Integrating Gender and GBV into HIV Prevention Programming in Mozambique

WISDOM FROM THE FIELD

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A TACKLING GENDER INEQUALITY AND GBV WITH LIMITED CSO CAPACITY

To be born female in Mozambique can imply a lifetime of disadvantage relative to men. Despite the central role women play in the family's livelihood and well-being, they have limited decision-making power at the household and community level—even on issues that bear a direct impact on them or their rights.[i] Women and girls are afforded little room to make decisions related to their sexuality, including when to have sex or in negotiating condom use. Not surprisingly, Mozambican women are disproportionally affected by the HIV/AIDS epidemic (13.1 percent for women versus 9.2 percent for men).[ii]

Mozambican women and girls also face the very real threat of gender-based violence (GBV) during their lifetimes. Levels of GBV have been documented at one in three women having experienced physical violence, and 12 percent of women over 15 years old having experienced sexual violence.[iii] Strong evidence exists on the risks GBV poses for HIV, specifically for women,[iv] and numerous studies highlight the benefits of tackling GBV and HIV as twin epidemics. The success of HIV prevention largely depends on addressing the social and cultural norms that structure inequalities in the family, the community and in institutions.[v] In Mozambique, factors such as early marriage, unprotected and coerced sexual intercourse, male dominance in decision making and physical, emotional, and psychological violence disempower women and children, expose them to risks and limit their access to services.

A young girl is accompanied by her mother to the emergency ward after she is sexually assaulted.

In 2011, the United States Agency for International Development (USAID) launched the Gender-Based Violence Initiative (GBVI) to address gender and GBV in HIV prevention in three countries, including Mozambique. Funded through the President's Emergency Plan for AIDS Relief (PEPFAR), GBVI aims to prevent, respond to, and mitigate the effects of GBV within the HIV platform with the use of transformational strategies.[vi]

At this time, a number of Mozambican civil society organizations (CSOs) were implementing HIV prevention activities throughout the country. Based on their legitimacy within the communities they served, these organizations were identified as the most effective channel for integrating gender and GBV into community HIV programming. At the same time, these CSOs and their peers comprised one of Southern Africa's most nascent civil societies, which meant that their governance and management structures were relatively underdeveloped, and their technical experience and capacity was limited. The challenge became twofold—designing practical strategies that would directly and yet appropriately tackle sensitive cultural and social norms related to GBV, and strengthening the capacity of Mozambican CSOs to effectively implement these strategies.

