

# Mozambique

## HIV Thematic Report January – December 2018



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21 March 2019

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## ACRONYMS

AIDS	Acquired immune deficiency syndrome
ALHIV	Adolescents Living with HIV
ANC	Ante-Natal care
ARV	Antiretroviral
ART	Antiretroviral treatment
CD4	Cluster of differentiation 4
CHAI	Clinton Health Access Initiative
EID	Early Infant Diagnosis
eMTCT	Elimination of mother-to-child-transmission
HIV	Human immunodeficiency virus
INSIDA	Inquérito Nacional de Prevalência, Riscos Comportamentais e Informação sobre o HIV em Moçambique (National Survey on Prevalence, Behavioural Risks, and Information about HIV and AIDS in Mozambique)
MCH	Maternal and Child Health
MoH	Ministry of Health
PCR	Polymerase chain reaction testing
PEN IV	National Strategic Plan for HIV and AIDS Response
PLHIV	People Living with HIV
PMTCT	Prevention of mother-to-child transmission (of HIV)
POCT	Point-of-care technology
SRH	Sexual and Reproductive Health
VAC	Violence Against Children
WHO	World Health Organization

## Glossary

**90-90-90:** 90% counselling and testing, 90% access to ART and 90% viral load suppression.

**CD4:** A type of white blood cell that fights infection. Measuring the number of CD4 cells in a sample of blood helps tell how strong an immune system is, indicates the stage of HIV infection, guides treatment, and predicts how the disease may progress.

**PMTCT package:** The prevention of mother-to-child transmission of HIV package includes counselling and testing; referral of pregnant women; antiretroviral treatment; promotion of institutional delivery; postnatal counselling; psychosocial support through mother support groups; referral to at-risk child consultation; and early infant diagnosis.

**Polymerase chain reaction (PCR) testing:** A PCR test can detect the genetic material of HIV and can identify HIV in the blood within two or three weeks of infection. The test is used in children below 9 months of age to determine their HIV sero-status (the antibody HIV test may detect maternal antibodies).

**Point-of-care testing/technology (POCT):** Defined as medical testing at or near the site of patient care. The driving notion behind POCT is to bring the test conveniently and immediately to the patient, thus increasing the likelihood that the patient, physician, and care team will receive the results in a timely manner.

**Option B+:** Universal anti-retroviral treatment for all HIV positive pregnant and lactating mothers.

**Ouro Negro:** A radio drama series to promote sustained behaviour change on key life-saving practices, including nutrition, HIV, hygiene and sanitation.

**SMS printer system:** An SMS printer is a small, portable, stand-alone device for receiving and printing messages. The unit works with most network providers and can be supplied in many different configurations. In Mozambique, limited sample referral logistics, laboratory capacity, and reduced numbers of skilled health care workers has led to long turnaround times for critical early infant diagnosis results, significantly delaying treatment initiation, and ultimately contributing unnecessarily to child mortality.

## I. EXECUTIVE SUMMARY

In 2018 Mozambique continued to face significant economic and financial crisis, which did not improve the government's ability to fund essential programmes. In addition, Mozambique remains heavily impacted by HIV/AIDS, having the eighth highest prevalence in the world, with more than 1 in 10 Mozambicans infected. According to UNAIDS, Mozambique contributes to 8.2 per cent of the new pediatric infections at global level placing itself in third position among the 22 countries that contribute to the global burden of new HIV infections. The second national household Malaria and HIV/AIDS survey conducted in 2015 (IMASIDA), found that HIV prevalence in the population aged 15-49 is 13.2 per cent. HIV prevalence is more than 40 per cent higher in women compared to men i.e. 15.4 per cent and 10.1 per cent, respectively. It is estimated that there are 2.1 million People living with HIV (PLHIV), women being the most affected (53%) and the proportion of children living with HIV is 8 per cent (UNAIDS 2017). There has been a decrease in new infections, but the absolute number of people living with HIV has been rising and this trend is likely to continue as higher treatment coverage is reached thus reducing mortality. Despite strong progress in access to anti-retroviral therapy (ART) and prevention of mother to child transmission (PMTCT) services, still very few children who need treatment receive it. Also, Mother-to-Child- transmission rate remains too high and was estimated at 14 per cent by the end of the breastfeeding period.

