

**HEALTHY
WOMEN
AND GIRLS
IN MOZAMBIQUE**



Billboards, murals and buses were painted pink as part of a “pinkification” campaign that urged community members to “say no to child marriage.”

40,900+ 

participants reached because of your generosity, including:

20,700
women and adolescent girls

296
community leaders

548
health care providers

CONTENTS

4.....The First Word
 6.....The Scene
 8.....The Rundown
 10.....The Report Card
 13.....Spotlight
 18.....The Last Word

A PREGNANT PAUSE

We'd like to take a moment to share how the Healthy Women and Girls project has fundamentally changed the lives of more than 40,900 people living in rural Mozambique.

THANKS TO YOU, Cristina walked away from an early marriage; Acina received specialized care for her complicated labour; a female-owned business is thriving; and communities have rallied to end child marriage. These are just a few of the stories that highlight how your support for the Healthy Women and Girls project in Mozambique is making a difference.

During the five-year project, we met these four key goals:

- 1.** Improve access to prenatal and postnatal care for women and their newborns in Moma and Mogovolas
- 2.** Work with communities to help shift perspectives on girls' and women's rights and end practices like early marriage
- 3.** Create systems and processes that enable the reporting of any instances of violence against girls and women in the community
- 4.** Increase access to and an understanding of contraceptives to enable women to have control over their sexual health



THANK YOU for helping to protect the health, safety and rights of women and girls in Mozambique!





LET'S NOT SAY "I DO"

Why early marriage happens and why it's harmful.

In many communities, early marriage is considered a socially acceptable way for girls to avoid extreme poverty and sexual violence. In reality, child marriage increases young girls' risk of domestic abuse as well as life-threatening complications from early pregnancy. These issues, which are not widely discussed within communities, are openly addressed in the Champions of Change clubs and community discussion groups created through the Healthy Women and Girls project. In these sessions, everyone is encouraged to share what they learn about these issues with their families and friends so that attitudes around gender equality and rights are more likely to change in the broader community.

THE SCENE

MOZAMBIQUE IS CULTURALLY and biologically diverse. White sandy beaches run along its coast, and its inland is known for its fertile soil. The former Portuguese colony should have booming agriculture and tourism industries, but prior to its independence in 1975, it didn't benefit from these riches. After independence, political unrest and violence created more economic instability and forced 4 million people from their homes. The turmoil continues to this day.

→ It's estimated that there are 289 maternal deaths per 100,000 births.

→ Babies born to adolescent girls are half as likely to survive their first week compared to babies born to women just a few years older.

→ The country's child-marriage and adolescent-pregnancy rates are among the highest in the world.

→ One-third of 15-year-old girls interviewed reported that they are survivors of physical violence.



The ban on child marriage allows girls to play and grow up without the risk of being forced into marriage at a young age.

"THIS LAW CHANGE REPRESENTS A HISTORIC COMMITMENT BY THE MOZAMBICAN GOVERNMENT TO UPHOLD THE RIGHTS OF GIRLS."

— ANNE HOFF, country director of Plan International Mozambique

MARRIAGE BAN, NOT BANDS!

IN 2019, MOZAMBIQUE passed a new bill banning child marriage. The bill, which was unanimously passed, set the minimum age of marriage at 18 and closed the loophole in the law that permitted children to marry at 16 with the consent of their parents.

Plan International played a key role in lobbying for and drafting the bill, working with national and local governments, community leaders, boys and girls, parents and religious leaders.

"This law change represents a historic commitment by the Mozambican government to uphold the rights of girls," Anne Hoff, country director at Plan International Mozambique, told the press at the time.

Mozambique has one of the highest rates of child marriage in the world, with almost half of girls marrying before age 18 and more than one in 10 marrying before their 15th birthday.

"If a girl is married before the age of 18, she is more likely to drop out of school, to become a child mother, to die during pregnancy or childbirth and to be trapped in a lifetime of poverty," added Hoff. "This law helps pave the way for millions of girls who would have been robbed of their childhoods to continue with education and reach their potential. This could lift a generation of young women out of poverty."

THE RUNDOWN

Your support helps women and girls access safe maternal, sexual and reproductive health services. Here are some outstanding achievements from the Healthy Women and Girls project:



34,274

WOMEN AND MEN

participated in discussion groups and workshops to promote gender equality and sexual and reproductive health and prevent child marriage in their communities.

5,188

adolescent girls and boys joined 264 Champions of Change clubs, through which they learned about gender equality and how to advocate for their sexual and reproductive health rights.

