



“É MEU DIRETO”
Project evaluation report

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“É MEU DIRETO” PROJECT EVALUATION REPORT

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Abbreviations

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Human Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
ATS	<i>Aconselhamento e Testagem em Saúde</i> , Voluntary Counselling and Testing
DAC	Development Assistance Committee
GBV	Gender Based Violence
GCR	Girl Child Rights
HIV / AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
IDS	Inquérito Demográfico e de Saúde
OECD	Organisation for Economic Co-operation and Development's
SAAJ	<i>Serviços Amigos do Adolescente e Jovem</i> , Adolescents and Youth-Friendly Services
SADC	Southern Africa Development Community
SDSMAS	Servicos Distritias de Saude e Mulher e Accao Social, District Health
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
ToR	Terms of Reference
UN	United Nations

1.0 Executive Summary

Mozambique has one of Africa's youngest population with young people aged 14-24 accounting for 66.64% of the total population (Index Mundi, 2016). This means the sexual reproductive health and rights issues of young people are very pertinent and cannot be ignored.

In 2011, HIV/AIDS infection rates were reported to be higher in Manica Province with a 15.3% rate compared to other provinces like Zambezia (12.6%), Tete (7%), Cabo delegado (9.4%), Nampula (4.6%), and Niassa (3.4%)¹. Key outcomes from a needs assessment conducted by GCR in 2015 indicate several drivers that trigger this high rate including, lack of adequate and appropriate information on STI and HIV, lack of control and decision by adolescent girls and young women (AGYW) on their bodies and sexual rights, lack of access to sexual and reproductive health by AGYW, high poverty resulting in transactional sex, GBV.

GCR has been working in Mozambique for the last 10 years in the areas of sexual reproductive health and rights, child protection, HIV/AIDS, and girl child education with the aim of improving the conditions of the girl Child.

This report covers 5 months of the "É meu Direito" project implemented by GCR with financial aid from OXFAM NOVIB from October 2018 to February, 2019. The overall goal of the project was *"to contribute to improved access to quality Sexual Reproductive Health, and HIV / AIDS prevention and treatment services for Adolescent Girls and Young women (15-24) for 12 months."* with a focus on Sussundenga sede and Munhinga sede localities of Sussundenga district.

Overall the project is very relevant and aligned with Sexual Reproductive Health and Rights and HIV/AIDS priorities valid to this day. This project aimed to address a critical and sexual reproductive health and rights needs within the target communities.

Key project achievements include;

- Increased knowledge about STIs and HIV/AIDS among AGYW and communities
- Promoting the right to health and education for AGYW in the communities
- Mentoring of youth ambassadors
- Establishment of a sustainable project approach
- Building trust and confidentiality among beneficiaries

¹ IDS, 2011

- Improved adherence to services for AGYW

1.1 Context

Adolescent girls and young women (AGYW) in Sussundenga district are at risk from a wide range of health problems arising from sexual reproductive health behaviours that increase their vulnerability to diseases among them. They are particularly vulnerable to unwanted pregnancies and related complications, STIs and HIV/AIDS. The need for sexual reproductive health services for AGYW in Sussundenga district cannot be underestimated for a number of reasons; societal change stemming from urbanization has led to the loosening of family ties leaving many young people unable to rely on intergenerational relationships for information and guidance about responsible sexual behaviour. Young people are increasingly left to learn about sexual issues from peers and mass media owing to the generational gaps reinforced by urbanization. Consequently the vital role of the elderly in instructing youth as regards to sexual reproductive health is increasingly diminishing even in traditionally rural areas like Sussundenga

Young people also face several reproductive health problems including; sexual abuse and violence, early sexual debut, STIs and HIV/AIDS infections, unplanned teenage pregnancy, unsafe abortions among others.

Besides adolescents and young women, a considerable number of women living with HIV/AIDS in Sussundenga district lack sufficient knowledge on prevention and treatment of the epidemic. Previous work done by GCR in Sussundenga revealed that 350 women who tested positive during the project's voluntary testing and counselling initiative had no prior knowledge about their status and thus could not demand for treatment and prevention services. This situation is largely attributed to stigma from the community against persons living with HIV/AIDS. As a result there is an increase in the number of infections not only among adults but also among infants at birth and during breast feeding. It is worth noting that some of the women are the mothers or caretakers of the adolescent girls and young women and thus their continued lack of knowledge about sexual reproductive health and rights could in one way or another endanger the realization of the same rights for their adolescent daughters

To this end, the "É meu Direito" project sought to improve access to comprehensive and integrated services including reproductive and sexual health care, STI/HIV testing and treatment, GBV prevention, reporting and response. This included referral for treatment as well as counselling. The project further engaged community activists, health co-management committees, school council members, community leaders, elderly women, social workers, male and female primary & school and secondary school teachers, and students to get accurate information, knowledge and skills to support young women to access SRH services.