UNICEF continues to contribute to the scale up of ART across the country which enhanced the national programme such that 1,407 health facilities are now classified as ART sites as at end of 2018 (up from 1148 in 2016). In addition, UNICEF continued the support to Ministry of Health (MoH) for the expansion of the point of care (POC) for early infant diagnosis (EID) programme. For HIV exposed infants, the main area of progress has been the decision taken by the Ministry of Health to extend the number of POC/EID sites nationally improving access/equity by enabling babies to be tested early and receive results in 50 minutes (compared to 30 days or more from conventional labs) by the initiation of treatment if warranted. This technology revolutionizes HIV/AIDS testing for new-borns, by decreasing long wait time, high rates of default and increases the survival rate of children with HIV/AIDS by facilitating early start on antiretroviral treatment. In 2018, the first phase scale-up plan was completed with deployment of POC devices in 130 health facilities.

However, retention in PMTCT and HIV treatment services remains low. The current retention rate for children on ART is 64 per cent at 12 months after initiation. For pregnant women, the rate is 68 per cent at 12 months after initiation of treatment showing an improvement from 59 per cent in 2016. UNICEF continues the roll out of the retention communication strategy to improve this situation.

UNICEF provided strategic and technical support to the National AIDS Council throughout Phase III of ALL IN by developing provincial strategies and plans for adolescent HIV response (based on results from bottleneck analysis from ALL IN Phase II). A mass media campaign, "Aqui para ti", was launched to raise awareness on HIV, encourage testing whilst reducing stigma which resulted in 2,935,010 adolescents and youth aged 15-24 years old being reached. In partnership with UNFPA, UNICEF continued to support the National Sexual and Reproductive Health and HIV prevention "Geracao BIZ" programme with the support of four Government Ministries: Youth, Education, Health and Social Action. The SMS BIZ/U-Report platform was scaled up to reach more than 217,000 adolescents and young people (cumulative since 2017; 93,000 adolescents 10-19 and youth 20-24 in 2018) aged 10 to 24 (58% male vs 42% female) with

knowledge and information on sexual reproductive health, HIV prevention, child marriage, gender-based violence.

Ultimately, the “combination treatment” of all these SBCC interventions aim to increase adolescents and young people’s knowledge base on Sexual Reproductive Health and HIV prevention whilst promoting healthy and protective behaviours and attitudes and encouraging the uptake of youth-friendly health services.

To achieve results in the HIV Thematic area, UNICEF received USD 180,152 contributions from the US Fund for UNICEF, UK Committee for UNICEF and Japan Committee.

Donors	Grant Number	Contribution Amount	Programmable Amount
US Fund for UNICEF	SC1499020064	118,750	113,095
Japan Committee for UNICEF Agency	SC1899020007	12,000	11,429
UK Committee for UNICEF	SC1899020009	49,402	47,050
<b>Total</b>		<b>180,152</b>	<b>171,574</b>

## II. STRATEGIC CONTEXT OF 2018

In Mozambique, there are approximately 168,000 children under 15 years old living with HIV and adolescents and youth continue to face enormous vulnerability to HIV and AIDS. The Mother-to-Child transmission rate is still high, and according to spectrum estimation it was 14 per cent in 2018.

Adolescents are often underserved and given insufficient priority in many HIV programmes with poor access to and uptake of HIV testing and counselling and linkage to prevention and care. Adolescent girls are most vulnerable to new HIV infection (four times higher than boys) and childbearing particularly in sub-Saharan Africa, due to age disparate sex related to early marriage or relationships with older partners for money or other material gain. Girls 15-19 years old account for 11 per cent of all births. Based on this data and the complexity and inability for adolescents to navigate the health care system, makes it necessary to provide comprehensive health services to adolescents through “Youth Friendly Spaces” capable of ensuring a non-threatening environment for the delivery of sexual and reproductive health services including HIV testing, counselling and care.

