



General Overview

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

Key Gender-Based Violence Concerns

Partners of the GBV Area of Responsibility (AoR)[1] in the northern provinces of Cabo Delgado, through regular GBV safety audits, GBV assessments, protection monitoring reports, and other anecdotal sources have highlighted the following GBV concerns:

- **Kidnapping, torture, beheading** and other human rights violations by Non State Armed Groups (NSAGs) notably in Palma, Macomia, Mocimboa da Praia, and Muidumbe, driven sometimes by food raids in villages.
- **Conflict related sexual violence (CRSV)** by NSAGs during raids, and by other perpetrators as a result of multiple displacements. Since 2017, nearly 950,000 have been displaced (60 per cent being female) and over half are children. One in every three people is internally displaced, and many have had to flee their homes multiple times. In 2022 alone, almost 100,000 people have been recorded as newly displaced following a resurgence of conflict in Cabo Delgado and Niassa provinces. These displacements are sometimes on foot and through bushes and farmlands (machambas), they are considered unsafe and expose women and girls to GBV risks.
- **Stigma and fear of re-victimization, especially among women and girls released from captivity from NSAGs**, those who were taken as wives, raped and bore children while in captivity, are sometimes accused of being complicit with insurgents. There is a high risk of unsafe abortions, pregnancy complications, lack of civil documentation for their children, and a lack of reintegration initiatives.
- **Forced and early marriage** as a negative coping mechanism and driven by the prevailing socio-cultural practices remains concerning. 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 years. Forty per cent of girls got pregnant before the age of 18 years. High cases of child marriage are driven by displacement in districts, such as Pemba, Metuge, Chiúre, and Montepuez, and poverty has been the main driving factor as parents see forced marriage as a way of reducing the economic pressure on the family.

[1] Partners of the GBV AoR include 23 active international/non-governmental organizations, Government and United Nations agencies working on GBV prevention and response in Cabo Delgado. The GBV AoR is a coordination structure within the Protection cluster.

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- **Transactional sex**, exacerbated by high rates of poverty and food insecurity especially among internally displaced people (IDPs) living among host communities. Without other sources of income, women and girls resort to transactional sex in exchange of payment as low as 10 to 50 Metical (US\$0.16 to US\$0.78), almost always done without the use of protection against sexual transmitted infections (STIs). Transactional sex was already common in Cabo Delgado before the conflict, yet now risks have increased together with the risk of sexual exploitation, sexual and physical violence.
- **Traditional harmful practices**, such as initiation rites, where adolescent girls are initiated to sexual practices and raped by members of the family or community, and witchcraft practices where men will induce sexual dreams and perpetrate sexual violence. These practices mostly affect adolescent girls.

- **Intimate partner violence (IPV)**, exacerbated by psychological trauma in IDP sites. Beating by husband against wife and marital rape are the most common occurrence of IPV.



Other Risks:



- **Overcrowding**, especially among IDPs living in rented houses (cases of up to 16 individuals in one room house have been reported). According to IOM about two thirds of the IDPs live in host communities, while one third live in displacement sites.
- **Lack of sufficient lighting** in most sites, at the water points and latrine areas for example at IDP sites in Mueda, Chiure and Ancuabe.
- **Shelter have no locks**, and communal latrines are far from the shelter in Manono, Ancuabe.
- **Restrictions to Freedom of Movement** exist in certain sites due to lack of security including in Ancuabe. This also impacts IDPs with no civil documentation.

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Groups at most risk:

Partners' assessments identify groups with particular vulnerability to GBV. These include:

- Persons living with disabilities
- Women and girls in displacement
- Elderly persons
- Unaccompanied and separated children
- Persons living with HIV and AIDS
- Members of the LGBTQI community



GBV actor's presence

There are about 23 active GBV partners implementing GBV response and prevention activities, including GBV case management, psychosocial support, life skills, socio-economic empowerment, awareness raising, and capacity building, among other innovative approaches targeting men and boys. Active partners include the United Nations (4), INGOs (9), NGOs (9) and one line ministry, Provincial Directorate of Gender, Child and Social Affairs (DPGCAs).



