



**UNHCR
HELPCODE
GENDER BASED
VIOLENCE (GBV)
SAFETY AUDIT
REPORT**

**LIANDA, MUEDA,
CABO DELGADO,
MOZAMBIQUE**

Key Message

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 recovery are impacted by gaps in access to comprehensive survivor centred case management as a core GBV response service. GBV services should engage the community in project design and implementation to ensure that services are responsive to specific risks and needs.

The report presents the main findings of the GBV Safety Audit conducted in Lianda internally displaced persons (IDP) settlement, Mueda, Cabo Delgado, Mozambique, in May 2022.

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:]

Women discussing their perception of the safety and security, Lianda IDP Site, Mueda, Cabo Delgado. May 2022

Introduction and Methodology

Gender-based Violence (GBV) is a grave risk for Internally Displaced Persons (IDP), in particular for women and girls residing in IDP sites in Mueda district of Cabo Delgado. There is a lack of focused GBV response and prevention interventions in some of the most vulnerable and hard-to-reach locations of Cabo Delgado which includes Mueda which is a more northern district closer to locations of active conflict and often one of the first locations to receive displaced persons. Mueda district reports high levels of displacement, underserved humanitarian assistance and protection response, and yet are at ongoing risk of multiple security and protection concerns, including sexual violence. The Protection Cluster 5Ws mapping highlights limited GBV responders and capacities present in hard-to-reach vulnerable locations such as Mueda, Negomano, Quissanga, and Palma.¹ To gain a more comprehensive understanding of the specific GBV risks in the site of Lianda, UNHCR with its partner Helpcode conduct 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, and women and girls at displacement sites. The Safety Audits are also a rapid GBV assessment and community engagement tool that informs UNHCR and partner specialized GBV services, as well as all humanitarian sector programs GBV risk reduction and mainstreaming actions.

The GBV Safety Audit applied a qualitative and participatory approach. Three main tools were implemented to collect data on 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, capture the main aspects of the site planning and different humanitarian sectors' services and their impact on GBV risks, and 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. With a maximum of 10 participants to engage the group in a deeper discussion, 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 critical service-gaps, including any access challenges.

¹ Protection Cluster Mozambique 5Ws, <https://www.humanitarianresponse.info/en/operations/mozambique/protection> accessed 15.02.2022

Findings

Lianda is relocation site for internally displaced persons (IDPs) located around 33 km from Mueda District *sede* (main town) and more than 440 km from the Cabo Delgado capital city of Pemba. According to UNHCR CCCM, from April 2022, the site is hosting 2,342 forced displaced families. Key findings from the Safety Audit in Lianda indicated that women and girls are at heightened risk of sexual violence and physical assault on the site. The security dynamics, mainly due to the presence of armed actors, add to the spread of harmful traditional beliefs on witchcraft, are exacerbating risks of GBV. Displaced adolescent girls are experiencing higher risks of early marriage, sexual exploitation and abuse, and sexual violence with the risk of perpetration by armed actors. Women are highly exposed to sexual violence exacerbated by armed forces at checkpoints and by local forces inside the sites.

Building on the findings of the Safety Audit, UNHCR and partners aim to design responses with the objective of preventing/mitigating GBV and improving response for survivors through actively engaging all humanitarian sectors, the community, raising awareness, and addressing the urgent need for holistic GBV case management services in Lianda.

The tables below summarize the main perceptions of GBV risks and awareness of available services 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	Lianda IDP site			
Date	26 May 2022			
Agencies/organizations conducting the Safety Audit	UNHCR/Helpcode			
Focus Group Discussion # of participants	Women	Men	Adolescent Boys	Adolescent Girls
	09	12	07	10
Age Breakdown	(09) 18 – 59	(11) 18 – 59 (1) + 60	(07) 12 – 17	(10) 10 - 19
Persons with Disabilities	none	1	none	none
Districts of Origin	Mocimboa da Praia, Nangade and Palma			