1.2 Evaluation Approach and Methodology

This evaluation follows the guidelines for evaluation of development assistance as defined in the OECD/DAC quality standards. The evaluation process was participative and inclusive and the stakeholders had the opportunity to contribute to the design of the evaluation, including key focus areas to be addressed. The inception report outlined the evaluation methodology and was reviewed and approved by GCR prior to conducting field work.

1.3 Purpose of Evaluation

The overall purpose of the evaluation was to carry out an end of project assessment of the “É meu Direito” project, to reliably and representatively evaluate the impact and extent to which the project has achieved its expected outcomes. The evaluation covered a 5 months period from October 2018 to February, 2018 and focused on 2 areas of Sussundenga sede and Munhinga in Sussundenga district of Manica province.

1.4 Methodology and Process

The methodology was based on key questions and the standard OECD/DAC criteria for evaluating development assistance which are Relevance, Effectiveness, Efficiency, Impact and Sustainability.

The scope of the assignment did not include a detailed impact evaluation which would have implied a different methodology to compare with the baseline data. Thus, the evaluation approach assessed impact through quantitative analysis based on the desk review and project documentation which provided information for a reflection of project progress towards objectives and through qualitative analysis from the range of interviews and talking with stakeholders.

The evaluation was conducted in three phases; inception; data collection and analysis; and report drafting. Information was gathered through:

- Desk based review of key project documentation and reports
- Meetings and/or interviews with key stakeholders in Sussundenga sede and Munhinga community
- Field based review at the health centres
- Interviews with GCR project staff and activists
- Key interviews with project beneficiaries

1.5 Evaluation Resources and Coordination Structure

The national coordinator and the project officer at GCR were the main points of contact and provided oversight to the assignment. The evaluation was performed by an experienced consultant who worked directly with the above persons to perform the assignment and the data analysis according to the defined schedule.

1.6 Evaluation Constraints

- Limited time to consult all the project beneficiaries
- Some activists holding information relevant for the evaluation were not available

1.7 Project Structure

The “É meu Direito” project was for 5 month project, had a total budget of (3,254,982.00 MZN) and was implemented in the areas of Sussundenga sede and Munhinga in Sussundenga district of Manica province. The project goal was *“to contribute to improved access to quality Sexual Reproductive Health, and HIV / AIDS prevention and treatment services for Adolescent Girls and Young women (15-24) for 12 months.”*

The project was guided by 2 objectives namely:

1. To Empower Adolescent Girls and Young Women (15-24) with knowledge and skills on Sexual Reproductive rights & HIV and access to health services
2. Strengthen the participation and adherence of Adolescent Girls and Women Young women living with HIV to Sexual and Reproductive Health services at community Health Units.

1.8 Project target areas

Sussundenga Health Centre

The Sussundenga Health Centre is located at the centre of the district about 35 kilometres from the provincial capital, Chimoio. The hospital has a total of 25 medical staff of which 3 are responsible for the provision of youth friendly services. It is worth noting that the hospital unlike other health units has a youth-friendly services centre also known as “SAAJ” section where youths drop-in for a wide range of services including voluntary testing and counselling, family planning, sexual reproductive health and rights education, among others. The hospital serves adolescent girls and young women from the following villages; Nhamegara, 7 de Abril, Chicue, 25 de Junho, Nhamizara, Nhanguzue, Muzona, Samora, and Mussa.



Munhinga Health Centre

Munhinga Health centre is located in Sussundenga District 11 Kilometres away from Sussundenga town centre and 45 kilometres from the provincial capital, Chimoio. The hospital has a total of 5 medical staff and does not have a youth friendly services drop-in centre. Youth-friendly sexual reproductive health services are provided within the broad range of services offered by the health centre with no specific health staff members designated for the provision of the services

The health centre serves adolescent girls and young women from the following villages; Bloco 9, Matira, Cortina de Ferro, Cissite, Dowa, 5 Congresso B, Dimba-Otore, 9 Congresso A, and Chichira.



