‘We are women, we are survivors, and we are here to assist each other’

(Community volunteer *‘activista’*, participating in focus group discussion in Montepuez, August 2021)

A rapid assessment of the gender-based violence (GBV) situation and response in Cabo Delgado, Mozambique

Project summary & recommendations

The UN Refugee Agency (UNHCR) in Mozambique and the London School of Hygiene & Tropical Medicine (LSHTM)

UNHCR The UN Refugee Agency

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Key findings

Displaced Family in Najua B IDP site, Ancuabe District, Cabo Delgado, Northern Mozambique. ©UNHCR/Martim Gray Pereira.

THE ASSESSMENT

During humanitarian crises, gender-based violence (GBV) is a life-threatening health and protection issue, often continuing beyond the early phases of emergencies. GBV is a common violation faced by internally displaced people (IDPs), particularly for women and girls, but also for men and lesbian, gay, bisexual, transgender and intersex (LGBTI) populations.

Specific evidence to guide GBV responses in Cabo Delgado is needed. In the province of Cabo Delgado, in northern Mozambique, over 740,000 people have fled the north-eastern and central parts of the province since armed conflict began in 2017. Existing evidence suggests that GBV has been a key feature of the conflict. However, specific information that could guide humanitarian responses on the forms and drivers of GBV and the availability and reach of existing GBV services is missing or unclear.

> 'Not a week goes by without attending at least two to three cases of women who are physically assaulted at home. When we ask if it is something new to them, if their husbands used to do it before displacement, women always answer that violence started in the IDP sites.'
>
> (GBV case worker, government service)

> 'A girl of 14 years old was raped twice by an armed combatant. She was on her way to the field. He raped her. Another day she saw him again. She started running away. He started chasing her [...] he raped her again'.
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> (GBV case worker, government service)

Displaced mother and her three daughters hosted at the temporary centre in Pemba, Cabo Delgado, Northern Mozambique. ©UNHCR/Martim Gray Pereira.

This rapid assessment, carried out by the London School of Hygiene and Tropical Medicine (LSHTM), in collaboration with the United Nations Refugee Agency (UNHCR) in Mozambique, sought to understand the GBV risks and response for displaced populations in Cabo Delgado. Information was collected through qualitative interviews with GBV service providers and focus group discussions (FGDs) with community-based volunteers involved in the GBV response. Data was collected between August and October 2021 in the districts of Metuge, Montepuez and Pemba. All research activities followed existing guidelines on safe and ethical research on GBV in emergencies.

KEY FINDINGS

The conflict in Cabo Delgado has had a devastating impact, especially for women and girls who are experiencing ongoing and new forms of GBV. The crisis has compounded multiple forms of GBV including intimate partner violence (IPV), physical and sexual violence, abduction, sexual trafficking, sexual exploitation and abuse (SEA), early and forced marriage, and economic violence. Existing support structures and prevention measures have been widely compromised by conflict and displacement, leaving the urgent needs of GBV survivors overwhelming unaddressed.

Different vulnerable groups have different GBV-related risks. Adolescent girls are at particular risk of abduction, sexual violence, early and forced marriage, and trafficking in conflict-affected areas. Sexual exploitation and abuse appear to be pervasive in IDP locations and in some host communities, particularly against single women, female-headed households and unaccompanied girls. Disabled women and girls are also considered a high-risk group, although knowledge on the extent and forms of violence against them is still very limited. Men and boys and LGBTI persons were also identified as a high-risk group, particularly of physical and sexual violence by armed combatants, although very few cases are reported.

> ‘We had a case of a boy raped by a group of armed actors while he was running away from the conflict areas. It was not simple for him to speak about what happened. […] I think he was reluctant to talk to me because I am a woman. He spoke to the male ‘activista’, who was about his age’.
>
> (Coordinator, national organisation)

Displaced populations face heightened GBV risks in IDP sites and host community areas where they seek safety. In IDP sites, both the female and male population are exposed to physical and sexual violence and harassment by armed actors. Many displaced people lack civil identification documentation which exposes them to physical and sexual violence from armed actors, particularly sex workers. Traditional discourses about the insecurity that IDPs face often promote men's roles in protecting women while normalising and amplifying controlling behaviours towards women and girls, which may restrict some women and girls from seeking support.

Socio-economic vulnerability related to the crisis is increasing vulnerability to GBV. IPV and early or forced marriage were reported by families who have lost their livelihoods, and experienced acute food insecurity and housing instability due to the crisis. Other forms of GBV are directly linked to the socioeconomic vulnerability of already at-risk groups. This includes the sexual and economic exploitation and abuse of women and girls within a wider context of transactional sex and unequal gender norms within household, community leadership and humanitarian assistance distribution structures. The socio-economic risk factors of GBV need to be addressed by GBV responses and humanitarian programs.