In Mozambique, there is an early onset of sexual intercourse with 22 per cent of girls 15-19 years and 17 per cent of boys initiating sexual activity <15yrs); 9 per cent of girls and 3 per cent of boys aged 15-19 reported sexual violence. Intergenerational and transactional sex practices are prevalent throughout the country. In Mozambique, the prevalence of HIV in adolescents’ girls is 6 per cent, four times higher than young men of similar age and 46.4 per cent of 15-19 years old adolescent girls are pregnant or are already mothers (IMASIDA 2015)

The final report of the Qualitative Study on Barriers to Preventing HIV Infection, Adherence and Retention to Care and Treatment among Adolescents Living with HIV in Mozambique indicates that many barriers are experienced by adolescents (Bagnol et al., 2018) including lack of access to information, lack of communication with caregivers, lack of access to condoms, consent policies and stigma. Despite campaigns over the previous decades, knowledge of basic modes of transmission and prevention methods is still weak, as well as the high risk behaviours such as multiple partners or inter-generational sex.

Addressing lack of knowledge alone is insufficient and that is why a comprehensive package of behaviour change communication is crucial, to nudge change in attitudes, risk perception (for example around condom use) and ultimately behaviours.

UNICEF Mozambique has continued to support the government through the National AIDS Council (CNCS) and the Ministry of Health, to inform and guide the operationalisation of the adolescent-related components of the National Strategic Plan for HIV and AIDS Response (PEN IV) 2015-2019. PEN IV is aimed at increasing access and coverage of HIV services by adolescents and youth (10-24), particularly girls 10-14 years in terms of early intervention for primary prevention as well as access to care, treatment and support services. Following the endorsement of the PEN IV in October 2015 UNICEF supported the CNCS to set up a coordination working group on Adolescents and HIV, labelled as the CNCS Adolescents & HIV Think Tank, with the aim of improving the coordination of multi-sectoral actors to facilitate the implementation of the Adolescent-related interventions including in the strategic plan.

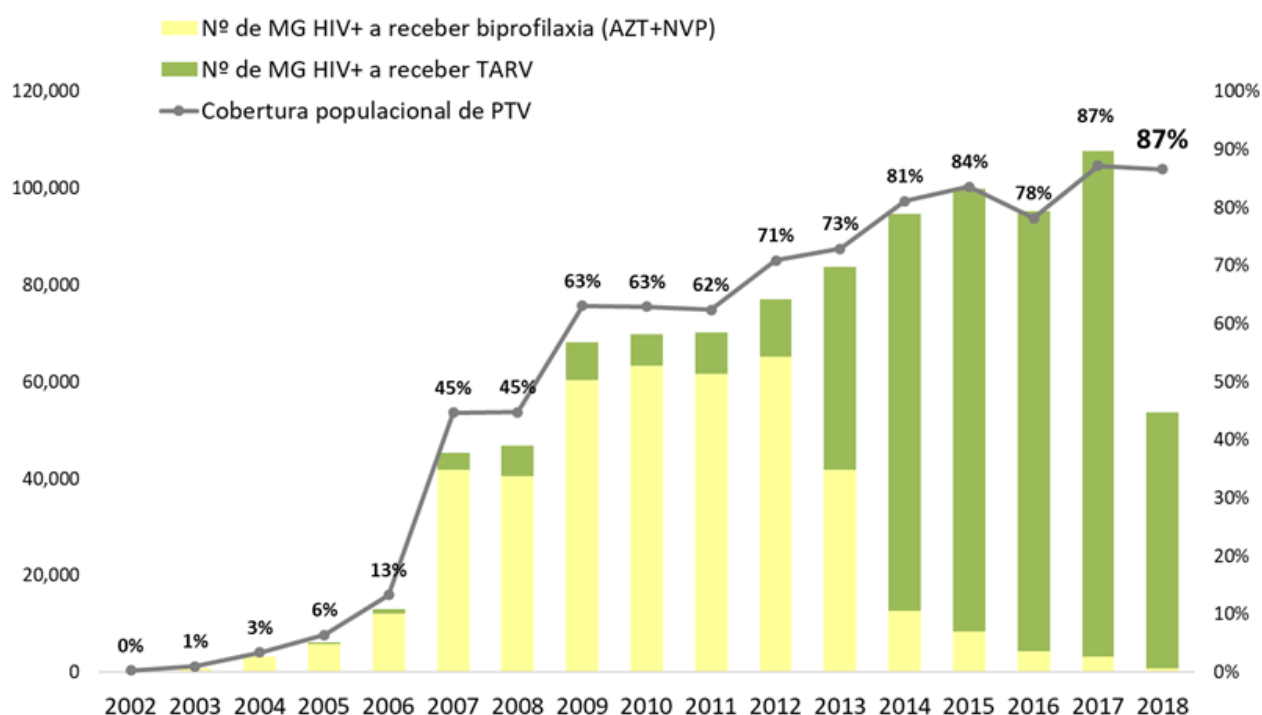
Strengthening PMTCT services for the uptake of HIV positive pregnant adolescent girls and young women, keeping them and their newborns alive, healthy and free of HIV, are of utmost importance towards achieving the elimination agenda. Retention into continuum of care, and adherence to treatment are essential for optimal health outcomes. Multiple factors relating to the health care delivery system may facilitate or hinder retention in HIV care and adherence. Among these factors, of key importance is the quality of care beneficiaries receive from health providers.