1.9 Project Performance Indicators

This section highlights the performance towards the GCR Performance Indicators based on the quantitative data available from the "É meu Direito" project. The following section on effectiveness looks more in detail at the progress towards the overall objective and outcomes. There are 4 (four) levels of achievements and these are: Highly Achieved (above 100%); Achieved (between 50% and 100%); partially achieved (1% to 49%); and Not achieved (0%).

Project outcome 1	Indicator	Level	Target	Result	Achievement		
					Total	%	Level
Improved access to sexual reproductive health services and HIV/AIDS prevention and treatment services for adolescent girls and women living with HIV/AIDS in 2 communities of Sussundenga district	2 Health Units offering quality Integrated and comprehensive SRH services, HIV / AIDS treatment and prevention for AGYW and HIV +.	Health centre, health workers especially in the SAAJ department	2	2	2	100	Highly achieved
	AGYW benefiting from integrated SRHR and HIV prevention services	Adolescent girls and young women state that they are able to access services at health centres	2000	2092	2092	101	Highly achieved
Empowering Adolescent Girls and Young Women with knowledge and skills on Sexual and Reproductive Health Rights and HIV / AIDS	AGYW with skills and abilities to educate peers about Sexual Reproductive Health and HIV Rights and Prevention	AGYW can educate peers about SRH through school clubs	300	300	300	100	Achieved
	#of educational sessions about SRH using AGYW-oriented key packages	GCR activists completed all sessions on SRH	2400	2400	2400	100	Achieved
	# of AGYW and ABYM participating and actively moderating sessions of conferences, caravans and radio debates on SRHR	Advocacy platforms successfully created to promote SRHR	300	341	341	114	Highly achieved
	#of SRH clubs in and out of school established and actively working	School clubs created and functioning	10	10	10	100	Achieved
Strengthen the participation and adherence of adolescent girls and young women living with HIV / AIDS in sexual reproductive health services	Number of AGYW and HIV + referred to SRH services in the Health Units	Activists' reference records state that AGYW and HIV+ persons were referred to health units.	1440	1533	1533	106	Highly achieved
	% of Adolescent boys and young men reached through advocacy campaigns	Adolescent boys and men report behavioural and	1000	744	744	74	Partially

		attitude change as a result of participating in advocacy campaigns					achieved
	# of Conferences and / or district caravans promoted and led by AGYW on disclosure of Reproductive Rights	AGYW state that they were meaningfully involved in the organizing of conferences and caravans on SRHR	6	6	6	100	Achieved
	# of AGYW engaged in co-management committees to monitor services in health units	AGYW voices heard at the health committee level and youth priorities addressed	30	0	0		Not achieved
	# of trained activists	GCR activists able to deliver sessions on a wide range of SRHR topics	10	10	10	100	Achieved
	# of beneficiaries who participated in the sessions	GCR Activists records show that AGYW completed sensitization sessions on SRHR	2000	2092	2092	101	Highly achieved

2.0 Detailed Findings and conclusions

2.1 Evaluation Questions and Answers

The evaluation questions, ToR and issues to be addressed have provided the framework for the evaluation methodology and have formed the basis for a clear set of recommendations. These questions were agreed prior to the implementation of the field work.

This section is based on quantitative data and project documentation, the results of the interviews with key stakeholders and beneficiaries.

2.2 Project Relevance

- Taking into account the context at the time of the project design, was the project relevant and appropriately designed?
- To what extent are the objectives and interventions of the project valid at the time of project inception and to what extent are they valid today?

Overall the E meu DIRETO project is very relevant and aligned with SRHR and HIV & AIDS priorities and valid to this day. This project aimed to address a critical and relevant need within the target communities. The interventions address the context and the design is adequately appropriate but there is room for improvement. The approach of reaching to the AGYW through community activities has its own advantages but leaves a lot to be desired as regards to sustainability after the phasing out of the one year project. Activists depend on subsidies provided through project funds to conduct their work, hence the end of a project means the end of activists work. However, activists linked to community health centres and health co-management committees can continue with the activities given their long term commitment to the health units.

