UNHCR CUAMM GENDER BASED VIOLENCE (GBV) SAFETY AUDIT REPORT

EDUARDO MONDLANE SITE, MUEDA, CABO DELGADO, MOZAMBIQUE

Key Message

The conflict in Cabo Delgado has caused significant GBV risks, especially for women and girls. The crisis has exposed vulnerable populations to grave forms of sexual violence including rape, abduction, sexual trafficking, sexual exploitation, and abuse, sometimes linked to forced marriage. Yet the urgent needs of GBV survivors remain overwhelming unaddressed. UNHCR is committed to advocating for and implementing survivor-centred GBV services and building the capacity of existing services to respond to the needs of GBV survivors in some of the most vulnerable locations of Cabo Delgado.

The report presents the main findings of the GBV Safety Audit conducted in Eduardo Mondlane ID settlement, Mueda, Cabo Delgado, Mozambique in March 2022.

UNHCR would like to thank CUAMM, Solidarités International (SI), the Norwegian Refugee Council (NRC), and Helpcode for their support in conducting the GBV Safety Audit and their commitment to GBV risk reduction and response.

The report promotes the UNHCR Policy on The Prevention Of, Risk Mitigation, And Response to Gender-Based Violence of 2020.

Pemba Field Office
Mozambique

[COVER PHOTOGRAPH:]
Group of adolescent girls mapping the places that they consider safe and unsafe in Eduardo Mondlane IDP site, Mueda, Cabo Delgado. March 2022

Introduction and Methodology

Gender-based Violence (GBV) is a major risk for Internally Displaced Persons (IDP), in particular for women and girls residing in IDP sites in hard-to-reach areas in Cabo Delgado. With the objective of gaining a more comprehensive understanding of the specific GBV risks in the sites, UNHCR joint with its partner CUAMM conducts regular GBV Safety Audit assessments. The aim of the GBV Safety Audits, as a participatory assessment tool with the community, is to understand the specific GBV risks, community response and prevention mechanisms, and relevant gaps regarding access to quality services for GBV survivors. The Safety Audits are also a rapid GBV assessment and community engagement tool for the start-up of UNHCR and partner specialized GBV services.

The GBV Safety Audit applied a qualitative and participatory approach. Three main tools were implemented to gather data regarding GBV risks and response mechanisms. These tools were:

Safety Walks aim to observe together with women focal points from the community the conditions of the site, to capture the main aspects of the site planning and different humanitarian sectors' services and their impact on GBV risks, as well as to identify potential restraints in the access to services.

Focus Groups Discussions (FGD) facilitate gaining greater insight and understanding, among the IDP community, regarding their perceptions of GBV. In addition, the FGDs are tools applied to identify risk factors, as well as strategies to be adopted to increase safety and minimize the risks of GBV in communities, including community response mechanisms and service provision.

Community Mapping is a visual exercise conducted through the FGD which asks participants to draw or mark the areas that they or a particular group feel are safe/unsafe in the IDP site or surroundings. It is equally a visual tool to identify key services including any access challenges.

Findings

Eduardo Mondlane is a relocation site for internally displaced persons (IDPs) located around 9 km from Mueda District *sede* (main town) and 414 km from the Cabo Delgado capital city of Pemba. According to the CCCM Cluster, the site hosts 9,290 internally displaced individuals, including 2,082 women and 5,390 children. Key findings from the Safety Audit in Eduardo Mondlane indicated that women and girls are at risk of sexual violence and physical assault when conducting their daily tasks/activities in the site. The security wider dynamics are increasing risks of GBV, in particular due to the presence of local and community security actors. Adolescent girls do not feel comfortable speaking about their GBV concerns and are at risk of early marriage. There is currently no access to safe space or specialized GBV services in the site, there are also significant PSS needs of women and girls due to their experiences of conflict and fear of attacks. With the findings of this Safety Audit, UNHCR and partners aim to engage the community, raise awareness, and respond to the urgent need for holistic GBV case management services.

The tables below summarize the main perceptions of the community related to GBV prevention, risk mitigation, and response in the site, as well as the findings of the observational site Safety Walk.