### III. RESULTS IN THE OUTCOME AREA

Mozambique has made great progress in expanding universal access to ARV for pregnant HIV positive women through Option B+ (universal ARV treatment for all HIV positive pregnant and lactating mothers). An impressive increase (93% MASIDA) has been observed, more in terms of HIV counselling and testing of pregnant women in ANC settings; as well as initiation of ARV treatment for their own health, as part of the efforts towards elimination of mother to child transmission and reaching the 90-90-90 targets for paediatric HIV (90% Counselling and testing, 90% access to ART and 90% viral load suppression).

In 2018, the country continued to consolidate the expansion of the Option B+, as an effective strategy to reduce Mother-to-Child transmission. As of June 2018, 1,377 sites offered Option B+ representing 98 per cent coverage of health centres with ART. The chart below shows the progress of the population-based coverage of HIV positive pregnant women who have received ARVs for PMTCT over the last few years, with a growing trend, noting that 2018 data only covered the first semester. However, the occurrence of poor retention for these women in treatment remains particularly challenging, mainly during the postpartum period through breastfeeding, which threatens to maintain a high mother to child transmission rate. The retention at 12 months after initiation of treatment is lower in children (64%) and pregnant women (63%) when compared to adults in general (68%).

**Graph 1: Progress PMTCT population based coverage**



As of June 2018, more than 56,000 HIV positive pregnant women attended ante-natal care services, 95 per cent received ARV prophylaxis to reduce mother to child transmission. UNICEF continued to provide technical and financial support to the MOH for the scale up of Option B+ sites. UNICEF provided direct support to four provinces namely Zambezia, Nampula, Sofala and Tete, training 180 Maternal and Child Health (MCH) nurses in Option B+ and the provision of HIV comprehensive care and case management services to increase retention and adherence to treatment focusing on HIV positive pregnant and lactating adolescent girls and young women.

UNICEF in partnership with Clinton Health Access Initiative (CHAI) continued to support MOH to increase early infant diagnosis. Hence, the first phase of the national scale-up planned for 130 health facilities across all 11 provinces by the end of 2018. Scale-up was completed as scheduled, with the 130 sites serving approximately 50 per cent of National Pediatric ART volumes. The scale-up of the point of care technology has resulted in same day initiation rates of 85 per cent for children, in comparison to the conventional EID programme where blood samples had to be taken to centralised laboratories. This shows incredible progress in the programme, as well as the acceptability by mothers/caregivers of the children. Preliminary data shows that retention also improved with earlier initiation.

To support roll-out of the early infant diagnosis and subsequent treatment and follow-up, the earlier infants can be identified as HIV exposed or diagnosed as HIV infected, the more likely they can remain HIV free or can access and be retained in treatment services. In 2018, in partnership with CHAI efforts to generate evidence on the effectiveness of different entry points for identifying infants led to creation of 'Centres of Excellence' integrating quality case management across both ARV and malnutrition programmes while strengthening linkages, data management, and follow-up of children under-five. This was to ensure that a child exposed or diagnosed with HIV or malnutrition has the best possible health outcome along a continuum of care. Final data that the Centres of Excellence demonstrate improved results in nutrition rehabilitation programmes increasing referral of malnutrition cases through the



screening programme from urban Centres of Excellence with cure rates improved from 37 per cent to 68 per cent after the first phase of mentoring for moderate and acute malnutrition.

