

The ACQUIRE Project Mozambique Associate Award End-of-Project Report

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the ACQUIRE project



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List of Abbreviations and Acronyms

AED	Academy for Educational Development
ADECOMA	Associação para o Desenvolvimento e Cooperação Moçambique/Alemanha
ADPP	Ajuda De Povo para Povo
AIDS	acquired immunodeficiency syndrome
BCC	behavior change communication
CCP	Johns Hopkins University, Center for Communication Programs
CDC	United States DHHS, Centers for Disease Control and Prevention
CMA	Comunidade Moçambicana de Ajuda
CNCS	National Council for Fighting AIDS
DPSZ	Zambezia Health Provincial Department
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
FDC	Foundation for Community Development
FGH	Vanderbilt University, Friends for Global Health
FM	Forum Mulher
GBV	gender-based violence
HIV	human immunodeficiency virus
HAI	Health Alliance International
HOPEM	Homens pela Mudança
HPI	Futures Group International, Health Policy Initiative
ICAP	Columbia University, International Center for AIDS Care and Treatment Programs
IEC	information, education, and communication
INJAD	National Survey for Adolescent and Youth
MAP	Men As Partners
MCP	multiple concurrent partnership
MNI	Male Gender Norms Initiative
MOE	Ministry of Education and Culture
MOH	Ministry of Health
MONASO	The National Umbrella Organization for AIDS Service Organizations
NAFEZA	Núcleo das Associações Femininas da Zâmbia
NGO	non-governmental organization
OGAC	Office of the US Global AIDS Coordinator
PEPFAR	US President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission (of HIV)
PSI	Population Services International
STI	sexually transmitted infection
TA	technical assistance
TOT	training of trainers
UNIFEM	United Nations Fund for the Development of Women
USAID	United States Agency for International Development
YWCA	Young Women's Christian Association
VCT	voluntary counselling and testing
WR	World Relief
WV	World Vision

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Moreover, the authors would like to acknowledge the Republic of Mozambique for its ongoing support and commitment to integrating gender into HIV programming in Mozambique.

Executive Summary

Societal expectations of men's and women's behaviors are among the strongest factors fueling HIV transmission worldwide. Women's lower status in many societies contributes to limiting the social, educational, and economic opportunities that could help protect them from infection. In a parallel manner, harmful male gender norms encourage men to equate a range of risky behaviors—the use of violence, substance abuse, and the pursuit of multiple sexual partners—with being manly. Moreover, rigid constructs of masculinity lead men to view health-seeking behaviors as a sign of weakness. These gender dynamics all play a critical role in increasing both men's and women's vulnerability to HIV. Therefore, many of the country programs funded through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) have prioritized in their programming efforts to address gender norms and related behaviors that promote the risk of negative health outcomes, such as HIV and AIDS, unwanted pregnancies, and intimate partner violence.

Under the ACQUIRE Project, EngenderHealth launched the Male Gender Norms Initiative (MNI), with support from the Office of the U.S. Global AIDS Coordinator (OGAC), to strengthen male engagement in HIV programs in several PEPFAR focus countries. Beginning in 2007, PEPFAR Mozambique charged EngenderHealth with providing capacity-building support for selected PEPFAR partners on the integration of gender strategies into current HIV programmatic activities.

Through the “Strengthen PEPFAR Partners’ Capacity to Address Gender” follow-on Associate Award, EngenderHealth, in partnership with Promundo, successfully laid the foundation for continued HIV and gender integration programming in four regions of the country: Maputo, Sofala, Zambezia, and Nampula. During the course of the project period (October 2008–December 2009), the following accomplishments at the output level were achieved:

Major Accomplishments

- ◆ Fourteen training-of-trainers (TOTs) on three male engagement approaches to HIV programming were successfully delivered. Approximately 478 representatives from local and international nongovernmental organizations (NGOs) and government institutions in the focus regions actively participated in the TOTs. In total, 13 international NGOs and 66 local organizations and government institutions were trained on male engagement approaches for HIV programming. Following the trainings, intensive technical assistance (TA) was delivered to 15 organizations and their local partners on various issues, ranging from curricula development to strategic planning and proposal development.
- ◆ HIV prevention materials targeting Mozambican men and women were developed, with the support of key PEPFAR partners, Homens pela Mudanca (HOPEM), and the USAID Mozambique Mission. This consisted of digital stories highlighting personal stories from Mozambican men, complete with a facilitator's guide; radio spots with key messaging around men's role in HIV prevention; and 2,000 posters and 5,000 brochures highlighting the key drivers of the HIV epidemic in Mozambique: alcohol abuse, lack of HIV testing, gender-based violence (GBV), and unhealthy relationships.
- ◆ A grassroots, national network for engaging men in HIV response and gender equality (HOPEM), was established and remains a leading resource and advocate for male engagement in Mozambique, with secured funding from the United Nations Development Fund for Women (UNIFEM).

- ◆ The capacity of Forum Mulher (FM) to become a sustainable, local resource for male engagement strategies was developed. Through intensive TA on male engagement and HIV prevention strategies, FM has trained 18 staff and partners on gender transformative approaches and has a project planned in 2010 to address men's attitudes on HIV prevention.
- ◆ Completion of a process evaluation that will refine our approaches in building the capacity of NGOs in male engagement and HIV programming.

Key Recommendations

- ◆ **Commit to sustainable funding.** One-year PEPFAR funding cycles are a significant challenge for ensuring capacity building on social normative work. It is recommended that additional resources beyond a one-year funding cycle be allocated or secured through other donors to adequately support key partners in addressing harmful gender norms in HIV prevention.
- ◆ **Fully engage PEPFAR and the Ministry of Health (MOH).** The commitment and full participation of PEPFAR and the MOH is critical to ensuring the effective and long-term sustainability of male engagement work. Creative and persistent efforts must be made to involve these two critical partners, to ensure that male engagement work is seen as legitimate and important and an investment for the future.
- ◆ **Be strategic when involving partners in male engagement work.** Organizational leadership should be approached early in the process, with clear support from PEPFAR and the MOH. Engaging senior management also ensures that the changes are structural and lasting.
- ◆ **Conduct comprehensive formative research.** Although formative research requires time, financial resources, and technical assistance up front, such efforts can significantly help improve the quality and legitimacy of programming in a new country setting.
- ◆ **Strengthen the national advocacy network HOPEM.** HOPEM has emerged as a leading resource and advocate for engaging men in gender equality. Support is needed to help guide and sustain the grassroots alliance through increased dialogues with other networks and to seek out additional resources. Assistance with the ongoing recruitment of additional member organizations, both nationally and regionally, is necessary.
- ◆ **Increase focus on the problem of cross-generational sex and on HIV prevention in the education sector.** Schools are often sites for the sexual exploitation of young girls, especially when educators attempt to exchange sexual favors for passing grades. Government can consult and work together with local NGOs and with HOPEM to promote awareness-raising activities in school and the public health system, including the prevention of sexual exploitation.
- ◆ **Support the launch of a comprehensive behavior change communication campaign on engaging men in HIV prevention.** While we were not able to scale up the IEC resources developed under this project and roll them out as a comprehensive campaign, the IEC materials can be further adapted and translated for use in various regions within the country.

Project Overview

This report describes the achievements of the ACQUIRE Project Mozambique under the cooperative agreement **656-A-00-08-00280-00**, supported by the USAID Mozambique Mission for the period October 1, 2008, through December 31, 2009. Our primary project goal was to increase the capacity of PEPFAR partners to integrate strategies to engage men in their respective HIV and AIDS prevention, care, and treatment programs. The activities completed under this award include intensive training, direct technical assistance, and advocacy around male engagement and HIV and AIDS within Mozambique.

Background

According to the National AIDS Council's National Strategic Plan (2005–2009) on HIV/AIDS, gender has played a central role in the spread of HIV in Mozambique. Following 12 years of civil war (1980–1992) and the resulting extreme poverty, Mozambique has had difficulty in addressing and mitigating its HIV epidemic. In 2007, 1.4 million of the adult population was estimated to be living with HIV and AIDS, with women representing 840,000 of all HIV-positive individuals.¹ In addition, the HIV prevalence among young women versus young men (those aged 15–24) in Mozambique in 2007 was almost 3 to 1,² showing an epidemic with gendered outcomes.

Therefore, in 2007, PEPFAR Mozambique charged ACQUIRE partners EngenderHealth and Instituto Promundo with providing capacity-building support for select PEPFAR partners on the integration of gender strategies into current HIV programmatic activities and with establishing a coordinated national network for engaging men in HIV response. Through the most recent award, “Strengthen PEPFAR Partners’ Capacity to Address Gender,” EngenderHealth and Promundo built upon their previous work in establishing key partnerships and successfully laid the groundwork for continued HIV and gender integration in Mozambique.

Project Goals & Activities

The project team, EngenderHealth and Promundo, partnered with organizations in Mozambique to implement transformative approaches addressing harmful gender attitudes and behaviors that put communities at risk of HIV and AIDS. Transformative gender approaches involve a critical self-reflection process on power dynamics within society and support for strategies that promote gender equality.

The goal of the project was to increase the capacity of PEPFAR partners to integrate strategies to engage men in their respective HIV and AIDS prevention, care, and treatment programs. In particular, the project sought to engage Mozambican men to address the HIV epidemic by protecting their health, as well as the health and welfare of their partners and children. Lastly, the project aimed to encourage communities to act as agents of change for gender equity in Mozambique.

¹ UNAIDS/WHO/UNICEF EPIDEMIOLOGICAL FACT SHEETS-
http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_MZ.pdf

² Ibid.