> 'The chief of the neighborhood took advantage of a displaced woman who recently arrived to the IDP site. She did not have a place to stay. She had many children. She did not have any food to give to them. The chief told her that if she slept with him, he would give her food and a house.'
>
> (GBV case worker, international organisation)

Existing government GBV services have been extensively disrupted by the conflict and displacement, particularly in the hard-to-reach north-eastern and central zones of the province from where many GBV service providers had to flee or interrupt the provision of services. In the southern districts where most displaced people have found refuge, government actors and humanitarian agencies are collaborating to adapt GBV programmes to the new context and needs. Several women's and girls' safe spaces have been created, while other key structures have been strengthened, such as volunteer-led community awareness programmes, and outreach programmes.

There is a grave lack of access to essential support for GBV survivors especially for the most at-risk groups in remote conflict-affected locations. GBV survivors' safety, care and recuperation are impacted by gaps in access to comprehensive GBV case management. These include access to healthcare, social services, safety support (including safe shelter and women and girl's safe spaces), and access to justice and protection which are especially lacking in the north-east. Across the province, multiple barriers are preventing access to existing government and NGO services, such as limited resourcing and capacity, long travel distances, stigma and limited community awareness.

The capacity of GBV services to provide quality responses in line with national and international guidance is limited due to the scale of needs, lack of adequate resourcing and limited technical capacity building. Some service providers lack protocols and guidance adapted to specific GBV needs found in a conflict and displacement context. The risk that responders may reinforce harmful gender norms, discrimination and harm is a particular concern given that many service providers appear to lack knowledge of frameworks that should guide quality survivor-centred care.

Displaced woman wearing a PSEA hotline T-shirt in Mapupulo IDP site, Montepuez District, Cabo Delgado, Northern Mozambique. ©UNHCR/Martim Gray Pereira.

Existing GBV response programs are still adapting to the new crisis context. There is an urgent need to fully engage with the groups at heightened risk of GBV and understand how displacement and conflict have created new vulnerability dynamics. Vulnerable groups include sex workers, women and girl heads of households, unaccompanied and separated children, adolescent girls, LGBTI persons, persons with disabilities, and men and boy survivors. However, existing programs often lack resources, training and guidance to effectively and safely respond to their specific GBV needs.

Coordination between GBV response services is limited and impacts quality and holistic care for survivors. Service providers are often not aware of other programs or options available for survivor support, thereby reducing their capacity to provide integrated support to survivors. Equally, information and data related to GBV risks and needs is not always shared between actors to improve response.

Displaced girl collecting water in Najua B IDP site, in Ancuabe District, Cabo Delgado, Northern Mozambique ©UNHCR/Martim Gray Pereira.

Recommendations

Practitioners

ADAPT service provision models, based on an inclusive assessment, to ensure appropriate and quality survivor-centred services are accessible to all vulnerable communities. Social, cultural, resource and capacity-based barriers preventing access to GBV services need to be urgently addressed through a coordinated approach. This should be a collaborative process led by UN technical agencies, involving government stakeholders and civil society organisations, with robust participatory community engagement. GBV service providers and response programs more broadly must remain flexible to adapt program approaches to ensure that barriers and facilitators driving service use are addressed. Service providers should ensure that women, girls and other high-risk groups are involved in program design and implementation. Diversified entry points need to be created so that GBV services are accessible and appropriate for specific groups who may not access feel comfortable accessing existing services, particularly adolescent girls and boys, men and LGBTI persons.

ENSURE that all service providers working with GBV survivors have the appropriate training and resources available. Capacity building efforts should be informed by robust organisational capacity assessments. GBV capacity building requires dedicated technical resourcing, and an approach that includes longer-term capacity building, follow-up to check if learning goals were achieved, and ad-hoc trainings to address changing needs. Service providers should have the training and resources to address critical GBV survivor needs including healthcare, legal and protection assistance in conflict-affected and displacement settings. Training and resources for interpreters is also needed to ensure that survivors can safely share their needs.

IMPLEMENT a coordinated GBV response across Cabo Delgado through a review and evaluation of protocols to ensure quality, accessible and survivor-centred service provision. This includes a review of existing service provision protocols and guidance to assess gaps, and a plan to implement training. Clear and standardised guidance needs to be provided to GBV service providers to harmonize practices and provide accurate information to communities. This includes providing clear guidance on any GBV reporting requirements. Donors and technical experts should evaluate the quality of their GBV programs against international survivor-centred standards and support any needed technical support.