District	Mueda			
Site/Location	Eduardo Mondlane IDP site			
Date	24 March 2022			
Agencies/organizations conducting the Safety Audit	UNHCR, CUAMM, SI, NRC, and Helpcode			
Focus Group Discussion # of participants	**Women**	**Men**	**Boys**	**Girls**
	20	**12**	**12**	**13**
Age Breakdown	(17) 18 – 59, (10 pregnant women, (3) elderly)	(12) 18 – 59	(12) 12 – 17	(13) 12 - 17
Persons with Disabilities	1	none	1	none
Districts of Origin	Nangade, Muidumbe, Mocimboa da Praia, Palma			
Safety-Walk Participation (indicate gender)	2 women, 5 girls, 5 men, and 6 boys (separate walks by gender)			

Safety-Walk Findings

Area	Findings
General Structure (lighting, night lighting, overcrowding, privacy at household level)	There is no public lighting system in place. Women and girls do not feel safe walking around the site at any time. Men and boys shared the same worry for their safety.
	Adolescent girls feel unsafe in the shelters because there are no doors (only *capulana* cloth) or locks. They mentioned that men have attempted to enter tents where women sleep to sexually assault them. Adolescent boys shared that is not safe to walk outside after 05:00 pm. Shelters are surrounded by corn plants which makes it difficult to see who is around.
WASH (water points, latrines, showers)	There are regular disputes among women and girls in the line at the only water point on the site. Women and girls experience verbal and sexual harassment, including forced touching of their intimate parts, and beating them to push them faster through the line. This is perpetrated by the local community security group which is a form of community safety/policing group established by the community. Water tanks are available at different points of the sites, participants did not mention that they are situated in unsafe places. Participants mentioned that water access is limited within the site, and this is causing tensions within the community.
	No facilities dedicated to bathing were identified. Adolescent girls are afraid of going to the public latrines alone at night, even on those close to the shelters. The latrines in the temporary classroom do not have water.
Facilities (schools, learning spaces, health, markets)	Adolescent girls highlighted that they face difficulties accessing primary and secondary education, the secondary school which is in Nambavala is located approximately 3 km (one hour walk) from the site reached by unsafe roads. Girls reported that they do not feel safe traveling there, especially because at a certain point the route is isolated without settlements or circulation of people. Participants mentioned that they decided to travel to school in groups for safety reasons. There is another secondary school in Mueda sede, which is 9 km (two and a half hours) from the site They also try to come back together from school before the curfew but this is a rush. There is an emergency classroom on the site which is a primary school.
	MSF health tent with doctors is available twice a week, and PSS community staff 5 days a week. There is lack of transport to the main hospital (Mueda sede, 9km), and local transport costs approximately 300(MZN) both ways.
	There are some small shops and bottle shops scattered on the site that usually close at 4:00 pm. Local armed combatants tend to patrol the area after curfew and force people home through physical violence (beating them).
Movements Inside and Outside the Site	Some places are considered dangerous by women and adolescent boys, more specifically places which are dark and isolated close to *machambas*/ agricultural fields (such as corn as it isolates certain locations). They mentioned particularly the water fountain, where there was a GBV incident of physical violence perpetrated by men. Adolescent girls referred that they are very concerned about their safety. For instance, they mentioned that in their places of origin they used to go collect wood alone but, in the site, where they currently live, they do not feel safe doing this because they are afraid of being captured by Non-Sate Armed Groups (NSAG). Curfew inside is established at 05:00 pm, established by the Government Security Forces. The community is aware of the curfew and therefore follows-it accordingly. At the site, this curfew is enforced by local armed combatants.
Presence of Security and Other Armed Actors Barriers or Checkpoints	The participants reported that they do not want the presence of armed forces on the site, including police forces. They feel supported by the community security/police that patrols the site every day. At the entry point to the site, you find GSF (Government Security Forces), controlling entry and exit to the site.