Safety-Walk Findings

Sector	Findings
General Structure (lighting, night lighting, overcrowding, privacy at household level)	<ul style="list-style-type: none">  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 concerns for their safety.  Adolescent girls feel unsafe in the shelters because there are no doors (only pieces of cloth or plastic) or locks.  Adolescent girls, women, and men had reported that there is a local practice called “<i>uendi</i>” where men will use “witchcraft” to induce sexual dreams and perpetrate sexual violence. Women mentioned that this “night witchcraft” enters women's houses and they do not have any doors/locks to keep them safe (more information in the section below GBV and Safety Risks).  When it comes to privacy, usually, shelters do not have partitions, and the families share the same space at the household level. Girls and women and home do not have space to change clothes privately.
WASH (water points, latrines, showers)	<ul style="list-style-type: none">  There are regular disputes among women and girls in the line due to their time in the queue for the limited water available on the site. Adolescent girls reported that they leave in the morning for the water fountain, 5/6 am, remaining in queues for extended periods of time, some reported until 4 pm and sometimes leaving without getting water. Usually, women and adolescent girls fetch water further from the site exposing them to risks related to this activity. Men mentioned that women prefer to walk further to a distant well to collect water, where access is difficult due to the location and mountainous setting of the area (risks of slipping) but also fear of exposure to physical violence, and particularly fear of sexual violence for adolescent girls.  Women and girls experience verbal and sexual harassment and physical violence in the lines for the water. Women, girls, boys, and men consider the water point as one of the most unsafe places in the site.  Access to water is a major trigger of conflict in the community and a significant source of physical insecurity.  No public facilities dedicated to bathing were identified. The private household level latrines are not lockable, and are shared between genders and families.
Facilities (schools, learning spaces, health, markets) and Access to Land	<ul style="list-style-type: none">  Adolescent girls indicated there is a primary school (from the 1st to the 7th grade). The school is located 20 minutes from the site; however, the girls highlighted that they are afraid to go considering that there is a ‘ghost’ in the community called “<i>Chimileta</i>” that haunts the community (more details in the section Community Structure).  The secondary school is distant from the site. They need to pass through two villages to arrive; it is located between the village of Natamba and Ukolishe. Most adolescent girls walk to school, and this takes them approximately three hours. Some of the girls have bikes, and some will use transport (called <i>chapas</i>, and it cost roughly 20 MZN one way) and takes approximately one hour to arrive. The long way to go to schools through bushes, and highly militarized roads exposes adolescent girls to GBV risks.  Adolescent girls reported that in the distribution points for food assistance, there are people who steal food when they receive it. According to the adolescent girls, these are men who will watch them head home, and at the first opportunity, they will go into their homes and steal their food, which could also raise concerns about GBV risks due to the easy access these people have to different households and that it is often women who collect the food.  MSF health tent with doctors is available once a week. The health tent is located between the IDP site and the host community. Adolescent girls feel that the health tent is accessible.  There is a lack of transport to the main hospital (Mueda sede, 33km), and of financial means to take transport.

	<ul style="list-style-type: none">  Two markets exist in Lianda; nevertheless, women do not feel safe in the market spaces as these markets are in remote areas.  Adolescent girls highlighted that one of the markets does not have all essential items. When they travel to other markets to access these basic goods, the host communities humiliate them through prejudicial words and discrimination.  Women expressed that they do not have access to land (for farming purposes, called <i>machamba</i>) as the host community is not allowing them to farm or have a plot. Therefore, for this year, they could not grow a crop, which has increased dependency on assistance and exacerbates the risks of sexual exploitation and abuse.  Community tribunals are in place in Lianda; nevertheless, more detailed information about its functioning, especially in relation to GBV cases, is needed.
<p>Movements Inside and Outside the Site</p>	<ul style="list-style-type: none">  Adolescent boys explained that it is impossible to walk around and close to the host community area from 08:00 pm to 06:00 am due to an established curfew by security forces.  Adolescent girls reported they fear sexual violence when walking, the path to pick firewood, the path to the primary and secondary schools, and the path to the water well (which is an alternative water source for when the site water fountain has no water available). The fear of these paths comes from previous sexual assaults on other adolescent girls. None of the survivors received any health treatment, and when reported to the community leaders, they received no support. They reported that this could occur at any time, during the daytime or night-time.  Adolescent girls mentioned that they do not feel safe as there are thieves in the site; they steal buckets and blankets, or anything inside their homes.
<p>Presence of Security and Other Armed Actors Barriers or Checkpoints</p>	<ul style="list-style-type: none">  Local Forces are presented on the site (<i>Força Local</i>). This group is composed of retired Mozambican armed combatants. They are responsible for patrolling the site, distribution points, markets, and the <i>machambas</i>. Some highlighted that they are not comfortable with them due to their aggressiveness with the population. This force sometimes fires gunshots on the ground to induce fear.  There are 3 checkpoints from Mueda sede to Lianda located approximately 15 km from each other. Mozambican Armed Forces control these points. Women explained that to pass through the points, they need to have a <i>Declaration of Displacement</i> that says the person lives in Lianda and is authorized to go to the city on specific dates. This declaration (called <i>Guia de Marcha</i>) costs 50 or more meticals.  Women also explained that at the checkpoints, they are psychologically and physically assaulted when they do not present their declaration and or when armed forces search their luggage. Adolescent boys reported the same harassment at the checkpoint, adding that they are also requested to do some labor work do be allowed to pass through which is a violation of children’s rights.  There are community police (called <i>grupo 12</i>) responsible for patrolling the market and guaranteeing the curfew in the site. However, some groups do not feel comfortable as they are aggressive towards the population.

