



**HEALTH
POLICY
PROJECT**

Integrating Gender and Gender-Based Violence into HIV Programs

Workshop Report

February 21–23, 2012
Maputo, Mozambique

MARCH 2012

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EXECUTIVE SUMMARY

The vision of the Mozambique President's Emergency Plan for AIDS Relief (PEPFAR) Gender-Based Violence Initiative (GBVI) is to reduce incidence of gender-based violence (GBV) and to create a social and institutional environment that protects women and girls and offers services of protection and help to survivors. A joint U.S. Government, Government of Mozambique, and civil society team led and developed the GBVI plan, which was informed by a wide stakeholder consultation held in August 2010. The key Mozambican government ministries involved in planning and implementing this initiative include the Ministry of Women and Social Action, Ministry of Health, and Ministry of the Interior. The three GBVI objectives are to (1) expand and improve coordination and effectiveness of GBV prevention efforts; (2) improve policy implementation in response to GBV; and (3) improve the availability and quality of GBV services. The GBVI supports the goals of the National Plan to Prevent and Combat Violence against Women (2008–2012) as well as the National HIV Strategy (2010–2014). In line with the principles of the PEPFAR Partnership Framework and reflected in current U.S. Government HIV activities in Mozambique, country ownership is an essential component of the GBVI plan. Approaches are designed to ensure evidence-based GBV interventions and sustainability of interventions by building local capacity, supporting country leadership, and prioritizing joint planning and management of activities by Mozambican government and local nongovernmental organizations (NGOs).

As part of the PEPFAR GBVI, USAID/Mozambique requested HPP assistance to scale up gender-focused, community-level HIV prevention activities, including GBV prevention. Under this initiative, HPP is working closely with USAID/Mozambique and the FHI-360 Capable Partners Program (CAP) to strengthen the capacity of selected CAP partner NGOs to integrate gender and GBV into their existing HIV programs and services. The specific objectives are to

- Assist CAP to mainstream gender into the capacity-building guidance it provides to its partner organizations;
- Advance the capacity-strengthening skills of local gender and GBV experts; and
- Strengthen the capacity of selected CAP-supported organizations to implement best practices in gender and GBV.

As a first step in this process, HPP assembled a team to interview stakeholders and conduct capacity needs assessments of seven CAP partner NGOs in August 2011. The assessment team consisted of Susan Settergren (HPP Senior Gender Advisor), Elisabeth Rottach (HPP Gender Advisor), Frances Houck (CEDPA Consultant), and Patty Alleman (USAID/Washington). The team received invaluable in-country support from Mary Ellen Duke (USAID/Mozambique) and Hayley Bryant (CAP Chief of Party) and her staff.

Building on the capacity needs identified during the assessment visit, the HPP team drafted a plan to offer CAP and its partners a comprehensive technical assistance (TA) package, which provides the following: (1) short-term technical assistance to CAP managers to examine its capacity-building guidance and processes and to identify opportunities/entry points for including policies/interventions that will address gender; (2) TA to CAP managers to implement the required actions; (3) collaborative work with each of the selected CAP partner organizations to develop a gender and GBV capacity-strengthening plan that focuses on technical needs related to HIV activities funded by PEPFAR through CAP grants; and (4) technical support in the form of training, short-term TA, and coaching or mentoring to the organizations in line with the assistance and schedules outlined in their capacity-strengthening plans. HPP capacity-strengthening efforts are monitored and evaluated through baseline and endline capacity assessments, as well as through the achievement of objectively verifiable benchmarks detailed in the capacity-strengthening plans.

To implement this TA package, HPP assembled a technical team to offer a series of three workshops in Maputo to CAP and its partner organizations in February 2012. This team included Elisabeth Rottach (HPP Gender Advisor), Frances Houck (CEDPA Consultant), Ricardo Silva (HPP Program Advisor), and Muchimba Sikumba-Dils (Senior Gender Advisor/HPP Consultant). Each workshop addressed different audiences and had different objectives:

1. One-day workshop on integrating gender and GBV into HIV prevention and OVC (orphans and vulnerable children) programs for five Mozambican organizations.
2. Two-day workshop held with CAP staff to introduce a training methodology for addressing gender and GBV in programs and discuss the new OGAC GBV indicators from USAID/PEPFAR
3. Three-day workshop on integrating gender and GBV into HIV prevention and OVC programs for seven Mozambican organizations.

This workshop report summarizes the third (final) workshop. The workshop comprised five participatory and interactive modules that enabled the participants to acquire practical skills and apply tools to integrate GBV prevention and responses into existing HIV programs. The training methodologies sought to explicitly reveal the links between GBV and HIV risk and build skills to integrate evidence-based gender and GBV practices into existing HIV programs. The results of the workshop demonstrated the great interest in and need for GBV integration into current programs. It informed development of draft capacity-strengthening plans for each of the seven participating NGOs and provided a foundation for staff to address gender and GBV in HIV programs. The HPP team will continue to work with CAP and its partner organizations to ensure that the current TA needs are addressed, while at the same time enabling some fluidity within the TA component to quickly address any further requests that may emerge as the program moves forward.

