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VIOLENCE AGAINST WOMEN IN MOZAMBIQUE

This issue paper explores the linkages between Violence against Women (VAW), public security and health. The authors argue that VAW can only be addressed if sufficient attention is given to underlying gender issues in all relevant sectors. The paper presents the innovative inter-sectoral interventions adopted in Mozambique in response to VAW and concludes with recommendations for public investments and budget allocations to ensure their expansion and sustainability.

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LIST OF ACRONYMS

AMMCJ – Mozambican Association of Women in Legal Career

Amudeia - an NGO that provides support services to women victims of violence

Assomude – an NGO that provides support services to women victims of violence

CEA/UEM – Center of African Studies /Eduardo Mondlane University

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

CNAM – National Council for the Advancement of Women, body responsable for the promotion of gender equality and mainstreaming gender dimension in sectoral plans and budgets as required for the implementation of the National Plan for the Advancement of Women (PNAM); it also exists at provincial and district level where Provincial Counseling for Women's Progress and District Counseling for Women's Progress operate respectively.

FM – Forum Mulher (in English Women's Forum): forum of organizations dedicated to the promotion of the equality between men and women and the protection of women's human rights

GA—Gabinetes de Atendimento (in English Centre of Assistance) – support services to the victims of violence, located within police stations.

HIV – Human Immunodeficiency Virus

STI – Sexually Transmitted Infections

Kulaya - an NGO that provides support services to the victims of violence

MF – Ministry of Finance

MINT – Ministry of Interior (Homeland Security)

MISAU- Ministry of Health

MMAS – Ministry of Women and Social Action

MPD – Ministry of Plan and Development

MDGs – Millennium Development Goals

PACV – Action Plan to Combat Violence against Women and Children

PARPA – Action Plan for Reduction of Absolute Poverty, Key instrument of government planning

PES – Economic and Social Plan of the Government / Economic and Social Plan (Sector)

PNAM – National Plan for the Advancement of Women

PNGEI – National Politics of Gender and Strategy of Implementation

SADC – SOUTHERN AFRICAN DEVELOPMENT COMMUNITY

TCV – All against Violence; a national campaign to improve and to coordinate the support services to the victims of violence

UA – African Union

UNFPA – United Nations Population Fund

UNIFEM – United Nations Development Fund for Women

WLSA – Women and Law in Southern Africa, an NGO specialized in research, analysis and dissemination of data and information in relation to the status of women; the data feed and reinforce the advocacy towards defense and promotion of women's rights and non discrimination.

GLOSSARY

GRB - Gender Responsive Budgeting – Gender Responsive Budgeting does not refer to a budget or amount set aside to support some expenses benefiting women or targeted to the promotion of women's rights, but to a methodology which allows an analysis of the extent to which those issues are integrated in the sector/state plans and budgets. This allows an analysis of the impact of public expenditures on women and men ' s life respectively.

GBV – Gender Based Violence - GBV refers to the types of violence which results from the fact that women are accorded lower status as compared to men in social, economic and political life, in other words, refers to the power relations between men and women that leave women as most vulnerable. Thus, GVB perpetuates the imbalanced power relations. GBV is sustained by a culture of silence and tendency to not take into consideration the seriousness of the negative consequences on women ' s health. Besides the damage caused to the victim, VAW incurs considerable social costs as well as an unnecessary bale for health services.

VAW - Violence against Women – VAW refers to the violence acts perpetrated against women. It is important to point out that this violence has its roots in the victim's vulnerability, which has to do with the unequal power between men and women.

BACKGROUND

As part of its global programme on Gender Responsive Budgeting (GRB), UNIFEM has been collaborating since 2000 with the Government of Mozambique and women's organizations, to promote the application of GRB in the national planning and resource allocation process. The first phase of the programme focused on building understanding and awareness of GRB as well as capacity to carry out GRB initiatives. The second phase, which started in 2005, seek to ensure that national and sectoral budget policies, processes and allocations reflect gender equality principles and priorities of poor women and that knowledge generated in the process facilitate replication of good practices and exchange of lessons learnt.