UNICEF continued to provide strategic and technical support to the National AIDS Council throughout Phase III of ALL IN and results achieved include:

- Development of concrete ALL IN provincial strategies and plans for adolescent HIV response (based on results from bottleneck analysis from Phase II)
- Roll out of the process of ALL IN in three provinces – establishment of Technical Working Group and adolescent participation.
- Convening National Technical Working group – with greater increased adolescent and youth participation (12 Youth members).

All In, is a joint initiative between UNICEF, UNAIDS and partners to reduce new HIV infections among adolescents by at least 75 per cent and increase HIV treatment to reach at least 80 per cent of adolescents living with the virus. ALL IN was launched in 2015 and is a new platform for action to drive better results for adolescents by encouraging strategic changes in policy and engaging more young people in the effort. All In focuses on four key action areas: engaging, mobilizing and empowering adolescents as leaders and actors of social change; improving data collection to better inform programming; encouraging innovative approaches to reach adolescents with essential HIV services adapted to their needs; and placing adolescent HIV firmly on political agendas to spur concrete action and mobilize resources.

Furthermore, two Adolescent Working Groups have been established in Nampula and Zambezia and will serve as a forum for multisectoral coordination and programming for adolescent development and HIV prevention.

In partnership with UNFPA, under the framework of the context of the Action for Girls Joint Initiative (Rapariga BIZ), UNICEF supported the development of a social and behaviour change communication (SBCC) campaign for the National SRH and HIV Programme “Geração BIZ”. The “Aqui para ti” campaign was thus developed, launched and rolled out with the Ministry of Health’s Department of Health Promotion reaching 2,935,010 adolescents and youth aged 15-24, and living in urban and rural areas. Consequently, 53 per cent (in urban areas) and 52 per cent (in rural areas) of adolescents and youth who were reached by the campaign heard about the use of condom for protection against sexual transmitted diseases and reduction of multiple concurrent sexual partners in the television, hospitals/health centres, schools, and radios (national and local frequencies).

Following two years of implementation of the peer-to-peer youth counselling platform through the SMS-based platform U-Report, a staggering number of more than 217,000 adolescents and youth were registered by end of December (cumulative data) and over 382,000 questions from young people, were documented and answered by counsellors who addressed misconceptions about SRH, HIV prevention and treatment, and encouraged the uptake of adolescent friendly health services.

In terms of media engagement, UNICEF continued to support provincial and community radios, through a network of 1,600 adolescents’ media producers established in the 11 Radio Mozambique provincial delegations, 10 TVM delegations, 50 community radios affiliated to the Forum of Community Radios and to the Institute of Social Communication in the priority provinces of Nampula and Zambezia, considering

their essential role in strengthening the capacity of disadvantaged adolescents and their families to identify problems that affect them, discuss and assess their options and take action. Through this adolescent-led media network, adolescents radio producers from over 70 children's clubs, in 11 provinces, have actively engaged radio listeners in weekly interactive programs and debates, around cross-cutting key themes aimed to prevent child marriage, gender-based violence, sexual and reproductive health and HIV infection. These weekly peer-to-peer programs have resulted in an amplification of adolescents' knowledge and information on adolescent and youth-friendly health services and contributed to the promotion of positive behaviours and attitudes that are vital to the well-being of children and adolescents, as well as fundamental to combat detrimental social norms and behaviours in the targeted communities.

UNICEF continued to support the Ouro Negro Entertainment-Education (EE) programme launched in 2015, comprised of a long-running EE radio drama, weekly live radio shows in local languages, theatre shows and social media posts. In 2018, a total of 11 stories on HIV prevention were produced in and broadcast through 116 radio stations, including Radio Mozambique and community radios, and disseminated via social media (Facebook <https://www.facebook.com/RMouronegro/>). All stories are available on the programme website: <https://ouronegro.org.mz/knowledge-base/?top-category=x%C3%B4s>

#### IV. FINANCIAL ANALYSIS

This section illustrates the revenue, funding gaps and expenses within the HIV programming area for which thematic funds have been received. Table 1 illustrates the planned budget for 2018 for TP2. The information, in USD, is disaggregated by output and funding type.

