

Executive summary

Women and girls continue to face gender-based violence (GBV) risks associated with the conflict in Cabo Delgado that began in 2017. These risks have been exacerbated by climatic hazards (e.g. Cyclones Idai and Kenneth in 2019 and Gombe in March 2022), which caused mass displacements in a country where even before the conflicts, gender inequalities were rooted in prevailing socio-cultural norms and practices, such as early and forced marriage and transactional sex.

Under the leadership of the United Nations Population Fund (UNFPA), and the co-chairing role of Fundação Ariel, the GBV Area of Responsibility (AoR) in Cabo Delgado coordinates GBV prevention and response efforts by partners in Northern Mozambique. The GBV AoR met bi-weekly over the last 6 months (from July - December 2022), with attendance by 36 organizations. The Strategic Advisory Group met quarterly, while the Case Management Technical Working Group was recently revived.

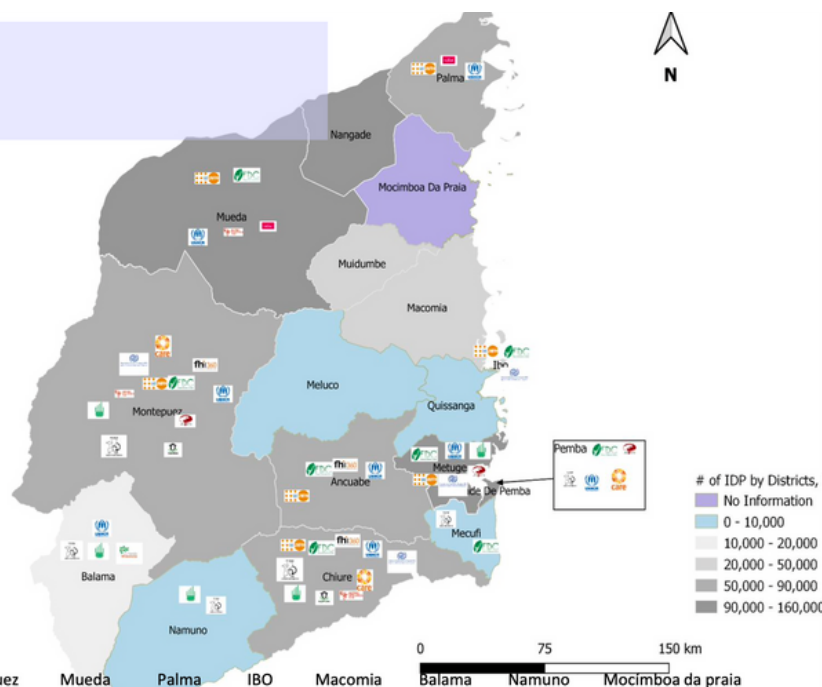
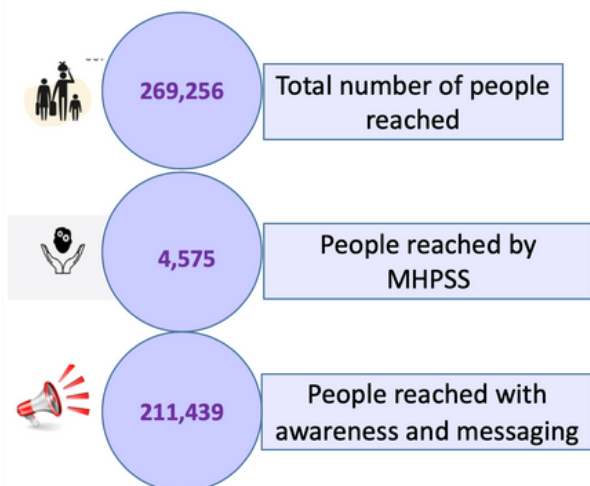


Key achievements by GBV AoR between July-December 2022:

- **206,000** people were reached through services provided by GBV AoR partners, including GBV case management, mental health and psychosocial support also through the 33 women and girl friendly spaces, distribution of material assistance, and awareness raising
- The GBV AoR became more localized with Fundação Ariel, a national NGO with field presence in 11 districts, being appointed co-chair of the GBV AoR by the Strategic Advisory Group
- GBV AoR increased its geographical reach by selecting GBV focal points in eight (8) Districts of Cabo Delgado and Nampula provinces
- **12** trainers were selected to strengthen the country's capacity on GBV Case Management, through a roll-out of Phase 1 of the Case Management Capacity Building Initiative, supported by UNFPA and UNHCR
- Increased availability and analysis of GBV data through the published Secondary Data Review on GBV
- Strengthened resource mobilization through direct donor engagement and by increasing the overall ask for GBV in the Humanitarian Response Plan from \$16 to \$19 million
- Two consultative workshops in Cabo Delgado and Nampula took place to develop the 2023-2025 GBV AoR strategy



GBV AoR Achievements Jan-Dec 2022



Services Provided by District

	Pemba	Metuge	Chiure	Ancuabe	Montepuez	Mueda	Palma	IBO	Macomia	Balama	Namuno	Mocimboa da praia
Case Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MHPSS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Women and Girl Safe Space	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Awareness and messaging	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NFI distribution	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Referral pathway	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Situation in Cabo Delgado and Nampula

In the second half of 2022, continued displacement due to conflict and natural disasters, compounded by existing gender inequalities, abuse by armed actors, and the inadequate and limited availability of GBV specialized services all contributed to high GBV risks for women and girls in Cabo Delgado, Niassa and Nampula. Non-state armed Groups (NSAGs) attacked the districts of Ancuabe, Balama, Chiure, Namuno, Meluco, Macomia, Muidumbe, and Nangade in Cabo Delgado, and Erati and Memba in Nampula. The IOM Displacement Tracking Matrix (DTM) mapped a total of 1,028,743 IDPs in Northern Mozambique and 352,437 returnees as of November 2022. Returns increased by 146% between June and November 2022, the majority to the districts of Mocimboa da Praia, Muidumbe, Mueda, Palma and Quissanga¹.

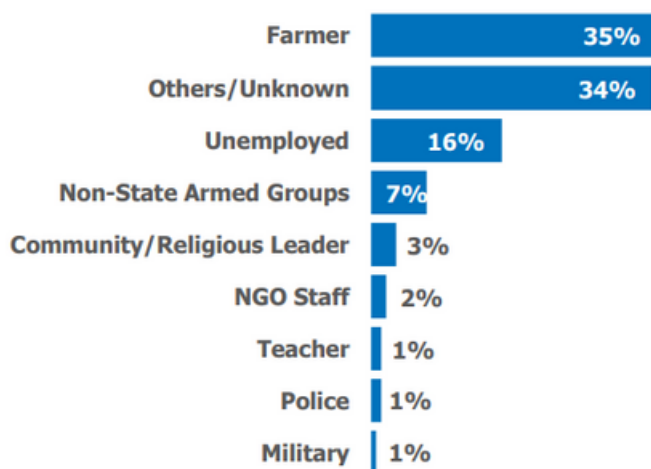
Key GBV issues and concerns

Risks of sexual violence are cited as the most prominent protection concerns in Safety Audits and other sectoral assessments by partners, with sexual violence being reported by women on the way to collect firewood and water, in bars, and often perpetrated by armed state and non-state personnel.

¹ IOM DTM, Baseline assessment round 17, November 2022

In conflict-affected areas, women and, especially, adolescent girls, continue to be highly exposed to abduction for sexual exploitation, forced marriage and trafficking when villages are attacked, leaving women and girls with no choice but to flee in an attempt to seek safety. According to the GBV incident trend analysis by UNHCR and partners, the majority of perpetrators of reported GBV incidents are farmers, people unemployed and Non-State Armed Groups (NSAGs)².

Occupation of Perpetrators of GBV



Displaced populations face heightened GBV risks in IDP sites and host community areas where they originally go to seek safety. Limited shelter, as well as inadequate sex segregation and privacy for latrines and bathing facilities, are common features of IDP settings.

Forced and early marriage as a negative coping mechanism and driven by the prevailing socio-cultural practices remains concerning. In Cabo Delgado, before the conflict, 18 per cent of girls were married before the age of 15 years, and 60 per cent before the age of 18. In addition, 40 per cent of girls were pregnant before the age of 18³. Other harmful socio-cultural norms include initiation rites and polygamy.