The key stakeholders and leaders of the GRB process in Mozambique are the Ministry of Planning and Development (MPD), the Ministry of Finances (MF), the Ministry of Women and Social Action (MMAS), National Council for the Advancement of Women (CNAM), Ministry of Interior (MINT), Ministry of Health (MISAU), Women's Forum and the Mozambican Debt Group. In consultation with the Government and civil society organizations, violence against women (VAW), maternal mortality and HIV/AIDS were identified as priority issues that the GRB initiative would seek to address. Consequently, MINT and MISAU were selected as pilot sectors.

During the implementation of the programme, the Senior Gender Adviser at the MISAU raised a concern that while in principle VAW is accepted as a health issue, in practice, the gendered dimensions of VAW were often not emphasized. There is, therefore, a real risk that policies and interventions of MISAU inadequately address the gender issues underlying VAW and its consequences on public health. In the same way, the Department of Women and Children in the police indicates that VAW is mostly understood as being the result of poverty and deprivation rather than a result of patriarchal values and underlying gender inequality.

The present document examines VAW as it relates to public health, maternal mortality and HIV/AIDs. It brings out the key issues that should be taken into consideration for the provision of gender sensitive services in the Gabinetes de Atendimento (Centre of Assistance to victims of domestic violence) located within police stations and in health care facilities.

The objectives of this issue paper are:

- To show the linkages between VAW, public security and health, thus clearly demonstrating that VAW is a matter of public security and health that can only be addressed if sufficient attention is given to underlying gender issues in these sectors.

- To identify possible interventions by MISAU and healthcare staff, particularly interventions that can be carried out in collaboration with MINT to strengthen the triple strategy of: developing legal instruments to prevent and to combat VAW; strengthening and improving services for the victims of VAW and challenging the social prejudices hindering the rehabilitation of victims of violence and the prevention of HIV infection.

- To increase awareness of linkages between VAW and service delivery in the public sector health and public safety in particular). This is a first step in advocacy efforts for the inclusion of gender sensitive measures in sectoral planning process and in the allocation of resources.

- To strengthen the mechanisms of intersectoral coordination between MMAS and service providers to the victims of violence for a comprehensive and coordinated response to the problem.

THE EXTENT OF VIOLENCE AGAINST WOMEN IN MOZAMBIQUE

VAW is a universal problem. According to the World Health Organization (WHO), at least one in every three women in the world has already been beaten; coerced to practice sex or abused. A report of the World Bank estimated that worldwide, violence against women was as serious a cause of death and incapacity among women in the reproductive age as cancer, and it was also a much bigger cause of disease than car accidents and malaria combined. In particular, sexual violence, a specific form of violence against the women, has emerged as a global priority for health.

Statistical data suggests that VAW is widespread across the SADC region, including in Mozambique where a recent study showed that 54% of interviewed women had been subject to physical or sexual violence in their lives. These numbers are consistent with those produced by MINT which show that

violence is on the rise. Currently, MINT has 184 Centres of Assistance to the victims of domestic violence (from now on designated as: Gabinetes de Atendimento) which registered a steady increase in the number of cases of violence against women in recent years.

Number of registered cases of violence in the Gabinetes de Atendimento

# of cases of VAW registered	2004	2005	2006
Men	1131	2059	2416
Women	**6440**	**6648**	**8268**
Children	1512	1144	1673
Total	**9083**	**10684**	**12357**

Source: MINT, General Command of the Police, Department of the Women and Children (2007)

While this increase in the coverage of the Gabinetes de Atendimento might have led to the increase in number of reported cases, it is also clear that most occurrences still go unreported. For instance, the research showed that at least one fifth of the women victims of violence had experienced violence attacks in the previous year.

VAW affects women regardless of whether they live in urban or rural areas and regardless of their level of education and employment status. However, there are factors that seem to suggest more vulnerability to violence. For example, violence is more common among married women where it is associated with husband jealousy, suspicious of infidelity and controlling behavior; surprisingly, it also occurs frequently among low income women when they try to have a say on how to spend their income.

