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INTEGRATING GENDER AND GBV INTO HIV PREVENTION PROGRAMMING IN MOZAMBIQUE

The Role of Gender in HIV/AIDS*

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, women have limited decision-making power at the household and community levels—even on issues that bear a direct impact on them or their rights.[1] Women and girls are afforded little room to make decisions related to their sexuality, including when to have sex, or to negotiate condom use. Not surprisingly, Mozambican women are disproportionately affected by the HIV/AIDS epidemic. (As of 2009, 13.1 percent of women were infected versus 9.2 percent of men).[2]

Mozambican women and girls also face the very real threat of gender-based violence (GBV) during their lifetimes. In 2011, one in three women in a national survey reported having experienced physical violence, and 12 percent of women over 15 years old reported having experienced sexual violence.[3] Strong evidence exists regarding the risks GBV poses for HIV, specifically among women,[4,5,6] and numerous studies have highlighted the benefits of tackling GBV and HIV as twin epidemics. The success of HIV prevention largely depends on addressing social and cultural norms that support inequalities in the family, in the community, and in institutions.[7]

Local Organizations Working with Local Populations to Change Social Norms

Quantitative and qualitative evidence from CAP Mozambique showed that local organizations could make a significant difference in attitudes and behaviors related to both GBV and HIV. This technical brief summarizes the key success factors in supporting CSOs to tap their strengths and develop new capacities to achieve results vis-a-vis both HIV and GBV.

*This technical brief draws substantially from the CAP Mozambique program document by Arregui, C, Bryant, H, and Van Cranenbrugh, KC (November, 2015), entitled "Ensuring Local Capacity to Adequately Address Gender and Gender Based Violence in HIV Programs." FHI 360.

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"The early rapes [of young girls] are from teachers who tell their students that they have low marks and if they want to improve on their marks they must sleep with them."

—Female focus group discussant

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.

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 activities in three countries, including Mozambique. Funded through the President's Emergency Plan for AIDS Relief (PEPFAR), GBVI aimed to prevent, respond to, and mitigate the effects of GBV within the HIV platform, using transformational strategies.[8]

At that 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 sectors, with governance and management structures that were relatively underdeveloped and with limited technical experience and capacity. The challenge became two-fold: 1) designing practical strategies that would directly and yet appropriately tackle sensitive cultural and social norms related to GBV, and 2) strengthening the capacity of Mozambican CSOs to effectively implement these strategies.

Stronger Organizations, Greater Impact

CAP Mozambique integrated intensive capacity development of its Partners with grants to provide the organizations with opportunities to apply what they learned and demonstrate their capacities to affect HIV/AIDS at the community level. CAP Mozambique not only supported technical capacity, but also addressed organizational structures and systems, including financial and administrative systems and internal governance.

A Complete Approach to Integrating Gender and GBV into HIV Programming

USAID engaged a willing partner in this challenge. The Capable Partners Program (CAP) in Mozambique was implemented by FHI 360 from 2006 to 2016 and funded through USAID/PEPFAR. The project was 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 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

Six CAP Partners—Associação da Mulher Moçambicana na Educação (AMME), Associação para o Desenvolvimento Sócio Economico (Ophavela), Conselho Cristão de Moçambique (CCM in Sofala), Organização de Desenvolvimento Rural (KUKUMBI), N´weti Comunicação para Saúde (N´WETI), and Núcleo de Associações Femininas da Zambézia (NAFEZA)—were already developing social and behavior change communication (SBCC) prevention activities in their respective communities. Their strategies built on a solid foundation of SBCC theory, formative research, and communication strategies tailored to each target community. While GBV became a focus after the initial design of their CAP-funded programs, gender was

included in formative research, which allowed GBV to surface as a barrier to HIV prevention. As the projects progressed, GBV technical concepts were strategically integrated into existing SBCC activities to create robust and holistic programs for the participating CSOs.

CAP worked with CSOs to develop a multi-level approach targeting individuals, households, and leaders. Key elements for interventions included small group community debate sessions for men and women, community leader engagement throughout the process, community-based HIV testing and counseling, and information about available resources for addressing GBV. Structured debate sessions for small groups of up to 25 people (segmented by gender and age, as relevant) prompted reflection on specific issues identified in the original formative research as key determinants to be addressed. Each organization developed a curriculum that included interactive debate sessions addressing the barriers identified in the formative research. These included peer pressure, gender norms and power relationships, intergenerational sex, and others. 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. CAP produced and distributed four high-quality, provocative short films designed to complement the curricula. The films portrayed relevant local situations highlighting barriers to adoption of safe sexual practices—spurring discussion and learning.