Focus Group Discussions (FGDs) Findings

Area	Findings
GBV and Safety Risks	⚥ Women expressed that girls face major risks related to early marriage. They explained that this practice was happening before displacement, however, it is getting worse due to the pressure from parents as they receive some materials or money as a dowry. Parents are also forcing girls to get married if they become pregnant. Men mentioned that initiation rites as a cultural practice for adolescents are putting girls at risk of early marriage, as some believe girls are mature enough to take care of the home after this practice. ⚥ Women reported suffering from economic violence as some men in the community are in polygamous relations, and when they receive food assistance, they do not divide among the families. ⚥ Women and adolescent girls were identified as the most vulnerable groups to GBV. ⚥ Adolescent girls are at the highest risk of sexual violence. It was shared that adolescent girls are at risk of sexual abuse, and exploitation, and early marriage perpetrated by community leaders in exchange for food or to include their names on distribution lists. (This risk has been reported to the PSEA Coordinator). It was also reported that women are also at risk of sexual exploitation to access to assistance perpetrated by community leaders responsible for assistance lists. The community reported an incident to the local authorities but felt that there was no response and so have stopped reporting cases. ⚥ Women are engaged in survival sex, including selling sex in to IDPs and the host community in order to respond to their basic needs of food and other basic items. ⚥ There is a specific road (via *Nambavala*) that is considered unsafe by adolescent girls, particularly at night. Their parents told them not to use this road because of the presence of both military forces as well as local young men who might assault them. They reported a case of a girl who experienced attempted sexual assault on this road. Following this incident, community leaders gathered all the community members to inform them not to use this road after 05:00 pm. ⚥ The distance to collect firewood, lack of adequate water access, lack of lighting, and going out at night-time was identified as the main risk factors of GBV. ⚥ It was shared that local armed combatants are physically violent against women in locations where the firewood is collected. Two locations, 'Bairro Jacinto Nyusi' and 'Nova Vida' were identified as unsafe locations where women go to search for firewood, they generate fear amongst women that NSAG or bandits may be present and sexually assault them. ⚥ Women feel that risks of intimate partner violence (IPV) are getting worse in the households in the site. IPV was reported as the most common form of GBV. Women reported they stay at home to feel safe and secure, however sometimes staying at home leads to physical violence perpetrated by the intimate partner or another male family member. As the men control the resources at the HH level, women feel that when they ask their partner for something, they can be forced to have sexual relations with him or suffer from physical violence as they are dependent on them. ⚥ Adolescent girls reported if local community security forces intercept people outside their houses, they can beat them, and in some cases detain people. Additionally, men expressed that women suffer from local community forces when they go to fetch water, as they perpetrate acts of physical violence against them
Access to Services (Legal and Access to Justice, Health and Mental Health, Safety and Security, Others)	⚖ No groups referenced or were aware of any legal services. ♡ Women said they have access to the hospital (MSF tent) which is available twice per week. Medicines are available at the tent for most needs and pregnant women are given priority. Women stated that the family would refer GBV survivors to the hospital (Mueda sede or health tent if available) for urgent care. Public transport is costly to the sede hospital, which is a major concern, however, MSF has an emergency transport service (c which is offered for free for urgent cases and available at any time, including for maternity needs.

	Women specified that when a survivor has an unwanted pregnancy, they usually do not know about abortion available services. Adolescent girls are not aware of Sexual and Reproductive Health services. They start family planning methods once they had a baby and mainly after one year. They sometimes speak about menstruation and family planning with their grandmothers and mothers as well as friends.
	Women explained that cases of sexual violence are directly reported to the community leader. The community leader then redirects the case to the justice systems (including the police-PRM) in Mueda City (sede). It was mentioned that on certain occasions when the perpetrator is known, police forces would take the individual into custody. Health needs are not the first response for a sexual violence survivor, rather it is reporting to the police. Men identified the general lack of resources and services at the site for GBV survivors, leaving women and girls more susceptible to risks of GBV due to them having to access this in other communities/sites. If the survivor is willing to report a GBV case, she has to walk to the city which takes one hour as they cannot afford transport fees. According to the women, community leaders are the main focal point to receive sexual violence reports, and some women and girls stated that the community leaders redirect survivors to hospital/health services. When a GBV case is reported to the community leader attempts are made to 'resolve the issue' by the community leader. Community leaders have been reported as charging the perpetrators monetary values to give this to the family of the survivor as a settlement for the case. Adolescent girls confirmed this practice and explained that usually communitarian leaders are *judges* of GBV cases. Men expressed that the practice of leadership of charging a fee to resolve the cases makes the men more susceptible to perpetuating more violence. Men urged for more severe punishment for GBV cases. The community is unaware of other reporting options, besides consulting the community leaders. They explained that the community leaders sometimes do not refer survivors to other services and do nothing about the cases, adolescent girls prefer not to report to community leaders.
	Some women and girls mentioned that there are people paying community leaders to be added to the distribution list. Community members might also have an agreement with community leaders, if they can receive food or any other items, they might have to provide some of the ration to the community leaders.
Community Structures	In order to keep women and girls safe, adolescent boys reported that some community members patrol around the site. Men expressed that they would prefer that the local armed combatants be removed from the site and are more comfortable with the local community security group. Adolescent girls explained that girls usually stay inside the shelter to care for smaller children while their parents are working in the fields. Girls would like to go to school but they feel their parents do not prioritize using the money for their school materials. Adolescent girls would not feel comfortable speaking with their parents about GBV as they feel that their parents would report to community leaders, thus they prefer to share their concerns with friends. They mentioned that the community might have stigmatizing attitudes towards survivors and blame them, particularly of sexual violence. This can deter a survivor from seeking help. Adolescent girls mentioned that IPV is less stigmatized: survivors usually seek help from community leaders, and adolescent boys mentioned that when they advise survivors to forget what happened and continue with their life. This can increase the risk of survivors not reporting cases In their spare time, adolescent girls sit together, dance, and sometimes play football. Men rarely appear next to the school, which makes them feel safer meetings in this area. They might also play football. Local leaders forbid girls to play close to the health tents to avoid damage to the structures and deter them from taking bamboos from the structure.

