PATHFINDER

S-NICE

Strengthening Adolescent and Youth Health Services in Rural Settings of Mozambique

ADVOCACY BRIEF | AUGUST 2026

Group work among health providers and community health workers in Govuro, Inhambane under under the Futures with Choice project.

Summary

Mozambique has established a strong policy foundation for adolescent and youth sexual and reproductive health and rights (AYSRHR), yet persistent implementation challenges continue to limit access to quality services. This brief presents evidence from an independent evaluation of S-NICE (Services, Norms, Innovation, Community, and Excellence), a participatory quality improvement approach that strengthens coordination among health, education, and community sectors while using routine data to drive locally owned decision-making. The evaluation found that S-NICE contributed to improved contraceptive uptake, declines in adolescent pregnancy, stronger multisectoral collaboration, and greater accountability in existing government systems. Findings demonstrate that institutionalizing S-NICE through existing health services, district planning mechanisms, and national policies offers a practical and scalable opportunity to strengthen implementation and improve adolescent health outcomes across Mozambique.

Adolescents and Youth Face Persistent Challenges to AYSRHR

Mozambique has a rapidly growing adolescent and youth population, with approximately one quarter of the population aged 10–19 and more than half under the age of 18.[1] While the country has made important policy commitments to AYSRHR, adolescent pregnancy remains among the highest globally. According to the 2022–23 Demographic and Health Survey, 36% of girls aged 15–19 have begun childbearing, increasing to 44% in rural areas, reflecting substantial geographic and socioeconomic inequities.[2]

Mozambique's AYSRHR policy framework includes the National Adolescent and Youth Health Strategy, national guidelines for adolescent- and youth-friendly health services (SAAJ), and the long-standing Geração Biz program.[3, 4, 5] Despite these investments, implementation at district and facility level continues to face significant constraints, including provider shortages, inadequate infrastructure and privacy, poor coordination between health and education sectors, limited use of routine data, and persistent social norms discouraging care seeking.[6]

Furthermore, evidence increasingly shows that improving adolescent health requires more than expanding services. Sustainable progress depends on strengthening how services are implemented and adapted to local realities. Under the Improved Family Planning Initiative (see Box 1), S-NICE was designed to address this implementation gap by strengthening collaboration between health facilities, schools, communities, adolescents, youth, and local authorities while using routine data to drive locally owned decision-making and continuous improvement.[6]

What is S-NICE?

S-NICE (Services, Norms, Innovation, Community, and Excellence) is a participatory quality improvement approach that strengthens AYSRHR services by bringing together health providers, schools, community members, adolescents and youth (herein referred to as young people), and local government authorities to identify barriers, transform social norms, and implement solutions. Originally adapted from Evidence to Action's (E2A) Thinking outside the separate space (TOSS): A decision-making tool for designing youth-friendly services, S-NICE evolved into a structured decision-making and continuous improvement framework in Mozambique that helps district health authorities and facilities optimize service delivery within existing systems.

Figure 1 shows the intervention's five programmatic pillars, centering young people across all activities. Project staff organize activities in project-supported facilities as well as communities and schools within a 10-kilometer radius of selected facilities. S-NICE begins with a participatory induction workshop convening young people and representatives from health, education, and community sectors to identify barriers to adolescent- and youth-friendly services and develop context-specific action plans. Follow-up review workshops conducted every three to six months provide a forum to assess implementation progress, analyze routine service data, reflect on challenges and successes, and adapt activities in real-time.

At its core, S-NICE functions as a system-level planning and governance tool that supports evidence-informed decision-making. Rather than prescribing a single service delivery model, it supports district managers and providers to use routine health and education data, including adolescent pregnancy rates, pregnancy- or early marriage-related school dropout rates, reported gender-based violence incidents, young people's health service utilization, and community engagement indicators to identify implementation bottlenecks and decide on actions that will best respond to these challenges. Figure 2 depicts the S-NICE implementation cycle in detail, including key actors involved, the participatory planning process, and the continuous learning mechanisms underpinning the approach.