Impact of CSO Interventions

70,892
individuals reached with HIV and GBV messages

Increased dialogue between partners about HIV and gender and GBV

Increased condom use

Increased HIV counseling & testing

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

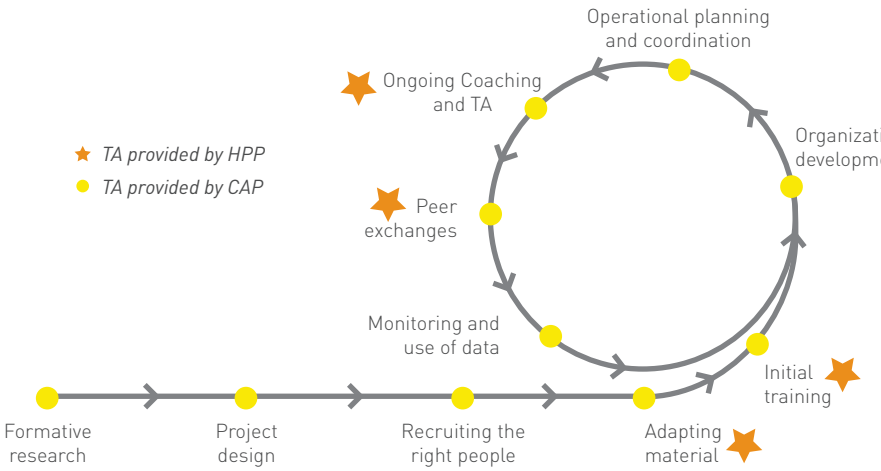
Support at all stages of the project cycle

CAP provided support at each stage of the cycle, illustrated in the diagram on the next page, from project design to start-up, through multiple years of implementation and adaptation.

Examples included:

- Assisting CSOs in conducting formative research and consulting with communities on project design
- Developing effective SBCC strategies and projects based on that formative research
- Revising recruitment processes to transparently select credible community outreach workers (*activistas*)
- Adapting HIV prevention curricula to target audiences and to include gender and GBV
- Training and 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

PROJECT CYCLE SUPPORT AT ALL STAGES



The Health Policy Project (HPP), implemented by Futures Group, was requested by USAID to provide TA to both CAP and CSOs to ensure effective integration of gender and GBV at key stages, represented by the stars in the diagram above. HPP conducted trainings for staff to build awareness and provide a common understanding of gender and GBV and how to approach these issues. CAP then provided follow-up TA to reinforce these concepts throughout the project—until the gender lens became second nature.

Adapting Project Strategies to Foster Male Engagement

CSOs learned to analyze program data and resolve obstacles identified. For example:

- To address low male participation, CSOs changed activity times and locations so men would not need to leave their market stalls to attend, and young men would not miss soccer practice.
- To address low participation rates, CSOs provided additional training to *activistas* after realizing that the approach and content were not being fully internalized.

Holistic organizational development support

CAP's intensive organizational development support to CSOs created a solid foundation for HIV and gender and GBV programming. CSO staff and Governing Board members participated in an organizational self-assessment process, identified gaps, and developed capacity-development 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 the Health Policy Project also engaged three representatives from each CSO to review key aspects of program design and implementation, as well as the respective organization's structure and systems, to identify areas where gender balance could be improved. CSO staff and Board members were trained on gender equality 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 was characterized by:

- Linking programmatic decisions to evidence revealed through formative research, community consultations, gender audits, and organizational assessments
- Integrating gender and GBV into each stage of the project cycle as well as in the organization's structure and systems
- Supporting the development of solid organizational systems

Another critical element in this integration process was the internalization of gender and GBV principles 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 gender-equality perspectives in all the work they did—whether it was related to CAP or other projects in which they were involved.

"[Victims of violence] usually seek help from the community leaders…When the community leaders are unable to help, they take the matter to the police. But before all, they seek help from the neighbor, and only later on do they take it to the [official] structures."

—Male focus group discussant

Concrete Changes for Women, Girls, Men and their Communities

Between September 2012 and August 2015, the six CSO Partners 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, improving the status of women and decreasing their vulnerability to HIV transmission and gender-based violence.

CAP project impact was measured through two studies: a mid-term evaluation conducted in 2013 to assess the project's capacity development work with 21 Partner CSOs and an end line evaluation of HIV prevention activities completed in 2015.[9] Both studies identified positive impacts on attitudes about gender norms, GBV, and HIV prevention as a result of CAP's CSO interventions.

RESULTS OF THE CAP PREVENTION END LINE EVALUATION: GENDER ATTITUDES

% who agreed with the statement

All differences significant at P < 0.01.

One of the key findings of the mid-term evaluation was that incorporating gender and GBV themes 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.[10]

"In my case, this touched me a lot because many people suffer violence in this district and they go to hospitals, then go back home and sit because they know nothing about violence. After we heard about violence, we can protect ourselves and report the person to get them punished."