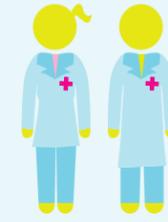


592

radio programs broadcast information about the availability

and importance of sexual, reproductive, maternal and child health services as well as COVID-19 safety protocols. They also raised awareness about the harmful outcomes associated with child marriage.

548



HEALTH WORKERS

– including birth attendants and community-outreach workers – were trained to provide specialized care for adolescent girls, mothers and newborns. The training included where to access critical care for high-risk pregnancies and how to recognize the warning signs of gender-based violence.

1,743

women and adolescent girls took entrepreneurial training, which included designing business plans.



296

traditional leaders shared messages about the importance of gender equality and the harmful consequences of early pregnancy.

7 HEALTH FACILITIES

were refurbished and given medical equipment and supplies to address sexual, reproductive, maternal and child health needs.



20 MEETINGS

were held with community and government decision makers to advocate for better sexual and reproductive health laws and services and better protection against child marriage.



THE REPORT CARD



We conducted participant surveys and evaluations at the beginning of the Healthy Women and Girls project in 2017 and then again in 2022. Here are some of the standout changes your support made possible.

THE REPORT CARD



BEFORE: 35% of girls age 15 to 17 were married.

AFTER: 16% are married. We **surpassed** our target of 32% by increasing awareness, community involvement and advocacy!

How we made it happen:

- Facilitated conversations about the negative impacts of child marriage with youth, women’s and men’s groups
- Engaged community leaders and members to share key messages about gender equality that challenge and shift social and cultural norms
- Supported local organizations and youth in advocating for sexual and reproductive health rights and lobbying against child marriage
- Launched “pinkification” campaigns in Maputo, Maxixe and Inhambane with billboards, murals and buses painted pink that urged community members to “say no to child marriage”
- Established or improved processes for community members to report cases of child marriage and gender-based violence



BEFORE: 49% of women age 20 to 49 received sufficient prenatal care.

AFTER: 71% of women in this age group received sufficient prenatal care.

How we made it happen:

- Held discussion groups for men and women that promoted the importance of prenatal care and the role of men in supporting their pregnant partners and their family members
- Produced radio campaigns that broadcast the above message to a larger audience
- Conducted training sessions with health care providers to improve treatment and care for expectant mothers

BEFORE: 71% of adolescent girls and 64% of women received postnatal care within 48 hours of childbirth.

AFTER: 99% of women and adolescent girls received postnatal care within 48 hours of childbirth. We **surpassed** our target of 80% in both age groups!

How we made it happen:

- Trained community health care workers to provide postnatal care to women who give birth in remote areas
- Produced radio programs and met with local leaders and community members to communicate the need for offering life-saving care to pregnant women and the importance of saving money to cover health-related expenses



Village Savings and Loan (VSLA) groups help women support their families.

INDEPENDENCE DAY

Savings groups are “saving” the day for many women.

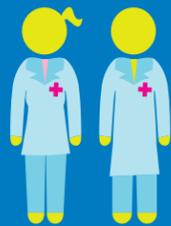
A LACK OF MONEY is a major barrier to accessing maternal and reproductive health care for many women and adolescent girls in Mozambique. With your support for the Healthy Women and Girls project, we created **60 savings groups to help 1,743 women and adolescent girls gain financial independence.**

Each group created and contributed to a “social fund,” which is a pool of communal savings that members can draw from when they need money for maternal and reproductive health services, such as medication or transportation to appointments. Members in the group gained control over their own finances, which previously had been managed by their male partners or family members.

“Recently, I covered expenses related to my daughter’s childbirth,” shares one savings-group member. “I feel useful to my family since I don’t have to wait for my husband to pay for all the family needs.”

Savings-group members also received coaching and mentoring on how to create a small business and use networking opportunities to increase their earning power. One savings group in the Mogovolas District launched a business selling products like flour, dried fish and *capulanas* – colourful Mozambican fabrics that can be worn as dresses, sarongs or baby carriers. A portion of the profits goes back into their social fund, ensuring that mothers and newborns can access the health care they need without worrying about the cost.

THE REPORT CARD (CONT'D)



BEFORE: 59% of adolescent girls and 57% of women had skilled health care workers attend their live births.

AFTER: 85% of adolescent girls and 88% of women had skilled health care workers attend their live births. We **surpassed** our target of 75% for both groups!