VAW is a complex subject that is shaped by various factors. Research studies shows that there is no single cause to violence against women, but that there are many elements that can provoke, legitimate or perpetuate VAW. Studies highlight that the root cause of domestic violence lies in the prevailing unequal relationships between men and women and the patriarchal structure of the society. In other words, VAW is a direct consequence of the unequal relationships of power between men and women which legitimize women ' s subordination in all aspects of life. For instance, compared to men, women have limited access and control over economic resources, decision making both within the family and in public life, limited control over their own bodies, less access to education, etc. These inequalities result in the violations of women's human rights, a view also shared by the United Nations which defines VAW as a manifestation of historically unequal power relations between men and women which led to the domination and discrimination against women and hampered progress for women. "

In spite of this explicit recognition of the causal relationship between VAW and the patriarchal values which prevail in the society, violence perpetrated against women is predominantly viewed as a private issue and this prevents a lot of women from reporting acts of violence and seeking support.

The research on VAW found that only 10% of all cases of violence were reported to the police. The fact that domestic violence is still treated mainly as a private matter is partly due to the fact that the perpetrator is often somebody known by the victim, such as a spouse, a relative, close friend or neighbor. In this case, the violence occurs in the context of an intimate relationship and is usually solved by the spouses themselves or the extended family. The Research on VAW also found that offenses perpetrated by non partners are much more likely to be reported than the offenses committed by the victim's partner.

The most common reasons evocated for not reporting violence are that "the victim can deal with it alone or through the extended family" (47%), that the violent act is considered as "not serious" (15%) or as a private issue (9%), and finally fear of retaliation from the perpetrator (11%). These findings clearly reflect the perceived private nature of violence against women. In addition, many families prefer to deal with cases of violence through the customary justice systems, particularly in the rural communities. Another research found that in general women do not contest a husband's right to punish his spouse or partner, which justifies the fact that few women report cases of violence or consider the violence as "not serious". In contrast, women tend to report violence that they consider unfair or unjustified.

The research on VAW also found that a significant number (70%) of the male perpetrators of violent acts against their female partners never face charges as a consequence of violent behavior outside of their homes, which suggests that these men are not violent except with their female partners. "It seems, therefore, that violence against women is a very specific type of violence, related with the masculine domain and patriarchal values, as well as with gender roles and expectations."

Violence against women does not only happen in private spheres. It also happens out of the home but then social attitudes often tend to blame women and young girls as the ones who provoke aggression through their inappropriate conduct. This reinforces the popular

notion that violence is triggered by the victim's behavior. Sexual violence in particular is attributed to a natural desire or an uncontrollable passion, supposedly provoked by women.

By diverting attention from the underlying power relations as the origin of violence against women, the structural nature of VAW (i.e. the fact that it is caused, legitimized and perpetuated by patriarchal values present in all aspects of the public and private life) is obscured.

NATIONAL RESPONSE TO VAW IN MOZAMBIQUE

Policy framework

The Government of Mozambique recognizes gender equality as an essential component of social and economic development. The objectives of gender equality are included in PARPA II, the Government Five Year Programme for 2005-2009 and the PES 2007. In addition, the National Gender Policy and the National Plan for the Advancement of Women approved by the Council of Ministers respectively in March 2006 and October 2007 contain multi-sectoral measures to prevent and/or mitigate violence against women.

Mozambique has also signed several conventions and international declarations that prohibit acts of violence against women. Those include: the Beijing Declaration and Platform for Action (1995); the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which was ratified in 1997; the Gender Declaration of the Head of States of SADC (1998); and the Protocol for the African Charter of the Human Rights which highlights Women's Human Rights in Africa (adopted at the African Union Summit in 2003).

Institutional framework

Currently, a number of ministries are involved in addressing VAW in Mozambique. As the government's institution responsible for the promotion of gender equality and women's

rights, the Ministry of Women and Social Action (MMAS) is tasked with coordinating efforts by the government, civil society and other partners in the fight to eliminate violence against women. In 2002, MMAS elaborated an Action Plan to combat violence against women and children (PACV). The plan lays out measures to be implemented by the government and by civil society organizations in order to address the issue. MMAS is also leading a strategic partnership with other government institutions and civil society organizations to lobby for the adoption of a new law under which domestic violence will be considered as a crime..

