ministries. Of these, one was an international expert and the other was a national counterpart. Down at the provincial level, there was a TA for each of the three directorates. The approach aimed at developing technical and institutional capacities that included:

➤ Programmatic and administrative capacities; ➤ Systems and structures and ➤ Human resources.

As capacities developed up to the pre-established acceptable level of functionality, technical advisors were withdrawn, beginning from the central level. At the provincial level, there was a shift from sectoral to multisectoral advisors. Instead of having three sectoral technical advisors, each province remained with just one multisectoral technical advisor to assist with the remaining aspects of capacity development in all directorates. Two other changes occurred in 2010: a) the withdrawal of technical advisors from Maputo City and Maputo Province on experimental basis; b) the creation of regional multisectoral technical advisors which support two provinces each (Gaza and Inhambane, Sofala and Tete, Niassa and Cabo Delgado). Manica, Nampula and Zambézia are the only provinces that still have provincial advisors. Why? PGB is still new in Manica and Nampula.

The case of Zambézia is the prime example of the rugged path towards program ownership in the early years. Immediately after the war, many NGOs entered the country with socio-economic reconstruction projects often paying substantial wages which attracted both public and private employees. In those days, a "project" was, to most people, almost synonymous to an international NGO with lots of money. Although there were protocols explaining the nature of PGB, there was widespread lack of clarity within communities and government sectors over whose program PGB really was especially because it began as a "Project". Also, the disbanding of CIADAJ in 2001 reduced the government visibility at the helm of the program, obscuring the fact that PGB was a government program. Consequently, capacity development and staff motivation suffered setbacks as employees could not understand how a "project" could ask them "extra" work for no extra pay.

This was the prevailing mood when the program entered Gaza in 2000, Maputo Province in 2001 and Tete in 2002. Maputo Province quickly dispelled the "project-perception" thanks to the spillover effect of strong government presence in Maputo City. Tete and Gaza, however, were not spared from the effects of the perception. Due to this and other factors, staff commitment to the program was weak. After the devastating floods and the pressing socio-economic reconstruction activities that ensued, the government gradually became active and more visible in the leadership of the program, averting the scenario of discontentment in these provinces.

3.2. UNFPA and Pathfinder: Local NGOs/Youth Associations

UNFPA and Pathfinder provided institutional capacity development to local NGOs and youth associations in two ways. First, in the provinces, their assistance to these organizations has been channeled mostly through the government. Funds for the training of community-based PEs, for example, for the renovation of community youth centers and for the acquisition of office equipment for many of these centers came from UNFPA and Pathfinder through the Provincial Directorates of Youth and Sports.

In Maputo City, they have mostly provided direct assistance to these organizations namely, AMODEFA, Coalizão and Núcleo de Mavalane in particular. These civil society organizations have benefitted from various UNFPA and Pathfinder support packages including the training of internal trainers for their PEs, structural organization, office equipment and renovation or reconstruction of physical infrastructures including a YFHS for AMODEFA. Altogether, UNFPA and Pathfinder have directly or indirectly supported more than 400 youth centers across the country. They helped renovate more than 50 community centers and equipped many more. They also offered more than 100 scholarships to both government employees and exemplary PEs.

4. The Government: Policies, Program Integration and Ownership

The creation of the Ministry of Youth and Sports in 1992 signaled the government's interest to address youth development with the boldest of strategies. Since then, the government has adopted policies and strategies that created a favorable social and political environment to allow for program integration and ownership. The following are some of the major policies and strategies:

- | | |
|--|---|
| 1. National Youth Policy in 1996 | 2. School and Adolescent Health revitalized in 1997 |
| 3. National Strategic Plan on HIV/AIDS in 2000 | 4. Operational HIV/AIDS Plan in 2000 with MoYS |
| 5. National HIV/AIDS Council in 2000 | 6. National Strategic Plan on HIV/AIDS 2004 - 2009 |

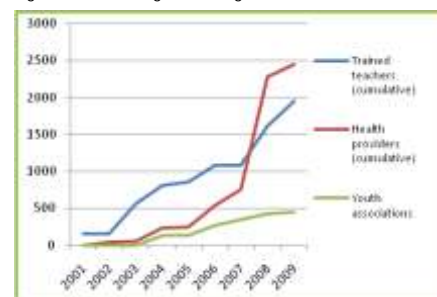
The creation and adoption of these policies had to be followed by deliberate government sensitization campaigns within its own provincial sectors to promote PGB integration. Although there was weak coordination towards

this end in the early years, the scenario has changed significantly over the years. Provincial Directorates now include PGB in their action plans and pay for its utilities. In Sofala, for instance, the government holds special sessions to discuss PGB. There are provinces, like Tete, Sofala and Niassa, whose PGB coordinators, although on the government pay roll, dedicate their time fulltime or most of their time to BGB.

