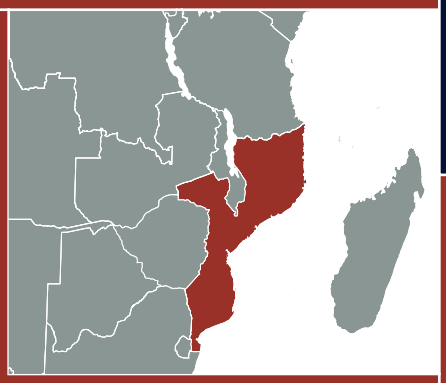
policy

February 2015

INCREASING CAPACITY IN GBV PROGRAMMING

FROM PROGRAM INTEGRATION TO COMMUNITY PERCEPTIONS



A Case Study Assessment of the HPP Gender-Based Violence Program in Mozambique

This publication was prepared by Thandie Harris-Sapp, Rachel Kiesel, Elisabeth Rottach, Juan Dent, and Nancy Yinger of the Health Policy Project.

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Suggested citation: Harris-Sapp, T., R. Kiesel, E. Rottach, J. Dent, N. Yinger. 2015. *Increasing Capacity in GBV Programming: From Program Integration to Community Perceptions: A Case Study Assessment of the HPP Gender-Based Violence Program in Mozambique*. Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-072-1

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). It is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

Increasing Capacity in GBV Programming: From Program Implementation to Community Perceptions

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ACKNOWLEDGMENTS

HPP would like to acknowledge and thank the organizations that participated and provided support during the data collection process: Associação Moçambicana Mulher e Educação (AMME), Conselho Cristao de Mocambique (CCM), Hope for African Children Initiative (HACI), Kukumbi, Núcleo das Associações Femininas da Zambezia (NAFEZA), N'weti, and Rede Contra o Abuso de Menores (Rede CAME). We thank the *activistas* and community members who took time out from their busy lives to share their invaluable experiences, opinions, and thoughts about the project. We thank Ricardo Silva from HPP for his support during the development and implementation of this evaluation. We thank Marta Cumbi for her help in coordinating the evaluation. Lastly, we thank the Capable Partners Program, implemented by FHI360, for their invaluable partnership and technical and administrative contributions throughout the implementation period of the project.

ABBREVIATIONS

CAP	Capable Partners Program
FGD	focus group discussion
GBV	gender-based violence
GBVI	Gender-Based Violence Initiative
HPP	Health Policy Project
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PEPFAR	U. S. President's Emergency Plan for AIDS Relief
USAID	United States Agency for International Development

INTRODUCTION

Background

PEPFAR's Gender-Based Violence Initiative (GBVI) is implementing comprehensive gender-based violence (GBV) programming in three countries: Mozambique, Tanzania, and the Democratic Republic of Congo. As part of this initiative, the USAID- and PEPFAR-funded Health Policy Project (HPP) collaborated with 12 grassroots organizations in Mozambique to integrate GBV prevention activities into existing HIV programs as a way to reduce GBV and prevent the spread of HIV—particularly among women, orphans, and vulnerable children.

GBV is the violence that is directed at an individual on the basis of his/her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes sexual, physical, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether in public or private life.

(Source: United States Strategy to Prevent and Respond to Gender-based Violence Globally)

The nongovernmental organizations (NGOs) range from direct program implementers, to umbrella organizations that provide grants and technical assistance (TA) to their members or sub-grantees. Several organizations serve specific demographic groups, such as youth or couples. All of the organizations implement or support community-based HIV prevention programs and receive grant funding from PEPFAR through the Capable Partners Program (CAP).[1] HPP's capacity development assistance focused on strengthening gender and GBV components in the design and implementation of the organizations' PEPFAR-funded grants with the expectation that acquired skills would be applied to other activities.

Process

From August 2011 through September 2014, HPP followed a five-step capacity development process.

1. Facilitated capacity needs assessments with the NGOs to identify capacity gaps and needs in implementing GBV programs. HPP used the results of the assessment to inform development of the capacity development program and training curricula.
2. Developed and delivered a three-day training to strengthen core competencies in gender and GBV programming for the NGOs.
3. Provided TA to the NGOs in adapting their HIV projects to include GBV prevention activities. This typically involved revising the community outreach manual to include GBV prevention messages and topics, but also extended to amending the grant-making organizations' requests for proposals and data collection guides for conducting formative research.
4. Trained NGO staff and/or *activistas* (community mobilizers) on how to conduct the GBV-integrated community outreach activities. The trainings and TA included gender-sensitization exercises.

