

TECHNICAL BRIEF

Mid-Program Lessons on Improving Health Sector Response to Gender-Based Violence in Mozambique



Summary

When women and girls have equitable access to health, educational, and economic opportunities, they can be powerful agents of change and improve the quality of their own lives and those of their families and communities. Yet in Mozambique, poverty, harmful gender and social norms, and a struggling health system challenge the health and wellbeing of adolescent girls and young women (AGYW). In Tete and Manica provinces, where the Supporting Family Planning and Abortion Services (locally known as Impacto) project operates, gender-based violence (GBV) threatens the wellbeing of AGYW. Roughly half of men and women say that there are times or situations when women deserve to be beaten.¹ Nationally, nearly a quarter of women ages 18 to 49 have experienced intimate partner violence (IPV) since age 15.²

Impacto works to improve gender equality so that AGYW can live free from GBV, choose when and whom to marry, and realize their sexual and reproductive health and rights (SRHR), including access to contraception and safe, legal abortion services (Figure 1). Impacto has seen a notable shift toward gender-equitable attitudes and beliefs at the community and individual levels.³ Still, additional attention is needed to improve clinical service provision and access to ensure that AGYW who experience GBV receive timely, quality care.

This brief documents Impacto's impact on GBV response and health service delivery in supported districts, and shares lessons and recommendations for adaptation and scale-up.

¹ "Education." Washington, DC, USA: USAID, December 1, 2021. <https://www.usaid.gov/mozambique/education>.

² "Inquérito de Indicadores de Imunização, Malária e HIV/SIDA Em Moçambique - IMASIDA, 2015." Maputo/Moçambique: Ministério da Saúde- MISAU, Instituto Nacional de Estatística - INE, and ICF, 2018. <https://dhsprogram.com/publications/publication-ais12-ais-final-reports.cfm>.

³ "Advancing Gender Equity Through the Supporting Family Planning and Abortion Services (Impacto) Project in Mozambique." Watertown, MA, USA: Pathfinder International, 2022.

Impacto

The Global Affairs Canada (GAC)-funded Impacto project's feminist approach recognizes that gender equality benefits all people by forging a path out of poverty toward a more inclusive, prosperous society.

Supporting Family Planning and Abortion Services

When inequality is addressed so that women and girls can reach their full potential and earn their own livelihoods, their families, communities, and countries experience economic growth and other benefits. The project seeks to boost gender equality in Mozambique's Manica and Tete provinces by:

- **Fostering a supportive environment for women and girls to embrace and use their voices;**
- **Engaging men and boys to unpack their own gender bias and norms and support the women and girls in their community;⁴ and**
- **Directly expanding access to quality contraception, safe abortion, and GBV services.**

Since 2018, Impacto has implemented activities in nine districts within Tete and Manica provinces. With implementing partner Associação de Jovens da Soalpo (JOSSOAL), Impacto will reach 400,000 AGYW ages 10 to 24 when the project ends in 2024. By

⁴ "Advancing Gender Equity"

⁵ "Annual Project Results Report: Supporting Family Planning and Abortion Services in Mozambique (SFPAS) April 2020-March 2021." Maputo, Moçambique: Pathfinder International, May 31, 2021.

the end of Year 3, Impacto initiated community-based activities for 1,832,000 inhabitants—80% of the estimated population of 2,300,000 to be reached by the end of the project.⁵

In 2018, Impacto conducted a baseline survey of 2,392 young women (YW) ages 18 to 24 and 2,469 men ages 18 to 49 in Tete and Manica provinces. Of YW who responded, 12% reported experiencing physical violence in the previous 12 months; 71% said their husband or partner had inflicted the violence. Nearly half of men (48%) and YW (46%) believed there are times a woman deserves to be beaten. About a quarter of men (24%) and YW (28%) felt that it is a husband's right to have sex even if the wife refuses. Women and girls still bear the blame and

