



PEPFAR

U.S. President's Emergency Plan for AIDS Relief



USAID
FROM THE AMERICAN PEOPLE

PEPFAR's Gender-based Violence Initiative (GBVI):

Using qualitative methods to inform practice: Integrating gender and gender-based violence prevention into community-based HIV prevention programs

Mary Ellen Duke, Gender Advisor
US Agency for International
Development/Mozambique



GBV Initiative in Mozambique

- An inter-agency effort to integrate GBV into existing HIV programs at community, health facility, and national policy levels.
- Developed in response to a global body of research showing a strong and complex set of linkages between GBV and HIV infection, with violence being both a risk factor for HIV acquisition, and a consequence of being HIV infected.
- Objective is to demonstrate coordinated and innovative ways to leverage the PEPFAR platform to prevent and respond to the interlinked GBV and HIV epidemics.

GBV Initiative in Mozambique

Work was conducted in 11 provinces with a total of 23 implementing partners plus Ministries of Health and Gender, Children and Social Action.

Three primary objectives:

- 1) Expand and improve GBV prevention coordination and effectiveness;
- 2) Improve GBV-responsive policy implementation; and
- 3) Improve the quality and availability of GBV services.

GBV Initiative in Mozambique

- **Community Partners:** Capacity building of CBOs on integrating gender and GBV into their HIV prevention programs; targeting interventions to men; training of peer educators; and conducting child-protection workshops with journalists and the military.
- **Clinical Partners:** Collaboration with MOH to develop clinical curricula and training modules; positive-prevention training packages; forensic training programs; GBV strategy and technical assistance at clinical sites on MOH package of post-
 - GBV care services.

Capable Partner's Program (CAP)

- CAP Mozambique's goal is to *Strengthen the capacity of leading Mozambican organizations to play a bigger role in the fight against HIV/ AIDS*
- CAP provides grants (multi-year grants of \$50k-350k annually) and intensive, tailored, comprehensive capacity building to 38 Mozambican organizations.
- PEPFAR funded from 2009-2016 – prevention, some care and mitigation.

Process of Integration

16 CBO Partners selected via rigorous process that included the development and review of a concept paper followed by a site visit. Heavy emphasis on legitimacy of organization within the community.

CAP supported partners to implement best practices in designing SBCC interventions for HIV Prevention. This included community consultations (formative research) in a systematic manner to confirm key messages, identifying channels for communication, as well as barriers and motivators for adopting positive health behaviours.

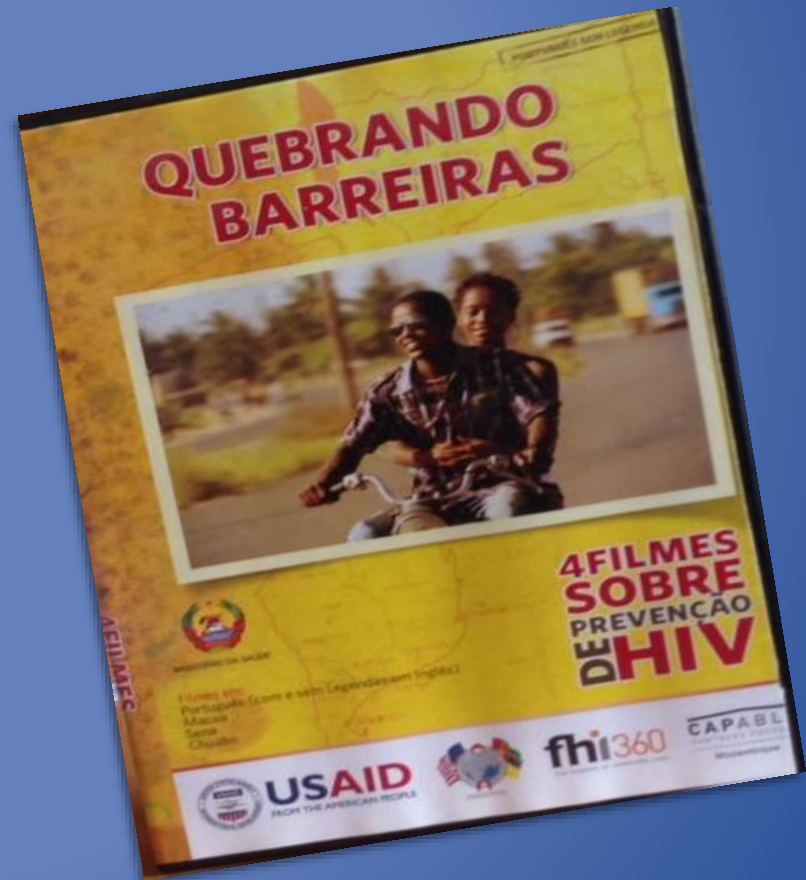
Individual interviews and focus groups were conducted by age and sex. CAP supported partners to analyse the data (an arduous process) and develop a communications strategy based.