“A project of this nature that seeks to bring about behavioural change within communities should not be short because realizing the desired change comes through long term interventions”- Adi-Health worker-Sussundenga

“ We will continue mobilizing the youth to participate in the activities introduced by the project in the communities and in schools” -Community leader and member of EPC Munhinga School council

2.3 Project Effectiveness

This section highlights the overall progress of the main objectives in the 1 year evaluation period based on the expected four outcomes from an analysis of project documentation and data collected. The scope of the evaluation did not include a detailed quantitative analysis of the achievement of the objectives based on project impact indicators per outcome as this would have involved a different methodology using questionnaires.

Overall the É MEU DIRETO project targeted 2000 AGYW, schools, health centres, and the community members including 1000 boys and men.

- To what extent were the objectives achieved? And what were the major achievements of the project?
- What were the factors influencing the achievement or non-achievement of the objectives?

Objective 1: improved access to sexual reproductive health services and HIV/AIDS prevention and treatment services for adolescent girls and women living with HIV/AIDS in 2 communities of Sussundenga district

Based on the information available from the project documentation and the qualitative interviews, the evaluation shows that the project has achieved this outcome to a large extent through the promotion of counselling and testing, provision of sensitization sessions about SRHR by GCR activists, and a referral system which enabled adherence to treatment of both STIs and HIV/AIDS.

The table below highlights the number of beneficiaries reached through activities under the above objective

Category	Month	Planned target	Achieved
AGYW	October	0	0
	November	500	232
	December	500	514
	January	500	521
	February	500	825
		2000	2092
Adolescent boys and young men	November	250	137
	December	250	391
	January	250	157
	February	250	59
	TOTAL	1000	744

After I had delivered a session about STIs in Doha Village, the adolescent girls and young women expressed a lot of interest and begun asking various questions about the infectious diseases. Some requested for reference forms to go and test at the health centres. I referred a big number of girls, some got positive results and others negative. I began accompanying 2 of them to the health centre for treatment who have adhered to the treatment to this day.

-GCR Activist-Mevesse Alfonso, Munhinga

Respondents including health workers, community leaders, activists, and project officers revealed that in the first place the project established good working relationship with Sussundenga and Munhanga health centre through the work of the activists. This ensured increased access and adherence to the health centre services like the STI prevention and treatment campaigns, HIV testing and counselling, and family planning sensitization workshops. Overall 1533 referrals were made by activists in the past 5 months against the planned 1440 planned. The project thus highly achieved this specific outcome by 106%.

Objective 2: Empowering Adolescent Girls and Young Women with knowledge and skills on Sexual and Reproductive Health Rights and HIV / AIDS

One of the major achievements of the project is the establishment of girl clubs in the schools and in communities. The project was able to attain a 100% achievement of this specific objective as planned through the establishment of 10 SRH clubs each consisting 30 members and monitored by 10 GCR activists. Through the girl clubs AGYW were provided with skills and abilities to educate peers about Sexual Reproductive Health and Rights and HIV Prevention and treatment.

“Girls' clubs are a one-stop-center through which girls gets information and through which behavior change becomes a reality”. Mentioned the GCR programmes director of the importance of girl clubs in the ambit of the

I had problems of an abnormal vaginal discharge and STIs but with the help of the activists who offered trainings on SRH, I improved my health because they took me to the hospital. I was not going to school when I had these problems but now that I'm well I'm going to school, and that vaginal discharge used to happen in the menstrual phase because I wore wet panties and wet rags . I am now well because of the knowledge that I got and always advise other young girls to participate in training sessions and to be open to activists so as to receive advice concerning their health. I am now a girl in good health and with much happiness. Girls do not be afraid to get close to the health workers to explain what you are feeling. It is your right!

Adolescent Girl-Lucrencia Lettuce Johane-Sussundenga

The project’s aim to build the capacity of different target groups like AGYW, co-management committees, and activists about SRHR was well achieved through trainings conducted.

The adolescent girls and young women in their clubs also received training on numerous themes in preparation for their role as peer educators in their schools and communities respectively. The table below highlights the trainings conducted and the themes for each target group.