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
AMME	Associação Moçambicana Mulher e Educação
AT	African Transformation
BCC	behavior change communication
CAP	Capable Partners Program
CCM	Conselho Cristão de Moçambique
CEDPA	Centre for Development and Population Activities
FHI	Family Health International
GBV	gender-based violence
GBVI	Gender-Based Violence Initiative
HIV	human immunodeficiency virus
HOPEM	Rede Homens pela Mudança
HPP	Health Policy Project
IGWG	Interagency Gender Working Group
MONASO	Mozambique National AIDS Service Organization
NGO	nongovernmental organization
NAFEZA	Núcleo das Associações Femininas da Zambézia
OVC	orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
Rede CAME	Rede Contra o Abuso de Menores
TA	technical assistance
USAID	United States Agency for International Development

BACKGROUND

The vision of the Mozambique President's Emergency Plan for AIDS Relief (PEPFAR) Gender-Based Violence Initiative (GBVI) is to reduce incidence of gender-based violence (GBV) and to create a social and institutional environment that protects women and girls and offers services of protection and help to survivors. A joint U.S. Government, Government of Mozambique, and civil society team led and developed the GBVI plan, which was informed by a wide stakeholder consultation held in August 2010. The key Mozambican government ministries involved in planning and implementing this initiative include the Ministry of Women and Social Action, Ministry of Health, and Ministry of the Interior. The three GBVI objectives are to (1) expand and improve coordination and effectiveness of GBV prevention efforts; (2) improve policy implementation in response to GBV; and (3) improve the availability and quality of GBV services. The GBVI supports the goals of the National Plan to Prevent and Combat Violence against Women (2008–2012) as well as the National HIV Strategy (2010–2014). In line with the principles of the PEPFAR Partnership Framework and reflected in current U.S. Government HIV activities in Mozambique, country ownership is an essential component of the GBVI plan. Approaches are designed to ensure evidence-based GBV interventions and sustainability of interventions by building local capacity, supporting country leadership, and prioritizing joint planning and management of activities by Mozambican government and local nongovernmental organizations (NGOs).

In February 2012, the Health Policy Project (HPP) conducted a three-day workshop for seven NGO partners working on HIV prevention and care programs in Mozambique. The seven NGOs were identified in collaboration with a USAID-funded capacity-building program in Mozambique, the Capable Partners Program (CAP). They were identified for capacity building on GBV because they expressed an interest in strengthening their institutional capacity in gender and GBV prevention and response and intended to incorporate GBV activities into CAP-funded projects. As a first step in understanding the participating NGOs' needs and priorities, HPP carried out a needs/capacity assessment visit to each NGO in August 2011. The assessment findings indicate a wide range of gender and GBV technical capacity across the organizations, ranging from those with a high degree of evidenced capacity to those that were looking at gender and violence for the first time. A list of the NGOs, with a brief description of their work, is found in Attachment 1.

During the workshop design phase, HPP drafted objectives and a curriculum, while communicating regularly with CAP leadership and the organizational development team to ensure that the workshop would respond to the NGO-partners' needs. HPP developed a workshop announcement in Portuguese to provide realistic expectations about the workshop's content and technical level and circulated it to partners.

Audience

The following seven NGO partners registered for the gender and GBV integration workshop:

- N'weti
- Rede Contra o Abuso de Menores (Rede CAME)
- HACI (formerly Hope for African Children)
- Núcleo das Associações Femininas da Zambézia (NAFEZA)
- Associação Moçambicana Mulher e Educação (AMME)
- Rede Moçambicana de Organizações contra SIDA (MONASO)
- Conselho Cristão de Moçambique (CCM)

Two of the partners are Maputo-based (Rede CAME and HACI), while the other four are provincial NGOs operating in Zambézia (NAFEZA and AMME) and Sofala (MONASO and CCM). In N'weti's

case, while based in Maputo, the NGO sent a team from its Nampula project. Four of the partners are umbrella organizations that serve as capacity builders or grantmakers to other partners; three are direct implementers (AMME, CCM, and N'weti). All seven partners have projects underway with CAP—some in orphans and vulnerable children (OVC) and others in HIV prevention—and all benefit from ongoing technical assistance (TA) and organizational development from CAP.

Prior to publicizing the workshop, CAP and HPP agreed on a participant profile, which they communicated to the invited NGOs. The partners were urged to send three participants including some combination of an executive director, program coordinator, monitoring and evaluation officer, or program assistant. In several cases, a partner sent a board member (president or secretary) when it made sense to build institutional commitment and buy-in. Each NGO sent three staff members except for Rede CAME, which sent one participant for the workshop's duration.

Objectives

HPP developed the following objective statement to frame the workshop and define anticipated results and follow-up:

This workshop aims “to build the capacity of seven partners currently engaged in HIV activities to

- Recognize the relationship between GBV and HIV and identify opportunities to apply evidence-based practices;
- Apply skills in gender analysis and a gender and GBV-integrated planning process to achieve desired program outcomes; and
- Become familiar with and take advantage of resources and institutional expertise in the area of GBV/HIV available within the network of CAP partners.”

Methodology

HPP is committed to designing capacity-building activities that incorporate principles of adult learning and maximize learner participation at all junctures. For the Mozambique Gender and GBV training, HPP aimed to

- Bring to light the participants' on-the-ground knowledge and technical experience;
- Check all featured tools for relevance, accessibility, and applicability; and
- Use PowerPoint appropriately (e.g., for information transfer, but whenever possible relying on group mapping exercises, case study analyses, and the application of tools to partners' own work plans).

HPP, with assistance from CAP, provided all the workshop materials in Portuguese, including several Interagency Gender Working Group (IGWG)¹ tools and activities. The facilitation team conducted all sessions directly in Portuguese.

The workshop facilitators and resource people are listed in Attachment 2. An overview of the workshop in Portuguese is found on the next page.

¹ See: www.igwg.org.