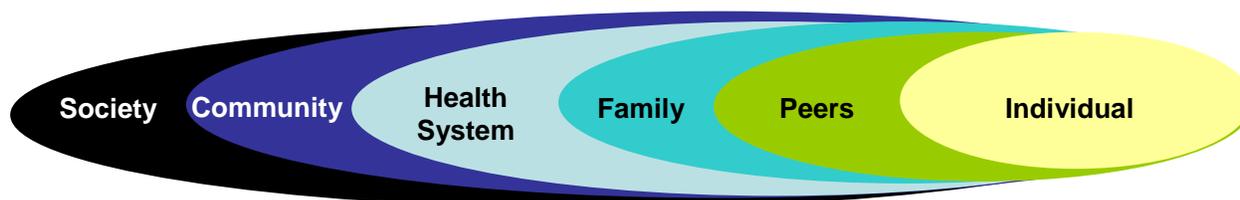
In support of these goals, EngenderHealth and Promundo successfully completed the following three activities in the capital city of Maputo and in the provinces of Sofala, Zambezia, and Nampula:

1. Organizing strategic TOT efforts on three integral approaches to male engagement as it relates to HIV and AIDS programming
2. Tailoring technical assistance based on individual organizations' action plans and needs to constructively engage men in HIV and AIDS programming
3. Catalyzing the establishment of an advocacy network to share resources around male engagement and HIV and AIDS throughout country

Overall Project Approach

For gender transformative work to be effective, it is critical to adopt an ecological approach to address the HIV epidemic. The ecological model (see Figure 1) addresses multifaceted aspects in an individual's environment to effect personal and social change. This includes: a) encouraging men to reflect on their personal values about gender and the impact of these values on their own and their loved ones' health, especially in terms of HIV; b) addressing men's individual attitudes and behaviors regarding their role in HIV prevention, care, and support; c) creating a supportive environment to nurture new gender-equitable behaviors; d) increasing men's use of and support for existing HIV services; e) mobilizing communities to tackle non-equitable social and gender norms; and f) influencing policy dialogue around gender and HIV issues. During the course of the project, EngenderHealth and Promundo supported in-country partners to implement an ecological model related to male engagement in HIV and AIDS through training, technical assistance, and advocacy efforts.

Figure 1: Ecological Model



Project Partners

Based on lessons learned from other countries, the project team committed to beginning its work with an intensive focus on a few key partners that are strategically positioned to integrate gender transformative work into their existing work with men. Therefore, the project team worked with a core group of in-country partners—the Academy for Educational Development (AED), O Conselho Nacional de Combate ao HIV/SIDA (CNCS), Foundation for Community Development (FDC), Friends in Global Health/Vanderbilt University (FGH), Health Alliance International (HAI), the U.S. Peace Corps, and World Vision (WV). Over time, as capacity expanded, local partners and other international NGOs were strategically added, based on their reach in other parts of the country and their expertise in certain areas, such as GBV. Furthermore, the project team actively engaged government ministries, such as the MOH and the Ministry of Education and Culture (MOE) to adopt male engagement strategies into their respective programming.

Geographic Focus

Building upon EngenderHealth's past work under the ACQUIRE MNI (2007–2008), the aim of this project was to intensify capacity-building efforts in Maputo and in the provinces of Sofala and Zambezia, while expanding to Nampula Province. Additionally, the project had a national reach indirectly, through its core group of partners, who work throughout Mozambique.

Figure 2: Map of Mozambique



Successes and Challenges

Project Successes

EngenderHealth and Promundo succeeded in the completion of three key activities: organizing strategic TOT efforts, providing tailored technical assistance, and catalyzing the establishment of a national advocacy network. These components are essential to establishing a viable foundation for continued gender and HIV integration work in Mozambique. Described below is a highlight of the six integral accomplishments achieved within the project period:

1. The delivery of 14 TOTs to build PEPFAR partners' knowledge on male engagement strategies and HIV programming.

Within one year, the project team completed 14 TOTs scheduled throughout the regions of Maputo, Sofala, Nampula, and Zambezia. The goal of the trainings was to build participants' capacity to become skilled master trainers on male engagement approaches to HIV programming at the individual, community, and health service delivery levels. The training curriculum was based on the following manuals developed under ACQUIRE MNI in 2008: 1) *Engaging Boys and Men in Gender Transformation*, 2) *Engaging Men in HIV and AIDS at the Community Level*, and 3) *Engaging Men in HIV and AIDS at the Service Delivery Level*. The trainings were aimed at assisting partners to develop a strong familiarity with the EngenderHealth and Promundo manuals on masculinities and male engagement. Trainings were usually three to five days long, with sufficient time allotted for action planning. Under this award, we successfully completed the translation and production of all training materials into Portuguese for mass distribution to local partners.

Approximately 13 international NGOs and 66 local organizations and government institutions were trained on male engagement approaches for HIV programming. Key representatives from PEPFAR partners, strategic local partners, and institutions were recommended by the USAID mission, building upon the momentum from the previous MNI work in 2007–2008. Below, please reference Tables 1 and 2 for a further breakdown of the trainings and integral partnerships.

Table 1: Summary of TOTs Completed, by Type, by Region (2008–2009)

Type of TOT completed	Maputo	Sofala	Zambezia	Nampula	Total no. of trainings completed
Group Education (Individual Level)	1	1	1	1	4
Community Mobilization	2	1	2	1	6
Health Service Delivery	2	1	0*	1	4
Total	5	3	3	3	14

* Due to funding constraints, we were not able to conduct the planned training on the EngenderHealth/Promundo health service delivery approach in the province of Zambezia.

Table 2: Summary of Strategic Partnerships, by Type (2008–2009)

Type of partner	Organization/insitution names
PEPFAR Partners	AED, CCP, EGPAF, FDC, FGH, Futures Group/HPI, HAI, ICAP, JHPIEGO, Pathfinder International, PSI, U.S. Peace Corps, WR, WV
Government Insitutions	Direcção Provincial de Saúde (in Nampula, Sofala, and Zambezia); Direcção de Saúde da Cidade (in Sofala, Nampula, and Zambézia); Direcção Provincial da Mulher e Acção Social (in Sofala); Direcção Provincial de Educação e Cultura (in Nampula)
Local Partners	Associação para o Desenvolvimento Comunitario (ADC), ANADHU, Monaso, Associação dos Camponeses e Desenvolvimento Rural (ACADER), Associação dos Deficientes de Mocimboa (ADEMO), Associação de Promoção da Rapariga (AMORA), Cristo Rei, Rede Contra a Droga, Solidariedade Zambezia, Namuali, Madal, Rede Crista Zambezia, AMME, Forum Mulher, Núcleo das Associações Femininas da Zambezia (NAFEZA), Igreja Adventista do Setimo Dia, Associação de Desenvolvimento de Povo para Povo (ADPP), Empresas Contra a SIDA (ECOSIDA), AJULSID, Kufunana Sofala, Kulima, AJOCS, AADOM, ACCEVE; Associação Esperança, Mahabate Rassul, Liga dos Direitos Humanos Zambezia, Get Jobs, Art Social, ACCORD, ADECOMA; Ajudemos, Centro de Estudos Mocimboanos, Matram, Hospital Militar, HOCOSIDA, HOPEM, Movimento das Maes Interessoras contra o HIV and SIDA e Rede Nacional das Associações Juvenis contra a SIDA.

There was ample enthusiasm from our core partners in targeting men’s involvement in their respective HIV and AIDS programs. The post-TOT evaluations indicated that the participants appreciated the interactive training style and participatory methodologies, as well as gaining key knowledge and strategies to take the work forward. Moreover, the participants underscored the value of male engagement approaches in promoting a positive shift in gender norms, away from harmful attitudes and behavior that undermine both women’s and men’s well-being.

Additionally, it was through our TOT sessions that EngenderHealth became known as a credible resource for other organizations. The value of our capacity-building work became recognized by more PEPFAR partners (FDC, WV) and government representatives (MOH and MOE) that had previously expressed minimal interest in collaboration. In our health service delivery approach trainings held in the provinces of Sofala and Nampula during the latter half of the project period, more than 95% of attendees were representatives from the Health Department through the local DPS and DDS division. Moreover, in September 2009, the project team faced an increased demand for trainings and TA outside of our planned activities. There was a substantiated growing demand for capacity building around gender integration in HIV programming. Unfortunately, we were not able to address the new requests made during the last months of the project, since the staff was focused on completing any outstanding activities and on closing out the project.

Upon completion of each TOT, the participants developed action plans indicating specific activities where these strategies could be integrated into their current work to advance their programs and their organization’s mission. The actions plans outlined specific technical assistance requests for the project team regarding male engagement strategies. Some common needs identified by partners were: 1) training/co-facilitation on male engagement approaches; 2) adaptation/curriculum development; 3) development of male engagement IEC materials for various settings, including the service delivery sites; 4) sharing of HIV- and gender-focused resources; 5) strategic planning for organizations and projects; 6) male engagement project design; 7) pre- and post evaluation methodologies; and 8) community outreach strategies to engage men. A more detailed review of TA appears later in this report.

2. The development of an IEC materials package on engaging men in HIV prevention (tailored for the Mozambican context) for mass distribution among stakeholders.

Upon completion of a needs assessment, core partners identified IEC materials as an integral tool for raising awareness and shifting harmful gender norms within the country. In response, EngenderHealth and Promundo worked on the development of HIV prevention materials targeting Mozambican men and women, with the support of and ongoing input from key PEPFAR partners, HOPEM, and the USAID Mozambique Mission.