Focus Group Discussions (FGDs) Findings

Area	Findings
<p>GBV and Safety Risks</p>	<ul style="list-style-type: none"> ☞ Women expressed that they the most common GBV against them are physical, economic, and psychological. They felt that men's lack of occupation exposes them to higher rates of intimate partner physical and psychological violence. ☞ Sexual Violence during the night: There is a harmful cultural practice that women have called "night spells" or in local language it is referred to as "Uendi" in which a drug is used to make the women have a deep sleep and dream about having sexual relations, and in some occasions there are reports of sexual assault. Since they are asleep, they cannot confirm if the perpetration and sexual assault occurred, however, sometimes they wake up with marks on their bodies that make them aware that something happened. Women have reported that a few can wake up, and can see the man, but are physically unable to have a reaction. In these "night spell" cases, the survivor does not go to the hospital, she goes to the leader who gives talks to the community, discouraging the act. These night spells are not considered a form of sexual violence amongst the community, and when attempting to reach services for support, women report adolescent girls reported fear that no one will believe them. It has been reported that these night men do not attack pregnant women, as if they do, the woman loses the baby. Most groups did not report the use of illicit drugs to perpetrate sexual violence, however women reported that they believe that the perpetrator uses a type of medicine to make them dream and sleep heavily where they do not wake up even when experiencing sexual violence. ☞ According to women and girls, the group most at risk of experiencing this form of sexual violence are adolescent girls. ☞ Women explained that adolescent girls are being forced to sell sex and other forms of sexual favours due to the lack of schooling facilities in the area, and for economic reasons. ☞ Adolescent girls said that early marriage is happening regularly with girls aged 11 through to 17. When questioned about why this occurs, the girls reported it is due to the necessities (clothing/food), and others are forced by parents to get married early. This e=socioeconomic vulnerability causes a high number of early marriages, and if the girl is not married, she is forced to be involved with older men to receive some food and/or money from the family members, which is a harmful coping mechanism. All the girls in the group passed through the cultural initiation rituals, and they preferred not to discuss what occurs during these rituals. ☞ Some adolescent girls are being prohibited from going to school by their parents; some are parents cannot afford school materials; and for other parents they claim that they will not learn anything in school and therefore force them to stay at home. Adolescent girls mentioned that due to being displaced and prohibited from going to school, they feel that they need to get married early instead of just staying at home doing nothing, they would rather have children and take care of them. ☞ Adolescent girls reported they fear sexual violence during the walk to the <i>machambas</i>, to collect firewood, to go to the primary and secondary schools, and during their walk to the water well. The fear of these paths comes from previous sexual assaults occurring to other adolescent girls. As a defence mechanism, when heading to these locations, they go in groups. When sexual violence occurs outside of the site in the main village of Lianda, the community/survivors will report to the community leader of the site, they will then forward the information to the leader of Lianda village, and no action is taken. ☞ Men believe that the one alternative to reduce women and adolescent girls risks of GBV is for them to stay always with a man, and be accompanied by a man to do the daily chores and tasks. ☞ Cases of grave violation against children were reported, mainly abduction of girls by non-specified armed groups during the displacement. These cases were report to the Child Rights Monitoring system in place according to established inter-agency best interest of the child guidance.