Integrando o Gênero e a VBG aos Programas de HIV: Workshop Técnico para os Parceiros de CAP

21-23 fevereiro, 2012 (8:00-17:00 diário)

Maputo, Moçambique

Objetivos do workshop: Fortalecer a capacidade dos parceiros que estão desenvolvendo programas de VBG para:

- Reconhecer a relação entre a VBG e o HIV e identificar oportunidades para aplicar práticas baseadas na evidência;
- Aplicar habilidades na análise do gênero e um processo de planejamento com enfoque no gênero para alcançar os resultados programáticos desejados;
- Familiarizar-se com e aproveitar os recursos e "expertise" institucional na área de VBG/HIV disponíveis dentro da rede de parceiros do CAP.

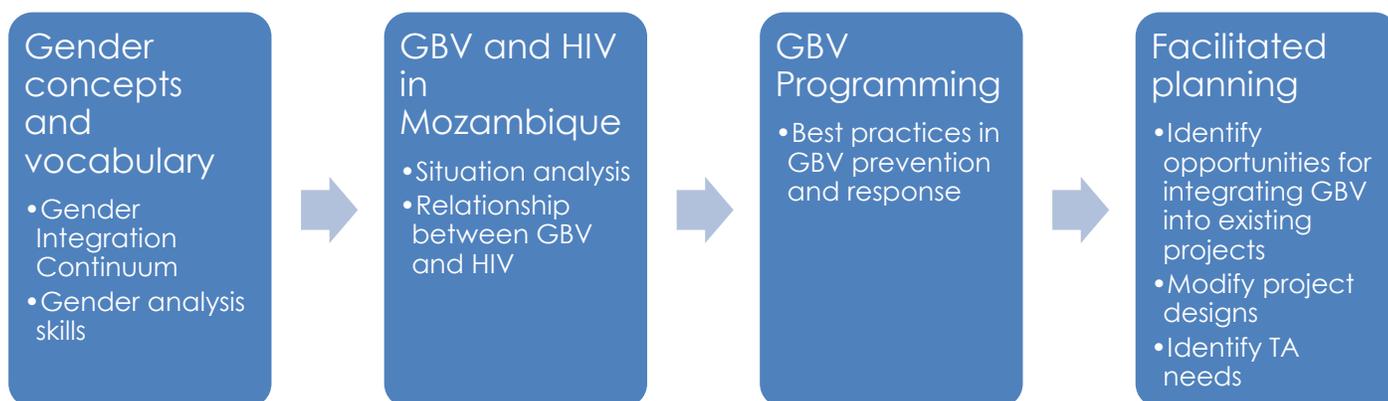
Terça Feira-21 8h00	Quarta Feira-22 -- 8h00	Quinta Feira- 23
<p>O Gênero 101: Desenvolvendo um Conceito Comum -- Unir critérios para operar com um entendimento e vocabulário comum dentro do Projecto CAP -- Introdução de uma ferramenta prática: o Contínuo de Integração do Gênero (CIG)</p>	<p>A Análise do Gênero: o Por Que? e o Como? -- Introduzir um proceso sistemático para realizar a análise do gênero dentro do contexto programático; -- Aplicar o proceso análitco aos objectivos concretos dos parceiros presentes</p>	<p>O Caminho a Seguir: Melhorando os Resultados Progamáticos através da Integração do Gênero e a VBG Uma sessão de planejamento facilitado -- Identificação de oportunidades, segundo o ciclo de projecto, para integrar o gênero/VBG aos planos de trabalho existentes</p>
12h30-Almoço	12h30-Almoço	12h30-Almoço
<p>Um "Mapa" da VBG em Moçambique: uma Análise Situacional -- Construir colectivamente um mapa temático dos tipos, lugares e risgos associados com a VBG -- Introdução dos dados mais actualizados da VBG pelo USAID/Moçambique</p>	<p>Melhores Prácticas nos Programas de VBG -- Compartilhar as características de uma resposta multi-sectoral e abrangente à VBG -- Conhecer vários exemplos de programas baseados na evidência</p>	<p>O Caminho a Seguir, a cont. -- Elaboração dos planos de fortalecimiento de capacidade para cada parceiro "Recursos para levar:" Compartilhar vários recursos (documentos e ferramentas <i>on-line</i>)</p>
16h30: Síntese do día	16h30: Síntese do día	16h00: Síntese do día e Avaliação

- Nota as ONGS participantes: Por favor trazer o seu plano de trabalho atualizado do CAP. Este servirá como base para alguns exercícios práticos e de planejamento para o futuro.

Organizado pelo Projeto de Políticas de Saúde (HPP) em colaboração com CAP e USAID/Moçambique (equipe de capacitação e assistência técnica: Elisabeth Rottach, Frances Houck, Ricardo Silva, Muchimba Sikumba-Dils)

CONTENT SUMMARY

HPP designed the three-day workshop to move through the following knowledge- and skills-building blocks:



Session 1: Gender 101—Developing a Common Vocabulary and Understanding

Learning objectives

By the end of the session, participants will be able to

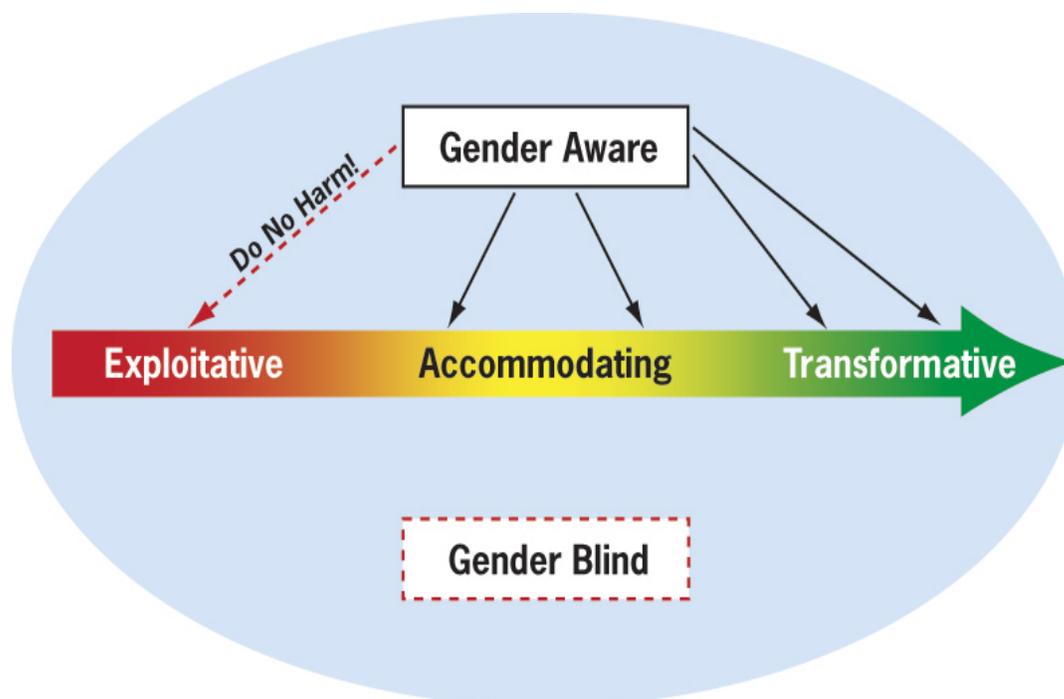
- Work with a shared understanding of gender and related concepts; and
- Understand and apply the IGWG’s Gender Integration Continuum as a lens for assessing project approaches.

HPP began with this foundational session to help develop a shared understanding among participants, which ranged from those with ample knowledge of gender concepts to those that were new to gender-aware programming. The session followed the general Gender 101 outline provided in the IGWG training materials. Participants examined working definitions of related gender concepts to agree on a common vocabulary. The training team found that the discussion of *gender integration* versus *gender mainstreaming* caused more confusion than clarity. The facilitator clarified that, for our purposes, gender integration focuses on program design, analysis, and monitoring and evaluation, while gender mainstreaming focuses on incorporating gender into organizational processes and policies that extend beyond the life of a project.

The team paid additional attention to differentiating *gender equity* and *gender equality*, clarifying that gender equality is the ideal, desired state or destination, while gender equity is the process to achieving equality. Program managers can build gender-equitable principles and steps into their designs, thereby making incremental steps toward transformed gender roles and relations. To illustrate this concept, the facilitator displayed a flipchart image of a stork and a leopard, along with a narrow vase full of rice labeled “assets/resources” (translated as *bens sociaux*). The facilitator pointed out that if our goal is feeding both the stork and the leopard, we have a choice about how to deliver that social good. Participants noted that the stork can eat freely and easily from the vase, but if we design our project to offer rice on a plate, the leopard can also access the goods with ease.

As a next step, the facilitator presented the IGWG Gender Integration Continuum on a large wall chart with several illustrative examples of different project approaches.

Gender Integration Continuum



Nine project profiles were distributed (continuum cases translated into Portuguese) across four working groups. The groups were tasked with identifying where on the continuum they would locate these project examples. In the summary discussion, participants demonstrated an understanding of the relationship between existing gender relations and their desired project outcomes. The team challenged participants to consider their own CAP project frameworks and seek, throughout the workshop, opportunities to tweak those frameworks in favor of transforming gender relations and norms.

Session 2: A Snapshot of GBV in Mozambique: A Situation Analysis

Learning objectives

By the end of the session, participants will be able to

- Expand and update their knowledge base about GBV types, settings, and associated HIV risk; and
- Be familiar with the Gender-Based Violence Initiative (GBVI) funded by the President's Emergency Plan for AIDS Relief (PEPFAR) as a framework for their integrated HIV projects.

For this session, the HPP team developed a new mapping exercise to capture participant knowledge about the types and settings of GBV in the communities where they work (see the following table).

VBG (GBV) Grupo demográfico (Demographic Group)	Sexual (Sexual)	Física (Physical)	Psicológica (Psychological)
Mulheres (Women)			
Homens (Men)			
Raparigas (Girls)			
Rapazes (Boys)			

Working in four groups, each group considered one of four demographic groups—women, men, girls, and boys. For their assigned demographic, participants identified the instances or types of GBV experienced by that group. Facilitators emphasized that they should rely on concrete information or data rather than sensationalized anecdotes. Examples included trading sex for grades, forced marriage, punishing boys more harshly than girls, etc. The groups then classified these examples according to **category of violence**—sexual, physical, psychological, or more than one of these. Using a coding system on the large wall chart, participants identified the **setting(s)** where each type occurs. Finally, participants ranked these examples according to risk for HIV transmission or infection, using red ribbons of different sizes (see photo of the resulting wall chart at right). The workshop evaluations suggested that this was one of the workshop’s most useful exercises. It allowed participants to visualize and break down what GBV looks like in day-to-day life.

To complete the picture, HPP invited Eunice Chichava, GBV program assistant at USAID/Mozambique, to deliver a presentation on PEPFAR and the GBVI. The presentation provided a broad overview of how gender is addressed throughout PEPFAR, including the five cross-cutting gender strategies: increasing gender equity in HIV/AIDS programs and services; reducing violence and coercion; addressing male norms and behaviors; increasing women’s legal protection; and increasing women’s access to income and productive resources. In addition, the presentation introduced the GBVI, which is being piloted in three countries: Mozambique, Tanzania, and Democratic Republic of Congo. Within the context of HIV prevention, care, treatment, and



A snapshot of GBV in Mozambique.

overall system strengthening, the GBVI seeks to reduce the incidence of GBV and provide protection and appropriate services for survivors. Under the initiative, four GBV indicators are being piloted, while three are prioritized for the first year: (1) number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses GBV and coercion; (2) number of GBV service-encounters at a health facility; and (3) GBV service provision—percentage of health facilities with GBV and coercion services available.