Figure 1. The Gender-SRHR Nexus

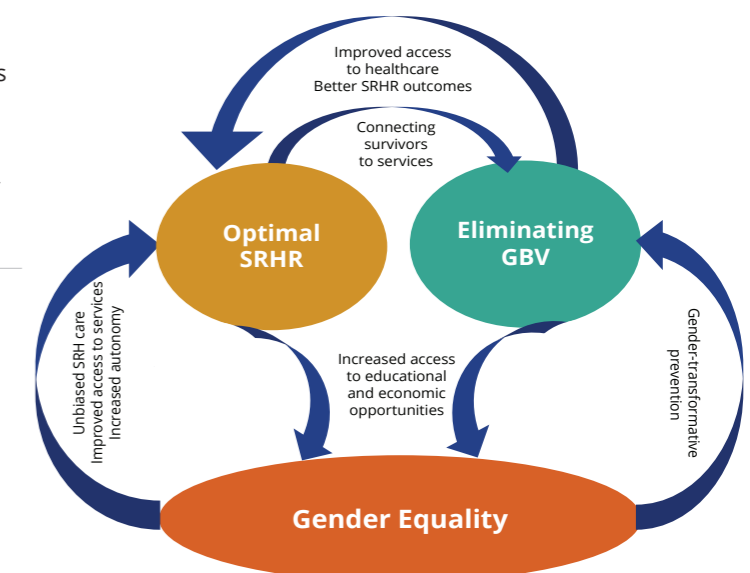
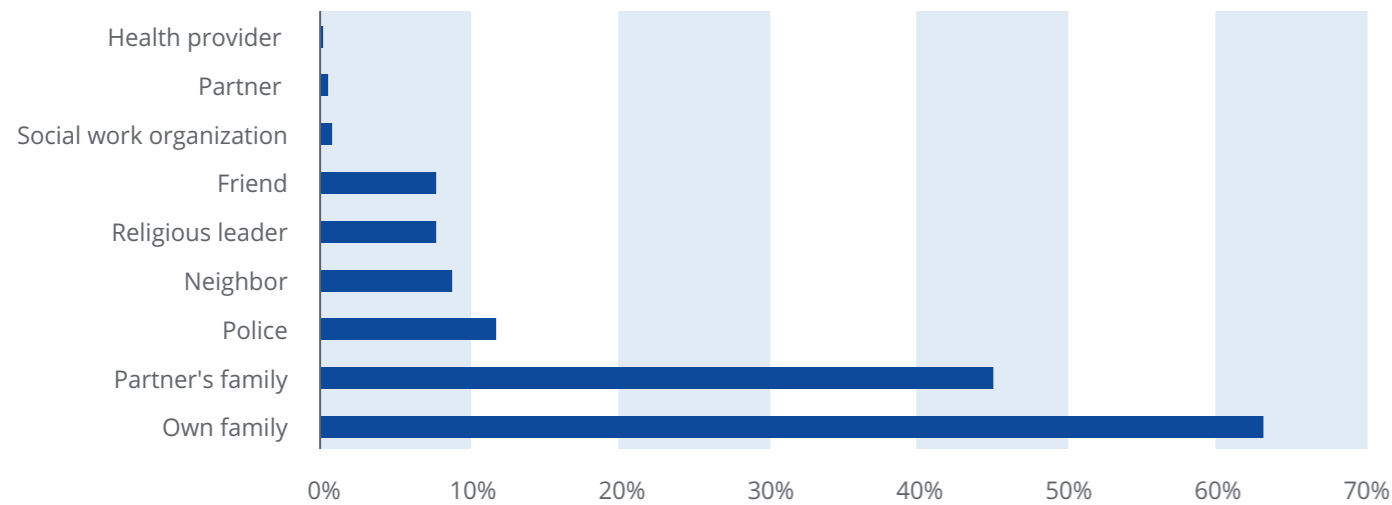


Figure 2. Where are Mozambique's GBV Survivors Seeking Help? (DHS 2015)



stigma for rape and sexual assault; 25% of YW and 28% of men think a husband has the right to kick his wife out of the house if she is raped. One in three men and one in four YW felt that a rape is forgivable if the perpetrator marries the girl or woman he raped.⁶