Three workshops were held with key stakeholders, to take participants through the main steps in creating IEC materials, especially for male involvement in HIV treatment and prevention. The workshops yielded poster concepts, draft messages, radio spots, and digital stories. Based on partner feedback, the project team produced IEC materials, and these materials were subsequently field tested in focus groups with men, women, and youth. The materials were further refined based on the field test results before final production.

The complete IEC materials package consists of digital stories highlighting four personal stories from Mozambican men related to gender transformation, complete with a facilitator's guide (see Appendix C); radio spots with targeted messaging around men's role in HIV prevention; and the production of 2,000 posters and 5,000 brochures highlighting the key drivers of the HIV epidemic in Mozambique: alcohol abuse, lack of HIV testing, GBV, and unhealthy relationships. With an emphasis on positive health behaviors, the materials were successfully produced and distributed to 13 PEPFAR partners and local NGOs who have extensive national reach and actively participated in the materials development process.

Please see Appendix B for the original materials. The digital stories and facilitator's guide can also be accessed online at:

www.EngenderHealth.org/our-work/gender/digital-stories-mozambique.php.

3. Delivery of intensive and tailored technical assistance to 15 partners based on each individual organization's action plans and needs to constructively engage men in HIV and AIDS programming.

Another measure of the project's success was the level of integrated male engagement strategies adopted by partners, even with simple, low-resource activities. The project team developed a detailed TA plan for our partners based on the needs assessment and action plan requests gathered at trainings. Based on the plan, staff from EngenderHealth Mozambique, EngenderHealth, and Promundo headquarters created a matrix to designate a main focal point for each partner organization, to ensure coordinated TA delivery.

Specific partners demonstrated an organizational commitment to mainstreaming gender into overall organizational programming. In particular, 16 organizations attended trainings and requested ongoing, intensive TA in at least one of the eight common TA request categories detailed in Table 3 below:

Table 3: Summary of Partners' Intensive TA Requests Completed, by Type

Type of TA requests	Organization(s)
1. Training and/or co-facilitation on male engagement approaches	AED, FM, HOPEM, NAFEZA, PSI, WR
2. Adaptation/curriculum development	ADPP, Pathfinder, PSI, WR
3. Development of male engagement IEC materials for various settings, including service delivery sites	FGH, HOPEM, ICAP, EGPAF
4. Sharing of HIV- and gender-focused resources	All partner organizations requested male engagement focused manuals and associated IEC materials
5. Strategic planning for organizations and projects, including proposal development and institutional assessments	ACADER, ADECOMA, AED, FGH, Get Jobs, HPI, Pathfinder
6. Male engagement project design	AED, FM, Get Jobs, HOPEM, Pathfinder, PSI, WR
7. Pre and post evaluation methodologies	FM, HOPEM
8. Community outreach strategies to engage men	CCP, EGPAF, FGH, MOH, Pathfinder, WV

The following are three noteworthy examples of intensive TA:

- ◆ AED was a major partner who has embraced male engagement approaches and moved this work forward by supporting their field partners through programmatic efforts related to male engagement. AED committed to provide funding technical support to three local community organizations that were interested in implementing projects on gender and masculinities. Moreover, AED organizationally focused on strengthening their internal capacity to better respond to their partners' needs, as they related to gender strategies in HIV programming.
- ◆ Three local partners (Get Jobs, ADECOMA, and ACADER) were empowered by the trainings and sought out a much bigger challenge beyond isolated activities. They developed proposals on male engagement targeting issues related to HIV and AIDS and male circumcision. With intensive TA, the project coached the three partners in reviewing their proposal submissions and gave input to the overall project design.
- ◆ Pathfinder International shifted its institutional approach to gender and committed to incorporating male engagement into HIV and violence prevention projects. Pathfinder is in the process of developing the White Ribbon Campaign, the focus of which is on educating men and boys about ending violence against women in Mozambique.

4. Establishment of a sustainable national advocacy network, Homens pela Mudança (HOPEM), affiliated with the global MenEngage Alliance.

One of the main requests made by Mozambican partners was the need to engage and inform government representatives regarding male engagement and HIV and AIDS. In addition, the partners were interested in an ongoing dialogue about the successes related to their respective male engagement work and how to address the challenges in moving this work forward.

Building on its experience as co-founder of the MenEngage Alliance, EngenderHealth and Promundo facilitated the development of a MenEngage country network in Mozambique. Specific activities included providing technical assistance in the start-up of the network in Mozambique, with the goal that it would be independent and able to raise funds and sustain itself after 2009, without assistance. Ongoing support to the network was provided in 2009, including on various aspects of network functioning and building, the development of a

strategic plan, and the organization of a series of meetings with Brazilian organizations that carry out male engagement work.

The organization of the MenEngage Mozambique network, named HOPEM (Men for Change), began with a series of trainings for organizations involved in gender and HIV work. At the conclusion of these trainings, the participants were encouraged to develop action plans to incorporate what they had learned into their ongoing projects. At one of these trainings, a representative from MenEngage South Africa presented the network's experiences in bringing together organizations to work on male engagement. The Mozambican participants were inspired by the network, as well as by the representative himself, a South African gender activist. The participants, representatives of small local organizations, were interested in replicating the network model in Mozambique and organized the first meetings to form HOPEM. Promundo and EngenderHealth gave them examples of others networks, including their rules, structures, and letter of principles.

During 2009, the project team helped to coordinate meetings for follow-up, planning, and monitoring in support of the HOPEM network. Trainings were held throughout the project period to prepare HOPEM members to carry out future trainings and technical assistance related to gender and male engagement for gender equality. Other meetings focused on the development a strategic plan and structure for HOPEM as a grassroots effort.

As a result of the enthusiasm and dedication of the members, HOPEM secured financial support from UNIFEM to organize activities, seminars, and workshops on gender equality in Mozambique. HOPEM was able to establish itself as an independent network. Our project team provided ongoing input for several trainings, panel discussions, and activities that the grassroots network organized. In addition, HOPEM members also received support from UNIFEM to travel to Brazil and learn firsthand about Promundo's experiences in advocacy and gender equality. As part of their trip, Promundo organized skills-building trainings in communication and evaluation and visits to several of their community projects and to other important Brazilian organizations working on gender and male engagement in violence prevention and HIV prevention.

Moreover, part of developing a national network is creating a favorable advocacy environment. Throughout the project year, staff advocated for male engagement work with several government stakeholders, especially with the MOH and the MOE. In particular, project staff engaged the MOE in a discussion about male engagement strategies that could be carried out in school settings, including in relation to the prevention of sexual exploitation as it relates to HIV. Key local partners had suggested sexual exploitation as an important theme in Mozambique in male involvement and HIV prevention. These efforts highlight another platform issue that HOPEM can continue to support through its activities.

5. Identification of a local partner organization, Forum Mulher, that can serve as an in-country resource for male engagement and HIV programming.

The project team successfully identified Forum Mulher (FM) as a local Mozambican partner and resource for sustaining work on male engagement and gender equality nationwide. FM is a women's network forum that addresses gender and development issues through advocacy and education. FM has significantly influenced the country's new family law, securing the legal position and recognition of women.

Due to its well-known reputation as an advocacy group, FM was an ideal partner to be an in-country resource for trainings while strengthening their capacity to better implement a male engagement HIV prevention project. Over the past year, the project team helped build the

capacity of FM staff through ongoing TA. An intensive training on gender and male engagement approaches was held for 18 members of FM staff and their local partners. In addition, FM garnered support to launch an evaluation study of a curriculum addressing men's attitudes on HIV prevention. FM was in the process of developing an intervention curriculum based on the experiences of EngenderHealth's Men As Partners® (MAP) and Promundo's Program H. Similar to the MAP approach, Program H is a program that encourages young men to analyze harmful gender roles and norms associated with masculinity and to consider the advantages of gender equitable behaviors. FM's goal was to create a similar program that specifically addresses gender norms in the Mozambican context.

While there were delays in finalizing the project design and evaluation plan, our project team was able to build key staff skills on program monitoring and evaluation. Also, critical TA was provided to support the planning of the proposed curriculum, and IEC materials were distributed as resources for FM's current work. At the close of our project, EngenderHealth donated its equipment (i.e. printers, chairs, cabinets) to FM to help expand their administrative and technical capacity. In 2010, Promundo will continue to provide programmatic support via MenEngage as they move forward with their proposed project.

6. Completion of a process evaluation that will refine our approaches in building the capacity of NGOs in male engagement and HIV programming.

At the close of this project, a process evaluation was conducted with key project staff members, consultants, and partners. The goal of the evaluation was to assess the quality of training and TA provided to partner organizations and to identify key strategies for project replication. The evaluation was led by the EngenderHealth Global Monitoring & Evaluation Team from New York and consisted of a desk review of partner action plans and qualitative key informant interviews. The evaluation tools were adapted from a similar initiative conducted under the ACQUIRE Project in Ethiopia.

While the majority of organizations were pleased with the trainings and technical assistance provided, it was clear that this project is only the starting point for further integrating male engagement into HIV and AIDS work in Mozambique. The process evaluation highlighted several key strategies for improvement, to ensure that partners are adequately prepared to integrate gender transformative strategies into their existing HIV prevention, care, and treatment programs. Significant findings will be shared in more detail in the Recommendations section of this report.

Please see Appendix A for the full evaluation report and the interview tool.

Project Challenges

Over the course of the project, the team faced several outstanding challenges. With the support of our local partners, we were able to find creative solutions to continue to strengthen partners' capacity to conduct male engagement work.