In addition, the Ministry of Interior (MINT) is implementing several initiatives to combat violence against women, including training on human rights and on women's human rights; awareness raising; recruitment of more female police officers and creation of facilities (Gabinetes de Atendimento) inside police stations where victims of violence can file complaints against perpetrators. These Gabinetes de Atendimento are currently available in all districts. During the years 2003-2005, MINT together with civil society organizations, particularly Women and Law in Southern Africa (WLSA) and Oxfam-Belgium, implemented a training programme to provide the police with special abilities in dealing with victims of violence. It is important to note that the establishment of the Gabinetes de Atendimento in itself is not enough to guarantee good assistance: practice is already showing that in many cases the Gabinetes lack human, material and financial resources which significantly impair the quality of the services they provide.

As for the MISAU, it identified two specific areas to respond to the needs of victims of violence: treatment of physical injuries (under the responsibility of the National Directorate of Medical Assistance) and forensic medicine services, with the Department of Non Transmissible Diseases responsible for the epidemiology control. In February 2002, a project on Gender Based Violence was started in Maputo by MISAU in collaboration with Kulaya (an organization that provides support services to the victims of violence) and UNFPA to train healthcare staff in four hospitals of the Maputo City and in 2 health centers that provide emergency services 24 hours a day.

The first results show that health service providers have improved their awareness of the causes of gender inequality and understanding of human rights. In the Central Hospital of Maputo several services were integrated in a network that includes: emergency services, forensic medicine, gynecology services, pediatrics services, dermatology and sexually transmissible diseases, counseling on psycho-social trauma handled by Kulaya and partners such as the Centro de Reabilitação Psicosocial Infantil e Juvenil (CERPIJ). However, this extensive range of integrated services is only available in Maputo.

At the moment, forensic medicine services are available only in Maputo and Beira. In the absence of formally trained forensic medicine specialists', the forensic medicine function is carried out by the emergency services (or by a gynecologist in the case of rape or sexual violence). It is then important to provide doctors and nurses of the urgency services with necessary abilities to pay attention to this important and sensitive task. The health sector faces the challenge of assuring that the integrated services and appropriate forensic medicine services are available nationwide, particularly as the law stipulates that without forensic evidence charges against the perpetrators of violence cannot be sustained in the court of justice.

The role of civil society organizations in the fight against VAW

Violence against women has been a central theme for civil society organizations concerned with the promotion of gender equality since the 90's. In particular, the national campaign All against Violence (TCV) was created to bring together government and civil society to lead a multi-sectoral initiative providing female victims of violence with access to legal counseling, doctors and psycho-social services. In March 2000, the Forum Mulher and its member-organizations participated in the World's March of Women and presented the government with a petition for rights including the right to lead a life free of violence. From that time, gender based violence continued to be an issue of extreme concern for civil society organizations concerned with defending women's rights and gender equality and with implementing measures to protect victims of violence. These organizations provide appropriate services for the victims of violence and are advocating for the revision of the

legislation with a view to develop legal instruments that penalize violence against women. Besides, a detailed and comprehensive research on gender based violence was carried out by local partners such as WLSA and the Center of African Studies at Eduardo Mondlane University (CEA/UEM) and a lot of work is being carried out by organizations such as Muleide, Assomude in Marracuene, Amudeia in Manhiça, The Mozambican Association of Women of Juridical Career (AMMCJ) among others. In light of the increase in services provided by civil society organizations to address the issue of violence, it can be anticipated that the number of reported cases will significantly increase in the near future.

VAW a PUBLIC HEALTH ISSUE

Health care professionals deal with the consequences of violence against women, especially the sexual violence, in everyday's clinical practice. These consequences take the form of: physical injury, pregnancy, infection with HIV and other sexually transmitted infections and psychological trauma.