Impacto also performed multiple rounds of health-facility assessment (HFA) with 35 health facilities (HFs) in Manica and 20 in Tete. In the first-round assessment, comprehensive GBV response services were only available in 28 HFs (80%) in Manica and 8 (60%) in Tete. Eighteen HFs (51%) in Manica and six (30%) in Tete had adequate materials and equipment to provide GBV

response information and services. Thirteen HFs (37%) in Manica and 16 (80%) in Tete asked clients appropriate questions to assess their experience with and risk of intimate partner violence. And 12 (34%) HFs in Manica and 13 (65%) in Tete had a GBV referral and follow-up system. The baseline survey also indicated barriers beyond availability gaps; only 3% of survivors reported seeking health services after an incident. DHS data from 2015 confirms that the health system is not where GBV survivors turn for support (Figure 2). Increasing recognition among women and girls of the role of HFs in GBV response and related care is critical.

⁶ Impacto survey, 2018-2019. Tete and Manica Provinces.



PHOTO: Nicole Gill for Pathfinder International, Manica, Mozambique, 2019.

Participants in an Impacto men's group session led by Betty Mutata, Manica senior community officer.

Implementation of Impacto

Impacto improves attitudes, practices, and norms related to gender equality and SRHR by working toward three intermediate outcomes; the first two are discussed in depth in a separate brief.⁷ Each outcome requires specific interventions and strategies to achieve the intended result. Toward achievement of Outcome 3, Impacto employed training, mentoring, and supervision to strengthen HF-based provider capacity to respond to GBV.

These activities enhanced provider familiarity with guidelines; job aids; and information, education, and communication (IEC) materials, and encouraged regular use of registration books and proper storage and use of supplies and equipment. Impacto also provided technical support for GBV service integration, multisectoral collaboration, and referral system strengthening.

Before Impacto, not all HFs had GBV reporting systems, so cases were going unreported. With Impacto's support, HFs strengthened registration of GBV cases and integration of GBV care. Providers showed greater sensitivity to the urgency of caring for people who have experienced GBV and knowledge of related clinical procedures. Between pre- and post-tests, trained providers with mastery of related clinical skills grew by 16% (from 396 to 461) in Manica and 36% (from 291 to 396) in Tete. HFs and providers also showed more ownership of multisectoral prevention and response committees and more effective cross-sectoral coordination, particularly with the police. The police and judiciary received better quality reports, dissemination of information in the community improved, and the linkages between the Ministry of Health (MOH) GBV department and provincial- and district-level GBV services grew stronger.

To increase awareness and service seeking among GBV survivors, Impacto trained community leaders, activists, mentors, and teachers, on gender and GBV. These leaders led awareness-raising sessions for adolescent girls and boys, and men and women, to share information on rights, consequences of GBV, disclosure laws, and relevant services. GBV was included in civic participation training for AGYW. Radio programs complemented these efforts. Impacto also worked to: strengthen community-level identification, referral, and follow-up of GBV survivors; encouraging community participation in district-level multisectoral meetings with attorneys, police, the health sector, and social services representatives; and collaboration among community leaders and district attorneys on GBV cases. These efforts

yielded greater collaboration among community leaders and key stakeholders—district attorneys, HFs, community project implementers, parents and guardians, and influencers—in encouraging reporting of GBV cases, and supporting survivors with referrals, services, and follow-up.

Impacto's Intermediate Outcomes

OUTCOME 1: Increased empowerment of women and girls in selected districts to exercise agency in household-, community-, facility-, and policy-level SRHR decision-making forums.*

OUTCOME 2: Decrease of harmful practices and sociocultural norms and beliefs that limit women's and girls' decision making and control over their SRHR, sexuality, and bodily integrity.*

OUTCOME 3: Improved provision of and access to rights-based, gender-sensitive contraception, abortion, and GBV services. Impacto works to strengthen the health systems in Tete and Manica to ensure availability and access to quality SRHR services by doing the following:

- Strengthening the capacity of health care workers through a comprehensive, integrated training on gender-responsive, youth-friendly contraception, abortion, postabortion care, and multisectoral GBV services, and providing regular mentoring and monitoring support, and
- Expanding access to services in hard-to-reach areas through activists, community health workers, and mobile brigades—bringing care to the most vulnerable girls and women.'