1. Shortened time constraints on project implementation and achievements.

Upon receipt of the follow-on award "Strengthen PEPFAR Partners' Capacity to Address Gender" in October 2008, EngenderHealth was still completing the activities and spending down funds related to the previous USAID agreement, which ended on December 31, 2008. Therefore, EngenderHealth was unable to start activities under this agreement due to the overlap of the awards, causing a three-month delay in implementation.

Moreover, a core part of this agreement was to provide capacity building to local partners in planning, implementation, monitoring, and evaluation related to male engagement. Many partners had their own internal organizational priorities and timelines, which sometimes conflicted with our internal schedules and planning, causing additional delays in carrying out the activities under this project. Since there was no formal mandate that organizations prioritize the TA offered, it proved difficult to follow through on the developed action plans.

With the no-cost extension, the project team was afforded additional time to effectively fulfill our deliverables under this agreement. During that period, we completed training sessions, the production of IEC materials, and the provision of ongoing TA. In addition, the last few months were dedicated to conducting a process evaluation to assess the efficacy of our activities and approach to capacity building.

2. Absence of a strong in-country presence prior to the project impacted the efficacy of project management.

Since EngenderHealth did not have an official in-country presence prior to the ACQUIRE Project, there was no official registration authorizing work within the country as a recognized NGO. To complete our project deliverables in a timely manner, EngenderHealth was required to hire a local management firm, Aries Consulting Company, to help with the administrative and logistical services needed for effective project management. EngenderHealth incurred additional project costs due to the unexpected change in management structure, which later impacted the ability to complete all of the projected activities. Unfortunately, some activities were scaled back and others were cancelled, such as the service delivery TOT in Zambezia. Moreover, the full production of IEC materials was limited due to funding constraints.

3. Initiation of an evaluation study with a local Mozambican organization.

Another project challenge was identifying a local organization that had an existing male engagement program, to conduct an outcome evaluation. Although FM did not have an existing male engagement program, it was identified as a viable organization due to its strong reputation on health issues related to gender equality. FM was undergoing an organizational restructuring, so there were many delays in developing a project for evaluation. The project team provided intensive TA on male engagement approaches for training, project design, curriculum development, and strategic planning. Efforts were dedicated to building staff skills and developing an HIV prevention project design with an evaluation component. In 2010, Promundo will continue to provide TA on this evaluation through MenEngage.

Deliverables

During the course of the project, the following outputs were achieved:

- ◆ Fourteen TOTs were conducted for our core partners and other in-country partners, to build their capacity on male engagement strategies and HIV and AIDS programming: 1) at the individual level, through a group process; 2) at the community level, through community mobilization; and 3) at the clinic service delivery level.
- ◆ Approximately 478 individuals were trained from local and international NGOs and government institutions.
- ◆ Approximately 2,000 posters and 5,000 pamphlets were developed and distributed to 13 key partners with national reach in targeting key messages to positively influence behavior change for HIV prevention in four key areas: HIV testing, GBV prevention, healthy relationships, and alcohol abuse prevention.
- ◆ Key NGOs, such as The Academy for Educational Development (AED) and Pathfinder, took the lead on integration of male engagement principles. AED is supporting partner community organizations to carry out activities related to male involvement in HIV prevention. Pathfinder has committed to developing the White Ribbon Campaign in Mozambique and has developed an effective model for developing internal staff capacity on gender transformative strategies.
- ◆ A vibrant advocacy network called HOPEM was created. HOPEM is the local MenEngage Alliance affiliate and is becoming a resource in Maputo regarding male involvement in gender equality. The HOPEM network has some small project funds from UNIFEM to continue ongoing community dialogues around the issue of gender equality.



Man holding baby at the rural health clinic. Photo credit: C.Menezes.

Project Manual Distribution Summary

In Table 4 below, there is a detailed description of the extensive reach the project had with the distribution of our four project manuals as it relates to male engagement and HIV programming.

Table 4: Manual Distribution to Partners, by Region

Region	Manual description				Total no. of manuals distributed
	Community Engagement	Needs Assessment	Group Education	Service Delivery	
Maputo	844	754	636	902	3,136
Zambezia	146	186	175	107	614
Nampula	168	168	163	230	729
Sofala	62	62	59	69	252
Internal (EngenderHealth)	23	27	23	18	91
Subtotal	1,243	1,197	1,056	1,326	4,822

PEPFAR Performance Monitoring Plan Indicators

In Table 5 below, please reference our success in exceeding the PEPFAR targets set at the beginning of the project.

Table 5: PEPFAR Reporting Indicators (2008–2009)

No.	PEPFAR indicator	Target	Actual
2.2	Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	478
5.3	Number of individuals trained to promote HIV/AIDS prevention through behavior change beyond abstinence and/or being faithful	50	478
14.2	Number of local organizations provided with technical assistance for HIV-related institutional capacity building (Mozambican NGOs only)	12	66
14.3	Number of individuals trained in HIV-related institutional capacity development	50	478
14.6	Number of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment	50	357

Key Recommendations

Based on the challenges outlined previously in the report, there were many lessons learned for continued integration of gender and HIV programming in Mozambique. The most significant lesson learned was the importance of establishing a substantial country presence prior to project implementation. Although the project team successfully engaged our PEPFAR partners through TOT workshops and intensive TA, we had limited support from CNCS and the MOH. Not being officially registered made it difficult to approach critical government institutions for support. In addition, we did not have enough local staff to meet the demand in TA requests received from the four focus regions. Given the breadth of each region and their respective community needs, the workplan may have been ambitious and required further assessment to ensure proper adaptation of the IEC materials and trainings, especially in the rural settings. Lastly, it is crucial to acknowledge that gender norms are deeply rooted in all facets of society. The work completed during the course of the project was effective in raising awareness about the links between harmful gender norms and negative health outcomes. However, plenty of work still needs to be accomplished to change harmful behaviors in HIV care, treatment, and prevention.

For future male engagement and HIV programming efforts in Mozambique, the following recommendations should be considered:

- ◆ **Commitment to sustainable funding.** One-year PEPFAR funding cycles are a significant challenge for ensuring capacity building on social normative work. It is recommended that additional resources beyond a one-year funding cycle be allocated or secured through other donors to adequately support key partners in addressing harmful gender norms in HIV prevention. Both the short-term funding period and the lack of a local office were significant disadvantages in Mozambique.
- ◆ **Full engagement of PEPFAR and the MOH.** One of the challenges of this project was that, in part due to the funding structure, EngenderHealth was not able to properly engage local partners and government institutions. The commitment and full participation of PEPFAR and the MOH is critical to ensuring the effective and long-term sustainability of male engagement work. Creative and persistent efforts must be made to involve these two critical partners, to ensure that male engagement work is seen as legitimate and important and an investment for the future. An example of PEPFAR's full engagement could be mandating core partners to build their capacity on gender strategies.
- ◆ **Strategic involvement of partners in male engagement work.** Organizational leadership should be approached early in the process, with clear support from PEPFAR and the MOH. The TOT evaluations indicated that while workshop participants benefited greatly from the training, many who attended did not have the decision-making power to take this work forward. Some participants had to approach senior leadership and seek buy-in before integrating gender strategies into HIV programming. Engaging senior management also ensures that the changes are structural and lasting.
- ◆ **Conduct comprehensive formative research.** The need for preliminary qualitative data to help shape and guide the development and adaptation of training and IEC materials was underscored in the process evaluation. Although formative research requires time, financial resources, and technical assistance up front, such efforts can significantly help improve the quality and legitimacy of programming in a new country setting. Comprehensive formative research would

need to look at gender norms generally, identify important regional and ethnic differences within the country, and start to understand the specific links between HIV and AIDS and gender norms particular to the setting.

- ◆ **Strengthen the national advocacy network HOPEM.** HOPEM has emerged as a leading resource and advocate for engaging men in gender equality. Support is needed to help guide and sustain the grassroots alliance through increased dialogues with other networks and additional resources. Assistance with ongoing recruitment of additional member organizations, both nationally and regionally, is necessary.
- ◆ **Increased focus on the problem of cross-generational sex and on HIV prevention in the education sector.** Schools are often sites for the sexual exploitation of young girls, especially when educators attempt to exchange sexual favors for passing grades. Government can consult and work together with local NGOs and with HOPEM to promote awareness-raising activities in school and the public health system, including the prevention of sexual exploitation.
- ◆ **Support the launch of a comprehensive behavior change communication campaign on engaging men in HIV prevention.** While we were not able to scale up the IEC resources developed under this project and roll them out as a comprehensive campaign, the IEC materials can be further adapted and translated for use in various regions within the country. In particular, this was a critique that was highlighted in the process evaluation. Materials must be adapted for the various cultural and religious contexts throughout the country. The original files are included on CD-rom for the USAID mission future use.

Appendix A:

Process Interview Tool and Evaluation Report

Mozambique AA: NGO Key Informant Interview Guide

CONTACT INFORMATION	
NAME OF ORGANIZATION	
CONTACT	
POSITION	

1. What is the overall mission of the organization?
2. What type of HIV/AIDS activities does this organization implement?
3. Please describe your role and responsibilities at the organization.
4. For what reason(s) did you participate in the Initiative?
5. What type of technical assistance, including training, did your organization receive as part of the Male Gender Norms Initiative? (that is, from EngenderHealth or PROMUNDO)
6. How has your work changed as a result of the technical assistance received?

(PROBE FOR SPECIFIC CHANGES: Changes in your programs, in your HIV and AIDS work specifically, in your approach to working with men, in your organization in general? Were new trainings for staff added – which ones? Were MI strategies integrated into existing trainings? Did you join HOPEM – has that been useful?)