Key achievements (January 2022 to June 2022)

- GBV Standard Operating Procedures (SOPs) finalized and endorsed.
- GBV Case Management Technical Working Group activated.
- Safety audits conducted in new sites, such as Mueda and Marrupa.
- GBV AoR in- person meetings reinitiated (bi-weekly).
- GBV Information Management System (GBVIMS) feasibility assessment ongoing.
- Women and Girls Friendly Spaces (WGFS) service mapping completed in Cabo Delgado.
- Clinical Management of Rape (CMR) facility mapping completed in Cabo Delgado.
- GBV AoR 2022 interagency action plan completed highlighting GBV key priorities for 2022.



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Progress on the Humanitarian Response Plan (HRP) indicators

During the first six months of 2022, GBV AoR partners reached over 60,000 people, including 35,400 with awareness raising and prevention on GBV and Prevention of Sexual Exploitation and Abuse (PSEA), and 22,800 with activities on risk mitigation and safety. Overall, 64 per cent of persons reached were women and girls and 36 per cent were men and boys (see Figure 1).

Figure 2 provides an overview of persons reached by the Humanitarian Response Plan (HRP) indicator, as reported on by partners through the 5Ws[2]. Other areas of activities include training on PSEA and case management.

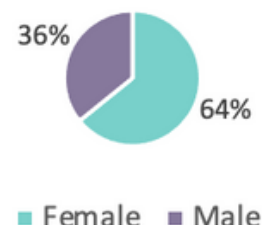


Figure 1: Percentage of people reached disaggregated by sex, January to June 2022. Source: Partners reports (5Ws)