[1] CAP, implemented by FHI360, seeks to build the organizational and technical capabilities of NGOs and networks working in HIV prevention and service delivery. It provides small grants and training, technical assistance, coaching, and other services to NGOs based in Mozambique.

5. Provided coaching and technical support visits during implementation to refresh NGO staff's knowledge and skills around GBV programming and troubleshoot implementation challenges

Key Areas for Capacity Development

The results of the capacity needs assessment showed that organizations' level of internal gender expertise varied widely. However, the organizations generally reported limited capacity to operationalize gender approaches and perspectives when designing and implementing programs. They prioritized common core competencies that they hoped to improve over the course of the project:

- Develop a basic understanding of how gender impacts HIV prevention efforts and the relationships between GBV and HIV
- Prepare strategies to gather and use gender data to design gender-sensitive programs and effectively engage men and boys
- Increase understanding of the Domestic Violence law, the Child Protection law, and other laws and policies related to GBV
- Learn how to improve programming for adolescent and vulnerable girls
- Understand how to address gender in project monitoring and evaluation (M&E)

Throughout the capacity development process, HPP collected monitoring data through post-workshop evaluations, reviews of capacity development plans, and a project close-out interview. The project tracked the organizations' progress toward increased capacity by monitoring achievement of capacity benchmarks from each organization's capacity development plan.

As HPP's support to the NGOs ended the project decided to systematically assess the outcomes of the capacity development efforts at the community level. Specifically, HPP documented the extent to which local program staff responded to GBV trainings, implemented gender- and GBV-integrated program design, and executed prevention and response mechanisms. The project also sought to document the community members' attitudes toward and knowledge of gender equality and GBV. This report presents the findings of the assessment and documents the project's successes, challenges, and lessons learned in its efforts to build GBV capacity in Mozambique.

Objectives

This study aimed to assess whether selected NGOs have become more effective in designing and implementing GBV prevention and response programs. It examines differences across the two program levels at which HPP conducted capacity development activities.

NGO Level

- Integrated gender and GBV into existing community-level HIV prevention programs and curricula
- Conducted gender- and GBV-integrated training

Activista Level

- Received GBV- and gender-integrated training
- Included GBV- and gender-related messaging in community conversations

The secondary objective was to assess the diffusion of capacity development efforts with NGOs and *activistas* at the community level:

- Received gender- and GBV-related messages
- Increased awareness and knowledge of GBV and gender

This is an assessment of HPP's capacity development approach; it is not an assessment of GBV services or programs and did not involve staff or clients of GBV services.

METHODOLOGY

Prior to the data collection phase, the research team conducted a preliminary document review, which included workplans, programmatic documents, and capacity development assessments.

Primary qualitative data were collected through a series of structured key informant interviews conducted by a local consultant with NGO staff from the organizations (listed below) and through focus group discussions with *activistas* and community members in the communities where the NGOs are based.

The consultant met with staff, *activistas*, and community members from six HPP-supported organizations. Efforts were made to interview Kukumbi's community member groups, but the local consultant was unable to do so due to logistical complications and time constraints.

Organization Summary		PEPFAR-funded Grant Summary		
Name	**Focus**	**Program description**	**Program location**	**Target group and expected reach**
Rede CAME	Protection of children	Child rights protection working with 6 sub-partners, providing material support and capacity development	Maputo, Manica	3,600 OVCs (ages 0–17)
HACI	Child-focused care and prevention (OVCs)	OVC service delivery; sub-granting to 6 partners and capacity development (grants total ~ US$465,000)	Maputo, Manica	6,000 OVCs (ages 0–17)
CCM	Human rights and sustainable development	HIV prevention program in religious communities	Sofala	6,912 married couples, 19,890 youth, 347 church leaders
NAFEZA	Women's rights	HIV prevention program	Zambézia	6,360 youth (ages 14–25)
Kukumbi	Socioeconomic development	HIV prevention program	Zambézia	--
AMME	Education (students and teachers)	HIV prevention program with teachers, parents, women, and communities	Zambézia	840 female and 600 male students; 168 teachers and 120 partners
N'weti	Social mobilization	HIV prevention through Community Dialogue for HIV Prevention	Nampula	58,500 males and females

At the beginning of each interview or focus group all interviewees were asked to review and sign a consent form, which notified respondents that the conversation would be taped, there would be no discussion of personal histories or stories, and they were free to leave at any time if they were uncomfortable with the material. For illiterate participants, the consultant or translator (for languages other than Portuguese) read the consent form aloud. The consultant used interview and focus group question guides provided by HPP to systematically probe and investigate programmatic implementation processes and dissemination of capacity development information. Follow-up questions were posed as needed for clarification purposes. All conversations were recorded.

