Intentional Design Practitioner Report

Lessons from DREAMS Interventions in Matutuíne and Namaacha, Mozambique

By Belmiro Sousa, Margareth Nhancale, Shirley Eng, and Sophie Soares

About

The Intentional Design approach has been foundational to the Population Council's work since 2000, when on-the-ground programs to reach the most excluded girls in the poorest communities greatly expanded. This practitioner report is part of a series of 20 reports reflecting work in sites around the world from 2000 to 2020. The Intentional Design approach was implemented in these sites with nongovernmental and governmental partners who explored the question: Why invest in girls? Once that was understood, the Council offered learning tools to navigate the questions: Where do we work? With whom do we work? When, chronologically, in the girls' life cycles are the most crucial moments? Which content is meaningful and realistic and builds girls' protective assets? What does success look like for different segments of girls?

In 2013, the Girl Roster tool was added when it was clear that many partners lacked the technical and scientific resources to establish the "universe" of girls in the places they had selected to work. Intentional Design tools—with the Roster being the most known and catalytic learning aid—have been utilized in South and East Asia; the Middle East; Central, East, and West Africa; North America; Latin America; and the Caribbean.

The Roster has been adapted for use in an array of sociodemographic contexts including dispersed rural villages, poor urban neighborhoods, conflict zones, refugee camps, densely packed informal/migrant-receiving settlements, high-risk HIV zones, before and after epidemics, as a rebuilding tool, and in Native American reservation communities. In every context, the Roster provided a transformative opportunity to see girls' lives more systematically, drawing both quantitative and qualitative information. The efforts to estimate and segment the universe of girls has challenged initial assumptions about girls, families, safe and unsafe zones in communities, and the accessibility and relevance of services, even among those who felt they knew their community, including longstanding program staff. Across the board, practitioners report that on-the-ground application of the learning tools generates surprising and useful knowledge vital to shaping their work, assessing its reach, and articulating plans for expansion.

In the 20 reports that comprise this series, our partners share their experiences applying Intentional Design tools and principles. The reports represent just a few on-the-ground projects, but most of our partners report that the Intentional Design approach has taken root. We honor our partners for their honesty and dedication. They inspire us.

Judith Bruce and Sophie Soares

Authors, *Intentional Design: Reaching the Most Excluded Girls in the Poorest Communities—A Guide for Practitioners and Advocates*, from which these reports were excerpted.

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Findings and Decisions	Implementation Observations and Adaptations
• Girl Roster information served as the basis for redirecting resources, in terms of serving new communities not previously included in the program catchment area and redistributing mentors to serve a proportionate number of girls. • Information from mapping the communities' girls and available resources helped convince local partners to build out more adolescent-friendly health services and allocate mobile teams to communities physically far from health facilities but in the program catchment area. • Girl Roster information illuminated for the project the potential pool of mentors in the communities, not only in terms of the denominator (how many potential mentors in total lived in the program catchment area), but also in terms of the qualities of a good mentor.	• The project team became more critical in its selection of communities to roster after observing that some of the original communities selected were not the most in need and therefore not where the appropriate type of segment and target number of girls was going to be reached.

Introduction

The COVida—Together for Children project of FHI360 Mozambique aims to improve the health, nutritional status, and well-being of orphans and vulnerable children (OVC) in the country. COVida increases community capacity to protect and care for orphans and vulnerable children through the use of existing health and social services. COVida also promotes an environment that fosters the physical health and social and emotional development of children, with the goal of reducing the risk of HIV infection.

In early 2018, the project received funding from the DREAMS Partnership to engage in community- and school-based interventions in new communities of the Maputo Province to reach an increased number of adolescent girls vulnerable to HIV. At that time, approximately three years into the DREAMS Partnership's launch, the Population Council's contributions to the initiative were well noted, with Ambassador Deborah L. Birx, US Global AIDS Coordinator commenting on the value of the Girl Roster in particular. Mozambique's USAID office asked for our coordination with the Council to use the tool in the field.