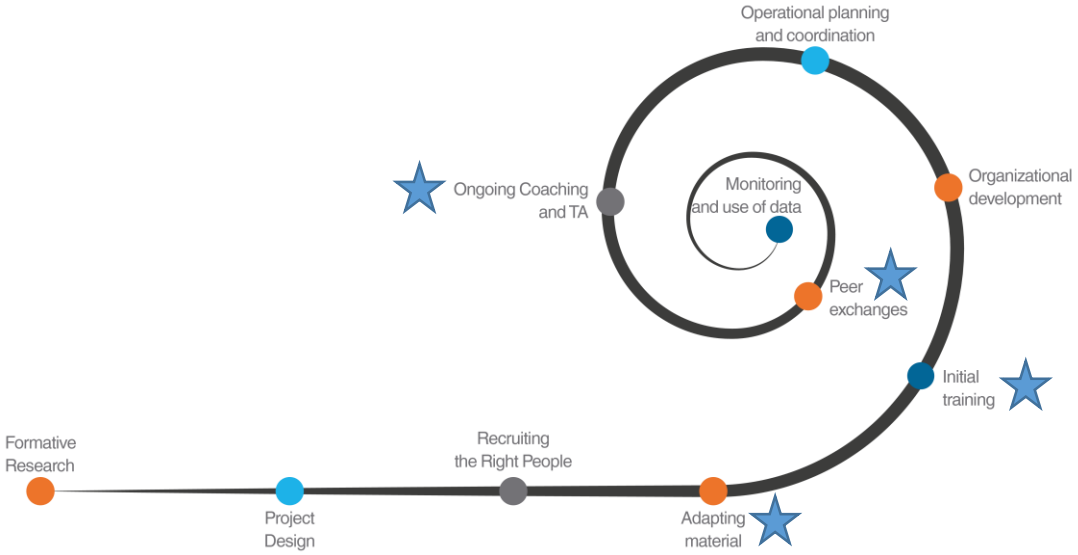
B A COMPLETE APPROACH TO INTEGRATING GENDER/GBV INTO HIV PROGRAMMING

USAID/PEPFAR engaged a willing partner in this challenge with the Capable Partners Program (CAP) Mozambique, an FHI 360 project funded through USAID/PEPFAR designed to strengthen the capacity of leading Mozambican organizations to contribute to the fight against HIV/AIDS and gender-based violence. CAP selected six of its existing CSO partners—Associação da Mulher Moçambicana na Educação, AMME; Ophavela; Conselho Cristão de Moçambique, CCM in Sofala; Kukumbi; N´weti; and Núcleo de Associações Femininas da Zambézia, NAFEZA—that had already identified the links between gender norms and GBV and HIV in their formative research and expressed a desire to engage in this new programmatic area.

Evidence based interventions that engage community at multiple levels. These partners were already developing social behavior change communication (SBCC) prevention activities in their respective communities—strategies built upon a solid foundation of SBCC theory, formative research, and communication strategies tailored to each target community. GBV technical concepts were strategically layered onto existing SBCC activities to create robust and holistic HIV/GBV programs for the participating CSOs. Key elements included small group community debate sessions for men and women, community leader engagement throughout the process, community-based HIV testing and counseling, and providing information about available resources for addressing GBV.

CAP worked with CSOs to develop a multi-level approach targeting individuals, households, and leaders. Structured debate sessions for small groups of up to 25 people (separated by gender and age, as relevant) prompted reflection on specific issues identified in the formative research such as: peer pressure, gender norms and power relationships, intergenerational sex, and more. Carefully selected and trained *activistas* facilitated a series of 8–12 community sessions that typically started with a short film or theatrical sketch to engage people in active discussion around the topic. CAP created and distributed four high-quality, provocative short films to CSOs to complement existing curricula. The films portray relevant local situations that constitute barriers for the adoption of safe sexual practices, spurring discussion and learning.

Participants in a women's discussion group



Support at all stages of the project cycle. CAP provided support at each stage of the cycle illustrated in the above diagram, from project design to start-up, through multiple years of implementation and adaptation.

Examples included:

- Assisting CSOs in conducting formative research to consult with communities on project design.
- Developing effective SBCC strategies and projects based on that formative research.
- Revising recruitment process to transparently select credible community outreach workers (*activistas*).
- Adapting HIV Prevention curriculum to target audiences and to include gender and GBV.
- Training and technical assistance (TA) for CSO project staff, *activistas*, and supervisors on SBCC, facilitation skills, gender, and GBV.
- Conducting regular monitoring visits and planning sessions to identify operational challenges and corresponding corrective measures.
- Supporting CSOs to develop structured supervision systems that emphasize quality and problem solving.
- Developing simple tools and systems to gather, analyze, and verify project data.

The Health Policy Project (HPP) provided TA to both CAP and CSOs to ensure effective integration of gender and GBV at key stages, represented by the stars in the diagram.

ADAPTING PROJECT STRATEGIES

CAP helped CSOs understand and resolve obstacles to participation by:

- Changing activity times and locations so men would not need to leave their market stalls to attend, and young men would not miss soccer practice.
- Providing additional training to *activistas* after realizing that the approach/content was not being fully internalized.

Holistic organizational development support. Providing intensive organizational development support to CSOs created a solid foundation from which the SBCC and gender/GBV programming could thrive. CSOs (staff and governing board members) participated in an organizational self-assessment process, identified gaps, and developed capacity building plans. CAP provided tailored training, coaching, and TA to develop and improve the core organizational systems necessary for the sustainability of each organization and its work. CAP and HPP engaged three representatives from each CSO to conduct a gender audit and highlight programmatic and organizational issues ripe for gender integration. CSO staff and board members were trained on gender quality and GBV. Gender considerations were incorporated into recruitment practices, codes of conduct, and organizational policies and procedures.