BOX 1

Improved Family Planning Initiative (IFPI)

IFPI was a USAID-funded project (July 2021–January 2025) in Mozambique, led by Pathfinder in partnership with N'weti, Population Services International, Abt Associates, Coalizão, and MULEIDE. IFPI worked closely with the Ministry of Health (MISAU), provincial and district health authorities, community organizations, and other government and local partners. Operating across Sofala and Nampula provinces and five districts in Zambézia, IFPI sought to improve maternal and child health outcomes through healthy reproductive behaviors, quality service delivery, and strong leadership of the national family planning program. IFPI developed and tested innovative approaches, including S-NICE, to improve AYSRHR programming.

Group work among community leaders on S-NICE activity planning in Govuro, Inhambane under the Futures with Choice project.

FIGURE 1

The Five Pillars of S-NICE

A participatory approach to strengthen adolescent- and youth-friendly health services and empower communities.

S	N	I	C	E
SERVICES	**NORMS**	**INNOVATION**	**COMMUNITY**	**EXCELLENCE**
Strengthening the quality, accessibility, and responsiveness of adolescent-friendly health services.	Identifying and transforming harmful social and institutional norms that limit adolescents' access to services.	Promoting locally generated solutions and adaptive strategies based on community priorities and evidence.	Engaging adolescents, parents, teachers, community leaders, health providers, and local authorities as equal partners.	Using data, accountability, and continuous learning to improve quality and achieve better health outcomes.
Accessible, respectful, and quality services for every young person.	Positive norms, informed communities, empowered youth.	Creative solutions that fit local needs and contexts.	Stronger partnerships, shared decisions, greater impact.	Data-driven decisions, accountability, and continuous improvement.

S-NICE brings services, norms, innovation, community, and excellence together to create a supportive environment where adolescents and youth can make informed choices and thrive.

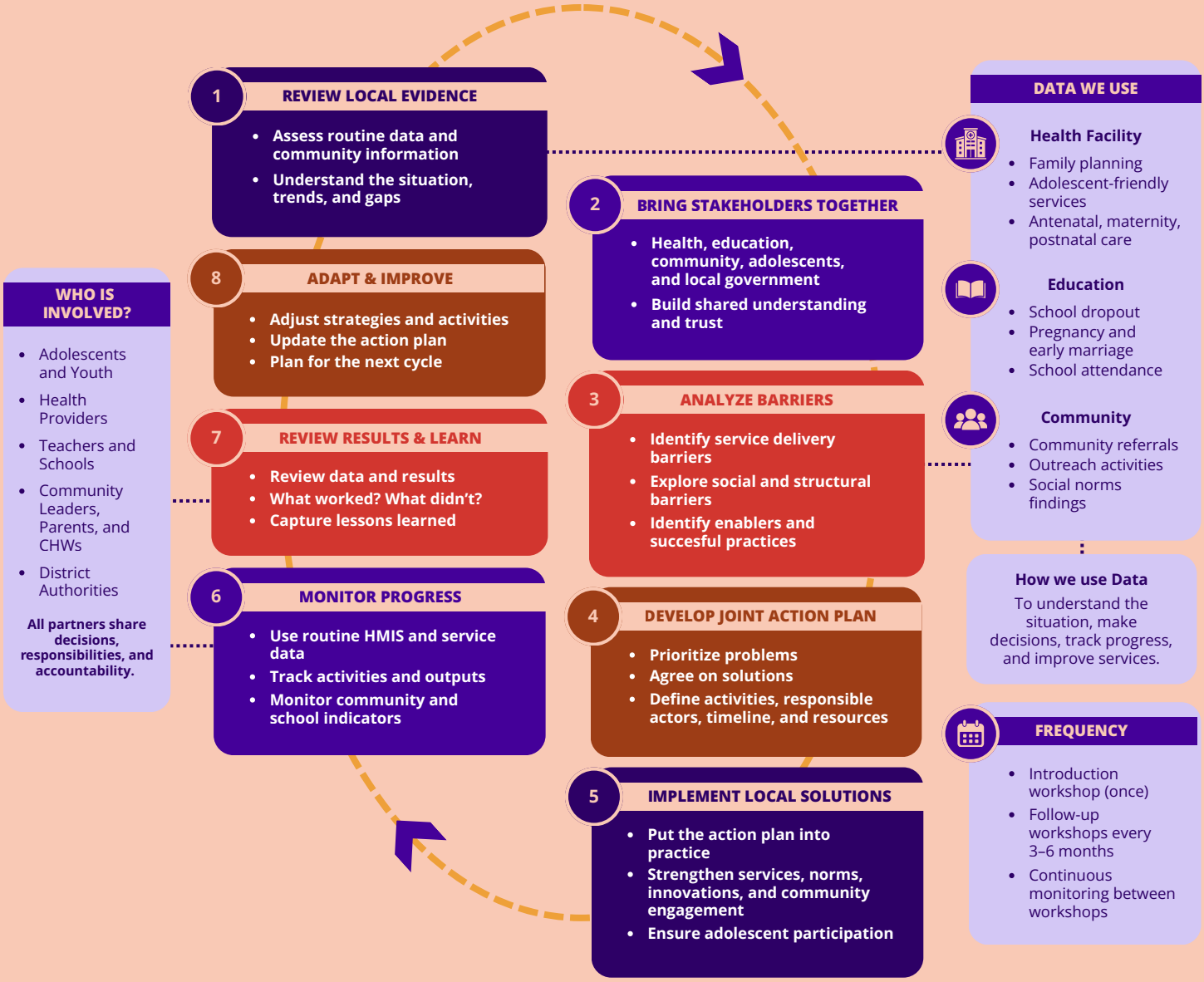
S-NICE plenary and consensus building of action plan in Govuro, Inhambane under the Futures with Choice project.