Transactional sex, exacerbated by high rates of poverty and food insecurity especially among IDPs living among host communities. Without other sources of income, women and girls resort to transactional sex in exchange for payment as low as 10 to 50 meticaís, almost always done without the use of protection against sexually transmitted infections (STIs). Transactional sex was common in Cabo Delgado before the conflict due to high poverty rates and the lack of livelihood opportunities for women. The risks have now increased, together with the risk of sexual exploitation and sexual and physical violence.

Intimate partner violence (IPV), exacerbated by psychological trauma in IDP sites. The most common occurrences of GBV are by an intimate partner, with beatings perpetrated by the husband against the wife and marital rape being the most common occurrence of IPV.



² UNHCR and partners, GBV incident trend analysis, Jan-Jun 2022

³ Unicef, UNFPA, 'Statistical Analysis of Child Marriage and Adolescent Pregnancy in Mozambique: Determinants and Impacts' based on Demographic and Health Surveys of Mozambique (DHS)

Key gaps include

- Limited provision of specialized GBV case management, medical and legal assistance to survivors. Unavailability of Centros de Atendimento Integrado, CAIs (one-stop-centers) or safe shelters in Cabo Delgado
- No existing mechanism or strategy for prevention and response to conflict-related sexual violence (CRSV), including reintegration of women and girls who experienced abduction and sexual exploitation/abuse by non-state armed groups
- Lack of specialized services in hard-to-reach locations and districts in northern Cabo Delgado, which are recently opening to increased humanitarian access due to changes in the security context. Limited availability of specialized services in urban settings.
- Low capacity by existing community structures and clusters on safe disclosure and referral for survivors to increase access to support
- Limited focus on prevention programmes and durable solutions, and link to livelihood assistance
- Strategies for GBV risk reduction in other sectoral responses

Strategic engagement and GBV AoR footprint

During the second semester of 2022, the membership of the GBV AoR included national and international NGOs and UN agencies who continued to engage on key GBV issues in Cabo Delgado through bi-weekly and ad hoc sub cluster meetings.

AoR partners that participated in bi-weekly or ad-hoc meetings include:

- **Government:** Provincial Directorate of Gender, Children and Social Action (DPGCAS), Provincial Health Directorate (DPS), Provincial Health Services (SPS)
- **National NGOs:** ADEL, Aga-Khan Foundation, CESC, FDC, Fundação Ariel, Girl Child Rights, Jhpiego, Jos Consultoria Social, ASAC-Kulima, Muleide, Pathfinder, Rede Homem Pela Mudança HOPEM
- **International NGOs:** AIFO, Action Aid, CARE International, CUAMM, FHI360, Helpcode, Médicos Del Mundo, Save the Children International, Tearfund, Plan International
- **United Nations:** IOM, UNDP, UNFPA, UNHCR, UNOPS, OCHA
- **Other:** Child Protection AoR, Protection cluster, PSEA Network, SAMIM





GENDER-BASED VIOLENCE in Mozambique: Cabo Delgado

Bi-annual report of the GBV Area of Responsibility (AoR)

July - December 2022

Strategic Advisory Group (SAG)

The Strategic Advisory Group for the Cabo Delgado GBV AoR met quarterly in 2022, in line with the ToR. The membership of the SAG was updated in September 2022, and now includes: DPGCAS, FHI360, Helpcode, Muleide, Fundacao Ariel, UNFPA, UNHCR, and IOM.

Case Management Technical Working Group (CMTWG)

The Case Management Technical Working Group was established in 2021, and revived in December 2022, co-led by UNHCR and UNFPA. The ToR and membership was updated and currently includes: FDC, Muleide, FHI 360, CUAMM, HelpCode, Care International, UNHCR and UNFPA. The CMTWG will meet monthly in 2023, and will be responsible for the roll-out of GBV IMS, provision of technical support and advocacy on case management.

Localization and field presence

The GBV AoR strengthened the localization of its response. As of July, the GBV AoR in Cabo Delgado is co-chaired by a National NGO, Fundação Ariel, with a field presence in 11 districts of the province.