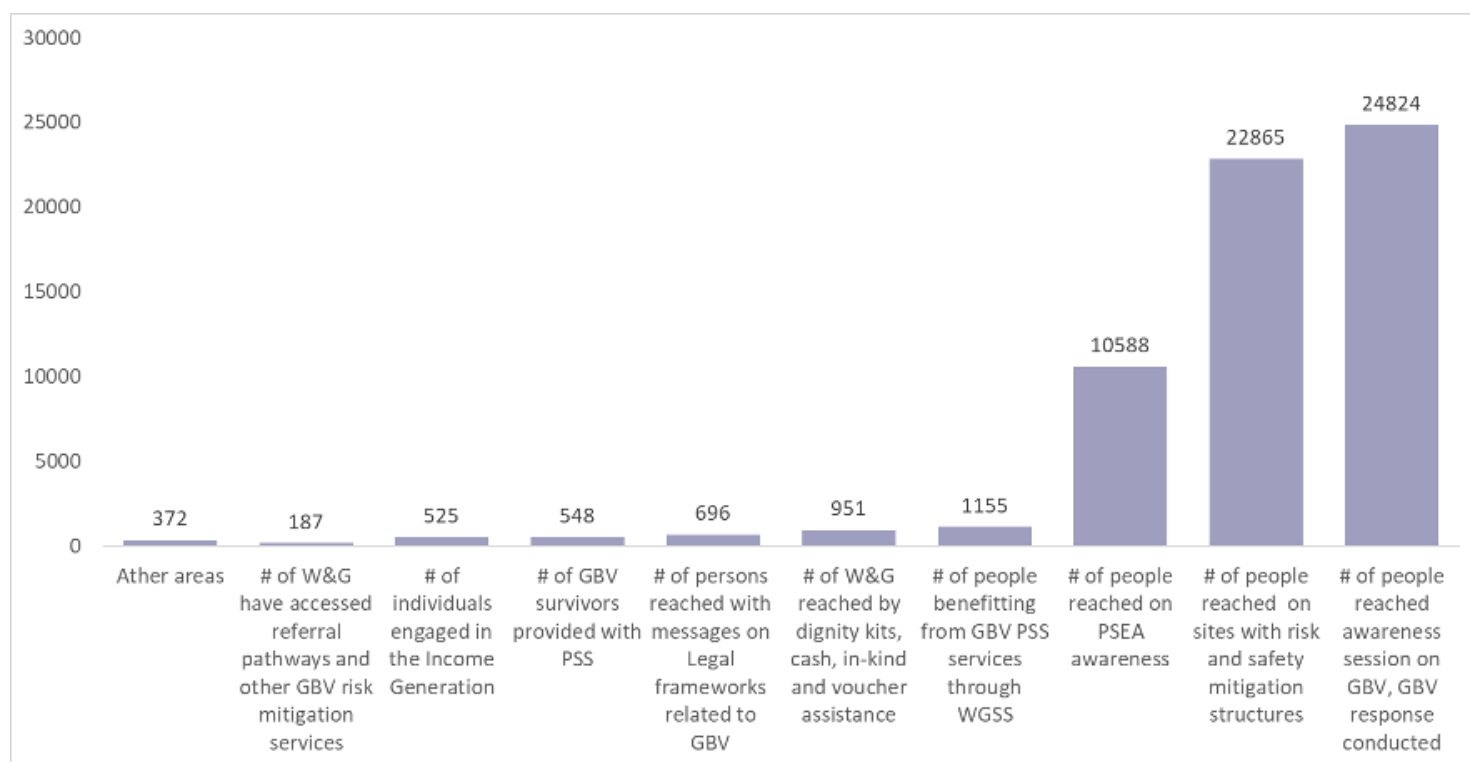


Figure 2: Number of people reached by HRP Indicator, January June 2022. Source: Partners reports (5Ws)

[2] The 5Ws (Who, What, When, Where, Whom) is a service mapping tool utilized by the cluster system. All GBV AoR members are requested to complete the 5Ws monthly.



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In terms of geographical coverage, Metuge District was the district with the highest reach (16,900 people), followed by Chiure (10,400) Ancuabe (8,700), and Montepuez (6,400) (see Figure 3).

