



# Case Study: Improving adolescent girls' lives in Mozambique's Cabo Delgado province, where social, economic, and health challenges are compounded by extremist violence

## The Uholo initiative

**From 2020 to 2024, The Preventing Child, Early and Force Marriage in Cabo Delgado project – locally known as “Uholo-Raparigas e Jovens” – worked to improve the lives and livelihoods of 22,000 adolescent girls and young women aged 10-24 in northern Mozambique.** Funded by USAID and implemented by Pathfinder International and Ophavela, the project aimed to reduce child marriage – termed “early unions” in Mozambiquan law<sup>1</sup> – and socioeconomic restrictions among young women who are married or in a union.

Cabo Delgado, one of Mozambique's poorest provinces, has the second highest early unions and the highest adolescent pregnancy prevalence in the country:

- **61%** of girls are in unions by age 18<sup>2</sup>
- **18%** are in unions by age 15
- **65%** of adolescent girls aged 15-19 are pregnant or parenting<sup>3</sup>

Since 2017, a **violent insurgency** in the province has compounded the existing social, economic and health challenges. It has disrupted health and social services, education and livelihoods, leading to displacement and increased poverty. Adolescent girls face heightened risks of GBV – including sexual violence and early union – and adolescent pregnancy.

Uholo applied a **gender-transformative approach (GTA)** to address the root causes of early union: gender inequality and girls' and women's limited socio-economic and political power. It brought together girls, young women, their families, communities, schools, health teams, judicial and law enforcement authorities and legislators to end early unions together. For more on GTA, see the Spotlight on p. 63.

# How Uholo works:

Uholo's Theory of Change to prevent and respond to early unions supports two main strategies:

- 1 Supporting participatory empowerment**, education and strengthening community organisation to create social capital for sustainable social behavioural change, by facilitating adolescent girls' and young women's empowerment, and promoting favourable shifts in their own, and their household and community social norms.
- 2 Strengthening local policies and systems** to create an enabling environment where adolescent girls and young women can access health, protection and social services.

Uholo implemented a range of interventions to prevent early unions and support girls in unions in the context of conflict and crisis, including:

- **Investing in community involvement** and mobilisation through capacity enhancement, and the creation of groups of local leaders and activists as agents of change.
- **Supporting adolescent girls and young women to act**, strengthening their voice and participation in public spaces like co-management committees, school councils, radio debates and public forums.
- **Contributing to human rights and sexuality education** in schools with a package of school-based activities, including girls and boys small groups, debates, fairs and film screening activities. Most of these were conducted by trained teachers (mentor teachers) and peer educators.
- **Locally producing and screening educational films** with debates in schools and communities.
- **Involving adolescents and young people in weekly radio programmes** and establishing a youth-led radio programme built on this.
- **Reaching out-of-school adolescent girls and young women with information on SRHR**, gender equality and their rights through home visits and small group sessions.
- **Training representatives in the judicial sector** to focus on the application of GBV laws and the interpretation and application of the new child marriage and early union law.

## Results and implications

Outcomes of the 4-year project include:

- **Strengthened agency of adolescent girls and young women through social and educational support and economic opportunities:**
  - **70** adolescent girls and young women were directly supported to avoid or leave early unions.
  - **54,071** were reached through home visits, increasing their knowledge on SRHR and gender equality, and encouraging or supporting them to access health, educational or protection services.
  - **6,206** participated in small group sessions to increase their knowledge on GBV, including early unions, contraception, family planning, healthy timing and spacing of pregnancies, decision-making, financial literacy, and to strengthen peer support and social cohesion.
  - **1,449** girls and young women with improved opportunities for economic empowerment, while challenging gender norms. Of these:
    - **1,348** joined saving and credit groups.
    - **262** started or expanded income generating activities.
    - **101** improved their professional skills.
  - **117,761** adolescent girls and 105,718 adolescent boys involved in school-based educational activities about rights, healthy behaviours, services and equitable relationships.

- **Fostering of a community environment that supports girls' and young women's right to delay marriage, complete education and access health and economic opportunities.** This contributed to challenging inequitable gender and social norms, and lays the foundation for transformative change.
  - **8,566** community dialogues around girls' education, adolescent pregnancy, early unions, SRHR, GBV and gender inequality facilitated by community leaders. **1,601** community influencers (911 female, 690 male) engaged in specific debates and mobilised to sensitise other community members.
  - **73** radio programmes amplified these discussions to wider audiences.
- **The use of adolescent- and youth-friendly health services were increased and made more accessible.** Clinical services for GBV survivors were established or improved.
- **Laws and policies to delay marriage and unions, and promote young women's rights were implemented,** through the strengthening of institutional capacities and promotion of civil society collaboration:
  - **63** judicial representatives trained on the interpretation of [child marriage law](#) and other laws on GBV, creating a debate on their application.
  - **77** members of community courts engaged in sensitisation sessions on existing laws and their role in supporting laws.
- **Civil society coordination group** Coligação para Eliminação dos Casamentos Prematuros (CECAP, the *Girls Not Brides* National Partnership to End Child Marriage in Mozambique) was established and strengthened in Cabo Delgado. More on their collective GTA journey on the [Girls Not Brides website](#).

## Key elements of success to consider include:

- 1 In the context of limited opportunities and violent extremism and conflict, **a rights-based approach that encouraged reflection and dialogue** with the community was essential to transform harmful gender norms.
- 2 **Addressing gender norms with girls and boys at a young age** (very young adolescents) to shift mindsets, and tailoring activities and materials to specific groups, including by age, school enrolment, marital status and parenthood.
- 3 Ensuring discussion groups are **facilitated by members of the community or school** who have **appropriate training**. Mentor teachers are particularly inspiring.
- 4 Working with **community/locally-based networks** to continue work during periods of violence.
- 5 **Recognising traditional justice systems** and engaging community courts to strengthen the protection of girls and women, and to promote a rights-based approach.
- 6 **Integrating SRHR into economic empowerment activities** to enhance adolescent girls' and young women's agency.
- 7 **Enhancing adolescent girls' and young women's participation in decision-making spaces** – like school councils and health co-management committees – to foster more gender-responsive services.

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1. In 2019, Mozambique passed a national law criminalising early unions before age 18. According to the law, the term "marriage" only applies to people aged 18 or over who can give free and informed consent. In this case study, we use the term "early union" to align with the language used in Mozambique.
  2. The Demographic and Health Surveys Program, 2011, [Mozambique: Standard DHS](#).
  3. IMASIDA 2015: 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