Group work among teachers on record-keeping and referrals in Govuro, Inhambane under the Futures with Choice project.

FIGURE 2

S-NICE Implementation

A participatory, data-driven approach to strengthen adolescent- and youth-friendly health services through continuous learning and action.



OUR GOAL

Empower adolescents and youth with **information, services, and supportive environments** to make informed choices and build a better future.

WHAT WE ACHIEVE TOGETHER

- Improved quality and accessibility of adolescent-friendly health services
- Increased uptake of modern contraception among adolescents
- Stronger collaboration across health, education, and communities
- Positive social norms that support healthy choices
- Better outcomes: fewer adolescent pregnancies, more girls in school, less gender-based violence
- Sustaoinable, locally owned systems for continuous improvement

Evidence for Scaling S-NICE

An independent mixed-methods evaluation conducted by researchers from Eduardo Mondlane University in collaboration with MISAU, the United Nations University Institute for Global Health, and Pathfinder assessed the implementation and effectiveness of S-NICE in rural Sofala Province. The quantitative component used a quasi-experimental difference-in-differences design based on routine health information system data from intervention and comparison health facilities. Two routine datasets were analyzed: 1) SAAJ registers comprising 4,110 adolescents aged 15–19 attending their first SAAJ consultation (2,681 girls, 1,429 boys), including 1,522 new female contraceptive users from intervention facilities and 462 from comparison facilities to assess modern contraceptive uptake; and 2) first antenatal care registers comprising 4,088 visits among pregnant adolescents aged 15–19, including 3,086 from intervention facilities and 1,002 from comparison facilities, to assess adolescent pregnancy. The qualitative component comprised 68 purposively selected in-depth interviews with adolescents, health providers, facility managers, teachers, community leaders, traditional practitioners, community health workers, local government representatives, and program implementers, together with 21 focus group discussions involving 188 participants across the four intervention districts (256 participants total). This design enabled exploration of implementation processes from multiple perspectives while ensuring triangulation across participant groups, providing complementary evidence on both effectiveness and the mechanisms through which S-NICE influenced implementation and outcomes.