	❄ Women are dependent on the host community to allocate them land for agriculture and on humanitarian assistance. When they receive food assistance (such as beans and flour) they will use this to make food to sell to purchase other goods (e.g. hygiene products, household items). ❄ Men shared that they have also had to take up household duties such as in agricultural practices (*machambas*). In addition to this, they shared that when cash-based assistance is offered they are able to practice small livelihood activities such as buying items and reselling in the local market. ❄ There are no structured community activities on the site, for instance, recreational or group activities. Women explained that they visit each other shelters to talk and have a network of support mainly for emotional support. Women also expressed that they are called to community meetings by community leaders to input on their opinions on selecting new leaders, and all community leaders are men. Women reported they are not consulted on structure or camp management. Adolescent girls explained that community leaders make most of the decisions and youth have never been involved in decision making. They know that in each neighborhood there is a woman chief, but they have never spoken to them. Men knew that the entity in charge of the planning of the site is SDPI. ❄ At household level, women and men both highlighted that it is the men who take all major decisions in the household. When the household is headed by women, they can take decisions for the family. Adolescent boys reported that women know best what is needed in the household.
Accountability with Affected Population (AAP)	❄ Adolescent girls and women do not know where to make complaints, or which channel they could use to communicate with different organizations operating on the site.

RECOMMENDATIONS

The recommendations listed below are linked to the findings of the Safety Audit. This list is not exhaustive and will be presented to the services providers and the community with the aim that they can work together to develop an integrated GBV risk reduction and response plan for the site.

Area	Recommendations	Action Plan
GBV/Protection	Implement women and girls' safe space on the site with comprehensive GBV service provision (including GBV case management and PSS).	UNHCR GBV partners to implement GBV services on the site.
	Engage women's groups and community volunteers to conduct awareness sessions with the community, including adolescent girls, on early marriage.	GBV actors to develop and roll out adapted GBV and early marriage awareness materials.
	Link early marriage engagement to livelihood activities to reduce socio-economic vulnerability.	Coordinate joint response activities between GBV, child protection (CP), and Livelihoods actors.
	Engage boys in sensitizations on GBV and sexual and reproductive health, with a focus on healthy relationships.	
	Engage the communitarian police, and train them on protection core concepts, GBV, and survivor-centred referrals.	Coordinate with the Protection Cluster
	Involve girls and women in recreational activities and support networks, including the creation of girls' peer support groups.	Map and strengthen existing networks of support.
	Sensitize leaders in the community on GBV referral pathways and link them up with *activistas* (community volunteers) to ensure a survivor-centred approach.	UNHCR to implement together with Helpcode and CCCM, in coordination with the GBV AoR.
	Engage various actors and sectors in GBV service mapping and train them on GBV and survivor-centred approaches.	
	With the community develop and roll out safety planning and stay safe messaging.	GBV Actors
	Reinforce awareness of PSEA reporting channels, with capacity building of PSEA for different organization operating in the site.	Engage the PSEA Network
Health	Raise awareness of timely access to health services for survivors of GBV and advocate to health partners to reinforce clinical management of rape (CMR) capacities and resources, with access to free transport to CMR services for the community.	Health Cluster
WASH	Provide women girls with dignity and Menstrual Hygiene items.	Coordinate with WASH cluster. Coordinate with UNFPA for dignity kits.
	Identify possible partners for the improvement of the water system.	
CCCM/Shelter	Increase streetlamps on pathways that girls and women use.	Coordinate with CCCM Cluster.
	Establish a safe area of the site for shelters for high risks cases.	
Food Security	Understand with the Food Cluster the criteria used to address cases of polygamous families.	Coordinate with the FSL Cluster.
Education	Provide school materials and access to education engaged targeting adolescent girls and their parents/caregivers	Coordinate with the Education Cluster.
Livelihoods	Develop targeted women's economic empowerment programs for the site in collaboration with GBV actors	Coordinate with the FSL Cluster.

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REPORT

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