	<p> Sexual Exploitation and Abuse (SEA): In the areas of food distribution, the workers/staff distributing the food will see an adolescent girl and call them to ask for sexual favours. Some other humanitarians stop their cars nearby the site and will also call girls for favours. They were unaware of which organization the staff belonged to and only heard about this happening. In addition, different groups (adolescent girls, boys, women, and men) reported that in the water point, WASH community volunteers are harassing women. The report on theft of assistance distributed also is a grave concern. All reported risks of SEA have been confidentially shared with the UN PSEA Coordinator for support.</p>
<p>Access to Services (Legal and Access to Justice, Health and Mental Health, Safety and Security, Others)</p>	<p> No groups were aware of any legal services or assistance.</p> <p> According to women, the biggest challenge related to health services is that the doctors available in the health tent are not enough, and there is no transportation affordable to the Hospital of Mueda sede.</p> <p> Adolescent Girls and women do not find supportive networks on the site. Survivors do not have assistance or places to express themselves in a safe and secure way.</p> <p> Adolescent girls, adolescent boys, men and women perceive the community leaders as the only entry point for accessing services.</p> <p> According to the women, "we do nothing throughout the day, no leisure or entertaining activities. We do nothing. We depend on humanitarian aid."</p> <p> When it comes to survivors seeking support women explained that they could report to the community leader or refer to the closest administrative post; nevertheless, in both cases, they feel that it is not worth it as they do not have any type of feedback. "Now, we stay quiet as there is no solution, we do not want to talk anymore."</p> <p> Due to the lack of MHPSS support, adolescent boys expressed that people are drinking more, and this is triggering more tension in the site. Men reported that there is a place that sells traditional alcohol close to the soccer field, and this exposes the adolescent boys to drinking practices. Adolescent boys, due to the lack of school, are forced to sell cigarettes and other small items.</p> <p> Adolescent boys explained that the child-friendly space is small for the quantity of children seeking to participate in activities.</p> <p> Women expressed that when they cannot go to the food distribution, their adolescent girl's relatives or daughters are not allowed to take the items for them.</p> <p> Different groups reported that the food distributors are selling the food, and they are being charged or requested a portion of the foods to have their names on the distribution lists.</p> <p> Adolescent boys stated that "strong people try to take the food sometimes, a man bit a woman's finger and a child went to the hospital because he hit his head."</p>
<p>Community Structures and Cultural Perceptions</p>	<p> Women reported that they are not represented into the community leadership structure. Within the household, women explained that the decision-making is generally by men, however when it comes to health and children's education, they have a voice. The control of resources of the household is by the husband, and in the community, it is the male leader. Men claimed that as the head of the household, they are the ones entitled to make decisions.</p> <p> Adolescent girls highlighted a cultural fear called "<i>Chimileta</i>" which the girls stated as a ghost/wizard. This ghost carries the shape of a girl. Adolescent girls reported that the ghost stares at them, but the main form of attack would be removing your heart from your body. The ghost appears at any-time and in any location. According to the community and stories that the adolescent girls heard, "<i>Chimileta</i>" has killed two children in Nanganda village, removing their hearts from the body. According to the adolescent girls, people go home by 6 pm due to this fear.</p> <p> In areas of origin, adolescent girls report they used to walk around, play and study. Currently, adolescent girls claim that they do not do anything special. Sometimes they dance 'Kirimo', a local traditional dance, in spontaneous group setting. They also play games such as "a rede" consisting in telling each other stories about things they see on the site. They also sit and watch organizations' cars coming in and out of the center, and they think that these people have a good life.</p> <p> Adolescent girls reported suffering from discrimination from the host community, calling them 'displaced', calling them 'monkeys' and other offensive words.. When girls take a shower and do their braids to go walking in the community, people from the host community</p>

	<p>have been offending them. The host community is also undermining their trauma and suffering. They offend them by saying they know nothing about the conflict as they have not experienced it. They have not fled the war, that they are just here in the community of Lianda by choice.</p> <ul style="list-style-type: none"> ❄ Adolescent boys explained that they avoid walking outside the site because they are afraid of the host community and that in the some cases, people from the community enter the site to engage in physical agressions with them. ❄ Men highlighted that they feel that displaced people from Mocimboa da Praia have more access to services on the site, and livelihoods activities.
<p>Accountability with Affected Population (AAP)</p>	<ul style="list-style-type: none"> ❄ Adolescent girls, boys, and women do not know where to make complaints or which channel they could use to communicate with different organizations operating on the site. ❄ Women expressed: "There are no places safe to make complaints because since we are forced displaced, and new, we do not want to create problems for the site, that's why we don't talk, we don't want to be seen as problematic people."