In the second half of 2022, the GBV AoR identified GBV District Focal Points in eight districts: Pemba, Metuge, Montepuez, Mueda, Mecufi, Ancuabe, Chiure and Ibo. They are district-based GBV staff from CUAMM, Mdm, Helpcode, Fundação Ariel, FHI360, FDC and IOM. District Focal Points are responsible for updating GBV referral pathways, monitoring and sharing information on GBV risks and priorities, and responding to requests for information on specialized GBV services by humanitarian partners.

Due to spillover attacks in northern districts of Nampula, the GBV AoR increased its footprint in Nampula. A focal point for the GBV AoR was identified, who carried out a mapping of GBV partners and response services in November 2022. Given that the members of the Mecanismo Multisetorial (governmental multi-sectoral response services) meet monthly, and in order to avoid duplication of efforts, GBV AoR partners will be convened via the monthly meetings of the group.

Technical Support and GBV mainstreaming

GBV AoR facilitated ad hoc sessions to mainstream GBV into other clusters, including dedicated sessions with the Nutrition, Food Security and Health clusters. GBV AoR collaborated with the PSEA network to integrate GBV and PSEA referral pathways, and develop a training on the victims' assistance protocol.

Training to WFP field monitors and Linha Verde operators took place in response to GBV disclosures when there were no specialized services available (GBV Pocket Guides⁴). GBV referral pathways are regularly shared to support referrals to specialized services.

Referral pathways were developed for four new districts (Ibo, Mocimboa da Praia, Palma, Namuno), now amounting to nine Cabo Delgado districts. Referral pathways are updated quarterly.



⁴ GBV Pocket Guides, [How to support survivors of gender-based violence when a GBV actor is not available in your area](#)



Strengthening Partner Capacities

Following the endorsement and publication of the GBV SOPs⁵, five sessions to roll out the SOPs and build partners' capacity on GBV standards and protocols were conducted in the second half of 2022.

The GBV AoR supported the establishment of the Case Management Capacity Building Initiative⁶. Phase one of the initiative was completed in the second half of 2022, and consisted of a training and ToT on Case Management for case workers and supervisors of nine organizations from Cabo Delgado and Nampula. Phase two will include ongoing mentoring and coaching of trainers, and stepdown trainings for all GBV AoR partners.

GBV AoR Information Management

The GBV IMS assessment report, and self-assessment was finalized and submitted to the GBVIMS global technical team.

A Secondary Data review was produced, to assess existing data sources on GBV in Cabo Delgado Nampula and Niassa, and existing data gaps. The document was a desk analysis of GBV Safety Audits, sectoral assessments and reports by AoR partners. It informed HNO and HRP processes, and it was shared at a multi-sectoral level, and published onto Reliefweb⁷.

Multi-Sectoral Needs Assessment and Rapid Response missions

In partnership with the District Services of Health, Women and Social Action (SDSMAS) and UNFPA, the AoR was able to provide material support to 100 women and girl survivors of conflict-related sexual violence in detention in Mocimboa da Praia.

The AoR ensured inclusion of GBV into the Multi-Sector Needs Assessment (MSNA) tool and Multi-Sector Initial Rapid Assessment (MIRA) tool, trained MSNA enumerators, as well as participated in MSNA missions to Palma sede, Mocimboa da Praia sede and Manono in Ancuabe in Cabo Delgado, and Erati and Memba in Nampula.

Strategic leadership and advocacy

Two workshops for the development of the 2023-2025 GBV AoR strategy were held in Cabo Delgado and Nampula, with participation by 35 partners in Cabo, and 17 in Nampula.

The GBV AoR advocated with donors, for increased funding to GBV prevention and response. This included a meeting with donors, attended by Finland, Sweden, EU, World Bank, Canada, and USAID, as well as bilateral engagement with EU, World Bank, ECHO, and BHA.

The financial requirement of the 2023 HRP amounts to USD19 million (compared to USD16 million in 2022), and is shared between 18 partners (compared to 11 partners in 2022).

⁵ GBV Standard Operating Procedures for prevention and response to GBV in Cabo Delgado, February 2022

⁶ GBV Case Management Capacity Building Initiative, Rollout Strategy, September 2020

⁷ GBV in Cabo Delgado, Nampula and Niassa, A Secondary Data Review, GBV AoR, November 2022





Selected activities by partners include:

The activities below are an extract, rather than a comprehensive overview of partners' response.

