

## Mozambique

## Preventing Child, Early, and Forced Marriage and Countering Violent Extremism in Cabo Delgado (Uholo-Raparigas e Jovens)

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Community mentor Muanaquissira Talique with a young woman during household visit in Pemba, Mozambique. Photo: Pathfinder Mozambique

## Background

In Cabo Delgado province—one of Mozambique’s poorest and most vulnerable to natural disasters and conflict—18% of young women ages 20 to 24 marry by age 15; 61% marry or live with a partner by age 18.<sup>1</sup> Cabo Delgado has the second highest rate of child, early, and forced marriage (CEFM) and the highest rate of adolescent pregnancy in the country—65% of girls ages 15 to 19 are mothers or pregnant.<sup>2</sup> Since 2017, attacks by armed insurgents have disrupted health and social services, education, and livelihoods; displaced populations; and led to increased poverty. These effects have exacerbated CEFM, reduced access to essential sexual and reproductive health (SRH) services, and increased gender-based violence (GBV)—including sexual violence—against adolescent girls and young women (AGYW). In 2019, Mozambique passed a national law criminalizing CEFM, but the law is not well known or enforced. Reducing CEFM will enhance girls’ freedom and opportunities, keep them connected to and supported by their families and peers, and break cycles of poverty, all of which can help counter violent extremism (CVE).

**Funder:** USAID (\$5.1M)

**Implementing partners:** Pathfinder International & Ophavela

**Public-private partnership:**

The \$5.1M TotalEnergies-funded Improving Communities Health Outcomes through Integrated Programming in Cabo Delgado project, locally known as Uholo-Saúde Comunitário (2019–2024) complements the Activity.

**Dates:** 2020-2024

**Geography:** Ancuabe, Pemba, & Palma districts in Cabo Delgado province (with several disruptions & site relocations due to conflict)

## Approach

**Preventing CEFM & CVE in Cabo Delgado** (locally known as **Uholo-Raparigas e Jovens**) works to improve the lives and livelihoods of 22,000 AGYW ages 10 to 24 to reduce CEFM and socioeconomic restrictions that may arise among married youth. The Activity works at each level of the social-ecological model with AGYW, their families, communities, school and health staff, judicial and law enforcement authorities, and policymakers to reduce CEFM with the following four strategies.

<sup>1</sup> “Moçambique Inquérito Demográfico e de Saúde 2011.” Calverton, Maryland, USA: Ministerio da Saude - MISAU/Moçambique, Instituto Nacional de Estatística - INE/Moçambique and ICF International, 2013.

<sup>2</sup> “Inquérito de Indicadores de Imunização, Malária e HIV/SIDA Em Moçambique - IMASIDA, 2015.” Maputo, Moçambique: Ministerio da Saude - MISAU/Moçambique, Instituto Nacional de Estatística - INE/Moçambique and ICF International, 2018.

**Uplift young women with social support and economic opportunities.** Preventing CEFM & CVE has worked to create a favorable shift in AGYWs' attitudes, perceived norms, and agency to delay marriage, finish school or learn vocational skills, earn income, and access services by:

- Involving **76,940** adolescent girls and **67,588** adolescent boys in educational activities about rights, healthy behaviors, services, and equitable relationships;
- Reaching **39,472** AGYW through household visits with information on SRH with focus on contraception/family planning, GBV, and gender equality;
- Providing new vocational opportunities for more than **100** AGYW; and
- Supporting savings and credit groups for **895** AGYW.

**Shift community norms around CEFM, girls' education, and social positioning.** The Activity has engaged communities and household decision makers to support girls' agency in health decision making and to improve gender norms, social capital, and salience of shared values by supporting:

- **6,120** locally led community dialogues with men and women on girls' education, early pregnancy and unions, SRH, GBV, and gender equality;
- **85** social analysis and action exercises focused on girls' challenges with community leaders' committees and influencers; and
- **63** educational radio broadcasts on SRH, GBV, CEFM, girls' education, and gender equality.

**Increase AGYWs' use of adolescent-responsive services.** The Activity works to improve access to education and youth- and gender-responsive health services for AGYW, ensuring health and educational facilities establish protocols to identify and address risks of CEFM and GBV by:

- Strengthening the capacity of **231** school and **103** health facility staff on gender, adolescent and youth SRH, and GBV;
- Expanding mobile brigades for SRH outreach services in communities and secondary schools to reach **19,652** young people: **10,440** AGYW and **9,212** adolescent boys and young men; and
- Improving access and quality of GBV services in **11** health facilities.

**Partner with the Government of Mozambique, including provincial and district institutions and local and traditional authorities, to better enforce laws and policies that delay marriage.** The Activity works to ensure that state judicial, law enforcement, and executive officials, including traditional courts, are aware and supportive of the national CEFM law, and that local officials publicly condemn CEFM and promote AGYWs' rights, by:

- Training **53** judicial agents, **45** members of community courts, and **155** police agents on the CEFM law and other laws protecting girls' and women's rights, gender sensitivity, and GBV;
- Supporting provincial and district officials in disseminating the CEFM law;
- Advocating to ministerial working groups for policy advancing girls' education and health; and
- Supporting Girls Not Brides (Coalition for the Elimination of Child Marriage) in Mozambique.