



Gender Based Violence Response

Cabo Delgado, Northern Mozambique


Gender Based Violence (GBV) is an alarming concern in Cabo Delgado. Women and girls are at risk of multiple forms of GBV before, during and after displacement.

UNHCR works with the local authorities, displaced and host communities, partners, protection focal points, and activists **to respond and prevent GBV in Northern Mozambique.**


UNHCR **provided GBV and PSEA community engagement toolkit** to 84 Protection Focal Points who reached **2,674** people since January 2022.


KEY ACHIEVEMENTS


January 2021 - February 2022


 **43,702** forcibly displaced people can access GBV services established by UNHCR and partners


 **53,710** people reached by GBV prevention and response awareness campaigns


 **6** mobile safe spaces providing integrated GBV, Mental Health and Psychosocial Support (MHPSS) services

 **100%** of GBV survivors who approach UNHCR supported with psychosocial counselling

 **665** partner and government staff and community volunteers trained on GBV prevention and response

 **48** service providers trained on GBV Case Management including government services

 **9** GBV referral pathways linking survivors to services established

 **183** trained community volunteers providing awareness and referrals to GBV services



UNHCR and partner CUAMM conducting GBV prevention and response awareness raising in safe spaces © UNHCR/Martim Gray Pereira

UNHCR and partner CUAMM provide **GBV community engagement** and services in locations receiving new arrivals recently fleeing violent attacks by non-state armed groups (NSAGs).

UNHCR and partners Association for Volunteers in International Service (AVSI) and Doctors with Africa CUAMM assessed and addressed the needs of **110 families** that arrived in Montepuez in January following attacks in Macomia, Matemo and Meluco. CUAMM is providing GBV services for new arrivals and conducting awareness raising activities on GBV prevention and response.

Additional support is urgently needed for GBV survivors to ensure they have timely and quality access to services.

Overview

GBV is a major protection concern amid Cabo Delgado's humanitarian crisis. Displaced women and girls are at risk of multiple forms of GBV including sexual violence, abduction, intimate partner violence, and spiralling rates of early marriage¹.

IDP sites and host community locations lack basic safety and assistance, leaving women and girls, many of whom have experienced conflict related GBV, exposed to ongoing risks of GBV. Sexual violence whilst collecting water and firewood, sexual and physical assault in homes due to inadequate shelter, and fear of sexual violence due to lack of lighting at night are some of the GBV risks identified by UNHCR through GBV Safety Audits among IDPs and the host community.

Adolescent girls are at heightened risk of GBV and have been identified as the most vulnerable group. Risks of GBV towards girls are escalating, including harmful traditional practises such as early marriage, sexual abuse and exploitation of girls, abduction, and high rates of early pregnancy. Yet, girls feel they are not sufficiently included in humanitarian programmes, unrepresented in decision making, and lack access to services, activities and safe spaces adapted to their specific protection needs.

Sexual exploitation is a risk, particularly in urban areas due to lack of assistance. Highly vulnerable groups such as single women head of households, women and girls with disabilities, adolescent girls and sex workers are at particular risk. Women and girls are often sexually exploited as they cannot fulfil their basic needs such as food and hygiene items. **Women and girls have been kidnapped and sexually assaulted by NSAGs** and are exposed to GBV during their abduction. Following their release or escape, they are perceived as part of the NSAGs and face discrimination within the community. Survivors of GBV perpetrated by armed groups are a ongoing risk and require immediate protection, mental health and psycho-social support (MHPSS), health and reintegration assistance.

UNHCR's GBV Strategy

UNHCR's GBV strategy for Cabo Delgado aims at reducing the risk of GBV for displaced and host communities and ensuring that all survivors have adequate and timely access to quality services. It includes:

1. Working with agencies providing support services, displaced persons, host communities, and local authorities to **respond to GBV through improving access to quality and holistic GBV services** for survivors. This includes the provision of case management, including specialized MHPSS through GBV mobile services run by UNHCR and partner Doctors with Africa CUAMM to ensure access by survivors in vulnerable communities
2. Implementing **toolkits, curriculum, and communication materials** that help **prevent GBV through addressing gender inequality, discrimination and unequal power relations** with men, women, boys, and girls. The activities include awareness-raising sessions led by community volunteers with targeted messages as well as scaling-up structured life-skills/livelihoods programmes for women and girls.
3. **Identifying GBV risks across all sectors and areas of work and developing capacities that ensure prompt action is taken to mitigate risks.** This includes conducting Safety



UNHCR and partners work together with Protection Focal Points, activists, and members of displaced and host communities to raise awareness on prevention & response GBV/Sexual Exploitation and Abuse, and to support GBV survivors and refer them to services.

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¹ For more information consult [A rapid assessment of the gender-based violence \(GBV\) situation and response in Cabo Delgado, Mozambique](#) by UNHCR and London School of Hygiene & Tropical Medicine (LSHTM), December 2021.

Audits to identify GBV risks and mitigate them through community-based and sector level responses. UNHCR is providing training to mainstream GBV prevention and response across different sectors.

4. **Conducting GBV assessments and protection monitoring to ensure that GBV gaps and risks, including sexual exploitation and abuse, are identified, and progress is tracked to inform advocacy and programming.** This includes a comprehensive assessment on response needs and gaps conducted in partnership with the London School of Hygiene and Tropical Medicine.
5. **Developing government and NGO stakeholders' capacity to ensure they have the knowledge and skills needed to promote gender equality and to prevent, mitigate, and respond to GBV.** Training focuses on a GBV case management coaching program, and a learning package focusing on enhancing UNHCR, partners and government community volunteers and leader's capacity to conduct GBV community engagement and support survivor disclosure.

Gaps and Challenges

- Despite the overwhelming GBV needs identified, **due to limited funding and human resources for GBV activities, essential services lack capacity to respond to the emergency needs of GBV survivors.** UNHCR is leading the provision of GBV case management in safe spaces and locations with high number of vulnerable internally displaced populations as an entry point for the provision of broader health, legal, safety and psychosocial support services. However, **additional funding is required** to enable more survivors to access crucial services.
- To complement existing community awareness initiatives, **additional technical structured approaches to GBV prevention are required**, as well as activities targeting adolescent girls' life-skills; men and boys to address harmful gender norms; and women's economic empowerment.
- There is limited technical capacity on the ground impacting both the quality and capacity of GBV response programs as well as the GBV mainstreaming across the humanitarian response.** UNHCR is providing GBV mainstreaming capacity building and technical support across humanitarian programmes to address GBV risks.
- Longer term capacity-building and support for GBV services is required to provide access to sustainable quality services.** UNHCR requires additional resources to conduct additional and more regular GBV capacity building sessions to all actors in the response, particularly to GBV service providers.

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