7. How have you used the action plan that was developed as part of the technical assistance you received? Which action items have you implemented?

(PROBE: What were the main barriers to implementing the action plan? What additional support would be needed to implement the action plan fully?)

8. How has the technical capacity of your organization to work with men and to address gender in your work changed since receiving the technical assistance?

9. Since receiving technical support, what have been the main challenges that you have faced when working with men or with addressing gender in your work? And main successes ?

10. What additional resources or support would you need to do this work better?

11. How helpful was the technical assistance from EngenderHealth and PROMUNDO?

(PROBE: Relevance for your work? Provided you with useful skills? Ongoing assistance over time important or not, and if yes, in what way(s)?)

12. Is there anything that we have not asked that you think is important to add?

Mozambique MAP Program End-of-Project Process Evaluation

January 2010³

Introduction

EngenderHealth's Men As Partners (MAP) Program provided technical assistance to select PEPFAR implementing partners in Mozambique in collaboration with the Brazilian NGO, Instituto Promundo, between 2008 and 2009. The purpose of this technical assistance was to build civil society capacity to integrate male engagement approaches into HIV prevention activities and to foster the creation of a sustainable national network of member organizations for promoting male engagement in Mozambique.

With a limited period of funding in Mozambique, EngenderHealth administered project activities through a local firm and two locally hired staff who were supported remotely and with periodic in-country visits from EngenderHealth and Instituto Promundo in New York and Brazil, respectively. Activities included:

- ◆ Training partners on the MAP approach,
- ◆ Providing follow-up technical guidance for implementing MAP action plans,
- ◆ Supporting the creation of a national level male engagement network, and
- ◆ Producing IEC materials.

Although each EngenderHealth MAP project responds uniquely to the local situation, the Mozambique project represents a particular type of programmatic strategy of building local capacity by partnering with in-country partners. Understanding the organization's experience in Mozambique is important because it offers a learning opportunity for PEPFAR and EngenderHealth both in Mozambique and in other countries where they collaborate.

In an effort to cull lessons from EngenderHealth's experience in Mozambique, an end of project process evaluation was conducted at the time of project close out between November 2009 and January 2010. This rapid evaluation sought to identify elements of the Mozambique project that were successful and should be considered for replication, as well as what did not work as well as anticipated and feedback on how to improve MAP technical assistance. This report presents the results and analysis of this evaluation.

Methods

EngenderHealth staff in New York conducted qualitative key informant interviews by phone with recipient partners and local consultants in Mozambique to gather a broad range of perspectives on the various technical assistance provided by EngenderHealth, Instituto Promundo, and local consultants. A total of twelve local partners and the two locally-hired EngenderHealth staff were interviewed using semi-structure interview guides. Most of the interviews with local implementing partners were conducted in Portuguese by a Portuguese-speaking New York-based assistant for the MAP program. The staff interviews were conducted in English by an EngenderHealth associate for Monitoring, Evaluation, and Research who had no previous involvement in the Mozambique program.

³ The report was written by Michelle Trombley and Theresa Castillo. Lucio Verani and Melinda Pavin assisted with the development of the evaluation design and methodology.

Project components

Trainings and training materials

Evaluation participants were asked about MAP trainings and training materials provided by EngenderHealth and Promundo. Overall, training-related technical assistance was highly praised. Both participants and trainers appreciated the participatory approach and the quality of the training curricula, which they described as “innovative,” “excellent,” filled with “good content,” “attractive,” “very positive,” and “useful.” There were, however, some problems and concerns related to trainings that a few of the organizations raised.

In a general comment, one key informant noted that while the MAP trainings were very good, the focus on men and male gender norms was flawed since many of the organizations participating in the training “do not know how to work around gender in general.” They suggested that a comprehensive orientation to dealing with many different aspects of gender-related programming, in addition to male gender norms, would have been helpful.

Follow-up technical assistance

Due to the project’s short timeframe, EngenderHealth had very limited staff capacity in Mozambique. As a result, follow-up technical assistance on the action plans developed during the trainings was described as inconsistent and delayed. One organization, for example, commented that it would have been helpful if EngenderHealth had followed up more regularly on the action plans and tried to accompany and support the organization’s male involvement work in the field.

Additionally, some key informants suggested that while the trainings themselves were good as discrete activities, they failed to translate into significant change once training participants returned to their respective organizations. One evaluation participant explained that, “information stayed mainly with the individuals trained and was not spread within the organization. It was no one’s specific role to disseminate this information or to address gender issues within the organization.” This was perceived to be due to a lack of support for male involvement from organizational leadership, which may have been exacerbated by the failure to sufficiently involve and/or inform NGO leadership before trainings. One key informant, for example, remarked that the director of the organization was not aware that staff members had attended EngenderHealth and Promundo trainings until after the trainings had taken place. Two other organizations said that they found out about the training through emails from EngenderHealth, which were not necessarily sent to the most appropriate people within the organizations. These problems clearly stem from internal management and information flow issues, but it is also notable that EngenderHealth’s approach for initial institutional engagement should be reconsidered. Interestingly, for organizations that reported the most success in integrating male engagement approaches into their on-going programming, they also all identified the existence of significant internal support and interest in male engagement work that was not dependent on EngenderHealth’s initial institutional engagement.

Capacity building of HOPEM

Initially, some organizations were skeptical of EngenderHealth’s efforts because of its status as an outside organization with no previous experience working in the Mozambican context. However, HOPEM helped to change this perception that male engagement work was being “brought in from the outside by EngenderHealth” by holding public debates and encouraging Mozambican ownership of the issue. While there was no definitive conclusion that HOPEM is a sustainable structure in Mozambique, key informants reported that the nascent MenEngage network had been successful in fostering national level momentum around male engagement work. One key informant explained that, “There is lots of interest from various members and non-members, too. Lots of people have demonstrated interest. The strength of the member organizations is significant.” One

organization described this work as having, “helped spark a motivation within some civil society organizations.” Another key informant identified HOPEM’s potential to be a “good catalyst” for male engagement work in Mozambique.

Among key informants who felt that HOPEM has sufficient capacity to sustain itself in the future, they cited the significance of this high level of interest and commitment of HOPEM members. However, other evaluation participants expressed concerns that HOPEM is dependent on EngenderHealth. For example, one key informant observed that without an organization like EngenderHealth facilitating the group, the members may not be able to maintain “their connections with each other.” Additionally, there was concern that EngenderHealth did not go far enough in building HOPEM’s core competencies since the organization did not facilitate strategic planning, action plan development, or a needs assessment or provide technical assistance related to advocacy work.

IEC materials

The development of IEC materials was identified as a need after the project work plan had already been developed. To accommodate this need, Promundo’s took the lead in developing the IEC resources. Promundo and EngenderHealth worked with local partners to develop print IEC materials such as brochures and posters, as well as digital stories and radio spots. However, due to delays from the local production firm, the print materials were not available for distribution until January 2010, after the project had closed down.

As a result of the delay, many evaluation respondents presented an overall negative view of the IEC materials. One key informant was also concerned that the IEC materials were not tailored to the Mozambican context, specifically because they have foreign organizational logos. Another organization commented that such materials should be produced through the Ministry of Health.

Partner recommendations

PEPFAR and Ministry of Health support

Given the project’s limited time frame and focus on building civil society capacity, it was challenging to fully engage with the Ministry of Health and PEPFAR. One evaluation participant suggested that a dialogue among both institutions and all of the implementing partners would have helped ensure that all parties were informed about the value of a male involvement approach before the specific technical assistance needs were identified. This created the dilemma, as one key informant described, that the “cart was put in front of the cow,” meaning that new approaches such as MAP need to be led by the Ministry of Health and PEPFAR. Evaluation participants also identified the lack of a mandate by PEPFAR and the Ministry of Health for incorporating gender work in program plans as a challenge. Since male involvement strategies have not been systematized within the Ministry of Health, there is a perception at the provincial level that such work is a separate, NGO-only endeavor. As a result, initiatives that are not through the Ministry of Health are difficult to implement locally since providers have limited motivation. It was therefore recommended that the project should have lasted at least two years more to ensure enough time to work within the government timeline.

Formative research

One repeated theme throughout the process evaluation was the need to conduct more preliminary research. In Mozambique, there are significant regional differences in social structures that have important implications for male involvement work. Specifically, Southern and Northern Mozambique are matrilineal where male social status is derived from a man’s role as a brother and uncle, rather than as a father and husband; while Central Mozambique is more traditionally patriarchal. Key informants

recommended that in the future EngenderHealth conduct qualitative research around gender norms to help understand the local context and adapt training and IEC materials.

Additionally, one key informant recommended that future projects should conduct a formal needs assessment with the organizational leadership, rather than with staff who have less decision-making authority. Such work, the key informant suggested, would allow EngenderHealth to determine the level of interest in the different organizations and what kinds of technical assistance are most needed.

Conclusion

The results of this evaluation suggest that EngenderHealth's MAP program in Mozambique was successful in its overall goal of increasing local capacity and interest in integrating male engagement approaches into existing HIV prevention work. The program was met with a great deal of enthusiasm and the issues clearly resonated with HIV/AIDS implementing partners in Mozambique.