—Female focus group discussant

The end line survey interviewed 1,531 males and females aged 15 to 59 years in four provinces about their HIV-related knowledge, attitudes, and behaviors, as well as their exposure to the CAP program.[11] 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.[12] Overall, the project had a positive impact on some key behaviors and attitudes linked to HIV prevention. Key highlights of CAP Partner impact on attitudes—especially in relation to gender roles and adults having sexual relations with minors—are shown in the figure on the previous page. In particular, only 21 percent of those exposed to a CAP intervention in the last six months felt it was acceptable for a man to make all the decisions in the family and not include the wife, while 33 percent of those not exposed to any HIV program during that same period agreed with the statement. Fifteen percent of those exposed agreed it is acceptable for young girls/women to have sex in exchange for food, clothing, and other material things, compared to 25 percent of those not unexposed.

"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

"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

Focus groups conducted with CSO project participants reinforced the role of the interventions in changing attitudes and behaviors related to gender and gender-based violence. The majority of respondents in these focus groups reported that gender-based violence had decreased as a result of the interventions. According to participants, the prevention sessions offered the types of support and legal mechanisms that protected human rights and explained how to access protection and legal services from community leaders, the police, and other relevant bodies. However, participants in some groups noted the sessions were most effective in getting women who were long-term victims of abuse to access services.

While the CSOs had an impact on the communities they served, the organizations themselves were also affected. All had been provided with gender-equality assessment tools to guide their internal considerations of gender issues. By 2015, more women had assumed leadership positions. Of the six participating CSOs, five had produced or updated their internal codes of ethics and human resource procedures and policies to prevent gender discrimination. CSOs specifically encouraged female applicants in vacancy announcements, for example, and established zero tolerance policies vis-à-vis sexual harassment in the workplace. By mid-2015, the majority of CSOs had mainstreamed gender into their strategic plans.

PARTICIPANTS IN N'WETI ACTIVITIES. (JESSICA SCRANTON | FHI 360)

Striking a Balance between External and Internal Wisdom and Resources

Ranked 178 out of 187 countries in the UNDP Human Development Index, Mozambique needs to adopt strategies to achieve developmental growth on multiple fronts. Gender inequality is recognized as a key obstacle to development, and Mozambique ranks among the five countries with the highest level of gender inequality.[13] 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 working on this topic and identified the following key factors as enabling the successful integration of HIV, gender, and GBV principles into program strategies and resulting in positive changes in attitudes and behaviors:

- **Identification of gender and GBV by communities—**CSOs and their target communities themselves identified gender and GBV as constraints for HIV prevention during formative research and other activities. 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 organizational systems and other aspects of their programming.

- **Use of sound, relevant methodologies—**CAP´s support for formative research and SBCC strategies enabled CSOs to understand gender and GBV barriers in greater depth 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 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.

"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

- **Support for managerial, technical, and organizational capacity—**CAP linked capacity development efforts in project management, SBCC and GBV technical capacity, and organizational development to create a holistic approach. This holistic approach also contributed to greater sustainability of interventions within the organizations and their communities. The integration of gender equality principles throughout CSOs' organizational systems and processes reinforced commitment to quality project implementation.

- **Support at all stages of the project cycle—**CAP ensured dedicated staff and support were available to 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 strategy and adding a new component. All CSOs interviewed 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. As Partners gained capacity, they required less support and were able to scale up. The investment allowed CAP to tailor capacity development, to provide hands-on assistance throughout the life of each grant award—including during formative research and project design—and to fund organizational systems necessary for solid implementation. The Health Policy Project's expertise in gender and GBV complemented CAP's experience in capacity development.

- **Promote ownership—**The CAP approach promoted CSO (and community) ownership of processes. While this required more time and resources, the investment was 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.

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In Mozambique, where HIV prevalence remains high, gender inequalities and GBV permeate social and cultural life. Through CAP and the Gender Based Violence Initiative, CSO Partners 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 was valuable groundwork for more lasting attitudinal and behavioral change.

Too often, projects may train field staff in gender issues because they are the ones who interact with communities—but the organizations may still have internal practices that perpetuate inequalities. Or alternately, projects may train organizational leadership in gender issues, with the assumption that it will trickle down to field staff. But this does not provide organizational leadership with the capacity to conduct training in this area.

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 within CSOs themselves.

Document written in 2015 and updated in 2016.

» NOTES

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9. CAP Mozambique. CAP HIV Prevention End Line Report. (March 19, 2015) Health Info Matrix.

10. 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.

11. 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.

12. Program impact was assessed using Propensity Score Matching (PSM).

13. UNDP Human Development Report. (2014). Mozambique.