Implementation of the Girl Roster

In late 2018, and with extensive training and support from the Council in the selection and mapping of communities, COVida staff implemented the tool in 20 carefully chosen communities of 5 subareas of Matutuíne and Namaacha. Leading this implementation was Belmiro Sousa (Associate Director-Technical), Margareth Nhancale (DREAMS Technical Officer), and Shirley Eng (Deputy Chief of Party), with the support of recruited rosterers (see Table 1).

TABLE 1. OVERVIEW OUTPUT TABLE WITH RESULTS ACROSS ALL WARDS IN THE DISTRICT

Namaacha District	Matutuíne District
Adelina Mundlovo Senia Fadar Aderito Malate Domingos Romão Ana Marcela Naftal	Admira Mondlane Anania Loombene Fausta Cossa Eduardo Ndavane

Most of these communities are in rural (90%) areas with limited access to essential resources. Both Namaacha and Matutuíne districts have borders between Maputo and South Africa and Maputo and Eswatini (Swaziland), with high rates of migration from Mozambicans, meaning that in many families, children and adolescent girls live with one or neither parent. Adolescent girls and young women (AGYW) are engaged in commercial activities, selling food at the border or crossing borders to buy products to sell in their communities.

As an example of the new considerations that were made in selecting communities, in our initial training on how to use the Roster the Council accompanied us to implement the tool in Namaacha. The community we chose was on one side of a major road and populated by a number of ex-pats whose domestic workers were likely targets of our programs. In this community, there were also a number of resources, such as a school and health center. On the other side of the road, however, was another community, more isolated from the main resources on the side we found ourselves on. The following day, realizing that the other side of the road was physically far from resources, we decided to roster there instead, thinking this might be where a higher population of girls in need would be found.

As a result, we found other girl segments in the area that would otherwise have been overlooked. This lesson was key for selecting the 20 communities for rostering, as was engaging community leaders in the Community Oval exercise to identify sites with a high volume of AGYW who had limited access to resources and were at risk of suffering the worst consequences at the earliest ages. Table 2 presents the summary of results from one of the 5 subareas.

Lessons Learned from the Roster Results

Final Selection of Communities

Of the 20 rostered communities, COVida decided to exclude two sites from actual community-based intervention, namely Mabilibile and Fabrica de Cal, as there were less than 40 eligible girls found in these two communities. Eligibility was defined by girls who were off-track, that is girls under the age of 18 who met at least one of the following conditions: out-of-school, living with neither parent, married, or having children. Instead, it was decided it was a better use of resources to implement only school-based interventions in these two sites, where the majority of girls were in school, as there is secondary boarding school for adolescents coming from other communities across Maputo Province.

The analysis of the information also informed COVida that the number of adolescent girls available in the rostered communities in both districts Namaacha and Matutuíne (1,780) was less than the expected target of 4,800 adolescent girls for that year. This helped COVida negotiate with the donor and implementing partners to expand the program into additional communities that had characteristics similar to the high-volume rostered communities.

TABLE 2. GIRL ROSTER OVERVIEW OUTPUT TABLE OF BELAVISTA, MAPUTO PROVINCE, MOZAMBIQUE

Age cohort	Unmarried							Married		Total
	In School			Out of School						
	Living with both parents	Living with one parent	Living with neither parent	Living with both parents	Living with one parent	Living with neither parent	Has a child	Has a child	Does not have a child	
6–9	78	80	10	1	8	0	—	—	—	177
10–12	65	88	16	2	0	0	—	—	—	171
13–14	45	47	7	1	2	1	0	0	0	103
15–17	36	67	9	5	7	1	5	4	1	135
18–19	17	25	2	2	2	0	14	10	7	79
20–24	5	11	2	10	10	0	35	38	4	115
Total	246	318	46	21	29	2	54	52	12	780

Recruiting Mentors

The rostering process was an opportunity to identify potential mentors. During information collection, Roster field supervisors had the chance to observe girls and see if they were potential mentors for DREAMS in the selected communities. We defined mentors as on-track girls and young women aged 18–25 years who had completed a minimum of eight years of schooling, were seen as good role models for girls in the community, and displayed positive behavior, assertiveness, and the ability to face challenges head on. Based on the collected information, COVida was able to determine the number of potential mentors—defined by level of schooling and age—and, in comparing it with the number of potential participants, determine the number of mentors needed to adequately cover the adolescent girls in the area. To recruit the mentors, our implementing partners publicized a job description and the recruitment process on local radio. We then organized a meeting with community leaders and other stakeholders (schools, churches, health facilities) to disseminate the information. Table 3 shows the distribution of mentors allocated per community.