*"Mozambique at a Glance - Impacto: Supporting Family Planning and Abortion Services." Watertown, MA, USA: Pathfinder International, January 2022. https://www.pathfinder.org/wp-content/uploads/2022/01/Pathfinder_AAG-IMPACTO-Jan-24-2022.pdf.

⁷"Advancing Gender Equity"

Performance

Impacto has seen a notable shift toward gender-equitable attitudes and beliefs at community and individual levels. Related findings are highlighted in the brief, [“Advancing Gender Equity Through the Supporting Family Planning and Abortion Services \(Impacto\) Project in Mozambique.”](#) However, Impacto’s midline analysis found that, while notable progress has been made in shifting attitudes, additional attention is needed to improve clinical service provision and access to ensure that AGYW who experience GBV receive thoughtful, timely, quality care.

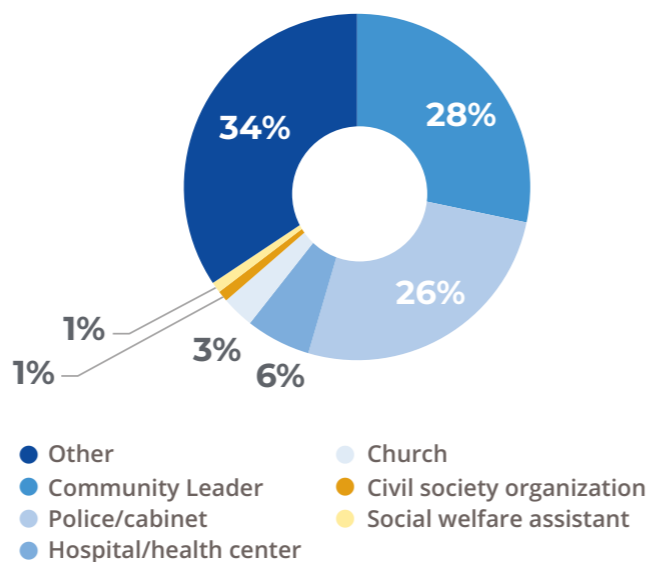
Knowledge, Attitudes, and Practices Influencing Service-Seeking

The Impacto team conducted a midline survey to assess knowledge, attitudes, and practices regarding key contraception and gender measurements in the implementation areas within Tete and Manica provinces. A total of 1,263 randomly selected YW ages 18 to 24 and 1,260 randomly selected men ages 18 to 49 responded. The survey included an adapted Gender Equitable Men (GEM) Scale—originally developed by the Population Council and Promundo to measure attitudes toward gender norms and adapted for the International Men and Gender Equality Survey (IMAGES) conducted in Mozambique in 2017.

When asked whether laws against violence are sufficient to protect victims, the proportion of YW who disagreed increased from 28% to 48% in Manica and from 30% to 61% in Tete. This demonstrates a growing awareness among respondents that GBV is an important issue—a project success—but that the laws and policies in place are insufficient to protect and care for people who have experienced GBV. Like YW, parents do not always trust that the outcomes of GBV cases will be just, whether due to bribery, corruption, or impunity. While the project introduced enhanced engagement with police officers in Year 2, change within the judicial sector will take time. In the meantime, YW do not feel protected. There was an increase from 14% at baseline to 26% at midline in those who reached out to the police (Figure 3). Community courts (while ill-qualified to handle and refer GBV cases) often intervene. Family of survivors primarily seek this avenue to quietly settle disputes. Reflecting the increase in awareness and knowledge, among YW who reported GBV, there was an increase from 19% to 28% who reached out to community leaders.