An analysis of PGB integration in the ministries reveals a strong sectoral integration. MoE has rewritten its national curriculum and included education on SRH and HIV/AIDS as a transversal subject. Teachers' training curriculum also includes this topic. MoE actually finances PGB from internal resources and they link PGB with other special programs that the Ministry implements. Furthermore, MoE trained more than 1,954 teachers as supporting PEs in schools where PGB is implemented.

For its part, MoH integrated PGB within their School and Adolescent Health Program. They have trained more than 2,451 nurses as YFHS providers. Although YFHS were improved, popularized and brought closer to youth by PGB, they originated with MoH before PGB existed. Through its directorates, MoYS has sensitized parents and community leaders all over the country about the importance of PGB. They have fostered and supported youth associations and groups that have contributed with thousands of community PEs. The policies on incentives that the MoE and the MoYS enacted in 2007 and 2010 respectively, do not only encourage PEs in their work, but they also promote community ownership.

Figure 3: PGB integration in government sectors



What is evident from the graphs is that the government got more and more aggressive in advocating for integration as the program expanded. The MoE got more aggressive beginning in 2003 when the number of teacher activists rose from 153 to 564. In 2004, the MoYS took a robust approach in advocating for community ownership. That year, the number of youth associations supporting PGB skyrocketed from 4 to 138. Also in 2004, the MoH upped its health providers from 60 to 230.

Source: Documento de Programa: Programa Geração Biz 2010/2011.

In its Programa Quinquenal do Governo Para 2010 - 2014 (Government Quinquennial Program for 2010 - 2014) approved by the Parliament and published in April 2010, the Cabinet announced their decision to "Consolidate "Geração Biz" as a model program in the promotion of SRH and prevention of HIV and AIDS among adolescents and youth in all districts and localities in the country".

The decision was followed by immediate actions. In the same April, they convened a meeting with national and provincial actors to discuss and plan the next stage of the program. In September, they held a two-week seminar to train provincial trainers who will assist in district capacity development. In December they convened the second meeting with all national and provincial actors to discuss PGB. In a show of change in approach, this time around they invited representatives of youth associations from each province. A similar meeting was held in March 2011.

What's more, the government began to align PGB with the national development strategy that defines the district as its hub. Capacity development is shifting from central and provincial management to district management in order to improve ownership, make PGB less expensive and more sustainable from the grassroots. The goal is decentralization for sustainability. For years it used to be provincial technical teams that went from district to district to conduct quarterly technical meetings. Now the goal is to establish district teams to take over this and other management responsibilities.

As PGB gets increasingly integrated and its sectoral and community ownership solidified, major financial assistance from UNFPA will begin to phase out gradually. Anticipating that moment, the government has recently decided to eliminate cash allowances for meals and transport for PEs to attend technical meetings. These allowances will be covered by MoYS incentive package that includes free meals and transportation to technical meetings. Notwithstanding, the measure was greeted with frustration by peer educators and with fear by provincial coordinators everywhere. Whatever frustrations and fears, districts will have to come up with solutions. That is where capacities are being developed and where program sustainability should come from. A new era is dawning for PGB - Local Solutions for Local Challenges.

LOOKING AHEAD

The reader will recall that in addition to promoting SRH, the 1997 National Plan for the Development of Youth promoted self-employment and policies for a holistic and sustainable youth development. Throughout the implementation of Programa Geração Biz, young people have voiced their visions and demands for bolder initiatives towards the development of self-employment opportunities. Taking advantage of organizational, leadership and resource mobilization skills that they gained in PGB, several youth associations have started implementing small income generating activities. In order to encourage these initiatives, both the government and UNFPA have provided assistance both in terms of resources and necessary trainings, albeit at minimal scales.

Having promoted and developed SRH to sustainable levels, the government and UNFPA recognize the importance of more robust support for the development of self-employment opportunities as a way of complementing the SRH component. In fact, this new approach is starting to take off. In its package of incentives, the MoYS will give priority to funding PEs' income generation activities and link them with district local funding opportunities. UNFPA, in the context of the United Nations Development Assistance Framework 2012-15, included income generation opportunities for girls in districts with a view to attain holistic and sustainable empowerment. As a way to achieve sustainable youth development in general, strengthening youth associations in the provinces is a priority on the youth agenda.



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UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.

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