The complete study protocol, including data collection tools and informed consent forms, were reviewed and approved for ethical clearance by the Ministry of Health in Mozambique (MISAU), as well as the U.S.-based Health Media Lab IRB.

FINDINGS

A total of 14 program staff members were interviewed, and 51 *activistas* and 48 community members participated in focus groups. The three groups unanimously expressed gratitude and satisfaction with the training they received and the resulting behavior changes they observed in their communities.

Program Officers

The interviews with NGO program staff revealed common concerns related to gender and GBV in the communities where they work. The most common theme expressed was the cultural acceptance of violence as a normal occurrence, followed by fears of discrimination and rejection from the community for exposing perpetrators of violence. Recognition of the influence of gender inequality and GBV on HIV prevention motivated the organizations to participate in the GBV capacity development program and to improve their GBV programming.

Each NGO uses different approaches to engage community members with its GBV and gender initiative. For example, CCM works through local churches and conducted a very successful campaign with behavior change. Its program officers did encounter difficulties along the way, such as the challenge of adapting traditional thinking to more modern approaches. In many districts women work outside of the home to make ends meet, which has required men to adjust their thinking because they were taught that a woman's place is in the home. The church also uses its priests and pastors as examples of behavior change and the church observes a "practice what you preach" approach. Male members of the clergy openly perform household chores and work alongside their wives, sisters, and mothers.

Kukumbi and NAFEZA train their *activistas* to offer non-clinical advice: encouraging people to share their problems, cultivating positive attitudes and behaviors, promoting communication and dialogue, referring victims to the nearest health facility, and acting as advocates for individuals in need. The role of the *activista* is gradually becoming more robust as the NGOs expand their programs to include GBV prevention activities, but remains shy of technical or clinical counseling. The *activistas* requested additional technical and relevant training to help them further grow into their new role.

In addition to community-level work, many of the organizations engaged with national agencies to move the GBV agenda forward. For example, HACI, N'weti, and NAFEZA reported lobbying the ministries and local government officials to develop and implement policies and programs related to HIV prevention, OVC care, and GBV prevention. HACI staff mentioned their engagement of a technical group inside of the Ministry of Women and Social Action to advocate for OVC programs and children's rights. A couple of organizations reported a desire to influence the behavior of police, in an effort to break the cycle of non-involvement in domestic violence cases.

Most significantly, NGOs observed positive changes in the community as a result of their program implementation: women are talking to their daughters about GBV and they are willing to discuss the subject in front of men. Men are listening, are willing to discuss GBV, and are open to change. Additionally, more perpetrators of violence are being singled out and publicly humiliated for their actions. In many rural communities, the legal system is corrupt and largely ineffective. Therefore, a common method to hold offenders accountable is to expose them as perpetrators, which causes the community to shun them. In cases where serial offenses are committed, the women survivors of violence reach out to the community leaders for help and to prevent the perpetrators from continuing to commit such acts. Some NGOs are lobbying politicians to institute policy and legal changes, which is happening at provincial and district levels but is not evident in the community-level legal system. Some progress is being made at the local level: NAFEZA recently opened a shelter in Zambezia to give women a safe haven to escape violence in the home. In the shelter, women receive literacy training and young girls are

enrolled in school. NAFEZA is also moving into the field of clinical counseling and testing for HIV and AIDS.

All of the NGOs had GBV projects, programs, or strategies in place before working with HPP. Respondents felt that HPP added value through its trainings and that the GBV sessions increased the level of technical expertise. For example, respondents expressed that the NGOs they represented explored more creative methodologies of message transmission—such as using films and imagery to assess and interpret the signs and signals of violence—alongside the established arsenal of debates, discussions, and forums as effective teaching tools. The tools and techniques developed with support from HPP were incorporated into existing programs and implemented via the *activistas*.