Encouragingly, the proportion of YW who know where to get GBV information and services rose from 43% at baseline to 77% at midline. However, among YW who reported having experienced physical or sexual violence in the last 12 months, those who sought help only increased from 48% at baseline to 53% at midline. Moreover, attitudes and practices specific to health care, clinical needs, and service options are demonstrably slower to change—at midline, only 6% of the survivor respondents cited HFs among the places they sought GBV services (9% in Manica and only 2% in Tete). It will take time to see an increase in the number of GBV cases reaching health facilities, given the time and effort it takes to break down deeply ingrained beliefs and

Figure 3. Sources of Assistance Among AGYW Who Experienced Violence and Sought Help (Midline)



mistrust of the system. However, there is great opportunity here. While many girls and women do not trust the police and are daunted by the potential consequences of going to the police, critical life-saving services are available to GBV survivors at HFs and provide an opportunity to build trust between survivors and formal response mechanisms. The more HFs and communities understand GBV as a health issue, as the MOH does—and local systems institutionalize national guidelines for health-sector-led response to GBV—the more likely key services are to reach survivors.

Persistent gaps in availability of skilled care present a key barrier to practice change in survivor service-seeking behavior. At midline, Impacto’s two rounds of health facility service readiness and quality assessments revealed significant limitations and lack of adherence to national guidelines—key findings that are informing refinements in the project’s implementation focus for the coming three years.

Figure 4. # Women Who Received GBV Services at Health Facilities in the Previous 12 Months in MANICA

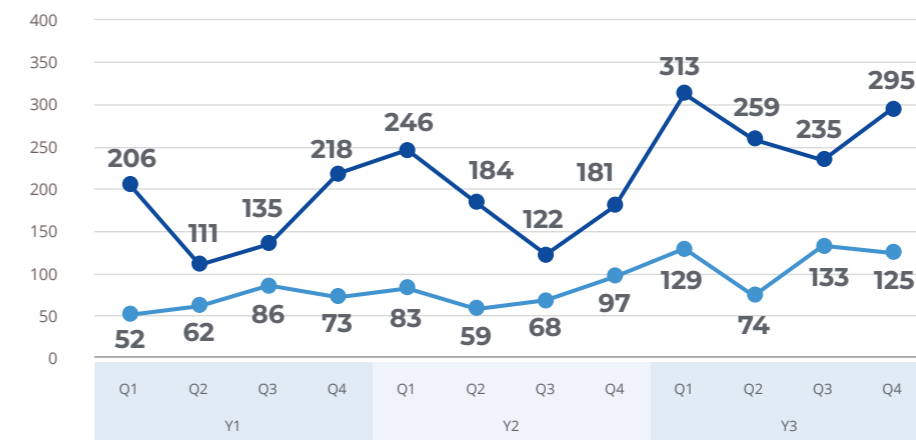
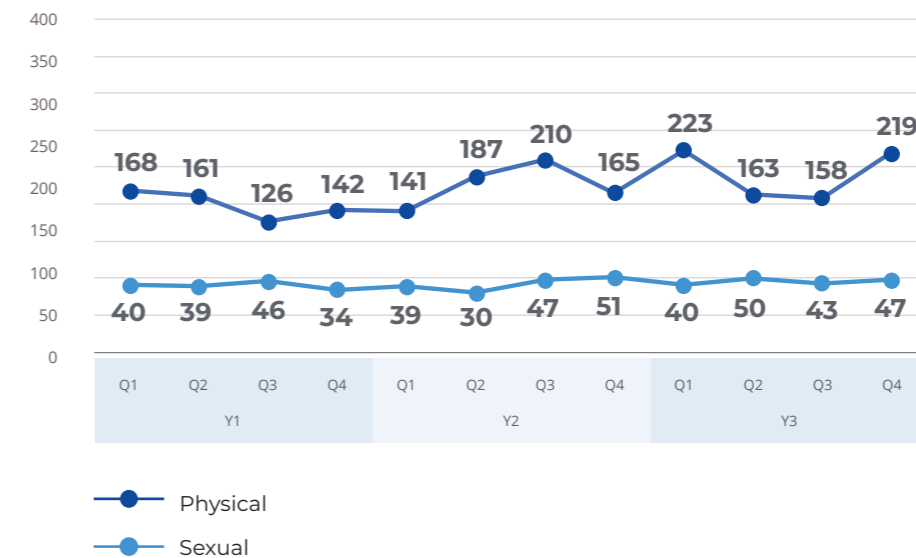


Figure 5. # Women Who Received GBV Services at Health Facilities in the Previous 12 Months in TETE



“ Persistent gaps in availability of skilled care present a key barrier to practice change.”