Table 1: Planned Budget for HIV/AIDS in 2018

Programme Area	Funding Type <sup>1</sup>	Planned Budget <sup>2</sup>
02-01 HIV treatment and retention	RR	438,062
	ORR	1,042,977
<b>Total Budget</b>		<b>1,481,039</b>

Table 2 illustrates the country level thematic contributions received in 2018 for the HIV outcome.

Table 2: Country-level thematic contributions received in 2018 (in USD)

Donors	Grant Number	Contribution Amount	Programmable Amount
US Fund for UNICEF	SC1499020064	118,750	113,095
Japan Committee for UNICEF Agency	SC1899020007	12,000	11,429
UK Committee for UNICEF	SC1899020009	49,402	47,050
<b>Total</b>		<b>180,152</b>	<b>171,574</b>

Table 3 provides details of expenditure in 2018, disaggregated by programme area and resource type. All figures are on US Dollars.

Programme Areas	Expenditure Amount*
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	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-06 Treatment and care of children living with HIV	326	1,306,055	974,774	2,281,155
21-07 HIV prevention	43	231,456	74,621	306,120
<b>Total</b>	<b>369</b>	<b>1,537,511</b>	<b>1,049,395</b>	<b>2,587,275</b>

Table 4 shows thematic expenses in the HIV programme area

Programme Areas	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-06 Treatment and care of children living with HIV	0	385,194	0	<b>385,194</b>
21-07 HIV prevention	0	102,779		<b>102,779</b>
<b>Total</b>	<b>0</b>	<b>487,973</b>	<b>0</b>	<b>487,973</b>

Table 5 below illustrates the total funds utilized to deliver HIV/AIDS programming in 2018.

Table 5: Major interventions using by specific intervention codes (2018)

Specific intervention codes	Total utilized (USD)
21-06-01 Infant and child HIV diagnosis (PITC)	629,859
21-06-02 Pediatric ART	667,049
21-06-03 HIV health and community system strengthening to improve access and adherence	42,688
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming	192,550
21-06-99 Technical assistance - Treatment and care of children living with HIV	390,508
21-07-01 ART for PMTCT	10,418
21-07-09 PMTCT program support such as retention in care, family planning, infant feeding, infant medical male circumcision and community facility linkages	189,644
21-07-13 Social protection measures in support of HIV-AIDS prevention	51,427
26-03-04 Community engagement, participation and accountability	201,866
26-03-99 Technical assistance - Cross - sectoral communication for development	211,267
<b>Total</b>	<b>2,587,275</b>

## V. FUTURE WORK PLAN

For 2019, the Country Office will continue to build on its successes in HIV care and treatment of paediatric AIDS, particularly the scale-up of POC technology consolidating the demand creation and utilization, expanding and improving Prevention of Mother to Child Transmission, and Youth Friendly Services for HIV positive and HIV negative adolescents. The focus will be on retention to HIV treatment and care. UNICEF is increasingly mainstreaming its HIV activities, to leverage other activities such as quality improvement of MCH nurses (including better interpersonal communication for mothers with HIV), Infant and Young Child Feeding (ensuring the HIV content is well incorporated), and most recently on leveraging the community health worker programme to assist with efforts to follow-up patients lost-to-follow-up and improving adolescent case management.

Comprehensive and culturally appropriate communication on HIV transmission and prevention measures need to be sustained to trigger positive behaviour change, avoid risky behaviours and reduce new infections. Behaviour change communication interventions will continue to be rolled out and supported through various platforms including peer counselling through SMS Biz/Ureport, Ouro Negro entertainment education series, mass media campaign and capacity building of youth groups and networks to conduct peer-to-peer dialogues at the local level on HIV prevention. In 2019, four media stories will be produced on HIV prevention and SRH related issues.

Table 6 provides details of the 2019 planned budget and the financial resources available.