- **CARE** used women and girls-friendly spaces (WGFS) to conduct activities related to GBV case management. Over the reporting period CARE built and furnished a new WGFS in Montepuez (Nicuapa), which was used for lifeskills building, and sharing information on specialized GBV services. CARE also conducted monthly community dialogues using the approach of the Social Analysis and Action (SAA) model for gender transformation. Over 20 “champions” (10 women and 10 men) from Chiure and Montepuez were trained and developed two concrete action plans to transform harmful social norms around GBV.
- **Fundação Ariel** provided clinical response to GBV survivors in 34 health centres in Pemba, Mecufi, Metuge, Ancuabe, Chiure, Montepuez, Balama, Namuno and Mueda, as well as through mobile brigades and awareness raising.
- **Helpcode** continues its GBV specialized prevention and response services, which include case management, individual and group psychosocial support, economic empowerment, training of partners and local leaders and awareness raising in the districts of Mueda and Palma. Helpcode also supported interagency coordination by developing and updating referral pathways and conducting and sharing GBV Safety Audits.
- **UNFPA** with support from **MULEIDE**, **DPGCAS**, **DPS**, **UNDP** and **LAMBDA** strengthened the capacity of 120 individuals within the GBV multisectorial committees, health facilities, community courts and police for specialized referrals to multisectorial assistance for GBV survivors, according to the referral pathways. Specialized services including GBV case management, PSS and livelihood services were provided to 863 individuals. UNFPA also strengthened GBV case management provision through 5 participatory workshops with participants from districts of Ancuabe, Ibo, Chiure, Metuge, Montepuez, Namuno, Balama, Pemba and Palma. UNFPA supported **HOPEM** to work on male engagement, and reduce attitudes of toxic masculinity, by identifying and training four supervisors and 80 mentors with boys and youth aged 10-24 years, and reaching 3,208 persons with community awareness. UNFPA is supporting national authorities in responding to GBV, by supporting DPGCAS with the rehabilitation of Centro de Atendimento Integrado (one stop shop center) in Chiure.
- **UNHCR** continues to support integrated GBV service provision, this reporting period GBV legal services by partner Muleide were initiated in four districts (Metuge, Pemba, Chiure and Montepuez) to provide legal information, advice and follow up for women and girls in safe spaces. As part of the project, 1) 205 community volunteers and 31 GBV staff were trained on GBV legal frameworks and referral; 2) survivor-centered legal rights and services awareness raising tools were developed with the community and awareness sessions started, 3) legal rights radios spots were shared, and 4) a rapid assessment of barriers to accessing justice for displaced GBV survivors was conducted with legal actors.





Photo: UNFPA and Muleide training police district focal points on GBV survivor-centred approach

- **Pathfinder** trained 47 health providers on the new instruments for reporting on GBV by the Ministry of Health in Ancuabe and Pemba. 4 health units in Pemba and Ancuabe were provided with weekly technical support on specialized clinical response to GBV, and assessed through the *Instrumento de Medição de Desempenho* (IMD) which resulted in action plans to improve on the gaps identified. Pathfinder also supported 82 mobile brigades in Ancuabe and Pemba, including PSS and referral of GBV survivors.



Resik is a mid-level maternal and child health nurse at *18 de Outubro* Health Center in Pemba. She has worked there for over 2 years and serves as the GBV focal point. Resik participated in on-the-job training by Pathfinder and support supervision to learn how to assist GBV survivors, register cases appropriately, and provide psychosocial support. Through this training Resik noted, “I realized what was expected from me and from the facility”, and “[n]ow I can assist the cases myself with success, I can organize the PEP kit, I know the different types of PEP to provide.”

- **IOM** continued mitigating GBV risks by providing support to survivors, and addressing its root causes - through its MHPSS/Protection programming. This included trainings on protection and related thematic areas for CCCM teams and women committees reaching a total of 131 individuals; provision of community-based protection and MHPSS services, including counseling for GBV survivors and psychoeducation for the caregivers; and in-kind protection assistance. From July to December, IOM also reached over 6600 individuals through awareness raising and supported group sessions on GBV and protection themes.