This evaluation did, however, find several key lessons to be thoroughly considered in other EngenderHealth programs. This includes:

- ◆ **Sustainable funding.** One-year PEPFAR funding cycles are a significant challenge for ensuring capacity building for social normative issues. It is recommended that EngenderHealth seek additional sources of funds that can ensure continuity and be of sufficient quantity to allow the opening of a local office. Both the abbreviated funding period and the lack of an established local office were significant disadvantages for EngenderHealth in Mozambique.
- ◆ **Full engagement of MOH and PEPFAR.** One of the challenges of this project was that, in part due to the short funding period, EngenderHealth was not able to properly engage with the MOH and PEPFAR itself. Commitment and full participation of these two institutions is critical to ensuring the effective and long-term sustainability of male engagement work by local partner organizations. Although each country setting is different, it was apparent from EngenderHealth's work in Mozambique that creative and persistent efforts must be made to involve these two critical partners to ensure that EngenderHealth's work is seen as legitimate and important and MAP is seen as an investment for the future.
- ◆ **Strategic involvement of partners.** How organizations are initially contacted for engagement in MAP work is important. Organizational leadership should be approached early in the process by EngenderHealth and with clear support and mandates from PEPFAR and the Ministry of Health. It is also worthwhile to approach organizations through in-person meetings rather than through email.
- ◆ **Conduct formative research.** The need for preliminary qualitative data to help shape and guide the development and adaptation of training and IEC materials was repeated across evaluation participants. Although it requires time, financial resources, and technical assistance up front, such efforts can significantly help improve the quality and legitimacy of MAP programming in a new country setting. Formative research would need to look at gender norms generally, identify important regional and ethnic differences within the country, and start to understand the specific links between HIV/AIDS and gender norms particular to the setting.

This process evaluation was a valuable exercise for EngenderHealth. It provided an important opportunity for critical self-reflection. The results and recommendations will help to enrich the organization's work in other countries and at the global level. Future MAP programs should seek to conduct similar evaluation work and contribute to the organization's understanding not just of the outcomes and impact of its work but also how it achieves such results.

Appendix B:

IEC Materials Distribution List- Mozambique

JANUARY 2010
2000 posters; 5000 folhetos

Organization/Institution	Posters	Folhetos
1. US Peace Corps	150	400
2. FGH/Vanderbilt University	150	400
3. AED	150	400
4. FDC	150	400
5. ICAP	150	400
6. Pathfinder	150	400
7. EGPAF	150	400
8. PSI	150	400
9. World Relief	150	400
10. FHI	150	400
11. HAI	150	400
12. HOPEM network (Men Engage network affiliate)	150	400
13. USAID Mission	100	100
14. Forum Mulher	100	100

**Appendix C:
Digital Stories: Mozambican Facilitator's Guide
(Portuguese)**

**Histórias Digitais: Moçambique
Guia de Facilitadores**



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Introdução

Nas histórias digitais deste DVD moçambicano, ativistas contam suas histórias relacionadas com várias formas de injustiça e dor e também falam das suas transformações em ativistas de género. Eles compartilham suas histórias para gerar mudanças. As histórias buscam capacitar outras pessoas na luta por igualdade de género e para reduzir o impacto do HIV e SIDA. Eles desafiam os mitos e estereótipos sobre como homens podem atuar e ser, demonstrando que alguns homens são exemplos de mudança e que homens podem ajudar a construir uma sociedade mais justa e saudável e com mais igualdade.

A EngenderHealth e o Instituto Promundo produziram este DVD e essa guia para ajudar os facilitadores nas oficinas a usar essas histórias para fins educativos e para capacitação.

Histórias Digitais

Em julho de 2009, a organização Instituto Promundo fez uma oficina em Maputo, Moçambique. Na oficina os participantes escreveram e gravaram narrativas sobre suas vidas; escolherem fotos, vídeo clipes e músicas para ilustrar suas histórias; a aprenderam a editar esses materiais em pequenos vídeos digitais apresentados aqui neste DVD. Anteriormente, a EngenderHealth havia feito histórias digitais na África do Sul, Namíbia, Tanzânia e Índia e o Promundo havia feito no Brasil.

Promundo foi treinado nessa metodologia pelo projecto *Silence Speaks*. O projecto *Silence Speaks* faz oficinas de histórias digitais para conectar sobreviventes de violência e pessoas afectadas por abuso ao sua criatividade. Suas vozes se tornam o centro de trabalho de justiça social para prevenir violência. Oficinas utilizam a palavra escrita, histórias orais, terapia por arte, filmes e mídia digital para ajudar as pessoas em contando suas histórias em pequenos clips digitais de três minutos. A filosofia de ensino é baseado numa estratégia educativa popular, começando onde as pessoas estão. Numa círculo de histórias, participantes conectam suas próprias experiências com as do grupo. Isto cria solidariedade através de revelando que não estamos sozinhos – que a violência afecta todos. Os participantes decidem para eles próprios o que dizer e como ilustrar seu trabalho e eles aprendam como editar suas histórias em computadores. As oficinas concluem com o grupo vendo as histórias e com tempo para os participantes a celebrarem seus feitos.

Para mais informação sobre Silent Speaks e o processo da Oficina de Histórias Digitais, por favor visita www.silencespeaks.org e www.storycenter.org

Trabalhando com Homens

As normas de gênero mais convencionais influenciam os homens a tomar riscos. As raízes de muitos comportamentos dos homens – seja a negociação ou não da abstinência ou do uso de preservativo com a parceira, o cuidado dos filhos ou o uso de violência contra a parceira – são encontradas no modo como esses homens são criados. Em muitos ambientes, homens jovens e adultos podem aprender que ser “homem de verdade” significa ser forte e agressivo e ter várias parceiras sexuais. Eles podem também ser condicionados a não expressar as suas emoções e a usar a violência para resolver conflitos e manter a sua “honra”. Mudar o modo de criar e ver os homens jovens e adultos não é fácil, mas faz parte da construção de comunidades mais saudáveis e equitativas. Construções rígidas de masculinidade também fazem com que os homens vejam o atendimento médico como um sinal de fraqueza. Essas normas de gênero tem um papel crítico na vulnerabilidade dos homens e mulheres a HIV/SIDA. Nós podemos incentivar comportamentos mais saudáveis e promover a igualdade de gênero provendo homens com modelos de comportamento alternativo e ajudando-os a questionar as normas de gênero.

Programas existentes tem mostrado que o trabalho com ambos homens e mulheres pode ajudar a reduzir parceiros sexuais múltiplos, reduzir a transmissão de doenças sexuais incluindo HIV, aumentar o uso de preservativo, aumentar o numero de testes de HIV, reduzir a violência baseada em gênero e melhorar o cuidado pos-natal gerando menor mortalidade.⁴ Além disso, muitos homens, quando têm uma oportunidade de se envolver, demonstram maior responsabilidade por suas crianças e uma maior disponibilidade de participar na saúde da suas famílias.

Este DVD é uma ferramenta para ajudar a gerar essas mudanças. Para promover mudanças pela igualdade, programas precisam abordar o indivíduo e o seus relacionamentos com a família, colegas, comunidades, a mídia e instituições. Por isso, os programas buscando a prevenção do HIV através de mudanças nas normas de gênero, devem trabalhar em múltiplos níveis.

Facilitando uma Oficina Usando as Histórias Digitais

Nas páginas que seguem deste guia de facilitador(a), o texto de cada história esta escrito para ajudar a você, o facilitador, a seguir o diálogo. Depois do texto, algumas perguntas são sugeridos para te ajudar a conduzir uma discussão sobre o conteúdo da história. *É importante que as exibição de cada história seja seguida* por uma discussão. Contudo, a maior aprendizagem e mudanças de atitude ocorre durante estas discussões. Depois das sugeridas questões para discussão, a guia também tem alguns comentários sobre as mensagens destas histórias. Estes mensagens chaves devem ser compartilhadas com o grupo na final da discussão. Os narradores dessas histórias confiam em você para respeitar as histórias e usá-las para fins educativos. As histórias são bem pessoais; porém os narradores escolheram comparti-las para ajudar a diminuir o impacto do HIV e SIDA. Como varias das histórias enfatizam, *a gente precisa romper o silêncio para enfrentar essa problema*. Quando mostra as histórias numa comunidade, você deve mostrar uma ou várias delas. É sugerido que faça uma discussão específica depois de cada história. É também sugerido que pelo menos duas histórias sejam compartilhadas por uma sessão já que as histórias reforçam idéias importantes: mudando a definição de masculinidade, reduzindo o impacto e a difusão do HIV/SIDA e reduzindo a violência baseado em gênero. Ao lado, tem uma lista das histórias e os seus temas principais:

⁴ Barker, G., et al. 2007. “Engaging men and boys in changing gender-based inequities in health: Evidence from programme interventions.” World Health Organization: Geneva.

Paternidade	HIV e SIDA	Álcool	Relacionamentos
Nivaldo (Helder)	Mudança (José)	Mudança de comportamento (Mario (BettO-G)	A história de BettO-G
	Mudança de comportamento (Mario Luis)	Luis)	

Antes de facilitar uma oficina, assista todas as histórias digitais e decida qual seria o mais apropriado para o seu grupo. Você deveria rever as questões para discussão e as mensagens chaves que os narradores estão passando.