S-NICE PROVIDES A PRACTICAL APPROACH FOR STRENGTHENING GOVERNMENT SYSTEMS

Collectively, the evaluation demonstrated that S-NICE's success lies in its ability to operate within existing government systems rather than as a standalone intervention. By embedding health data reviews, participatory planning, and continuous quality improvement within existing district governance structures, S-NICE actions led to improved outcomes without creating parallel systems. This also suggests that S-NICE is well positioned for institutionalization and scale-up through Mozambique's existing AYSRH initiatives and district planning processes.[6]

S-NICE CONTRIBUTED TO IMPROVED AYSRHR OUTCOMES

Evaluation results showed that implementation of S-NICE within routine government systems was associated with improvements in key health indicators. Among adolescent girls aged 15–19 years, modern contraceptive use nearly doubled over the implementation period, increasing from 5.45% to 10.12%, while adolescent pregnancy declined from 13.76% to 11.64%.[6] These findings demonstrate that strengthening implementation processes rather than introducing new services alone can translate existing national policies into measurable improvements in outcomes. Qualitative findings suggest these improvements were driven by increased agency and trust in services. Young people described feeling more confident in their ability to make informed decisions about their reproductive health because they were actively engaged in the process and received respectful care. As one participant explained, "when they treat us with empathy and confidentiality, we feel free to return."[6]

S-NICE IMPROVED COORDINATION AND ACCOUNTABILITY OF ADOLESCENT- AND YOUTH-FRIENDLY HEALTH SERVICES

The evaluation's qualitative findings suggest that health outcome improvements were also driven by changes in how district authorities, facility staff, and community members collaborated to identify problems and implement solutions. Participants described S-NICE as strengthening coordination across sectors while creating greater accountability for improving adolescent- and youth-friendly services and fostering joint understanding of priorities. Combined reviews of routine health, education, and community data became a shared resource for identifying bottlenecks, prioritizing actions, and monitoring progress over time. As one participant noted, "we sit in the same room with health providers and community influencers, and we all speak the same language."[6]

The evaluation also highlighted the critical role of community leaders in supporting implementation. By engaging trusted community figures alongside health and education staff, S-NICE helped build a collective understanding of the need for adolescent- and youth-friendly services by addressing the social and cultural barriers that can limit access to care. Participants described how local leaders used community dialogues and existing legal frameworks to strengthen the enabling environment for AYSRHR.

Recommendations for S-NICE Scale-up

Mozambique already has a strong policy foundation for AYSRHR. Evidence from S-NICE demonstrates that the next opportunity lies not in developing new policies or parallel programs, but in strengthening how existing policies are implemented at district and community levels. By embedding multisectoral collaboration, routine data use, continuous quality improvement, and meaningful adolescent participation within existing structures, S-NICE offers a practical approach to accelerate progress towards national AYSRHR goals.

INSTITUTIONALIZE S-NICE WITHIN NATIONAL AYSRHR IMPLEMENTATION GUIDANCE AND DISTRICT PLANNING SYSTEMS.

Integrate the S-NICE implementation cycle into national SAAJ guidelines, district planning processes, supportive supervision, and routine health information systems for sustainable implementation at scale.

STRENGTHEN DISTRICT CAPACITY TO COORDINATE, IMPLEMENT, AND CONTINUOUSLY IMPROVE SERVICES.

Formalize regular collaboration among health, education, local authorities, influential leaders, and community members, while strengthening district leadership, provider mentoring, supportive supervision, and routine use of multisectoral data to identify bottlenecks, prioritize actions, and monitor progress.

ENSURE SERVICES ARE ACCESSIBLE, RESPONSIVE, AND ACCOUNTABLE TO YOUNG PEOPLE.

Invest in provider capacity, consultation space, and flexible service hours to improve young peoples' experience of care. This should be coupled with institutionalization of mechanisms that enable young people to participate meaningfully in planning and monitoring health services.

Group work among students in Govuro, Inhambane under the Futures with Choice project.

BOX 2

Why Action Cannot Wait

Without strengthened implementation:

- Adolescent pregnancy will continue to disrupt girls' education and future economic opportunities.
- Preventable maternal and newborn health risks among adolescents will remain high.
- Investments will continue to yield suboptimal results due to implementation gaps.
- Harmful norms will continue to limit adolescents' access to information and services.
- Together, this will result in missed opportunities to support Mozambique's growing adolescent population as a driver of national development.