How we made it happen:

- Trained health care workers to provide prenatal and postnatal care and identify complicated cases that require referrals
- Improved transportation to health facilities for pregnant women who require life-saving care



Cristina says “no” to marriage and “yes” to a brighter future.

CHANGED MINDS CHANGED LIVES

Cristina isn't heading to the altar; she's heading back to school.

GROWING UP, Cristina went to school and played with her classmates – that is, until she had to drop out to help financially support her family. One day, Faizal*, an older wealthy man from their community, offered to marry Cristina. Her mother agreed, as she had been raised to see marriage as a way to gain stability and financial security. But then she changed her mind. As it happens, both she and Faizal had attended a Healthy Women and Girls discussion group. During the 10-week program, the group explored the importance of gender equality, sexual, reproductive

and maternal health and – critically – the harmful outcomes for young girls forced into early marriage.

Once they both realized what was at risk for Cristina, they agreed to cancel the marriage. Today, Faizal continues to share what he learned with friends and family with the hope that his decision to call off his marriage will inspire others to do the same.

With the support of her mother and her community, Cristina is now looking forward to returning to school and, like most teenage girls, figuring out how she wants her life to unfold.

**Name has been changed.*

THE ROAD AHEAD

Rural ambulance services drive home the need for speedy care for moms.



After a complicated labour, Acina is grateful for her safe delivery.

ACINA, 28, WHO delivered her son two years ago, is one of thousands of mothers who have benefited from the emergency medical transfer services made possible by your generous support for the Healthy Women and Girls project. She lives in a rural area in the Moma District of Mozambique, and the nearest rudimentary health centre is 30 kilometres away. By the time Acina arrived at the centre, she was experiencing severe complications. She was terrified because many women in her community had died there; without equipment like ultrasound machines, newborn-resuscitation tables and sterilization tools, the health facility wasn't prepared to provide critical maternal care.

"Patients [who, like Acina, live in rural areas and] need an ultrasound have to be referred to a hospital more than 250 kilometres away," explains Odia Marcel, director of Moma District Hospital. Making that trip to Marcel's hospital, which can take between six and eight hours due to poor road conditions, was never an option because there were no ambulances. "Patients who couldn't be transferred were assisted locally instead, which exposed them to a high risk of death and serious injury," adds Marcel.



Women in labour can now be safely transported to hospital in a motorcycle ambulance.

"I WAS WELL TAKEN CARE OF, AND NOW MY SON AND I ARE DOING WELL."

Fortunately, the local health facility that Acina went to had an ambulance, thanks to donors like you, that could safely and swiftly take her to Moma District Hospital. There, she received the specialized care she needed to deliver her healthy baby boy.

"The equipment provided by the Healthy Women and Girls project is a great asset to Moma District Hospital," says Marcel. "We now have an ultrasound scanner that we use on more than 150 women and adolescent girls a month."

Your generosity is making safe deliveries a reality for thousands of new moms – like Acina – and babies in Mozambique.

THE REPORT CARD (CONT'D)



BEFORE: 25% of women age 20 to 49 and 18% of adolescent girls accessed sexual and reproductive health care services in the past year.

AFTER: 60% of women age 20 to 49 and 31% of adolescent girls accessed sexual and reproductive health care services in the past year.

How we made it happen:

- Held discussion groups with youth, women and men to dismantle myths about contraceptives and sexually transmitted diseases
- Improved patient confidentiality in health facilities
- Worked with traditional leaders to change community attitudes toward contraceptives
- Petitioned government and community organizations to make sexual and reproductive health services easily available and accessible
- Between April 2020 and March 2021, health facilities in the regions served by the project recorded **17,440 new users** of family-planning methods!



THANK YOU!

Along with the work of community members, leaders and health workers in Mozambique, your commitment has ensured that thousands of women and girls like Acina can access vital care and services – now and in the future. In her words: “My community now feels a little safer.”



Plan International Canada Inc.
245 Eglinton Avenue East, Suite 300
Toronto, ON M4P 0B3
Canada

416 920-1654
1 800 387-1418
info@plancanada.ca
plancanada.ca

Learn more and get involved at plancanada.ca



CRA Charity Registration Number 11892 8993 RR0001

© 2022 Plan International Canada Inc. The Plan International Canada, Because I am a Girl names, associated trademarks and logos are trademarks of Plan International Canada Inc. *The Standards Program Trustmark is a mark of Imagine Canada used under licence by Plan International Canada.