Metodologia ORID: As questões para discussão são oferecidos como um guia. Porém você pode ajustá-las de acordo com as preferências do grupo. As questões seguem uma técnica para discussão que é útil para a facilitação de situações de educação experiencial, como as das histórias digitais. Desenvolvido pelo Institute for Cultural Affairs, a *Metodologia ORID* (Objectivo, Reflectivo, Interpretativo e Decisão) faz as perguntas numa ordem sequencial. As primeiras questões são objectivos – determinando o que esta a acontecer na história e afirmando que os participantes tiveram experiências similares ou diferentes enquanto viam a história. As segundas perguntas são mais reflectivas e pergunta aos participantes sobre seus sentimentos enquanto viam a história. As terceiras perguntas são interpretativas, focando nas lições aprendidas através da história e como as lições se aplicam em suas condições sociais. As últimas perguntas são relacionado com decisões focando nas acções que os participantes podem implementar relacionados as lições e motivações da história

Onde mostrar essas histórias: A audiência esperada para essas histórias são pessoas de todas as idades; porém os narradores estão falando directamente a jovens e adultos entre 15 e 40 anos. Tem certeza de ver as histórias e pensar sobre que faixa etária seria apropriada para quais histórias. As histórias podem ser usadas em varias situações incluindo centros comunitários, escolas e comunidades religiosas, entre outras.

As histórias foram feitas para serem usadas em oficinas interactivas, sendo mostradas para um grupo com não mais do que 35 pessoas. Porém, em outros países estes tipos de histórias digitais foram usados com audiências maiores. Este formato funcionou bem, pois havia bastante tempo para as discussões e vários dos narradores estavam presentes para responder perguntas sobre suas histórias.

Onde NÃO deveria mostrar as histórias: Não é recomendado usar as histórias numa mesa durante um evento maior. Por causa do conteúdo sério das histórias, elas devem ser usados em lugares mais fechados onde a atenção da audiência pode ser completamente focado e aonde discussões podem ocorrer depois. As histórias, também podem ser demasiado sérias para crianças mais jovens (com menos de 12 anos)

Criando um clima positivo e encorajador: Como em toda sessão interactiva, você precisa criar um ambiente positivo para aprendizagem. Tal ambiente ajudará o grupo a sentir-se confortável e seguro e encorajará união grupal. Você deve modelar um estilo de comunicação aberta através de compartilhando de informações apropriadas sobre si, rindo e conectando com o grupo. Tenha certeza de acenar muito com a cabeça para afirmar a participação e as declarações dos participantes. Tenha

certeza de apontar que as pessoas raramente tem a oportunidade para sentar e conversar sobre os assuntos levantados nas histórias, nem de desenvolver estratégias para transformar a nossa sociedade.

Aviso sobre a gravidade dos assuntos: As histórias são bem intensas e sérias. Como um bom facilitador, você deve saber que alguns participantes podem ter fortes reações ao conteúdo, especialmente se os participantes são sobreviventes ou testemunhas de violência e HIV e SIDA. *É importante que você prepare os participantes com uma introdução sobre as histórias e ofereça sua assistência para qual quer pessoa que tenha dificuldades de assistir.* Durante e depois de assistir as histórias, tenha certeza que todos os participantes ainda estão engajados e se sintam emocionalmente preparados para continuar com a discussão. Se alguém desengajar, é importante trabalhar directamente com essa pessoa mas também isto não deveria ocupar muito o tempo do grupo. Seria útil se um dos treinadores tivesse experiência de aconselhar para poder ajudar os participantes que podem precisar de aconselhamento imediato. Também, no fim da sessão, tenha certeza que você se disponibiliza como um recurso para qualquer pessoa que possa precisar de aconselhamento adicional. Se você nunca foi treinado em como aconselhar, fique certo de que irá encontrar alguém para te ajudar e também procure um curso para aprender umas técnicas básicas. Se por a caso você se encontrar numa emergência em que um participante teve uma reacção forte e perde o sentido, é bom que conheça algum lugar de referência por perto que poderá ajuda-lo.

Em conclusão, a EngenderHealth e o Instituto Promundo te agradecem por ajudar os narradores a mostrarem suas histórias digitais e desejam lhe o maior sucesso em seu uso. Obrigado por ter respondido ao chamado!

Nivaldo
por Helder

Eu acabava de me separar da minha namorada com a qual eu namorei durante dois anos. Não estava acostumado estar sozinho. Daí conheci uma rapariga com a qual me relacionei e em menos de dois meses de namoro engravidei a ela. Não queria ter este filho e mesmo no dia do parto não fui. Se não os meus pais. Em suma, nos primeiros meses não sentia nada de pai, nem de responsabilidade.

Cheguei a ficar dois meses sem nunca ter visto o pequeno Nivaldo. Somente fazia o papel de provedor. Com o tempo me acostumei com a ideia de visitá-lo. E nos primeiros dias só via-o, não voltava com ele. Mas passado algum tempo levava o pequeno Nivaldo para passar o final da semana comigo. Mas em algum momento me sentia triste, culpado pela a distância que eu dava. Hoje algumas vezes tinha que levar a ele enquanto chorava porque não me reconhecia.

Com aproximadamente um ano de idade, a mãe deixou o pequeno Nivaldo. Ficou com a avó sem ter - me informado que vai constituir um lar com outro homem. Tendo esta informação pensei: “eu andava distante, o único afecto que ele tinha, todos os dias, era da mãe. Eis a oportunidade de assumir o papel de paternidade. E agora, o que será dele? O que faço?”

Aí decidi levar o pequeno Nivaldo para morar comigo. Os dias já eram diferentes. Eu me sentia orgulhoso, lavando as fraldas e a roupa dele, dando banho, dando comida, colocar a ele a dormir. Meu deus, não imaginam a sensação que isto dar. É boa, claro. Daí descobri que o homem também pode ser bom cuidador. Até hoje me sinto encorajado a fazer este papel.

Encorajo os outros homens em experimentar e compreender que cuidar da família não é um papel especificamente feminino. Me sinto mais encorajado pois no seio da família, entre amigos, no trabalho, e com quem compartilho este episódio tenho recebido elogios, embora não seja esse o objectivo. Agora sinto muito carinho pelo pequeno Nivaldo e trabalho para envolver outros homens a lutar pela mesma causa. Sinto mais vontade de estar em transformação e percebo que devemos questionar alguns papéis de género.

<http://www.youtube.com/watch?v=6KLfm5S1pV4>

Perguntas

- 1) Do que trata essa história?
- 2) Como você se sentiu ao ouvir a história? Triste? Alegre?
- 3) A atitude do pai do Nivaldo é comum?
- 4) Quais são as qualidades de um bom pai?
- 5) Como que um pai envolvido pode melhorar a vida da sua criança?
- 6) O que acontece com os homens que não se enquadram no modelo típico de paternidade e, em vez, envolvem-se mais emocionalmente? O que as pessoas dizem sobre eles? O que dizem de bom?
- 7) O que que vocês podem fazer nas suas comunidades para encorajar uma paternidade carinhosa e envolvida? Se você é pai, o que você pode fazer para ser um pai carinhoso e envolvido?

Pontos chave

- Homens e Mulheres têm responsabilidade de cuidar de si próprios e das suas famílias.
- Tanto os homens como as mulheres têm a capacidade de tomar conta dos filhos. Existem vários modelos para a paternidade participativa e essa história serve como um exemplo.
- A paternidade não se limita ao apoio económico -- inclui muitas outras coisas como estar presente e ser parte da vida da criança, mesmo quando os homens estão separados ou divorciados da mãe da criança.

“Nós homens, Podemos fazer a diferença.”

Mudança por José

Quando eu tinha 19 anos de idade conheci uma moça muito linda de princípio tive uma relação de amizade e com a dinâmica do tempo namorei-a. Eu amava bastante eu vivia em uma família pobre e sonhava vê-la produzida e linda, mas não tinha condições a concretizar. Dois anos depois, conheci outra moça mais velha que eu e muito mais velha que a primeira. Sendo que ele era economicamente estável, envolvi-me com o fim de ter rendimento financeiro para poder ter acesso a algumas coisas que eu não tinha na altura. Com a primeira nunca havia vacilado, sempre usava preservativo de tanto respeito que eu tinha por ela e amor. E a outra eu não usava, sendo mais velha, confiante eu estava que nunca ia deixar-se engravidar e que se isso acontecesse ela com os próprios recursos ia abortar.

Mas a saúde da relação com a primeira não estava bem, pois havia conflito entre as duas e isso me deixava mal. Tentava arranjar maneira de contar a primeira o porquê da segunda relação com a mais velha, mas não conseguia. Meses depois tive alguns sinais de “uma ITS” que na altura não sabia o que era e consecutivamente, um dos vizinhos da mais velha contou-me que ela parecia de HIV/SIDA. Nada mais fiz no momento a não ser ir ao gabinete de testagem voluntária, com o fim de fazer o teste. Diagnóstico positivo. Que inferno! No momento pensei que era fim da vida.

Posteriormente, fui ao encontro da moça para ajustar as contas sendo que via ela como responsável pelo fim da minha vida. Nada mudou mesmo com as boas palavras que eu falei. Levei-a ao gabinete de testagem voluntária. O diagnóstico foi positivo. Voltei para casa. Dois dias depois, fui novamente fazer o teste numa outra unidade sanitária e o diagnóstico não mudou. Referiram-me a uma clínica de adolescentes jovens na qual fui acolhido e integrado num grupo de apoio. Descobri também que é importante que o homem expresse os seus sentimentos e sensibilidades. Nesse grupo ganhei esperança de vida, acreditei que era início duma nova etapa. A primeira tinha o diagnóstico negativo.

Hoje tenho um filho com ela. Todos nós gozando de boa saúde. Eu sou fiel aos métodos contraceptivos particularmente a dupla protecção sendo que tenho acesso aos mesmos. Acho também que o homem tem um papel muito importante na contracepção e de pensar na sua vida reprodutiva e respeitá-la. Contudo, encontro-me numa associação a desenvolver algumas actividades de prevenção e divulgação dos direitos sexuais do adolescente e jovem: contracepção, visitas domiciliárias e debates com fim de consciencializar aos jovens da existência da ITS em particular do HIV/SIDA e da importância do uso dos métodos contraceptivos.