Health Facility Assessment

Using the MOH GBV service-quality assessment tool, Impacto assessed 35 HFAs in Manica between February 2020 and March 2021, and 20 in Tete between September 2019 and March 2022. On average, HFAs were conducted every six months. While there were notable differences in the results between Manica and Tete, overall results yield project-wide insights.

During the assessment period, all HFAs in both Manica and Tete met the overall HFA standards. In Manica, 80% of HFAs met the overall standards in the first round; this increased to 100% in the last round (Figure 6). In Tete, 85% of HFAs met the overall HFA standards in the first round; this increased to 100% in the last round (Figure 7). Disaggregated, competency-based analysis is critical. When disaggregated by competency area, GBV and IPV screening and support, and user-centered, evidence-based, trauma-informed clinical care had the greatest improvements in Manica. Availability of free, accessible, equitable, confidential GBV care and GBV IEC materials, equipment, and infrastructure saw the greatest improvements in Tete. Some areas saw no improvement, such as health care policies in Manica and forensic examination and handling of evidence in Tete. Still others experienced a decline between the first and last round of assessments, including IEC materials in Manica and screening in Tete.

Manica, where the percentage of facilities providing trauma-informed clinical care increased by 51 percentage points, and where screening and support increased by 54 percentage points, saw greater improvement in health-service seeking than Tete (where the percentage of HFAs meeting standards for screening decreased by 10 points, even though the percentage of HFAs providing trauma-informed clinical care increased by 25 points).

An in-depth analysis of results found that lack of progress in meeting several standards hindered achievement of the required benchmarks. Health providers often failed to screen for GBV, and even if they did, property security plans were rarely in place. New MOH screening tools will help address these gaps. Siloed services meant that social workers were rarely based at HFAs and therefore unable to provide timely social services to HF clients in need. In addition, although providers are required to report cases of violence against children to the police, they often failed to refer families to the police or to follow up to verify families' police reports of violence against children or make the reports themselves if the family failed to do so. In some cases, this failure stemmed from fear of retaliation. This contributed to inadequate social protection services for children in many sites. However, better coordination with police and increased sensitization of providers is helping to improve these linkages.



Health facility providers in Tete province filling a logbook

PHOTO: Estrella Alcalde for Pathfinder International

Health Facility Assessment Areas of Focus

- AREA 1** – Availability of free, accessible, equitable, confidential GBV care
- AREA 2** – GBV IEC materials, equipment, and infrastructure
- AREA 3** – GBV and IPV screening and support
- AREA 4** – User-centered, evidence-based, trauma-informed clinical care
- AREA 5** – Forensic examination and handling of evidence
- AREA 6** – Victim referral and follow-up system
- AREA 7** – Training and quality improvement
- AREA 8** – Health care policies
- AREA 9** – Demand creation for post-GBV services
- AREA 10** – Reporting and information system

Figure 6. % of Manica Facilities (n=35) That Met HFA Standards in the First and Last Round, by Area