Table 6: Planned budget and available resources for 2019

Programme Area	Funding Type	Planned Budget	Funded Budget	Shortfall
02-01 HIV prevention and retention	RR	725,377	884,852	-159,475
	ORR	1,054,800	1,357,616	-302,816
<b>Total</b>		<b>1,780,177</b>	<b>2,242,468</b>	<b>-462,291</b>

## VI. EXPRESSION OF THANKS

Thematic funds remain a critical source of funding and allow the Country Office to respond to priorities and demands in a more flexible way than many other sources of funding. Mozambique Country Office is grateful that thematic funds were made available for 2018 to support and contribute to critical HIV interventions for services to adolescents, women and children.

## VII. HUMAN INTEREST STORY

### Young SMS counsellors in Mozambique share their stories

by Simon Nazer

Maputo, February - “How do I know he loves me?”, “How do I use a condom?”, “Where can I get an HIV test?” – these are just some of the questions young counsellors in Mozambique answer each day via SMS through UNICEF’s innovative U-Report platform. There are 45 specially trained counsellors and each dedicates four hours a day to answer questions from young people using the platform.

SMS Biz/U-Report, as it’s known in Mozambique, currently has over 192,000 users signed up and is completely free for them to use. Each counsellor answers around 1,500 questions per month and have to be on their toes. Questions can cover a variety of topics, from safe sex to pregnancy, or HIV to relationships, among many others.

We caught up with some of these dedicated volunteers, and their coordinator, in Maputo and in the new counselling hub in Zambézia to find out about their work and why they do it.



**Celestina, 21**

The best thing about this is being able to help people. There is lots of false information out there, like ‘drinking black coffee after sex will stop pregnancy’. SMS Biz/U-Report is something I think can really help improve and even save lives. Girls could seriously harm themselves with bad or wrong advice and if my counselling can help in some way I’m happy.

This platform really excites me. Before, there was a barrier being a counsellor because many young people would be reluctant to speak face to face. But this system breaks that barrier because it’s direct and honest, and completely anonymous. I’m so happy to be part of this and to answer the questions of so many young people throughout the country which just wouldn’t be possible face-to-face.

**Edson, 22**

I had been counselling face-to-face for 5 years before starting this 8 months ago – for me being a counsellor is a very prestigious position. I always say that every day we come into the room to answer messages and when we come out we’re not the same person anymore. I learn each and every day.



With SMS counselling you need to tailor your messages for the individual you are speaking to. We might not know who they are, but they might have registered their age, sex and region and this can be useful to know. You have to make sure you're very precise and clear – especially because of the SMS character limits. It's like cracking a puzzle and it opens your mind. It can be difficult at times, some questions can be complicated, but it's our job to offer support and try to point people in the right direction.



#### **Gerson, 22**

There's no better work than helping other people. Being a counsellor really helps a lot – with SMS Biz people can ask anything and we'll give them good advice, helping to reduce the risks of HIV for example.

My interest started at school years ago. We had a presentation by a group on sexual issues and this got me interested and at 17 I became an activist. I really value this work and believe it really makes a difference to people's lives.



#### **Ragia, 17**

I heard about this from friends and decided I wanted to volunteer so I applied. It's something I do with love and patience. It can be difficult but I'm learning every day.

Our starting point is to provide information to young people, young people that can help reduce early pregnancies, reduce violence and HIV, things like that.

SMS Biz is a very good system because besides being free it's confidential and allows young people to speak

up about any topics they care about.

#### **Aida, National Coordinator**

I started as an activist at school. People had to walk school to school to share information but now many young people have phones which means we can quickly reach large numbers. Young people are more at ease with this because it's completely anonymous so it can be more open and truthful.

SMS Biz/U-Report, which is supported by UNICEF, UNFPA and the Government of Mozambique, is growing very quickly which is why we've opened a new hub in the north of the country. These counsellors are all volunteers and we have no paid staff; without them it just wouldn't work.

I'm so happy and excited about this platform!



### **VIII. DONOR REPORT FEEDBACK FORM**

In order to improve the quality of our reports, we kindly request you to spare a few minutes to give us feedback on the report through the attached link: [donor feedback form](#)

Thank you.