Addressing Violence Against Women and Girls in Mozambique
Looking Back and Moving Forward

Ana Baptista. MD
ana.baptista@jhpiego.org
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At the end of this presentation you will:

- Know the steps that Mozambique has taken to establish GBV services;
- Understand the process for developing a comprehensive and holistic approach to strengthening the health sector response to GBV
- Know best practices and lessons learned from the implementation of GBV services and upcoming initiatives.
Mozambique at a glance

- Population: **29,338,815** million (51.3% women)
- Life expectancy: **51.8** yrs
- **64.5** health providers/ 100,000 hab.
- HIV prevalence: **13.2%** women, **9.8%** men.
- Women subjected to physical/sexual violence by an intimate partner or a non-partner during their lifetime: **55%**.
- **14%** of Girls married before 15 yrs

UN women.2012
Policy Background on VAW in Mozambique

- **2008**: First National Plan of Action to address Violence against Women (VAW),
- **2009**: Law (29/2009) on VAW
- **2009**: Strategy for Integrating Gender across the Health Sector
- **2012**: Integrated Mechanism for the Care of Victims of Violence

Fig 2 – First national action plan to address VAW in Mozambique
Where did we started?

- Occupational PEP was the starting point.
- 2009 Sexual Violence (SV) came to the spotlight
- Retrospective study analyzed 2,406 cases of SV.
- 58.6% survivors under 14 yrs 51% were students.
- Police were one of the most important entry point for survivors.
- Only 31% of eligible survivors had access to PEP for HIV prevention.
- Strengthening health system creating decentralized, comprehensive services is essential.
- Urgent need for interventions to stem sexual violence in Mozambique

Jhpiego GBV Project Focus

- Development of Guidelines
- Curriculum Development and Training
- Site Implementation / Demo Sites
- Information System
- Intersectoral Coordination
- Community Involvement
- GBV screening in clinical setting
Development of Guidelines

- **2011**: Guide health managers to implement services.
- **2012**: Clinical guide for frontline HCW (PEP for HIV prevention, EC, STI prophylaxis, crises and trauma management).
- **2015**: GBV Screening protocol for HCW.
- **2016**: Clinical guide for post violence care for children and adolescents.
Curriculum Development and Training

- Curricula for post-violence care for adults and minors were developed for in-service, and pre-service education for nursing and medicine technicians.
- Police officers, psychologists and social workers were also trained.
- Since 2011, 2393 providers were trained.

Fig 3. In-service training on GBV for nurses and technicians in Pemba Provincial Hospital
Site Implementation

- Since 2011, services implemented in 42 HF, 7 of them demonstration sites (DM) 5 achieved 80% or more standards of quality.
  - 5,979 survivors were assisted, 91% female, 9% are men.
  - 52% of them were survivors of SV
  - SV: 46% were less than 14 years old.
  - PV: 56% were older than 25 years old;

Fig 4. A trained nurse from Dondo demonstration site offering care for a 45 years old woman survivor from SV and PV
Service uptake at 7 DS increased ten-fold from 229 in 2012 to 1,806 survivors in 2016 (2363).

DS approach is now formally adopted by MOH and CDC and scaled up to all provinces using the same tool and process.

Fig 5. Evolution of the number of survivors at DS
Site Implementation
Access to PEP among SV survivors

Fig 5. PEP Kits for SV sexual violence at the one stop survivors point of care at HP Pemba
The SBMR® (Standards-Based Management and Recognition) approach:

- 43 standards focusing on:
  - Leadership
  - Multi-sectoral coordination of survivor victim care,
  - Resources and materials,
  - Human Resources,
  - Flow of patients and GBV services
  - Immediate GBV Care
  - Follow-up of GBV Survivors Victim

Fig 6 – Governor of Gaza Province in a DS recognition ceremony
Data Collection and Report Tools

- Data collection and reporting tools were developed, piloted and rolled out.
- Post-violence registers and forensics forms are available at the HF; Electronic database at primary and MOH level.
There is coordination among sectors through monthly meetings to discuss implementation challenges (e.g. service standards).

At the provincial level in Maputo, the GBV coordinator in the Directorate of Provincial Health services also convenes periodic coordination meetings with main stakeholders.

Fig. Multisectoral team of Chokwé DS namely (left to right): GBV focal point, police officer, social worker, health care provider and a member of community.
Since September 2012, community approach initiated, as part of HIV testing and counselling.

- **1,232** survivors disclosed their GBV experiences, 31% (SV), 41% (PV) and 29% (Emotional Violence)

- HIV prevalence among survivors was **40%**.

- 47% of survivors referred to post-GBV services, 23% reached services at HF.
Moving Forward
GBV screening at Clinical settings

- Since November 2016, a routine GBV screening package in clinical settings is being implemented in 3 HF as a study pilot.
- Aiming to improve uptake of post-violence and impact on health indicators.

Fig 10 – Lay counselors during an education session about GBV screening in the waiting room at Chokwé DS.
Moving Forward
GBV screening at Clinical settings

- Research questions include:
  - Standard routine screening for GBV increases the number of cases identified and provision of post violence services.
  - Training providers can improve patient’s linkages to SSR and HIV care and impact on health outcomes.
"We did the [HIV] test at the ANC but it was not easy to convince him. Our results were different. He forces me to have sex without protection. I'm afraid my baby will be born sick".

Eulália disclosed GBV at ANC.

“Now he knows that our health is in first place and we should save our baby. Now it is easier for him to accept using condoms".

Fig 11 Eulália, 21 years old, is 6 months into her first pregnancy.
Moving Forward
Addressing GBV in Military settings

- Under a DOD-funded project, in coordination with MoD, Jhpiego implemented SBCC to soldiers and their families on gender norms and HIV.
- Implementing post-violence services and GBV screenings in military settings.

Fig 12 – IEC materials used in MoD (Ministry of Defense) to raise awareness about GBV
Lessons Learned

- To know where you want to go you have to know first where you are.
- Guided screening can support providers promoting access to post-violence care.
- Use SBM-R standards and QA processes facilitated implementation process.
- Specialized services for children AGYW are a need.
- Sensitization and transformation of personal attitudes of providers GBV is a critical first step.
- “GBV is a cross-cutting, multi-sectoral issue; It is everybody’s issue, but this also means it can be nobody’s issue.” (Bossemeyer, D)
Fig 13 – Girls attending an educational session about sexual violence prevention in the secondary school of Xai Xai under DREAMS Initiative - “I decide my future”. 