Category	Training theme	Total Number of trainees
Activists	SRHR training themes (family planning methods, personal hygiene, STIs, HIV/AIDs prevention and treatment), girls clubs, creation & monitoring	10
AGYW	family planning methods, personal hygiene, STIs, HIV/AIDs prevention and treatment	2092
Co-management committee members	Holding service provider accountable, rights of adolescent girls and young women, and Advocacy	35

Objective 3: to Strengthen the participation and adherence of adolescent girls and young women living with HIV / AIDS in sexual reproductive health services

The project had activists as an important cornerstone in the endeavour to strengthen the participation of AGYW to SRHR services. 10 activists were trained on a wide range of issues regarding SRH and they replicated the knowledge to their girl clubs during weekly training sessions. Most of the project success are linked to the work done by the activists in sensitizing the AGYW about their SRH rights.

Furthermore, the aim of conducting sessions for 2000 AGYW was highly achieved by 101%. 2092 AGYW participated in health programmes and adhered to services compared to the 2000 envisioned by the project initial plan. Factors contributing to this achievement include the trust and confidentiality built by communities for the project activists thus resulting in adherence to SRH services. The door to door approach of identifying beneficiaries by activists was proved effective.

Whereas the project planned to reach out to 1000 adolescent boys and young men, only 744 were involved through community mobilization campaigns, caravans, and the SRHR conference. Though this specific objective was partially achieved by a 74% rate, AGYW meaningful participation was reported as they were at the forefront of all activities.

The participation of AGYW in Health co-management committees was also one of the major aims of the project seeking to ensure that the priorities of the target group as far as adherence and access to services are reflected in the committees` plans. AGYW did not participate in the committee meetings and therefore this initiative was not achieved. Never the less, this did not impend the monitoring of health services provided at health centres by GCR activists who participated in the health committee meetings in both Sussundenga and Munhinga Health Centres. It is worth noting that major recommendations and action points culminated from the meetings including; the need to involve community leaders and parents in community mobilization campaigns, the need to implement to implement SRH initiatives like lectures and girl clubs in schools and communities. It is such meetings that led to the establishment of girl clubs in the communities at a time when schools had closed for holidays

2.4 Project Efficiency

How effectively were project management resources used throughout the project?

Based on a comparative review of the project activity plan, design, internal communications and monitoring reports and financial reports, it is worth concluding that the project was efficient and well managed. GCR programmes through the monitoring and evaluation department ensured that there was compliance to tools that monitored resource inputs, stakeholder relationships, project risk and planning and project financial management. The project was implemented in the most effective way compared to alternatives and all activities were cost effective.

2.5 Project Impact

- What has happened as a result of the project?
- What real difference if any, have the activities made to the beneficiaries?

Impact indicators were not measured in the evaluation, thus this section is based on information from the key stakeholders, beneficiaries and project documentation. From discussions at all levels with stakeholders and beneficiaries, it is clear that the project has a significant impact on the lives of AGYW, Adolescent boys and young men, and the community at large.

Increased knowledge about STIs

“I did not know about STIs, SRHR, family planning, and how to take care of myself during menstruation. Attending the sessions offered by the “é meu direto” project helped me understand about those issues and I can make better choices now”- Rebecca, Adolescent girl-Munhinga

Because of the project interventions people now know where to go when they have an issue related to their health especially SRH and HIV/AIDS

Promoting the right to health and education

The project does not only help with SRH issues but also with education matters. There was previously many challenges of early marriages but this has reduced due to the sessions that activists give to girls, girl clubs, and mobilization campaigns that tackle the dangers of early marriages and the value for education. Some girls who had married were able to return to school as a result of this project.

I helped an adolescent girl in Congresso B village who was a victim of early marriage return to school. We had a conversation with her mother in law and her partner about the dangers of marrying at an early age and about domestic violence. As a result of the conversation the girl was enrolled back to school and returned to her parents' home.

Activista-Mevesse Alfonso, Munhinga

"In the past our children used to marry so early but now they are involved in lectures, debates, and girl clubs about SRH in their schools and in the village"- Mr. Vasco Xavier Machate, Community leader- Congresso B village, Munhinga

"The project helps explain to the youth about the dangers of STIs and how they can be prevented and treated. The only challenge is that the project is very short". –Sr Jose Kapenga, community leader, Doha village

Sustainable approach

The project's approach of involving community leadership, school council members and health co-management committees will contribute to the sustainability of the project initiatives even when the project comes to an end.