By institutionalizing S-NICE, Mozambique can...

- Strengthen implementation of existing AYSRHR policies within its current systems
- Improve district accountability through routine, data-driven decision making.
- Expand access to high-quality, adolescent-friendly services.
- Empower communities and adolescents to become active partners in improving health outcomes.
- Maximize the return on existing invesments in adolescent health.

Conclusion

The challenge in Mozambique is no longer defining what adolescent- and youth-friendly health services look like but in strengthening how national policies are implemented sub-nationally. By building on the Government of Mozambique's strong policy foundation, S-NICE demonstrates that simple, low-cost improvements in governance, multisectoral collaboration, routine data use, community engagement, and adolescent participation at district level can strengthen quality and use of AYSRHR services. By leveraging existing structures rather than creating parallel ones, S-NICE offers a sustainable pathway for improving adolescent health outcomes nationwide.

LEARN MORE

pathfinder.org

About Pathfinder International

For nearly 70 years, Pathfinder International has been a catalyst for systems transformation, inclusive growth, and resilient communities. With a global footprint spanning Africa, South Asia, and the Middle East, we invest in women and girls by expanding access to essential health products and services, unlocking leadership pathways, and strengthening economic participation. By partnering with civil society, governments, and the private sector, we scale women-led innovations that deliver sustainable systems of support, while generating measurable impact with the goal to ensure every woman has the agency to shape her future and lead a healthy, fulfilling life.

The contents of this publication are solely the responsibility of Pathfinder International.

Mozambique Office

Rua Gil Vicente Nr.52, Bairro da COOP,
Maputo, Mozambique
Caixa Postal 1590

PATHFINDER

References

1. United Nations Population Fund, State of World Population 2024 (New York: UNFPA, 2024).
2. National Institute of Statistics of Mozambique, Ministry of Health of Mozambique, and ICF, Mozambique Demographic and Health Survey 2022–23 (Maputo, Mozambique, and Rockville, MD: INE, MISAU, and ICF, 2024).
3. MISAU-DNSP, Estratégia Nacional de Saúde Escolar do Adolescente e Jovem 2019 - 2029. Ministério da Saúde (MISAU), Direcção Nacional de Saúde Pública (DNSP) (2019).
4. MISAU-DNSP, Directriz para a implementação do SAAJ na US, Escola e Comunidade (No. 1014049202). Ministério da Saúde (MISAU) Direcção Nacional de Saúde Pública (DNSP), Maputo. (2021)
5. Venkatraman Chandra-Mouli, Susannah Gibbs, Rita Badiani, Fernandes Quinhas, and Joar Svanemyr, "Programa Geração Biz, Mozambique: How Did This Adolescent Health Initiative Grow from a Pilot to a National Program , and What Did It Achieve?" Reproductive Health 12 (2015): 12. https://doi.org/10.1186/1742-4755-12-12.
6. Baltazar Chilundo, Laura Xinavane, Luísa Huo, Fátima Abacassamo, Luc Van der Veken, Maria Benigna Matsinhe, Paula Morgado, and Cláudia A. Lopes, "Optimising the Implementation of Adolescent-Friendly Health Services and Its Effects on Contraceptive Uptake and Adolescent Pregnancy in Rural Mozambique: An Implementation Research Study of the S-NICE Intervention," Frontiers in Reproductive Health 8 (2026): 1828528, https://doi.org/10.3389/frph.2026.1828528.

Suggested Citation

"S-NICE: Strengthening Adolescent and Youth Health Services in Rural Settings of Mozambique." Maputo, Mozambique: Pathfinder International, 2026.

Contributors

Baltazar Chilundo, Laura Xinavane, Inocencia Fumo, Kendra Hebert, Fátima Abacassamo, Luísa Huo, Claudia Abreu Lopes, Benigna Matsinhe, Paula Morgado, Luc Vander Veken

Ministério da Saúde
Direcção Nacional de Saúde Pública
Universidade Eduardo Mondlane
Faculdade de Medicina
Fundada em 1963
IDRC · CRDI
UNU Global Health
Canada