The successful integration of gender and GBV into HIV prevention programming at the community level is characterized by the following:

- Linking programmatic decisions to evidence (raised through formative research, community consultations, gender audits, organizational assessments, etc.).
- The integration of gender and GBV into each stage of the project cycle and organizationally.
- Support for the development of solid organizational systems.

IMPACT OF CSO INTERVENTIONS

70,892
individuals reached with HIV/GBV messages

Increased dialogue between partners about HIV and gender/GBV

Increased **condom use**

Increased **HIV counseling and testing**

Changing attitudes about distribution of household work and violence as the means to resolve conflict between couples

Another critical element in this process was the internalization of gender and GBV among the implementing staff members: CAP ensured that CAP staff, CSO staff, and *activistas* were competent in the topics before and during their outreach to communities. This guaranteed that implementing staff were able to conduct quality debate sessions with community members, and that staff members themselves took up equal gender perspectives in all the work they did, whether it was related to CAP or other projects they were involved in.

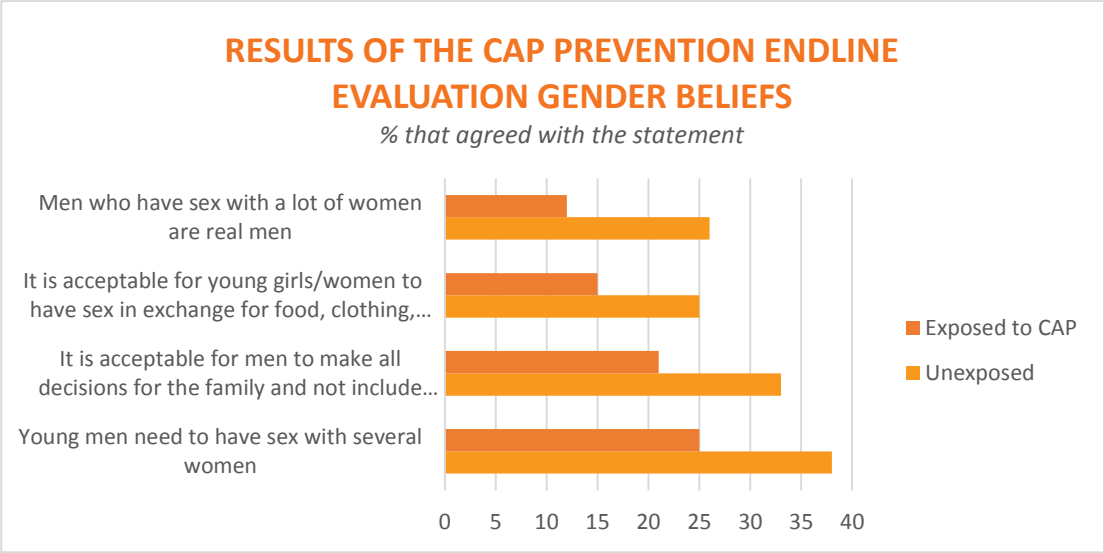
C CONCRETE CHANGES FOR WOMEN, GIRLS, MEN, AND THEIR COMMUNITIES

Between September 2012 and August 2015, the six CSO partners had reached 70,892 men and women with HIV prevention activities integrated with gender and GBV messages. As a result, traditional attitudes about gender roles in these communities began to shift, both improving the status of women and decreasing their vulnerability to HIV transmission and gender-based violence.

CAP project impact has been measured through two studies: a mid-term evaluation conducted in 2013 to assess the the project's capacity development work with 21 partner CSOs, and an endline impact evaluation of HIV prevention activities completed in 2015.[vii] Both studies illustrated positive impacts on gender inequality,GBV, and HIV prevention, as a result of CAP's CSO interventions.