Physical damage

The damage suffered by women because of physical and sexual abuse can be extremely serious. Many assaults result in damages that vary from bruises and fractures to chronic disability. A great percentage of these cases require medical treatment. From January to June 2006, MISAU undertook a survey on violence against women. Interviewed were carried out with 899 women who were treated in the emergency services of four hospitals and three health centers in the City of Maputo. The study found that 48% of these women had come to the emergency rooms following acts of violence.

A comprehensive system to collect data on violence has still not been installed in the health units. At the moment, the emergency rooms only register the nature of the damage (for

instance shock) without registering the cause (for instance: fall during the beating) and without registering the progression of the damage (for instance: death due to hemorrhages).

Considering that frequently women do not report physical aggression to the police, the health unit is often the first contact with the victim of violence. The victims of VAW need comprehensive care from correct medical diagnosis to psychological counseling. In this sense, it is very important that injuries resulting from violent assaults are recognized and treated as such instead of being qualified as mere broken bones, fractures, hemorrhages and so forth. It is also important that a range of services for victims of violence is made available in a dedicated facility located within the health unit. While the facility should be separate to allow trained staff to deal effectively with cases of violence, it is important that the facility be integrated within premises of the health unit to attract users and prevent marginalization.

Violence is also perpetrated against pregnant women, often by the child's father. The Research on VAW found that 13% of interviewed women had experienced some form of physical abuse during pregnancy. Research carried out by WHO identified violence during the pregnancy as a risk for the mothers and for the baby to be born. For instance, abuse during the pregnancy was associated with low weight at birth, low maternal weight, infections and anemia.

Unwanted pregnancy

Violence against women can result in unwanted pregnancy due to rape or women ' s limited ability to negotiate the use of contraceptives. For instance, some women are afraid to raise the issue of contraceptives use with their sexual partners for fear of being beaten or abandoned. In Mozambique, most women subject to violence do not use any contraceptive

method to prevent pregnancy. For instance only 20% of women interviewed as part of the research on VAW mentioned that they were using some type of contraceptive method.

When an unwanted pregnancy occurs, most women try to solve their dilemma through abortion. In countries like Mozambique where abortion is illegal, expensive or difficult to obtain, women can opt for illegal abortions, sometimes with fatal consequences. Statistical data collected in various hospitals indicate that unsafe abortion makes up about 11% of institutional mortality.

However, the risk of pregnancy can be significantly reduced with proper care, within 72 hours of the sexual assault. It is therefore crucial that health units provide services to prevent the pregnancy, as part of the total package of medical care to victims of sexual violence.

Sexually Transmitted Infections, including HIV

Threats of violence reduce women's ability to negotiate protected sex and thereby enhance their vulnerability to sexually transmitted infections (STIs). In turn, STIs are proven to increase risks of complications during pregnancy, including spontaneous abortion and premature birth as well as risks of conical pelvic infection which can affect fertility.

Sexual violence significantly increases the risk for women to contract HIV because the rupture of vaginal tissues allows an easy transmission of the virus. As targets of sexual violence and abuse, young women and girls seem to be particularly at risk. Currently, young women constitute the group with the largest HIV infection rate in Mozambique with women within the age group of 18-24 years proven to be more likely to contract HIV compared to men of the same age. Therefore, in case of sexual violence, the health

personnel should carry out a routine evaluation of the STI risk and HIV infection and proceed with the administration of post exposure prophylaxis.

The linkages between violence, gender equality and HIV are becoming more visible, given that the epidemic affects an increasing number of families. A key concern is that fear of violence constitutes a main barrier for the testing and disclosure of the HIV status to the sexual partners of HIV+ women. In fact, international research and anecdotic evidence in Mozambique suggests that some women face violence following the disclosure of their serological status. In fact, since women are routinely tested as part of prenatal care, they are often the first members of the family to be diagnosed with HIV, and they can be perceived as "having been the ones who brought HIV in the family." This underlines the critical importance of training the health personnel to respect the confidentiality of their patients and to support the women who are HIV+ from abusive and violent relationships. This can be done through referral network with organizations that offer services to women victims of violence, including support networks for the partner.