16 days of activism campaign efforts

Helpcode organized awareness-raising activities through different methodologies - community dance, children's theater, rights' marches, dialogue groups - on human rights, gender-based violence, PSEA, male engagement with participation from Social Action, SDPI, local leaders and other GBV response partners.

UNHCR and partners organized over 50 activities across seven districts for the 16 Days of Activism Campaign. The activities reached over 6,823 displaced, host and returnee communities; activities included support to the DPGCAS launch event in Pemba, radio spots for GBV legal rights awareness raising with Muleide, theater plays on GBV in WGSS, health facilities, markets and other spaces with Helpcode, CUAMM and GMPIS, and discussions on GBV and sexual and reproductive rights with CUAMM and AMOFEDA.



Photos: March organized by Helpcode and GMPIS, Accao Social, SDPI in the district of Mueda supported by UNHCR.

Pathfinder organized a workshop in partnership with CECAP (Coligação para a Eliminação das Uniões Prematuras) which included 29 participants from civil society, government authorities, and youth representatives. The title was "Humanitarian response and the rights of girls: reflection on conflict and violence against girls in Cabo Delgado, challenges and response". Pathfinder also supported DPGCAS in organizing sport and recreational activities for the closure of the 16 Days campaign.

Médicos del Mundo organized awareness-raising activities including discussions on GBV and sexual and reproductive rights with youth in two schools in Montepuez, radio spots, and a debate against early marriage in Balama. In the activities, representatives from the civil society, community and religious leaders, SDSMAS, SDEJT and the GBV and SAAJ district focal points participated.

16 days of activism campaign efforts



UNFPA supported the official ceremonies for the 16 days campaign by DPGCAS. Moreover, through its implementing partner FDC, UNFPA supported community dialogues in its 13 WGSS, and conducted roundtables with the multisectoral mechanism and community leaders in Ancuabe, Chiure, Mecufi, Metuge and Mueda. UNFPA's partner MULEIDE also conducted an exhibition of activities and items produced by women and girls in the WGSS, with the delivery of Start Up kits for 18 women and girls who participated in the vocational plumbing courses. As part of its advocacy for the 16 days, 80 women and girls were reached with information on SRHR rights and access to services for family planning and GBV through discussion groups in Pemba, Metuge, Ancuabe, Chiure and Montepuez. UNFPA and Muleide took part in a TV programme to advocate for the response to the situation of women and girls in Cabo Delgado and produced radio spots in portuguese, and 3 local languages: Macua, Maconde and Kinwani disseminated in Pemba, Montepuez, Chiure, and Ancuabe.

CARE used social media to disseminate GBV key messages for the 16 Days campaign. CARE also partnered with Helpcode in Mueda, holding a dialogue session where men, boys, and community leaders discussed their role as males in ending gender-based violence. CARE and CUAMM held a theater session in Chiure focusing on early marriage.

IOM reached over 4,000 individuals in Pemba, Ibo, Metuge, Montepuez and Chiure through activities done in the frame of the 16 days of activism. These included community theaters and group discussions with women and girls' groups, men groups, and youth groups.



Priorities to strengthen GBV prevention and response

- Increase access to survivor-centered GBV case management and PSS services: including hard-to-reach and urban locations. Ensure that humanitarian space and access is secured to the districts of the north, and that reconstruction efforts and service delivery work hand-in-hand
- Promote safe access to services for survivors of conflict-related sexual violence (CRSV) and put in place mechanisms for reintegration. Focus on the human rights of civilian populations, and to ensure International Humanitarian Law compliance by both State and NSAGs.
- Continue provision of technical capacity-building for GBV service providers including government
- Support long-term GBV capacity-building for community volunteers, community committees, complaints and feedback mechanisms, community leaders and other community structures.
- Enhance GBV mainstreaming across sectors with focus on risk reduction outcomes across humanitarian clusters
- Strengthen prevention programmes, including livelihoods and economic empowerment programmes, working with men and boys and behavioural change
- Strengthen interventions that address the lack of livelihoods of displaced and host populations, and reduce negative coping mechanisms such as child, early and forced marriage, and transactional sex.





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