"We will continue mobilizing the youth to participate in the activities introduced by the project in the communities and in schools"-Community leader and member of EPC Munhinga School council

Mentoring youth ambassadors

The project has gone beyond just involving youth in sensitization sessions about SRH and HIV/AIDS but has also empowered them to become ambassadors to their peers in the community

"At the beginning the youth had some fear, they used to choose Machamba over SRH sessions but soon they started participating in sessions and later became ambassadors to other young people"- Mr. Johane Samuel Tsoca, Community leader Sussundenga

Building trust and confidentiality among beneficiaries

Beneficiaries have built trust in the activists and some ask for time away from the sessions to share their challenges related To SRH and HIV/AIDS. They are consequently taken to the services required at the health centres after filling the reference forms.

I once received a call from an adolescent girl after the session on STIs, she said she was not able to speak about the issue in presence of other girls. She explained to me that she had a yellow discharge coming, felt itching, and had wounds in her private parts. I referred her to the health centre but she expressed the need for my company to go and do the STI test. She also encouraged her partner to go for testing and began treatment of the STI.

Activista-Sussundenga, Esmeraldina Joao

Improved adherence to services

The project has been able to sensitize AGYW and their partners about the importance of knowing their HIV status and the benefits are seen in the numbers that accessed the health centres for testing and adhered to treatment. The same applies for STIs, numerous AGYW begun treatment after sessions given about STIs

Creativity

The project was creative in such a way that even when schools closed for holidays, SRHR clubs were in operation in the communities where the AGYW and boys live.

Strengthen system of references and counter-references

Regarding the reference system performance was possible by the good Human Resource management (activists), who in addition to receiving on-site supervision of the sessions / field participated in the technical meeting where they had the opportunity to share their achievements, challenges, receive support technical, data collection, receive all necessary resources to ensure the execution of activities, planning activities for the following week to respond to the Implementation Strategy of the Project and My Right.

Girl empowerment

“In the communities where this initiative was implemented, girls became informed and have become champions of the key messages about SRH and also carry the flag for girl's rights. There was empowerment of the girl child about her health rights”. - Oscar Carlito, Programs Director-GCR

Sustainability

Some of the project interventions have the potential to be sustainable such as girl clubs in schools and communities where information about SRHR can continue being disseminated with the patronship of SRH coordinators.

The reference and counter-reference system can be sustainable with the production of more books for activists to give beneficiaries that express the need to access SRH services. It is necessary though to identify a focal point person at the health centre who can continue receiving the referral forms and guide the youth to the right service

The project's approach of involving community leadership, school council members, and health co-management committees will contribute to the sustainability of the project's initiatives even when the project comes to an end.

2.6 Lessons Learned

- Behavioural change driven projects need more time
- The involvement of beneficiaries in sharing experiences significantly helps to reduce discrimination;
- The implementation of school health interventions like girl clubs is an approach that attracts youth participation and facilitates access and adherence to SRH services.
- The provision of youth friendly services play an important role in attracting youth to SRH services
- There is a relationship between the right to health, expression, and the right to education. Many beneficiaries who were able to express their opinion about their health, accessed services and reported to have continued in good health, hence able to continue with their studies

2.7 Key Recommendations

1. The project needs more time to consolidate strategies and interventions and to reflect on lessons learned during implementation, for this reason it is recommended to extend current project duration.

2. In the longer term, GCR needs to strengthen approaches to include more sustainable delivery mechanisms which build AGYW capacity for meaningful participation, i.e. through community health workers and Community health committees.
3. The SAAJ sections in Sussundenga and Munhinga Health centres need to be rehabilitated and more rooms constructed to cater for the increasing needs of youth in a friendly manner
4. There should be more involvement of the communities in the promotion of SRHR of AGYW
5. The project should be extended to other parts of the district because there are so many young people in need of services especially related to sexual reproductive health and HIV/AIDS
6. Activists and supervisors should be provided with more reference books regardless of the fact that the project has ended so that youth who express the need to access services can continue being guided to the respective services at the health centres
7. The project needs to continue because there are many lives that were saved and many people got to know the truth about HIV/AIDS and STIs, there are still so many out there who need this knowledge as well.
8. There is need to increase the age range for the project beneficiaries to 20 -30 years because this age group expressed great need to participate in the project`s interventions like sensitization sessions on SRH for AGYW. The approach should be more inclusive to ensure that no one is left behind