One of the key findings of the mid-term evaluation was that incorporating gender and GBV into the standard HIV/AIDS-prevention messaging illuminated the link between violence and HIV in some communities, and, according to the majority of community leaders interviewed, contributed to improvements in gender equality in those geographical areas.[viii]

The endline impact evaluation interviewed males and females aged 15–59 years (1,531 total respondents) in four provinces about their HIV-related knowledge, attitudes, practices and behavior, as well as exposure to the CAP program.[ix] The impact of the CAP programs was assessed by comparing individuals who were exposed to CAP programs in the prior six months and those who were not exposed to any HIV-program in that same period.[x] Overall, the project had a positive impact on some key behaviors and attitudes linked to



HIV Prevention (see insert). Key results related to attitudes and beliefs about gender are highlighted below.

Focus groups conducted with CSO project participants reinforced the role of interventions in changing attitudes and behaviors related to gender and GBV. The majority of respondents in these focus groups reported that GBV had decreased as a result of the interventions. According to participants, the prevention sessions presented the types of

support and legal mechanisms that protected human rights and how to access protection and legal services from community leaders, the police, and other relevant bodies. However, participants in some groups noted they were most effective in getting women who were long-term victims of abuse to access services. In their own words:

- "In the past, there was neither communication nor dialogue between the couple; everything was solved based on violence. However, couples are now talking to solve their problems." – male community member[xi]
- "In the past it [GBV] was common. I for example was one of those people that constantly beat his wife when she annoyed me. With what we have learned, I can see that most of us have changed, even if there are still some that continue with these practices." – male community member[xii]
- "Also on sexual violence, the message i got was that if someone is violated, they have to be taken to hospital, run some tests and get treatment. After the treatment, the hospital will give you a note to take to the authorities and they will know how to punish those individuals." – female community member[xiii]

Besides the impact on communities, the CSOs themselves were affected. Women now assume leadership positions and the organizations have been provided with gender equality assessment tools. Of the six participating CSOs, five have since produced or updated their internal codes of ethics and human resource procedures and policies to avoid gender discrimination. CSOs specifically encouraged female applicants in vacancy announcements, for example, and established "zero tolerance" policies to sexual harassment in the workplace. By mid-2015 the majority of CSOs had mainstreamed gender into their strategic plans.

AMME Executive Director, discussing the organization's performance in the organizational assessment process

D STRIKING A BALANCE BETWEEN EXTERNAL AND INTERNAL WISDOM AND RESOURCES

Ranked 178 out of 187 countries in the Human Development Index, Mozambique needs to adopt innovative strategies to achieve developmental growth on multiple fronts. Gender inequality is recognized as a key obstacle to development, and Mozambique ranks among the five places with the sharpest gender inequality.[xiv] The lessons learned from CAP's integration of gender and GBV into HIV programming can inform future initiatives on a larger scale, ultimately narrowing this gender gap and improving the quality of life for all Mozambicans. External consultants interviewed all six CSOs for a case study and identified the following key factors in enabling the successful integration of HIV and gender/GBV, and resulting positive changes in attitudes and behaviors:

- **Identification of gender and GBV by communities //** CSOs and their target communities identified gender and GBV as constraints for HIV prevention themselves. This ownership meant they embraced the concepts more fully and provided the space

to introduce sensitive topics into debate sessions. The CSOs have integrated gender and GBV into their organizations and other aspects of their programming.