Session 3: Gender Analysis: the Why and How?

Learning objective

By the end of the session, participants will be able to

- Apply a systematic process to analyze the gender-related barriers and opportunities within their own program context.

HPP dedicated half of a training day to presenting IGWG's gender analysis framework. The team used the gender analysis PowerPoint (translated into Portuguese) with occasional departures for clarification or emphasis. The picture to the right illustrates a "gender pie," which demonstrates the various ways to cut, "slice," or analyze gender relations. Here we see the five domains of gender relations: (1) power; (2) knowledge, beliefs, and perceptions; (3) access to assets and practices; (4) roles and participation; and (5) legal rights and status.

Facilitators guided the plenary through an example to illustrate the framework's application—namely a project thumbnail about the (gender-accommodating) enrollment of girls and boys in a vocational skills training program. Once the participants confirmed their grasp of the tool, they sat with their NGO teams, selected a key objective to their CAP program, and conducted an off-site gender analysis of gender-related barriers and constraints by domain, as framed by their project objective.

While the hands-on exercise was not exhaustive, the participants showed fluidity and understanding as they worked with the analysis tool. They also discussed points in the program cycle that call for gender analysis, particularly at the situational analysis/needs assessment phase.



A "gender pie," which demonstrates the various ways to cut, "slice," or analyze gender relations.

Session 4: Best Practices in GBV Programming: A Comprehensive, Multisectoral Approach

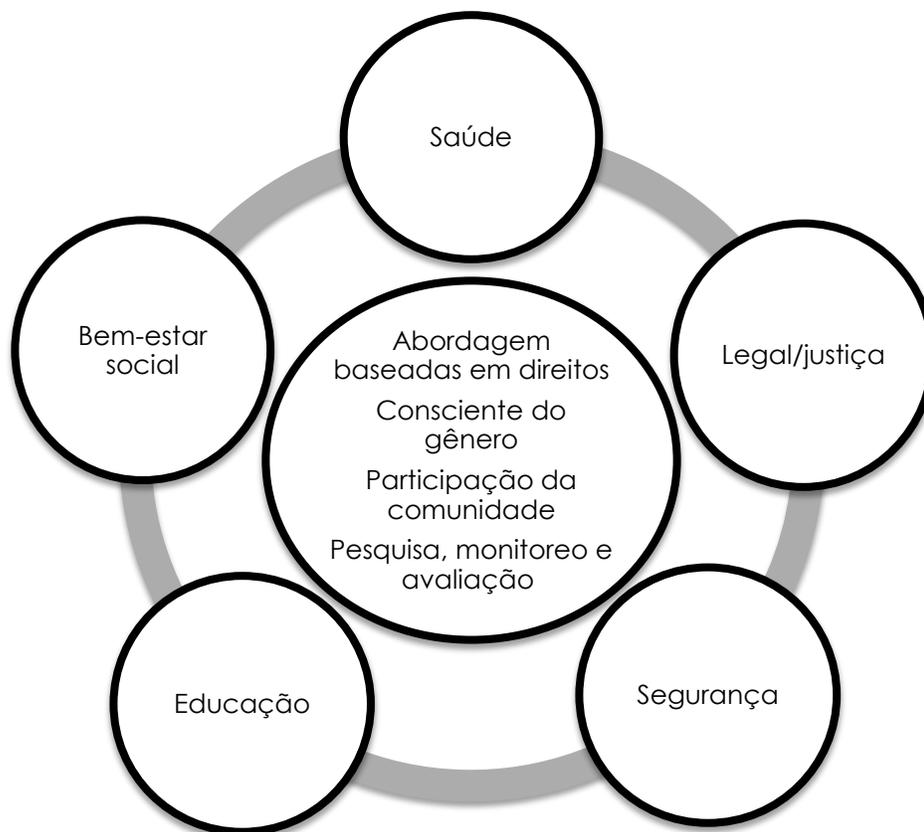
Learning objectives

By the end of the session, participants will be able to

- Identify characteristics of a comprehensive multisectoral response to GBV;
- Identify ways to address the needs of survivors within a holistically approach; and
- Develop a list of GBV activities that could be integrated into existing programs.

During this session, the HPP team presented a comprehensive multisectoral response to GBV (see graphic below).²

A Comprehensive Multisectoral Response to GBV



The team presented and discussed each of the six bubbles and emphasized that services should holistically address the needs of survivors, including their legal, health, education, economic and social welfare, and security needs. Next, the facilitators instructed participants to work in their NGO groups to identify which components of the comprehensive approach they are addressing, which components their partners are addressing, and where there are gaps. The participants were able to visually see where the majority of their efforts were concentrated (health and education) and where there were the biggest gaps (legal/justice

² The comprehensive multisectoral response was adapted from the PEPFAR manual, “GBV and HIV: A program guide for integrating gender-based violence prevention and response in PEPFAR programs” (Khan, 2011).

and security). The participants then identified two or three concrete actions that they could take within the context of the existing projects to integrate gender and GBV. A picture of the graphic resulting from this exercise is below.



Flip chart from the Comprehensive Multisectoral Approach Group Exercise.