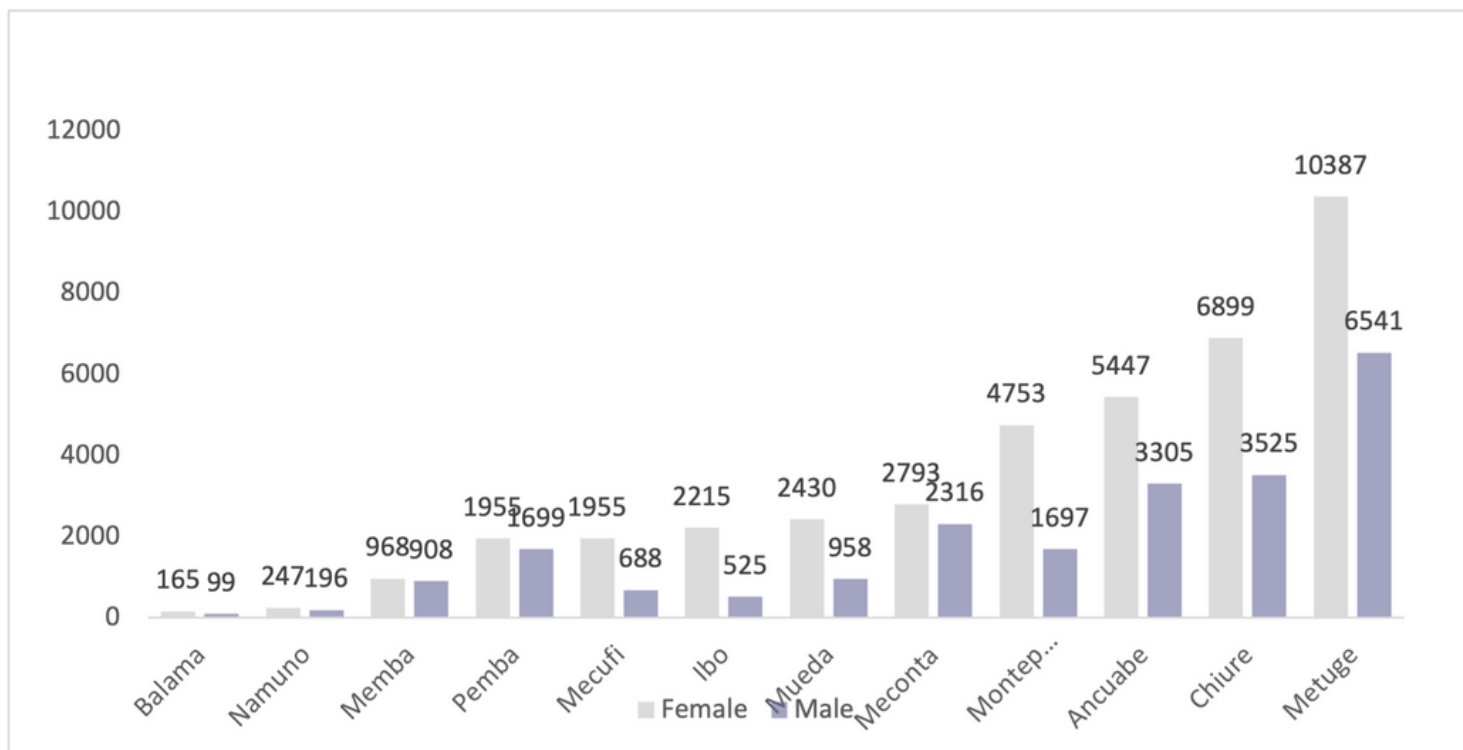


Figure 3: People Reached by district, January June 2022. Source: Partners reports (5Ws)



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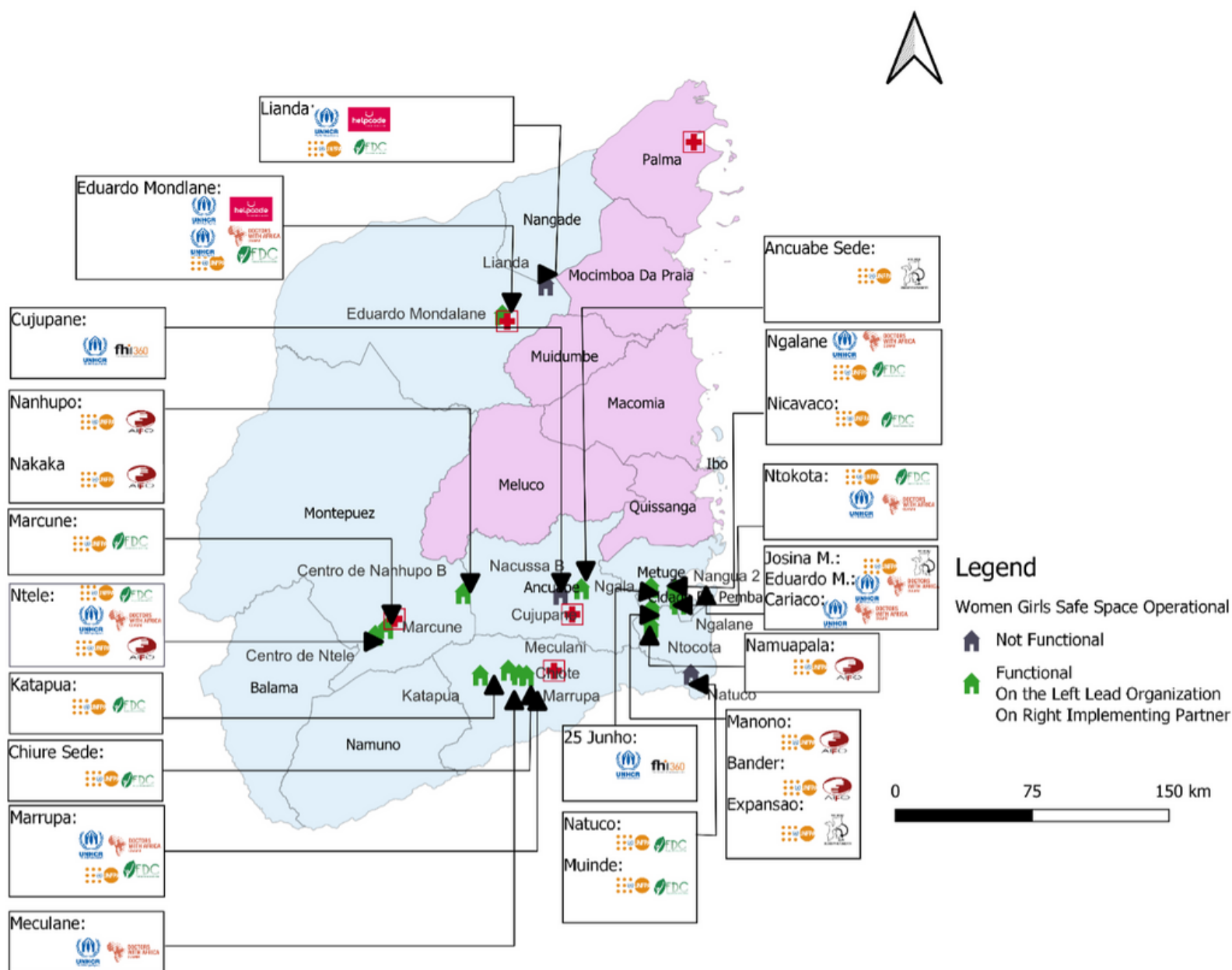