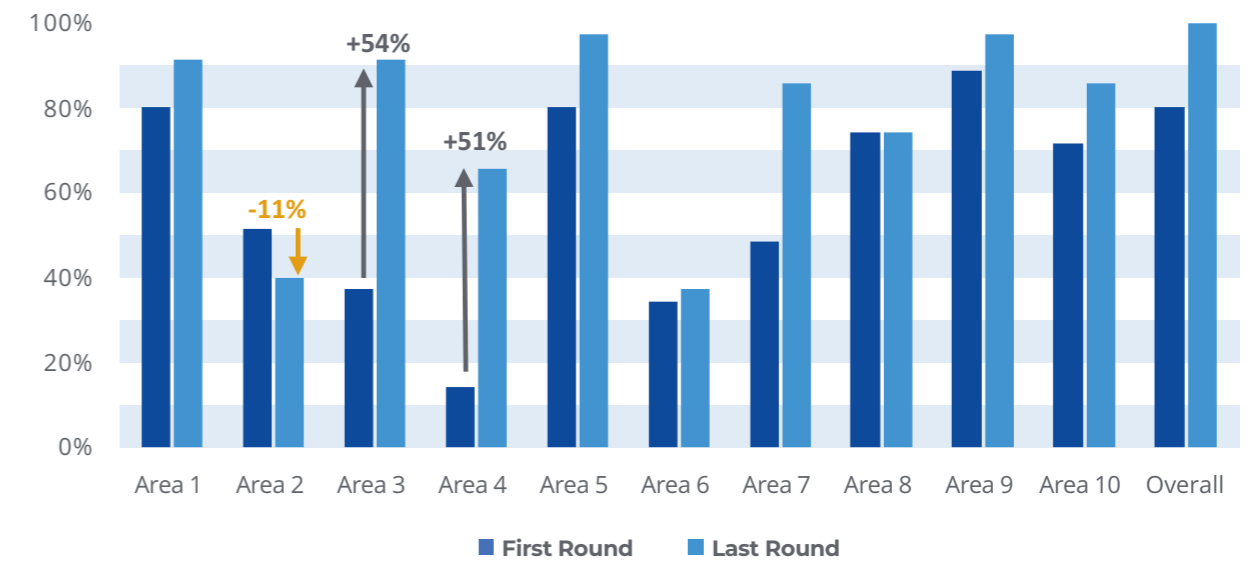
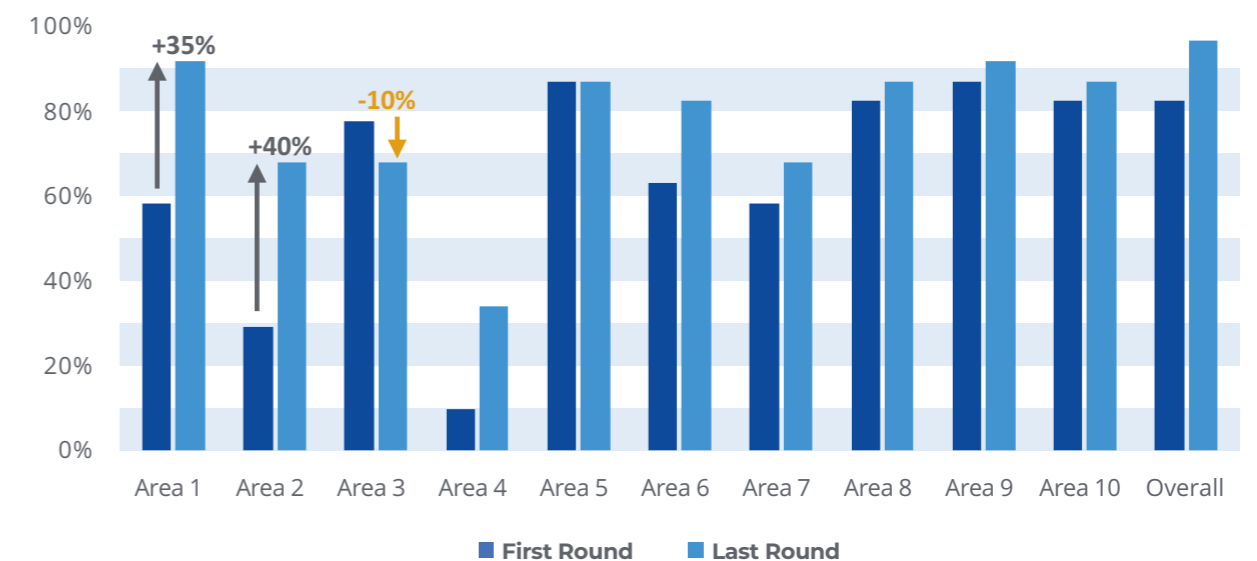


Figure 7. % of Tete Facilities (n=20) That Met HFA Standards in the First and Last Round, by Area



LESSONS AND RECOMMENDATIONS

Engage police and justice institutions from the beginning in protecting the right of girls and women.