Presentations

To increase participants' familiarity with best practices in GBV and to learn about programs developed and implemented by fellow Mozambican NGOs in particular, the workshop team scheduled two presentations by the organizations HOPEM and N'weti, which are carrying out GBV activities. Brief summaries of the presentations are below.

HOPEM

Presenter: Julio Langa (Coordinator)

- Objectives of HOPEM Network
 - Encourage male involvement in the deconstruction and reconstruction of negative male patterns
 - Develop educational initiatives to prevent GBV and promote health (STI and HIV prevention)
 - Contribute to gender-related equality in public policies, strategies, laws, and other instruments that exert an influence on the individual, and bring men into focus as part of the solution to the problem



Photo of Julio Langa, HOPEM Coordinator.

- Current work being done
 - Establishing men's critical reflection groups
 - Developing role models (men) that maintain and strive toward equitable attitudes

N'weti

Presenter: Marçal Monteiro (Advocacy Officer)

- National NGO that focuses on communication for behavior and social change in the area of health and development
- Objectives of N'weti
 - Contribute to the improvement of the health and the life of citizens within the Mozambican communities
 - Reduce GBV
 - Reduce the practice of concurrent sexual partners to diminish HIV infection
 - Create a positive impact in other behaviors that have a negative impact on the public's health in Mozambique

USAID/PEPFAR

Facilitator: Mary Ellen Duke (Gender Advisor)

During the session on a comprehensive multisectoral approach, Mary Ellen Duke, gender advisor at USAID/Mozambique, briefly introduced PEPFAR's manual titled "Gender-based violence and HIV: A program guide for integrating GBV prevention and response in PEPFAR programs." Ms. Duke explained to the participants that this manual aims to aid program managers in integrating a basic response to GBV within existing HIV programs and to establish linkages with other efforts that are addressing GBV. She mentioned that the manual is only available in English but it will soon be translated into Portuguese.

This manual demonstrates PEPFAR's commitment to ensure gender equity in its prevention, care, and treatment services. Furthermore, PEPFAR strives to integrate the concept of gender equity into all its

programming, taking into account the ways in which gender norms and barriers contribute to epidemics at the country level.

Session 5: The Way Forward: Integrating Gender and GBV into Existing HIV Programs

Learning Objectives

By the end of the session, participants will be able to

- Identify opportunities to integrate gender and GBV into the project cycle;
- Incorporate GBV approaches and specific activities into an existing work plan for HIV prevention or OVC programs; and
- Identify any TA needs as the basis of a capacity-strengthening plan.

The bulk of the third and final workshop day was dedicated to this facilitated planning session. The facilitator reviewed the various components and products generated that would serve as inputs to the participants' work going forward. The purpose of this session was to support the seven NGO partners as they revisited their CAP project workplans and identified either sub-objectives or activity plans to integrate gender and GBV explicitly into their CAP projects. The facilitator reviewed the Project Cycle graphic (see picture to the right) and discussed how the work on gender analysis provided the “what” or the findings of how project designs could capitalize on those gender-related opportunities and minimize constraints as identified in the gender analysis work.



The Project Cycle.

The facilitator also introduced Table 2 from the IGWG materials, designed to lead the partners through the identification of GBV-focused sub-objectives, activities, and indicators. Finally, as an ending point on the day, the facilitator displayed a large wall chart chronogram, where each NGO had a designated row to map out those activities and any ongoing TA they would require.

Each NGO team worked at its own table, supported by a member of the HPP team or a relevant CAP program officer. They combined opportunities for multisectoral GBV programming as generated in the previous session, and several used Table 2 as an organizing tool. The NGOs identified a range of integration activities, including integrating GBV into community discussions, integrating GBV into requests for proposals and grant-making materials, conducting a training of trainers for activistas, and overcoming institutional gender barriers.



The GBV Integration Chronogram.

OUTCOME AND NEXT STEPS

Each NGO identified specific and concrete GBV activities to integrate into their existing HIV or OVC programs. Many of the organizations will integrate GBV sessions into existing community dialogue manuals and provide training and TA for community facilitators to lead the GBV sessions. The umbrella and grant-making organizations will integrate GBV into their capacity development activities for partners and grantees to strengthen their capacity to better address GBV in project activities and proposals. CCM, a faith-based organization, will support and empower religious leaders to strengthen comprehensive GBV service referral networks in their communities.

NAFEZA will also strengthen GBV referral systems between institutional partners (including NGOs, GBV help desk, and government services). HACI will integrate questions related to GBV into their community consultation interview guides, while MONASO will incorporate GBV topics and questions into their formative research protocols.

All NGOs identified specific TA needs for supporting their development, implementation, and monitoring of those activities. Support includes TA to integrate GBV into community discussion manuals, formative research protocols, and community consultation interview guides. Support also includes accompaniment and mentoring to train partners and community volunteers on GBV prevention and to strengthen referral networks. TA requests also included further gender and GBV training for staff and training of trainers for those organizations who also function as capacity builders. The Maputo-based Senior Gender Advisor will follow up with the participants to discuss these activities in more detail and develop capacity-strengthening plans. These plans will guide the next year of TA activities provided by HPP.



Participants wearing their "gender lenses."

Workshop Evaluation Summary

Each participant completed an anonymous workshop evaluation, formulated to tell HPP which activities and tools best equipped the participants to integrate gender and GBV into their NGOs and programmatic work. All participants “agreed” that the workshop helped them identify opportunities to apply evidence-based GBV and HIV practices, while 72 percent “strongly agreed.” In addition, three tools were provided during the workshop: (1) the Gender Continuum Integration Tool, (2) the Gender Analysis Tool, and (3) the Mapping GBV in Mozambique exercise. The mapping tool, the only tool tailored to the epidemic in Mozambique, was rated as most useful—67 percent of participants found it “very useful” and 28 percent found it “useful.”