<http://www.youtube.com/watch?v=pFGmKcHBskg>

Perguntas

- 1) Quais são as mensagens principais da história do José?
- 2) Como você se sentiu ao ouvir a história? Sentiu-se triste?
- 3) Quando um casal decide ter relações sexuais, o que deveria ser conversado antes da primeira relação?
- 4) Quais são os riscos de confiar no seu parceiro para cuidar de tudo?
- 5) Como você acha que o José encarou a situação ao saber que é HIV positivo?
- 6) Se você fosse solteiro/a e HIV positivo, quando você informaria um possível parceiro do seu estado?
- 7) Se você fosse solteiro/a e HIV negativo, o que faria se conhecesse alguém que você gostasse e descobrisse que esta pessoa está vivendo com HIV e SIDA?

Pontos chave

- Muitos homens não sabem que tendo vários parceiros sexuais podem por em risco sua própria vida e por em risco a vida dos seus parceiros e futuras crianças
- Em um relacionamento sexual, é importante proteger-se usando o preservativo para evitar gravidezes indesejadas e doenças sexualmente transmissíveis como ITS e HIV/SIDA.
- Se você fez sexo sem preservativo, você deveria fazer o teste de HIV.
- Podemos tomar medidas para evitar o HIV, praticando a abstinência, sendo fiel a um só parceiro ou usando preservativos.
- É possível ter uma família saudável, mesmo se um parceiro tem HIV, mas é preciso ser fiel aos meios de prevenção.

“Tornei-me um activista e levo a vida com positivismo.”

Mudança de Comportamento

por Mario Luis

Eu era uma pessoa muito viciada, envolvido em muitos vícios que até podia prejudicar a minha saúde. Brincava de qualquer maneira sem controlo. Perdia noites. Namorava com duas moças dos bairros diferentes. Fazia sexo sem protecção. Tive problema de saúde. Doenças como venéreas e outras. A minha família não gostava do meu comportamento.

Certo dia fiquei doente e nessa de querer ser forte, ser homem resistente ir ao médico, até que felizmente um amigo me convenceu e fui ao hospital. O enfermeiro deu conselho e disse para eu chamar as duas minhas namoradas. Eu fiquei com medo. Não que tivesse acontecendo aquilo. Ganhei uma coragem de fazer todo o possível de ir ao encontro delas, porque se tratava de saúde. Tive que falar com uma delas de cada vez e nos dias diferentes. Graças a Deus elas não complicaram muito. Aceitaram ir ao hospital e terem o tratamento.

Depois do tratamento o enfermeiro nos aconselhou o seguinte: “não beberem porque o álcool não coordena com os medicamentos e prejudica a saúde. Usarem sempre preservativo nas relações sexuais”. Até disse, “se estiver ou for um seropositivo pode usar preservativo com a sua mulher ou sua namorada para evitar a re-infecção do HIV/SIDA”. Voltei para casa. A minha família também deu conselhos dizendo “que tens que ter uma e única namorada ou mulher para garantir um bom futuro e usarem sempre o preservativo”.

Fiquei com vontade de querer saber mais sobre a vida mas para mudar não foi tão fácil. Tive que deixar de fazer algumas coisas com alguns grupos dos meus amigos, que juntos fazíamos o mesmo erro sem saber que estávamos a cometer ou a prejudicar a nossa saúde. Passei a agir a partir do que eu pensava como se fosse melhor, decidi não beber. Parei de perder noites. Aproveitei melhor o tempo de estar ao lado da minha esposa, porque dormir cedo também faz parte de saúde.

Hoje tenho muita vontade de encorajar aos outros a mudarem de comportamento, inclusive os meus amigos, porque já conheço o perigo de fazer sexo sem preservativo e o prejuízo de consumir drogas ou álcool. Continuo a usar preservativos com a minha mulher porque eu sei que nós homens também somos capazes de promover o uso correcto de preservativos antes de ficar doentes.

<http://www.youtube.com/watch?v=GP62dnkEq8Q>

Perguntas

- 1) Quais são as mensagens chaves da história do Mario Luis?
- 2) Como você se sentiu ao ouvir a história? Ficou surpreso com a mudança de comportamento dele?
- 3) Como a pressão para se enquadrar na “caixa” ou no “modelo de ser homem” pode impactar na saúde em relação ao HIV e SIDA?
- 4) Como é que o uso de álcool é relacionado ao HIV e SIDA? (Se alguém está intoxicado, eles podem ter mais parceiros sexuais, menos motivação para usar preservativos e também menor probabilidade de usar preservativos correctamente?)
- 5) É fácil falar sobre a saúde sexual com seu parceiro? Por quê?
- 6) Como você, na sua vida, pode encarar expectativas diferentes de comportamentos masculinos? E como você pode encarar as expectativas diferentes de comportamentos femininos?

Pontos chave

- Homens e meninos são influenciados por seus grupos para ser “homens de verdade” e eles frequentemente usam álcool e múltiplos parceiros sexuais para provar seu masculinidade.
- Abuso de álcool pode aumentar o risco de sexo sem preservativo.
- Muitos homens não percebem que ter múltiplas parceiras significa um alto risco para a sua própria saúde e para a saúde dos seus parceiras.
- Nós precisamos falar mais sobre a correlação entre HIV, abuso de álcool e relacionamentos não saudáveis.
- Homens tem o poder de ser activos na sua comunidade e gerar mudanças, especialmente em relação ao HIV/SIDA.

“tenho muita vontade de encorajar aos outros a mudarem de comportamento”

A história de BettO-G por BettO-G

Venho duma família humilde carinhosa e cresci dentro de um modelo social em que um homem de verdade é aquele que não lava, não passa, não cozinha. Cresci a saber que homem que é homem tem que ser sempre forte, corajoso, aventureiro e que tem que dominar as mulheres e nunca revelar o seu salário real. Casei com uma mulher maravilhosa que amo muito e ela também. No início da nossa relação estava tudo bonito.

Contudo, eu era irresponsável. Ela teve uma tarefa muito difícil de ajudar-me a reencontrar-me comigo mesmo, trazer-me de volta para a terra e isso não cabia na minha cabeça de mudar para esse caminho que ela desejava. Interessava-me apenas a adrenalina porque me sentia mais homem assim. A nossa relação era conflituosa e isso me deixava muito mal porque era duro e difícil e para sustentar essa adrenalina tinha que omitir ou mentir sobre muitas coisas. Isso não me fazia desfrutar o amor e a vida como deve ser.

Um dia parei para pensar sobre a nossa vida. Olhei para mim, para a minha volta, para minha família, as palavras da minha mulher tomaram conta da minha mente e fiz-me perguntas do tipo: “será que a minha mulher, eu a amo de verdade? Será que amo a minha família? É esta vida que eu quero para nós”. E finalmente olha, disse “OK, isto chega. Esta não é uma vida saudável”. Decidi que tinha que mudar e hoje em dia desfruto duma relação muito aberta com a minha mulher onde não é preciso mentir e não temo nada.

É tão agradável sentir essa liberdade, porque na verdade, antes estava preso pela ideia de que ser homem era aquilo tudo que eu vivia. É verdade que preciso muito para chegar à perfeição e não sei se um dia chegarei lá.

Lembro-me que há dias, acordei, preparei-me para ir ao trabalho, peguei umas calças que já a algum tempo não usava e vi que estava amarrotadas, mas mesmo assim vesti. Para mim era, “OK, ela precisa ver como estou vestido, para ver que não está a cumprir com o seu dever como mulher” mas bom rapidamente veio um outro pensamento de “ah, mas será? Será que é mesmo tarefa dela de zelar por minhas roupas? Não”. Logo imaginei que eu também tenho o dever de zelar pelas minhas roupas, puxa. E imediatamente tirei as calças, engomei e voltei a vestir. Ela saiu do banho e nem apercebeu do que aconteceu. Tive um dia que começou bem e terminou bem. Nem por isso deixei de ser homem. Tanto que prolonguei a minha felicidade até hoje.

<http://www.youtube.com/watch?v=7bsfeMKNfQg>

Perguntas

- 1) O que o BettO-G nos conta na sua história?
- 2) Como você sentiu ao ouvir a história? Senti-se capaz?
- 3) Quais são algumas das influências positivas do sexo masculino na sua vida? Porque são positivas?
- 4) Como os homens podem apoiar a divisão igualitária das responsabilidades e tarefas?
- 5) Como o ambiente social e cultural desencoraja um homem moçambicano de ter uma atitude mais igualitária em relação a sua mulher?
- 6) O que podemos fazer para garantir que diferentes grupos, tais como homens e mulheres, vivam num mundo com igualdade, onde podem beneficiar das mesmas oportunidades e dos mesmos direitos e receber tratamento igual?

Pontos chave

- Ao longo das suas vidas, homens e mulheres recebem mensagens da família, da mídia e sociedade sobre como homens e mulheres devem agir e relacionar-se com outros homens e mulheres. Muitas dessas diferenças são construídas pela sociedade e não são parte da nossa natureza biológica.
- Algumas dessas expectativas sociais e culturais podem ser boas e ajudar-nos a apreciar as nossas identidades como homem ou mulher.
- Entretanto, todos nós temos a habilidade de identificar mensagens não saudáveis e o trabalhar por direitos iguais.
- Todos nós podemos escolher como viver nossas vidas.

“estava preso pela ideia de que ser homem era aquilo tudo”