Early collaboration with police may have ensured better adherence to protocols and protection of GBV survivors and a stronger referral pathway to the health sector. Promisingly, the MOH is approving new GBV registration and referral forms for use by HFs and police to improve data collection and referrals. In addition, distinguishing between de facto law and formal law and clarifying community courts' and community leaders' roles in GBV response is essential.

Use multiple channels to raise awareness of the benefits of health care for GBV.

Building awareness of and buy-in to the importance of visiting a HF as soon as possible after experiencing GBV takes time and intensive promotion. If people do not know what services are available, they will not use them. Documentation of GBV success stories can provide examples to spread awareness. Mass social and behavior change dissemination combined with direct engagement of GBV- and women's-rights-focused community-based organizations, leaders, and courts are necessary to effect change.

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Improving provider capacity and service quality through on-the-job training and mentorship is critical.

Strengthen facility-wide capacity to support GBV survivors.

HFs must gain the trust of people experiencing GBV and strengthen the referral system between community influencers and HFs. Improving provider capacity and service quality through on-the-job training and mentorship is critical. Impacto's clinical mentorship tool focused on contraception and comprehensive abortion care services, overlooking GBV service provision. Impacto is developing a clinical GBV mentorship module and will employ focused provider coaching in the coming year. The project has identified the value of expanding GBV sensitization beyond providers to all HF staff and management, especially those most likely to be in contact with women and girl clients. GBV survivors can access services from different entry points, including the maternity ward, emergency room, dental services, and immunization services. It is important that all providers are trained to properly identify, respond to, and refer GBV survivors.

Stigma and shame around sexual violence is a critical barrier to care.

Negative consequences for a girl or woman if it is known that she has been raped are pervasive. Sustained, robust dual measures are needed to overcome this barrier:

- 1) Enhanced efforts to ensure and protect confidentiality in referral, service seeking, and service provision such that survivors gain confidence in their ability to access essential services without family or community knowledge; and
- 2) Long-term IEC and social and behavior change efforts at the community and interpersonal level to shift attitudes around survivor blame and perpetrator accountability.

Many questions remain.

- What refinements are needed to Impacto's approach to GBV training, supportive supervision, and mentorship to increase effectiveness to levels seen for contraception and safe abortion service quality improvement?
- How can providers be more effectively involved in preparation and delivery of GBV response?
- What is feasible when it comes to provider competency assessment and skill-building?
- What strategies are useful to efficiently identify and address low-performing HFs?



PHOTO: Kendra Hebert for Pathfinder International

Male and female participants of a community dialogue session discussing SRHR

Next Steps

The Impacto team will continue assessing the quality dimensions in GBV health services that need priority attention. The HFA is an effective tool for measuring availability in HFs of a comprehensive set of GBV response standards. Impacto will continue to apply the HFA, improving application with learnings from the first rounds of assessment to effectively capture quality of services. The Impacto clinical team will also work with GBV focal points at HFs to follow up on the action plans drafted after the HFAs and introduce a GBV module in our mentoring app to both improve providers' capacities and skills and regularly identify service gaps and deficiencies. At the community level, Impacto will assess the quality of GBV services using social accountability and feedback mechanisms such as citizen report card or community score card. The project will increase communication about health services for people who experience GBV, and work to reduce stigma and shame around rape, through community activities and discussions.

Project overview: Funded by GAC, Impacto (2018-2024) has improved gender equality in nine districts in Tete and Manica provinces in Mozambique so that AGYW can exercise their rights to bodily integrity (including the right to live free from GBV and to choose when and whom to marry) and SRHR (including access to rights-based contraceptive and safe, legal abortion services).

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The contents of this publication are solely the responsibility of Pathfinder International.

cover PHOTO: Nicole Gill for Pathfinder International, Manica, Mozambique, 2019. As part of Impacto, Hilaria (right) helped guide Rosa (left) in her decision to use contraceptives. Hilaria accompanied Rosa to the health facility to get an implant

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