SEEK to safely and inclusively engage with all GBV survivors. This includes service providers working with all vulnerable groups by creating accessible services in locations of heightened risk, and ensuring access for those with limited access to support. Groups that are less likely to access GBV services include sex workers, women and girl heads of households, unaccompanied and separated children, LGBTI persons, persons with disabilities, and men and boy survivors. Additional, dedicated technical and funding resources should be provided to support these groups alongside funding for core services to reach women and adolescent girls who remain the groups at highest risk. A collaborative consultation is also recommended to understand how to ensure services are inclusive for all survivors.

IMPLEMENT evidence-based GBV response models using community engagement to transform harmful gender norms and other barriers to accessing support. Such models must be developed through robust active

consultation with the community, in particular with vulnerable groups to adapt to their specific needs and commit to the monitoring of impact. These models should be tested and adapted as needed. Equally, community workers ('activistas') are a key entry point for GBV survivors to access services and community awareness activities. They require a clear job description, practical and robust technical capacity-building skills (particularly in psychological first aid), strong and supportive supervision mechanisms, and the harmonization of GBV key awareness raising and education messages. The safety and emotional wellbeing of community outreach volunteers is paramount and supervising organisations must also monitor this and provide immediate responses to any concerns identified.

FOSTER strong linkages with livelihoods and development actors to address socio-economic vulnerability as an important GBV risk factor and integrate survivors into tailored economic empowerment models as part of integrated response services. This approach requires dedicated resourcing and coordinated joint assessments between GBV and livelihood actors to develop models that are adapted to the needs of survivors and consider the specific risks of GBV related to socio-economic vulnerability.

Donors, Policy Makers and Coordination

PROVIDE urgent and needed funding to scale up existing survivor-centred GBV response service provision. Funding is needed to support the provision of survivor response services including healthcare, psychosocial support, case management social services, and legal services. Funding for response services and capacity building should prioritize the integration of IDP and vulnerable host communities in all GBV response efforts, and equally commit to longer term capacity building support of existing government and NGO services.

PRIORITISE funding, resources, and capacity building to bridge gaps in the provision of essential services for GBV response. This includes addressing the urgent lack of access to holistic GBV case management services, safe shelter, and legal protection for GBV survivors. This should be accomplished using an integrated approach to the greatest extent possible. Equally, health care service providers must receive appropriate training on working with GBV survivors. Funding support is also needed for essential medical supplies to provide basic GBV clinical care to all survivors.

MAINSTREAM GBV risk reduction programs (especially protection from sexual exploitation and abuse (PSEA) programs) across all humanitarian sector programs to ensure GBV survivors have safe access to assistance. Humanitarian coordination leads for each sector should ensure adequate resourcing at the coordination level, and within programs, so that GBV mainstreaming and commitments are implemented in practice, with dedicated technical support.

COORDINATE GBV prevention and response programs between government, NGO actors, and the community. In response to displacement related to the Cabo Delgado conflict, coordination mechanisms should be set up at the field level to coordinate GBV response activities which adhere to core GBV guidelines. Equally, information regarding services and activities must be shared between all actors, community outreach workers, and communities to improve access and reduce gaps. These coordination gaps must be filled with dedicated UN and government GBV technical leadership centrally and from direct service providers.

SUPPORT stronger assessments, coordinated data collection, and data sharing to inform programming and coordinate ongoing response. This can be supported through existing GBV coordination mechanisms

with inputs from all practitioners. Established mechanisms, such as the GBV information management system (GBVIMS), should be used for the safe and ethical information management of GBV data so that trends of GBV incidences can be regularly assessed to inform GBV services.

Researchers

Further research is urgently needed in Cabo Delgado to develop effective and appropriate programmes and projects. A mixed-methods approach should be adapted and where feasible, incorporate longitudinal outcomes.

Areas of further research include understanding the:

DRIVERS of GBV, especially of conflict related GBV, IPV and early and forced marriage, in the current context of conflict and displacement. Further research is needed to be identify drivers and risk factors that can be targeted by interventions in the current context of conflict and displacement.

EXPERIENCES of adolescent girls and other marginalised groups. Adolescent girls were identified as one of the highest risk groups. However, no detailed knowledge about their GBV experiences and needs is available in Mozambique. Data on needs of men, boys, and other marginalised groups such as LGBTI people, the elderly, people with disabilities, and sex workers are also missing. Additional research is therefore needed to understand the impact of conflict and displacement on their GBV experiences and how to address their specific GBV service needs.

INFLUENCE of community actors and local justice forums. Further research is needed to understand how community actors such as traditional healers, birth attendants, and initiation rites masters, may be important entry points. They can be essential support for referrals and basic support to GBV survivors but further research is needed to ensure how to provide appropriate engagement and training. Additional research is needed to understand how GBV cases are handled within local justice forums. This includes community courts and community policing groups.

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