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 And SEA	Implement women and girls' safe space on the site with comprehensive GBV service provision (including GBV case management and PSS), as well as legal services which are entirely lacking.	UNHCR GBV partners to implement GBV services on the site. Liaising with more integrated protection response to avoid stigma.
	Understand more the link about the cultural understanding about "witchcraft "and GBV. Involve traditional healers and midwives in the discussion.	Engage the MHPSS WG, Protection Cluster and GBV specialized services. Consult community, traditional and religious leaders.
	With the community develop and roll out safety planning and stay safe messaging.	GBV Actors
	Engage women's, men's and elderly groups and community volunteers to conduct awareness sessions with the community, including adolescent girls, on early marriage, sexual violence. Share, discuss and define specific age, gender and diversity engagement approaches and methodologies	GBV actors to develop and roll out adapted GBV and early marriage awareness materials. Involve the GBV AoR.
	Engage the local forces, and communitarian police in the training and adherence to protection core principles.	Coordinate with the Protection Cluster
	Promote the use of the Community Protection Spaces for group activities with CCCM.	Map, create, and strengthen existing networks of support.
	Sensitize and conduct regular capacity building on protection issues with leaders in the community, inform on GBV referral pathways and link them up with <i>activistas</i> (community volunteers) ensuring 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.	Engage the PSEA Network, AAP network and Protection Cluster.
	Follow up reported cases to the PSEA Network.	
	Reinforce awareness of PSEA reporting channels, with capacity building of PSEA for organizations operating in the site.	
	Reinforce protection and SEA risk reduction measures in the site, ensuring regular engagement with women and girls, and monitoring of the situation'.	Develop a calendar with OCHA CMAG.
	Engaging armed forces through sensitization, with an aim to address the overall GBV risk reduction	
	Work with the HLP AoR on Women and Access to Land on hard-to-reach areas	Involve HLP AoR and Protection Cluster.
Health	Raise awareness of timely access to health services for survivors of GBV and advocate health partners to reinforce clinical management of rape (CMR) capacities	Health Cluster, MHPSS WG and GBV AoR

	and resources, with access to free transport to CMR services for the community. Including dialogue with MSF to understand the possibility to have more health teams allocated.	
WASH	Identify possible partners for the improvement of the water system. Reestablishment of WASH committees reflect the age, gender and diversity approach, mainstreaming GBV/Protection across their interventions, and mitigate risk of SEA. Assess the sanitary facilities, and if needed, reinforce the security and privacy.	Coordinate with the WASH cluster and WASH partners in Mueda.
CCCM	Reevaluate the distribution point and understand with the groups the need to establish a new place if agreed with the community, to ensure protection concerns highlighted are addressed. Reevaluate the Complaint and Mechanism Feedback in place in Lianda Sensitize security elements on GBV core concepts. Improve site planning (streetlights) and overall access to services Establishing different community groups across age and gender lines and mobilizing them as safe entry points for the community to flag their concerns, further leveraging on them as a community structure that can bridge between the community and humanitarian/service providers; which could also aid with reporting of SEA cases.	Coordinate with CCCM
Shelter	Understand the possibility to reinforce shelter with doors and locks.	Coordinate with the Shelter Cluster.
Food Security	Dialogue with the Food Security Cluster the Vulnerability criteria applied in Lianda, and how they can be support to mainstream Gender and GBV.	Coordinate with the Food Security Cluster
Education	Provide school materials and access to education engaged in targeting adolescent girls and their parents/caregivers Awareness-raising to address harmful practises, encourage parents to unroll their children at school, to understand the risks of early marriage.	Coordinate with the Education Cluster.
Livelihoods	Develop targeted women's and girls economic empowerment programs for the site in collaboration with GBV actors. In addition include boys and men equitably. Link early marriage engagement to livelihood activities to reduce socio-economic vulnerability. Conduct a gender-sensitive livelihoods assessment and programming in the site that works on gender-appropriate livelihoods options and normative change on household level power and decision-making structures. Involve girls and women in recreational activities and support networks, including the creation of girls' peer support groups fostering leadership.	Coordinate with the FSL Cluster, and Livelihoods/Gender specialists. Coordinate joint response activities between GBV, child protection (CP), education, and livelihoods actors.
All Clusters	Recommend that all clusters carry out a protection risk analysis with the assistance of the protection cluster, to identify risks pertinent to their area of intervention and put immediate mitigation measures in place.	All Clusters

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