Psychological trauma

The experience of violence has some severe psychological consequences, such as depression, anxiety, isolation, and in extreme cases suicide as a last resort to escape violent relationships. Children in particular suffer trauma when they witness or experience violence and they are more likely to reproduce this behavior later in their adult life. With some exceptions, the appropriate psychological support is not available for a number of reasons including: lack of adequate care facilities, lack of qualified personnel, lack of resources to remunerate these professionals, and finally the fact that psychological effects of violence are often invisible.

THE SOCIAL COSTS OF VAW

There is ample evidence that violence has a negative impact on the victim's physical and mental health. The cost to the society is enormous and includes medical care for treating the direct medical consequences of sexual and physical abuse; costs of social services, including the services of child's protection and costs of police services and legal services. There are also economic costs, because violence has negative effects on productivity.

Violence against young girls also has severe negative effects for future generations of women. For instance, in areas where sexual abuse of female students by male teachers is prevalent, girls may avoid going to school to escape the unwanted attention. In other places, parents who fear that their daughters might be sexually attacked can keep them at home, until they are married. In many countries, a girl who is pregnant is removed or expelled from the school, even when her pregnancy is the result of rape. The consequence in all these cases is reduced access to education, a reduced opportunity to secure a safe job and to lead a fulfilling personal and social life.

Adolescents, victims of abuse, are more likely to suffer from low self-esteem compared to those who did not endure such abuse. This raises serious health concerns since such adolescents are more likely to adopt risky behaviors, such as premature or unprotected sexual relationships. Moreover, it is believed that girls who are sexually abused during their childhood are in greater risk of contracting unwanted pregnancy while adolescents. Finally, VAW also affect boys negatively, in the sense that it crystallizes traditional values of masculinity mainly associated with physical strength.

To date, the real consequences of violence against women and girls in Mozambique are still unknown since medical registries do not have critical details about any violence related cases of illness. While violence against women is fundamentally a violation of women's

human rights, the enormous social costs of the violence also justify investment in key measures to improve the response.

The complementary functions of health care staff and staff of Gabinetes de Atendimento

The health care professionals of emergency units within hospitals have a crucial role in assisting women and children victims of violence. They are generally the first ones to notice evidence of violence in abused women or children. They need to understand that the violence can escalate into death and that children are frequently hurt while trying to defend their mothers during an assault. Their first concern should always be to provide correct medical care and treatment, including the evaluation of the risk of infection by STIs and administration of HIV post exposure prophylaxis to prevent infection by the virus. It is important to ensure that special facilities are available for the victims of violence so that they can be treated with the sensibility and care required.

The health care professionals have a special responsibility in ensuring that the victim is directed to relevant service providers (for instance, legal counseling, social and psychological assistance). This is especially applicable when the violence results in severe wounds qualified as crime by the law (for instance: grievous physical harm, rape, incest, sexual abuse with children, etc.). In such cases, the health care staff has a moral obligation to administer all the necessary medical care and to encourage the victim to seek legal services through the Gabinete de Atendimento. While the crimes are "public", the medical personnel should be aware of the fact that violence is mainly considered as a "private" matter and it can result in stigmatization and more violence. This raises the aforementioned issue of confidentiality particularly if the victim of violence is tested positive to HIV.

The police officers in the Gabinete de Atendimento can help the victim in several ways, offering a solution that can put an end to violence (for instance, through opening a case

against perpetrators) or directing the victim to other support services and available support networks (for instance: psycho-social counseling, free legal representation). The collection of evidence can be very important to open a case, thus the reporting followed by referral of the case to health care staff seems to be fundamental. In practice, some Gabinetes de Atendimento have broadened their counseling to a mediation function. This can be understood as a pragmatic attempt to solve the conflict through mediation between the victim and the perpetrator of violence. However, the Gabinetes have no mediation function and should limit themselves to referring the victim to appropriate services. The mediation attempt contributes to the perpetuation of the violence (unless the officials of the police are sensitive to the gender inequalities underlying the violence). This calls for a systematic investment in the training and development of materials and procedures to be used by all Gabinetes de Atendimento.