When asked about their impressions of HPP, all the NGO representatives responded positively. The respondents reported that the development of the HPP-supported GBV manuals, which guided trainings for the *activistas*, helped the NGO staff and *activistas* in gaining a deeper understanding of gender and GBV. The guidance served as the main source of information in the planning and execution of GBV trainings and sessions in the communities. Kukumbi reported that "the design of the manual … really helped us to address issues with GBV when working with our *activistas* and helped us to align our program subject matter." Rede CAME was unable to move forward with additional trainings with HPP due to a loss of funding. Despite this challenge, the organization used the manual to inform all of its future gender and GBV trainings, and subsequently mainstreamed gender into a human resource policy that is used across the entire organization.

While the response to HPP's trainings was positive, the majority of the NGO representatives expressed regret that more training sessions were not conducted and felt that post-training contact with HPP had been minimal. Some NGO partners requested more detailed information on gender indicators and quantitative analysis so they could assess achievements more efficiently and effectively. In summary, they wanted more materials, more brochures, more guidance, and more technical trainings.

Activistas

Activistas received gender sensitization and GBV training from the NGOs and, in some instances, directly from HPP. Many have activity plans in place, and have themes prepared for discussion with community members. *Activistas* use a variety of approaches for message delivery: door-to-door visits, debates, singing, dancing, theater and films, storytelling, and sermons. In addition, *activistas* expressed that they enjoyed positive interaction and plenty of support from the organizations with which they were associated. Approaches for engaging men and women varied, with some *activistas* indicating that they held integrated sessions and others saying they lead separate sessions for women and men. In most cases, the NGO determined the methodology and approach.

The *activistas* in the focus groups were very motivated and expressed a desire to help their communities, families, and friends by informing them about GBV and gender issues. They saw the community discussions on GBV as a form of protection and empowerment for community members, especially for women. One young man from the NAFEZA *activista* focus group reported, "I used to be a perpetrator until the *activistas* came and told me I was behaving wrong. Then, I became an *activista* to teach other men that beating their partners is wrong."

Some common gender concerns expressed by the *activistas* centered on gender roles/tasks, resistance to behavior change, and gender equality. Common GBV apprehensions were sexual and domestic violence, discrimination, concerns about speaking openly about domestic violence as a means to overcome it, and using "love" as an excuse to perpetrate physical violence on another person. During focus group discussions, *activistas* listed many concerns and expressed that they were all of equal importance. Most

activistas felt that their work in the community was important and was making a difference, even if it might be difficult to objectively verify.

The *activistas* spoke positively about their associated NGOs and mentioned that program staff were both very supportive and readily available for consultations. During the HPP program implementation, *activistas* led sessions with community members ranging from twice a week to once a month; however, NGO-led trainings for the *activistas* occurred once every three months. Generally, the *activistas* felt they needed and wanted more technical training and more up-to-date materials.

As a result of their work, *activistas* reported witnessing changes in the communities where they work, including greater open-mindedness and willingness to discuss GBV issues. Some *activistas* perceived that domestic violence was decreasing and communication between couples was increasing. In one community, *activistas* reported that girls in school were now unafraid to speak out against teachers making propositions for "sex for grades." They also reported perceived changes in gender relations, such as more women participating in traditionally male-dominated community meetings, more girls attending school, and men participating in domestic work.

Communities

Participants in the community FGDs defined GBV most commonly as domestic violence or violence between men and women. They most frequently referred to violence as being physical, while some participants also gave examples of psychological violence. Community members had common concerns with the other categories of interviewees about women's opportunities to work outside of the home and attend school; women's desire to be seen as something other than possessions or objects; and the need for strategies to keep peace in the house and prevent alcohol abuse and domestic violence. The resounding concern, however, was the need for couples to communicate and converse. The FGD participants felt that without a safe space to talk about differences between spouses, nothing could change or improve.

> "We see men helping women with some household chores. Men who before were resistant to talking about change are willing to listen now. They understand and they hear what we are saying. Some of them are exhibiting positive changes; some are still in thinking about this. They have behavior that is with them since they are children."
>
> *CCM Activista*

Community members do not interact frequently with the NGOs nor did they have any interactions with HPP. Their primary interaction was with the *activistas*. The FGDs revealed that community members have recognized positive changes in the communities men are changing their behavior and helping out around the house, more women are receiving literacy training, and a there has been a perceived reduction of incidents of violence in the home.