- **Use of sound, relevant methodologies //** CAP´s support for formative research and behavior change communication enabled CSOs to further understand gender and GBV barriers and identify context-specific measures to address them. SBCC methodologies and materials, such as the films, were adapted to local realities based on this research, so that questions spurring debate on these issues were provocative and yet appropriate to the context. Specific Information on locally available services made it easier for people to access support. The multi-level approach engaged community members who influence social norms, creating a conducive environment for change.
- **Support for managerial, technical, and organizational capacity //** CAP linked capacity building efforts in project management, SBCC/GBV technical capacity, and organizational development to create a holistic approach that led to project success. This holistic approach also lends greater sustainability to the intervention within the organizations and their communities. The integration of gender throughout CSOs organizational systems and processes reinforced the commitment to quality project implementation.
- **Support at all stages of the project cycle //** CAP ensured dedicated support and staff for CSOs throughout the entire project cycle. Beyond simply training CSOs on technical concepts at project initiation, CAP provided the intensive follow-up required to help CSOs deal with the inevitable challenges of applying a new program strategy. All CSOs interviewed for the case study emphasized the value of consistent support at all stages.
- **Sufficient financial and technical resources //** USAID/PEPFAR and CAP mobilized resources to support this integration. In the beginning, the financial investment in capacity development outweighed the amount provided in grants, but this gradually shifted over time. The investment allowed CAP to tailor capacity building, to provide hands-on assistance throughout the life of each grant award, formative research, and project design, and to fund organizational systems necessary for solid implementation. HPP's expertise in gender and GBV complemented CAP's experience in capacity building,
- **Promote ownership //** The CAP approach promoted CSO (and community) ownership over the process. Although this requires more time and resources, the investment is ultimately worthwhile. CAP promoted CSO growth by questioning, posing alternatives, sharing information, creating space for peer exchanges, creating new tools, coaching CSOs to use tools and systems, and pushing for CSOs to make their own decisions. Most importantly, CSOs were forced to do the work themselves. It was difficult for CAP staff to watch and wait for CSOs to make their own mistakes—particularly in the face of PEPFAR pressure to deliver results—and yet failures are learning moments and painful lessons often penetrate more deeply.

In Mozambique, where HIV prevalence is high, gender inequalities and GBV are intertwined in social and cultural life. Through CAP and the GBVI, CSO partners have leveraged community expertise to adapt international approaches and intervention models to local cultural standards. Respecting community wisdom and building upon it by strengthening CSO capacity sets valuable groundwork for more lasting attitudal and behavioral change. The results presented here demonstrate impressive gains for the short term, but the approach used is expected to enable more sustainable impact over time in the target communities and CSOs themselves.

[i] Inge, Tvedten, 2011. Mozambique Country Case Study: Gender, Equality and Development. World Development Report. Gender Equality and Development, Background Paper. World Bank.

[ii] INE and MISAU, 2009. INSIDA: National Survey on Prevalence, Behavioral Risks and Information about HIV and AIDS.

[iii] Moçambique Inquérito Ministerio da Saude (MISAU), Instituto Nacional de Estatística (INE), and ICF International (ICFI), Demográfico e de Saúde 2011 (Calverton, MD: MISAU, INE, and ICFI, 2012).

[iv] Campbell JC. 2000. Health consequences of intimate partner violence. *The Lancet* 359: 1331-6.; WHO 2004, Violence against women and HIV/AIDS: critical intersections, intimate partner violence and HIV/AIDS, WHO Information Bulletin Series The Global Coalition on Women and AIDS 1: 3; Dworkin SL & AA Ehrhardt, 2007, Going beyond 'ABC' to include 'GEM': critical reflections on progress in the HIV/AIDS epidemic. American Journal of Public Health 97: 13-18.

[v] Dunkle K.L. and Jewkes R. 2007. Effective HIV prevention requires gender-transformative work with men. *Sexually Transmitted Infections* 83: 173-74.

[vi] PEPFAR, March 2013. Addressing Gender and HIV/AIDS.

[vii] HIV Prevention End line Report. March 19, 2015. Health Info Matrix. Field work was conducted in 2014.

[viii] Blid N., D'Alessio O'Donnell C., Souto M., Parviainen R. 2013. External Evaluation for Capable Partners Program (CAP) – Mozambique Final Evaluation Report. Page 2.

[ix] To maximize the power of analysis the clearest groupings were used, and the study excluded individuals whose exposure status could not be determined. This resulted in a total of 963 individuals, 624 of whom were exposed to CAP interventions, and 299 of whom were not exposed to any HIV intervention.

[x] Program impact was assessed using Propensity Score Matching (PSM). PSM is a statistical technique used to create comparable comparison groups in studies like this, where randomization to the intervention is not possible.

[xi] CAP HIV Prevention End line Evaluation. Focus Group Discussion.

[xii] Ibid.

[xiii] Ibid.

[xiv] UNDP Human Development Report. 2014. Mozambique.