Attachments

1. Table of participating NGOs (participant list available upon request)
2. Facilitators and resource people
3. Workshop announcement in Portuguese
4. Summary of GBV follow-up work and TA needs

ATTACHMENT 1: PARTICIPATING NGOS

Organizations that participated in the HPP capacity needs assessment		
Organization	Description	Location
Associação Moçambicana Mulher e Educação (AMME)	Direct implementer: Gender and education, GBV, and HIV prevention	Zambézia
Conselho Cristão de Moçambique (CCM)/Sofala	Direct implementer: Faith-based (CCM consists of 17 Evangelical Church members plus 2 non-church members): HIV prevention through behavior, change, and communication (BCC) activities focused on youth and young married couples; conflict resolution and peace building	Sofala
HACI (formerly Hope for African Children)	Umbrella organization (grantmaking): OVC	Maputo
Mozambique National AIDS Service Organization (MONASO)/Sofala	Umbrella organization with 143 member associations (grant making): HIV prevention, BCC, capacity building of member associations	Sofala
N'weti	Direct implementer: Mass media, advocacy, community mobilization	Maputo
Núcleo das Associações Femininas da Zambézia (NAFEZA)	Umbrella network (non-grant making) of 53 member associations: Advocacy for gender equity and women's rights, violence prevention, HIV prevention	Zambézia
Rede Contra o Abuso de Menores (Rede CAME)	Umbrella organization (non-grant making): OVC, child protection, anti-trafficking	Maputo

ATTACHMENT 2: FACILITATORS AND RESOURCE PEOPLE

Name	Organization	Email
Muchimba Sikumba-Dils	Health Policy Project	Msikumba@gmail.com
Frances Houck	Independent Consultant	FHouck@mac.com
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Eunice Chichava	USAID/Mozambique	echichava@usaid.gov
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Marçal Monteiro	N'weti	marcal.monteiro@nweti.org.mz

ATTACHMENT 3: WORKSHOP ANNOUNCEMENT

Caros colegas:

Como sabem, o nosso Projecto (HPP**) enviou uma equipe a Moçambique em Agosto de 2011 que se reuniu com o vosso pessoal para conduzir uma avaliação de necessidades institucionais relacionadas com o gênero e a VBG. As entrevistas nos proporcionaram com muita informação relevante para criar um plano de fortalecimento organizacional na área do gênero e da VBG.

Devido as necessidades identificadas, entramos em uma colaboração com o Projecto CAP para elaborar uma capacitação técnica programada para os dias 21 ao 23 de fevereiro de 2012 com o seguinte título:

Integrando o Gênero e a VBG aos Programas de HIV: Uma Capacitação Técnica para os Parceiros de CAP

A capacitação coincidirá com a reunião trimestral do CAP e se culminará com um exercício de planeamento focado no plano de trabalho actual/futuro de cada ONG-parceiro e com elementos de seguimento individual proporcionado pelo HPP.

A capacitação procura cumprir com os seguintes objectivos:

Fortalecer a capacidade dos parceiros que estão desenvolvendo programas de VBG para:

- Reconhecer a relação entre a VBG e o HIV e identificar oportunidades para aplicar práticas baseadas na evidência;
- Aplicar habilidades na análise do gênero e um processo de planeamento com enfoque de gênero para alcançar os resultados programáticos desejados;
- Familiarizar-se com e aproveitar os recursos e "expertise" institucional na área de VBG/HIV disponíveis dentro da rede de parceiros do CAP.

Perfil do(a) participante: Esta capacitação foi desenvolvida especificamente para o pessoal técnico designado as certas funções como: desenho de projecto, implementação, monitoria e avaliação e a gestão de subvenções.

Podemos acomodar até três membros de cada ONG/parceiro.

Metodología: a metodologia utilizada pelo HPP parte dos princípios de aprendizagem para adultos; durante a capacitação o participante será exposto a um alto nível de participação e levará ferramentas práticas e acessíveis que lhe permitirá realizar a análise do gênero, o planeamento com enfoque de gênero, etc.

****O que é o HPP?**

O Projecto de Políticas de Saúde (HPP—por suas siglas em inglês) tem como objectivo fortalecer políticas nacionais e sub-nacionais, advocacia, e apoiar governos para estabelecer programas de saúde estratégicos, equitativos, e sustentáveis. O HPP esta focado em áreas prioritárias relevante a saúde—especificamente planificação familiar/saúde reproductiva, HIV, e saúde materna—e ao fortalecimento do sistemas de saúde e integração de programas.

ATTACHMENT 4: SUMMARY OF GBV ACTIVITY PLANS AND TECHNICAL ASSISTANCE

RESUMO DE PLANOS DE ACTIVIDADES DE VBG E ASSISTENCIA TECNICA 2012 - 1013

ORGANIZAÇÕES PARCEIROS DO CAP

Nome da organização	Objectivo Principal	Actividades	Mar–Abr 2012	May–Jun 2012	July–Set. 2012	Out–Dec 2012	Jan–Mar 2012	Abr–Jun 2012	Jul–Set 2012	Oct–Dec 2012	Jan–Jun 2013	Jun–Dec 2013	
N'WETI	Fortalecer a capacidade das OCBs, parceiras na integração da abordagem de VBG nas suas actividades	(1) Avaliar as capacidades das OCBs na integração da abordagem de VBG–Nov 2012								X			
		(2) Realizar a formação das OCBs–Fev 2013–(AT)										X	
		(3) Facilitar ligação das actividades dos OCBs com outras iniciativas locais e instituições–Abril 2013–(AT)										X	
CCM Sofala		(1) Identificação e estabelecimento de Memorandos de Entendimento com instituições que intervem nos 6 serviços básicos ligados ao VBG											
		(2) Capacitação dos líderes religiosos, comunitários, facilitadores e outras instituições que intervem nos 6 serviços básicos ligados ao VBG					X						
		(3) Emponderamento dos líderes religiosos no tratamento e encaminhamento dos casos de VBG as estruturas competentes obedecendo os 6 serviços básicos de julgar os VBG											X