Goal was not to train the organizations to be researchers, but to help them learn the value and accessible strategies for consulting the target population in design and monitoring of activities.

Process of Integration

Two weeks of TA per CBO to develop communications strategy, as well as a proposal to address results of formative research.

CAP developed a series of four films to prompt discussion in debates. Film topics were identified through the formative research. Scriptwriters met with communities to develop storylines based on their reality.



Process of Integration

Each CBO partner developed a core curriculum for small group sessions.

Package:

- ❑ 6-9 weekly sessions
- ❑ 90 to 120 minutes in length
- ❑ < 24 participants per group
- ❑ Segregated by age, and by sex if appropriate.

Activistas began each sessions with a sketch, film or other triggers to prompt discussion. One or more barriers to adopting behaviours to reduce the risk of sexual transmission of HIV in each session:

- ❑ GBV
- ❑ Transactional sex
- ❑ Multiple concurrent partners
- ❑ Living with HIV
- ❑ HIV counselling and testing. ●₈

“I had never heard anyone talk openly about sexuality or sexual assault before. Where I’m from, a woman or girl doesn’t reject it when an older man touches us, because we think he wants to marry us later.” – 14-year old Angelina, who after participating in a GBV-focused session with ANDA was able to identify that she was being sexually abused by her teacher, prosecute him, and pursue an education free of harassment.

Reached 68,800 people in
four provinces with
messages about gender-
based violence

Results – Output

“There are many changes, e.g. domestic violence was previously a very severe issue.” – Male community leader interviewed in the context of CAP Mozambique’s midline evaluation

Prevention Endline Qualitative Component

- Aimed to understand the perspective of beneficiaries about the interventions delivered through CAP-supported CBOs.
- A mixed-method evaluation conducted in mid-2014. Focus groups conducted with 54 groups of beneficiaries in 4 provinces, groups disaggregated by sex and target group (e.g. students, community members).
- All focus groups included discussion on perceptions of GBV and its link to HIV.
- Data were analyzed through the ATLAS.ti qualitative data analysis software and coding was validated by another researcher.

Focus Group Highlights

Communities are more aware of gender equality and women's rights

“We didn't know that women also have rights; in the past women were afraid of speaking out at home...the men are hearing about these programs, we have changes in our homes because women also have rights at home...these are new ideas for us.” - **Female community member, age 25-49 years old**

“The interventions have helped a lot, because most women now know that in any case of violence, they must report it to the police or seek help from the leaders and many of them now know their rights” - **Male community member, age 15-24 years old**

Focus Group Highlights

Improved communication helps to decrease GBV

“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, age 25-49 years old

“...for this [sexual harassment of girls by teachers] to stop happening, there should be more involvement in these types of discussions with students, community leaders, parents/guardians and teachers, and leaders of the schools. It happens more in the schools, but it also happens in the community.” – Female learner, age 15-24 years old

Focus Group Highlights

Knowledge of legal mechanisms, increased support options, and perpetrators' fear is reducing GBV.

“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 community member, age 15-24 years old

“If somebody is a victim of violence she should resort to community leaders, police or traditional chiefs, because there is a law that protects these people and criminal must pay for their errors.” - Male community member, age 25-49 years old

Key success factors

- CBO partners identified GBV as a problem and the link to HIV by listening to their communities.
- Tailored TA to transform research into an actionable work plan and ensure quality interventions.
- Proper allocation of staff and financial resources and time.

Sustainability Factors

Community and religious leaders who were engaged throughout continue to exhibit improved gender attitudes and set a new tone in their communities.



CBOs continue to design and implement projects with a gender lens.