The community members were extremely grateful to the *activistas* for their interventions, and several credited the *activistas* with contributing to positive outcomes in their lives. Examples varied depending on the specific interactions with *activistas*, but general themes included feeling more empowered increased dialogue about GBV and gender roles between spouses and among community members, female students being more aware of sexual harassment and that they can say no, and increased male involvement in household duties.

> "Domestic violence remains a large force in this community, but the number of cases [has] reduced as mediation becomes more popular."
>
> Community member (NAFEZA area)

Community members viewed *activistas* as helpers to the community and as teachers on sensitive matters. They appreciated the creative ways the *activistas* engaged with them and transmitted ideas and messages. Participants also

acknowledged that some *activistas* faced enormous challenges to reach the villages, including traveling long distances and bad roads. This recognition only added to the respect the communities have for the *activistas*, because people see that the *activistas* really care.

GENERAL CONCLUSIONS

All respondents who received training from HPP gave positive feedback and valued the components of HPP support, which fulfilled key needs in the community. However, behavior change is a lengthy process, and continued training, supportive supervision, or coaching is needed to ensure successful integration of GBV and gender as priorities at the NGO, *activista*, and community levels.

Based on responses from this assessment, the trainings and sessions have had a perceived impact at the community level. The FGDs highlighted that attitudes are slowly changing and the idea of male-female equality is becoming more acceptable. However, considerable barriers such as traditional gender roles do still exist. During the interviews, respondents offered the example of expectations that men are supposed to work and women should stay home and have babies. Women are also expected to be submissive and listen to their husbands, while men are expected to be dominant and make all decisions concerning the home and finances.

At the community level, most people are struggling to survive on a day-to-day basis. During each discussion about gender and GBV, participants focused heavily on domestic violence and what can be done to create peaceful households. Equality in access to education and politics were important, but were distant goals; the central issue was simply surviving a day without being beaten, or worse. Both men and women identified the need to communicate with domestic partners and perpetrators as the biggest concern in stopping the cycle of violence. Community members explained that violent behavior was often linked to the poor economy, including the lack of work for young men in the villages. While they did not condone the violent behavior, they said it is a manifestation of the frustration that these young men feel. People also justified violence as tradition, that it is a way for men to express their masculinity and show "affection" for their partners. In other words, a man who uses violence against his wife is demonstrating his love for her. These findings highlight the complexities faced at the community level, and the multifaceted approaches NGOs must consider when addressing GBV in their programming.

The analysis of community discussions revealed that the more rural the community, the more likely *activistas* and members of the community were to be deeply concerned with domestic violence issues. Respondents in communities that had access to amenities such as electricity, medical care (health centers), markets, and paved roads expressed the importance of equal access to education and politics, as well as equality of the sexes. These groups also had access to more work opportunities, enjoyed a higher socioeconomic status, and were much less focused on domestic violence and the daily struggle to survive.

Each partner NGO has its own training guide and session/message delivery format, depending on its agenda and objectives. However, most partners use similar methodologies—such as debates and theater—to spark discussions and prompt deeper thinking on the subject of gender and GBV. As a result, HPP's support varied slightly in each case, working with the NGO to develop an integrated curriculum in some instances, or advising and reviewing gender and GBV integration into existing curricula in others. Continued support or scaling up training and TA to other NGOs would also require a varied approach, integrating gender and GBV as appropriate for the needs of the organization.

In summary, the partner NGOs have successfully created and engendered an atmosphere of open communication as a source for behavior change. Partner NGOs demonstrated increased capacity to use new tools and a curriculum that integrated gender and GBV in training for *activistas*. This approach led to increased dialogue and behavioral change at the community level. Community members interviewed for this study were willing to openly discuss GBV and gender. Interviewees from all three groups were positive about the changes in their organizations and/or lives as a result of their participation in the capacity development program and community outreach sessions. All respondent groups expressed a desire to continue their commitment to improving gender relations and reducing violence in their

communities. However, the process of transforming deeply engrained norms around gender and violence takes time, and it is imperative that ongoing follow-up and forward momentum continue. Additional resources are necessary for the NGOs to continue their outreach and advocacy with community members and the political structures within communities to create a more robust and lasting impact.

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