Nome da organização	Objectivo Principal	Actividades	Mar–Abr 2012	May–Jun 2012	July–Set. 2012	Out–Dec 2012	Jan–Mar 2012	Abr–Jun 2012	Jul–Set 2012	Oct–Dec 2012	Jan–Jun 2013	Jun–Dec 2013
HACI		(1) HACI irá identificar aspectos da VBG a incorporar nas ferramentas de consulta comunitária (Junho 2012)		X								
		(2) HACI-CAP irá realizar um workshop em Maputo (de 1 dia) para explicar o propósito de AT na melhoria da proposta incluindo VBG para 4 parceiros da HACI com AT de CAP E HPP (1 Abril)	X									
		(3) Providenciar AT a parceiros na elaboração/melhoria do projecto com Apoio de HPP. (2–6 Abril 2012)	X									
		(4) HACI vai providenciar AT a 5 parceiros incluindo aspectos de VBG (8 Abril–Junho 2012)		X								
		(5) HPP irá fazer uma revisão das propostas melhoradas dos parceiros para assegurar que estejam integradas a VBG (última semana Junho 2012)		X								
		(6) HACI irá providenciar AT aos sub-parceiros para incorporar estratégias específicas de VBG nos programas dos parceiros com AT de HPP (Junho 2012)???		X								
AMME	Incorporação do VBG nos manuais de facilitação nas cessoes	(1) Produção do TORs para seleção e identificação de um consultor para apoio na produção de manuais (incorporando perfil) (1a	X									

Nome da organização	Objectivo Principal	Actividades	Mar–Abr 2012	May–Jun 2012	July–Set. 2012	Out–Dec 2012	Jan–Mar 2012	Abr–Jun 2012	Jul–Set 2012	Oct–Dec 2012	Jan–Jun 2013	Jun–Dec 2013
		semana de Março 2012)										
		(2) Lançamento do concurso e seleção do consultor. (3a e 4a semana de Março 2012)	X									
		(3) Negociação do consultor com AMME (4a semana Março 2012)	X									
		(4) Produção e finalização do manual (1a a 4a semana de Abril 2012)	X									
		(5) Capacitação do staff, activistas, professores de referencia e animadores (alunos) (1 e 4 semana de Maio 2010)		X								
MONASO Sofala	Incorporar o VBG na pesquisa formativa	(1) Incorporar no guião de Pesquisa Formativa (PF) as questões do VBG	X									
		(2) Realização de PF para recolha de dados para o desenho de Estratégia de comunicação	X									
		(3) Elaboração do relatório de PF para análise de situação das relações do VBG	X									
		(4) Melhoramento das propostas dos sub parceiros incluindo o componente de VBG	X									
Rede CAME	Aumentar a capacidade da Rede CAME de modo a capacitar os 2 sub-parceiros provinciais	(1) Capacitar e dar assistência técnica a Rede CAME com apoio da HPP	X									

Nome da organização	Objectivo Principal	Actividades	Mar–Abr 2012	May–Jun 2012	July–Set. 2012	Out–Dec 2012	Jan–Mar 2012	Abr–Jun 2012	Jul–Set 2012	Oct–Dec 2012	Jan–Jun 2013	Jun–Dec 2013
		(2) Incorporar o VBG na elaboração dos planos de actividades dos sub parceiros distritais e provincias.	X									
		Capacitar os sub parceiros em pesquisa formativa, integrando o componente da VBG a 14 membros dos 2 sub parceiros nas provincias de Maputo e Manica.	X									
	Intersificar apoio tecnico e recursos a 2 sub parceiros, incorporando o VBG para melhorar a sua capacidade de protecção de services de qualidade que beneficia a 3,600 COVs	(3) Realização de 2 seminários com diferentes agencias (organizações) envolvidas nos assuntos ligados aos direitos das crianças,		X								
(4) Incorporar o VBG no desenvolvimento de instrumentos de identificação e selecção de COVs.		X										
(5) Reforçar o funcionamento dos núcleos de protecção as crianças, incorporando a VBG.				X								
NAFEZA	Reforçar a capacidade estrutural do NAFEZA, instituições parceiros e organizações membros para intervir na comunidade	(1) Identificar e estabelecer memorandum de entendimento com instituições parceiras: .Gabinete de Atendimento, . V.V,D; ADPMAS; Procuradoria, (Junho 2012)		X								
		Fortificar o Team Building através de Gender Mainstreaming. Organizar capacitação de gestão de crescimento. Organizar retiro de Equipa (Abril 2012)	X									

Nome da organização	Objectivo Principal	Actividades	Mar–Abr 2012	May–Jun 2012	July–Set. 2012	Out–Dec 2012	Jan–Mar 2012	Abr–Jun 2012	Jul–Set 2012	Oct–Dec 2012	Jan–Jun 2013	Jun–Dec 2013
		Capacitação de parceiros em aspectos de gênero e VBG. TdR . Contratar facilitadores (anuncio, selecção, negociação) Capacitação								X		



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