Establishment of School-based Interventions

In the original design for DREAMS, COVida was asked to implement community-based interventions for safe spaces, but analysis of the Girl Roster outputs indicated that the number of girls who are out of school or behind grade for age (2+years) is considerably higher for all ages, ranging from 58% (10–12 years) to 80% (15–17 years). To prevent having more girls out of school, COVida advocated with DREAMS stakeholders in Maputo to introduce safe spaces in schools for adolescent girls in early stages (9–14 years old), allocating 40% of the total target for safe spaces in primary and secondary schools and 60% for safe spaces in the community.

Advocacy for Mobile Clinical Services

DREAMS is a multisectoral program providing both community and clinical services for adolescent girls and young women. To avoid creating demand for limited sexual and reproductive and family planning services in the communities, COVida used the collected information from the Roster to convince clinical partners—Ariel Glaser Foundation and the

TABLE 3. MENTOR ALLOCATION PER COMMUNITY BASED ON NUMBER OF ADOLESCENT GIRLS TO BE REACHED

Community	Bairro	Number of Adolescent Girls	Number of Mentors Allocated	Comments
Salamanga	Chidzukuine	125	3	
Salamanga	Ngovoza	93	2	
Salamanga	Fabrica de cal	35	2	
Belavista	A	178	4	
Belavista	B	132	3	
Belavista	C	230	5	
Belavista	D	111	3	
Belavista	Mudada	48	1	School-based interventions only
Belavista	Mabilibile	10	1	School-based interventions only
Belavista	Tchelene	78	2	
Belavista	Mudissa	118	2	
Goba	B1	178	4	
Goba	B2	142	3	
Goba	B3	73	2	
Mahelane	B1	166	4	
Mahelane	B2	100	2	
Mahelane	B3	111	2	
Mahelane	B4	72	1	
Changalane	E. Mondlane	112	3	
Changalane	J. Machel	208	5	

Provincial Directorate of Health—to create Adolescent Friendly Health Services in the health facilities and allocate mobile teams to the schools and communities covered by the programs, but far from the health facilities.

Conclusion

In conclusion, we were able to map and recognize the full composition, or "universe" of girls in our program catchment area, breaking the girls into segments by age, schooling, marital, childbearing, and living-arrangement status. Of the rostered communities, we decided to exclude two sites for community-based interventions, as the number of adolescent girls found was lower than expected.

Making scaling decisions is not easy. Programs must balance the desire to "reach every last girl" with cost-effectiveness—particularly where there are such high numbers and great need. We established a budget metric that each mentor should reach 100 or more beneficiaries. This meant that we did not include and deferred working with communities that had less than 100 AGYW. Intentional Design Tools were used to assist COVida in identifying additional communities that had high concentrations and numbers of at-risk girls, allowing the project to

reach 4,533 AGYW (95% of annual target) and remain within budget.

As of 2019, COVida has been implementing a safe spaces model. Our primary interventions for the 4,533 AGYW includes social asset building, in which girls use the GoGirls curriculum (covering self-esteem, relationships, sexual and reproductive health, HIV prevention, and violence). We have also provided secondary interventions for 431 AGYW by mobilizing beneficiaries to create 21 savings groups and implementing contextual interventions for 380 AGYW with education subsidies to cover school fees, materials, and uniforms for adolescent girls.

The use of Girl Roster methodology was critical for COVida's DREAMS program design and the selection of communities.

If you would like to learn more about this project, please visit:

https://www.fhi360.org/projects/covida-together-children.

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