Figure 4: Women and Girls Friendly Spaces (WGFS) in Cabo Delgado (logos of funding and implementing organization)

Overall, 1,155 were reached through the 34 WGFS (see Figure 4) run by GBV AoR partners. Metuge had the highest reach with 506 people, followed by Ancuabe with 385 people and Montepuez with 216 people reached through the WGFS.

Main challenges faced by GBV AoR partners in prevention and response to GBV

- The fluid nature of the crisis and the climatic vulnerability of the region will continue to expose women and girls to risks of GBV.
- Resurgence of conflict in districts such as Palma, Mocimboa da Praia, Macomia, Quissanga, Muidumbe and Nangade makes it difficult to access people in need.
- Humanitarian operations are restricted by chronic underfunding with most organizations and GBV interventions not linked to the nexus, including reintegration programming for resilience building.
- Access to justice is still a gap that needs to be filled in Cabo Delgado. Specifically, there is a lack sufficient free of charge services, including on civil registration and property documentation.
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- GBV survivors and those at risk of GBV also confront other barriers to accessing essential GBV services, such as misunderstanding the use of the Guia de Referencia (a police report), which is not required for survivors of violence to receive health treatment but is often requested by health-care or other providers.
- Accessibility barriers, such as far distances to nearest facility, service-related costs and societal restraints, such as stigma accessing such services or lack of family support to seek treatment.

2022 priorities for the GBV Area of Responsibility

1. Update GBV referral pathways in new districts such as Palma, Mocimboa da Praia, Macomia, Quissanga, Muidumbe, and Nangade.
2. Roll out GBVIMs based on the GBVIMs feasibility assessment results.
3. Identification of district-level GBV focal points.
4. Conduct qualitative analysis of GBV risks and barriers in access to services.
5. Harmonization of GBV information, education and communication (IEC) materials and messages.
6. Implementation of the GBV SOPs.
7. Case management capacity building initiatives.
8. Support and strengthen police gender desks.
9. GBV mainstreaming/risk mitigation trainings.
10. Develop the GBV AoR strategy.
11. Implement durable solutions programming.
12. Continuous safety audits in new IDP camps and return areas.
13. Conduct mapping of safe havens.
14. Support the development of a reintegration strategy for women and girls released from captivity.

Key advocacy issues for the GBV Area of Responsibility

The GBV AoR calls upon donors and the Mozambican State to:

- Provide funding for GBV needs for at least one year. The GBV needs of this crisis are large and too complex to be responded to with smaller, short-term funding. As of July 2022, protection and GBV activities are funded at 7 per cent out of the required US\$ 41M^[3]. Funds will support scale up of case management and multisectoral services, including health, mental health and psychosocial support (MHPSS), safety and security and legal assistance for GBV survivors in both host and displacement sites.
- Focus on the human rights of civilian populations, restore a protective environment for civilian populations and ensure International Humanitarian Law compliance by both State and NSAGs. Mechanisms must be put in place to address needs of survivors liberated by NSAGs, and reintegration into communities.
- 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 to provide specialized multisectoral GBV services. Priority to increase access for protection actors to deliver life-saving services.
- Strengthen interventions which 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.



^[3] According to the Humanitarian Response Plan.