It is important that both health and police professionals appropriately deal with the psycho-social aspects of violence (for instance; referral, provision of adequate counseling and treatment of mental health problems). The psychological violence is not only difficult to identify, but also not legally qualified. This aspect is being highlighted in the training manual for the health unit staff. The monitoring will be important as well as the need to ensure a close relationship with the social action and with civil society organizations.

Under current laws, cases of violence cannot be prosecuted without proper evidence. Unfortunately, this evidence is often lacking because of the inadequacy of forensic exams and weak recording of cases of violence. This is a vital link for the integration of services. It is important to recognize that in many cases civil society organizations play an important role in the service provision chain, making the partnership between state and non state stakeholders and the coordination among government service providers a key issue to be addressed.

PRIORITIES FOR PLANNING AND PUBLIC INVESTMENT TO ADDRESS VAW

- Expand the model of integrated care services currently available in Maputo
- Provide training for health care professionals to investigate cases of violence and to assist victims in filing complaints (for instance by developing a protocol that makes it compulsory for health care personnel and police officers to advise victims on

available services, including the possibility of filling a complaint and accessing HIV post exposure prophylaxis for victims of sexual violence).

- Establish a system of registry and maintenance, as well as, strengthen forensic services (training more forensic doctors and/or through provision of appropriate training to personnel of urgency/gynecology services) – take advantage of the process of reform of the training of health professionals to incorporate data on the violence.
- Train the police to recognize psychological violence and on how to give appropriate support or refer cases to relevant service providers, in the absence of a legal framework on psychological violence.
- Address the intersections between violence and HIV/Aids, particularly with sexual abuse as a risk of HIV infection:

  - *Violence as a barrier to women's access to HIV testing services:*

    Raise awareness of program managers, counselors and patients about the intersection between VAW and HIV

  - *Violence as a barrier to and result of disclosure of HIV status:*

    - Implement tools that the counselors can use to identify and to advise women who fear violence and other negative results of the disclosure of their status.
    - Offer alternative models for the disclosure which includes mediation by the counselors

  - *Violence as a barrier for women who adopt pregnancy and HIV risk reduction strategies:*

    - Help women develop strategies to protect themselves when negotiating safe sexual relationships.
    - Provide post testing support for women in abusive relationships.

- Establish monitoring mechanisms to assess progress achieved with the implementation of ongoing programmes

CONCLUSION:

VAW in Mozambique is a real and serious problem which affects the life of more than half the women in the country. It has roots in the unequal power relations between men and women, in other words, in the cultural values that attribute an inferior socioeconomic status to women as compared to men.

In light of the complexity of the causes and consequences of VAW, the Government of Mozambique has established a framework of policies, strategies and guidelines which proposes a multi-sectoral approach with interventions implemented by different entities, calling for coordination mechanisms among government entities (e.g. MISAU, MINT and MMAS) as well as among government and civil society entities which provide services to the victims of violence.

In particular, MINT has set as a goal the establishment of at least one Gabinete de Atendimento in each district of the national territory by 2009 and the development of a protocol spelling out procedures that the police should follow when assisting victims of violence. This requires significant expenses to equip and train police officers. Other interventions planned by MINT are the setting of a "Gabinete Mode" which will integrate all the different support services to the victims of VAW (health, police, psychological and legal counseling) and which can also be used as a shelter. On the other side, MISAU identified several priority areas of intervention, such as the development of a protocol of support services to the victims of violence for health staff, the administration of HIV prophylaxis in the health units, training of health professionals on VAW, expansion of forensic services and evidence collection, among others. Both ministries consider that they can improve the quality and impact of the services through a better coordination.

It is clear that these interventions will only be effective if adequate financial resources are available to cover the cost of implementation. Although some initiatives are already being implemented, they are funded as "pilot projects". The sustainability of these initiatives can only be guaranteed if they are included in the sectoral plans and budgets. Therefore, this document should be used together with the other GRB tools to facilitate an analysis of the costs of implementing the initiatives as well as an assessment of the availability of funds through the sectoral plans and budgets of MINT and MISAU.