UNHCR CUAMM GENDER BASED VIOLENCE (GBV) SAFETY AUDIT REPORT

CARIACO NEIGHBOURHOOD, PEMBA - CABO DELGADO MOZAMBIQUE

Key Message

Lack of access to safe and inclusive livelihood options for women and girls is increasing multiple risks of GBV including sexual exploitation, child marriage, denial of resources, and intimate partner violence. Displaced women and girls are compelled to resort to the sale and exchange of sex to meet their basic needs. Livelihoods programmes that engage displaced women and girls at risk in safe, dignified, and sustainable livelihoods options linked to GBV response are urgently needed in settings across Cabo Delgado.

The report presents the main findings of the GBV Safety Audit conducted in the neighbourhood of Cariaco, City of Pemba, Cabo Delgado, Mozambique, in June 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:]
Girls discussing their perception of safety and security, Cariaco neighborhood, Pemba, Cabo Delgado. June 2022

Introduction and Methodology

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 programmes GBV risk reduction and mainstreaming actions.

Between January and February 2022, the Internally Displaced Persons (IDPs) presence in Pemba city Cabo Delgado was estimated at around 151,987 individuals.[1] Recent violent attacks by non-state armed groups (NSAG) in Ancuabe district between May and June 2022 resulted in a large influx of IDPs, including into Pemba.[2] This acuate displacement situation strained already fragile services and support mechanisms for IDPs in the capital city of Cabo Delgado. It also exacerbated precarious living conditions of both host families and displaced populations, particularly of women and girls.

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 neighbourhood, capture the main aspects related to the urban community infrastructure 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] IOM Mozambique (February 2022): IDP Baseline Assessment Round 15
[2] UNHCR (14 June 2022): Flash Protection Update Ancuabe Forced Displacement. Issue #1-10 June 2022

Findings

Cariaco is a neighbourhood of the city of Pemba. According to available data, the neighbourhood has a population of 24,701 IDPs[3] which may have changed recently due to the movement of IDPs into Pemba following attacks in Ancuabe district. Key findings from the Safety Audit indicated that women and girls are at increased risk of sexual harassment, rape, and physical assault, particularly by unknown men and boys, and security actors. Boys are also exposed to physical violence and abuse by security actors. Displaced women and adolescent girls have been identified as a group at heightened risk of GBV; poverty and limited access to basic resources are contributing factors to women and girls' engagement in selling or exchanging sex which highly expose them to GBV, particularly sexual, physical, and economic violence. Physical and sexual violence by security actors have also been identified as a major concern, particularly for displaced girls, boys and persons involved in the sale of sex. High levels of insecurity in the neighbourhood and the presence of security actors are contributing to GBV risks, particularly of sexual harassment and sexual violence at night. Security actors have also been identified as a key perpetrator of GBV, particularly physical and sexual violence.

Despite the availability of GBV services in the city, information about GBV services available is often lacking. In particular, information about the health consequences of GBV and immediate health care for survivors of sexual violence is very limited, particularly among adolescent girls.

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

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 setting, as well as the findings of the observational Safety Walk.

[3] Northern Mozambique Crisis — DTM Baseline Assessment Abridged Report Round 16 (June 2022)

District	Pemba			
Site/Location	Cariaco Neighbourhood, Pemba city			
Date	25th and 28th of May 2022; 3rd and 11th of June 2022			
Agencies/organizations conducting the Safety Audit	UNHCR/CUAMM			
Focus Group Discussion (FGD) # of participants	**Women**	**Men**	**Adolescent Boys**	**Adolescent Girls**
	32	**17**	**8**	**7**
Age Breakdown	(31) 19 - 59 (1) 60+ **Includes a FGD conducted with women involved in the sale of sex*	(17) 19 – 59	(8) 10 -18	(7) 10-18
Districts of Origin	Pemba, Mocimboa da Praia, Nangade, Macomia, Muidumbe, Quissanga, Meluco, Palma			

Safety-Walk Findings

Sector	Findings
General Structure (lighting, night lighting, overcrowding, privacy at household level)	**Lighting** Participants shared their concerns about the limited public lighting at night which they felt increased GBV risks in the neighbourhood, particularly for women and girls. Limited availability of night lighting prevents people from seeking medical help at night, such as in the case of sexual violence. Most houses have access to lighting at night.
	Shelter information In most shelters people sleep in the same room due to lack of space; therefore, privacy is limited. Most houses have wooded doors and locks; however, displaced women often use 'capulanas/patterned cloth' material as doors which increases risks of people accessing the shelter.
WASH (water points, latrines, showers)	**Water access** Water pumps exist in the neighbourhood. The health centre has running water.
	Public latrine information Most household have their own private latrines which are used exclusively by household members, in general they do not have doors that can be locked. The neighborhood health centre has latrines but need rehabilitation.
Facilities (schools, learning spaces, health, markets) and Access to Land	**Schools (primary and secondary)** Primary schools are available within the neighbourhood. Some school staff of a local primary school reported that the number of students increased due to conflict and displacement. They host some students in temporary classrooms made of bamboo. Classrooms are overcrowded. Availability of latrines is limited and not always gender separate with locking doors. Participants reported that school materials are often not available and many students, particularly displaced students, abandon school for lack of resources needed to buy school materials. Students who attend secondary school need to travel to other neighborhoods in the city centre. They usually reach schools by walking or by public transport. FGD reported that teachers might be asking for money in exchange of the school kits.

	Distribution points Distributions of vouchers usually happen at the neighborhood committee and at the Instituto de Comunicaçao Social (ICS).
	Health services A health centre is available within the neighborhood. It is easily accessible since it is situated in the centre of the neighborhood. Participants reported that in case of GBV, survivors might not seek health care due to limited night lighting on the way to the health centre. Girls reported that transport costs might be a barrier in case they need to reach the central hospital. Displaced people reported that they might face challenges in accessing health care for their children who often do not have a health card. They also mentioned that they might be charged extra fees to access services. The GBV focal point at the local health centre reported that they can provide care for GBV survivors without requiring a police report; if a survivor wants to report the incident to the police, a medical certificate is usually provided. The local health centre has post-rape kits with post-exposure prophylaxis for HIV (PEP), although pregnancy test, Hepatitis B medication and some STI treatment are lacking. Safe abortion services are provided within the health centre.
	Markets Markets are available within the neighborhood. Some markets have been described as places at high risk of GBV; a market has been indicated being a location for persons involved in the sale of sex and a place where women and girls are highly exposed to sexual harassment, physical and sexual violence by residents and police officers.
	Livelihoods Most women and girls, particular displaced women and girls, conduct small businesses (such as selling cakes, vegetables, etc. on the street). Some other displaced women go from house to house asking to contribute to household chores (e.g., washing clothes, babysitting) in exchange for little money. Some other women might have access to some land to cultivate outside Pemba (e.g., Miezi, Metuge), which can be up to an hour to travel to by public transport.
Movements Inside and Outside the Neighborhood	**Risks on pathways and access points, curfews** Participants do not feel safe in the neighborhood, particularly at night when police patrolling is limited. They described that the neighborhood structure – the neighborhood is mainly composed by narrow, dark alleys – exposes them to GBV and other risks (such as robbery). Girls often walk in groups, especially those who attend evening courses at school. Girls reported that there are many gangs of young people who sexually harass and assault girls. Men community members mentioned that they tend to forbid women and girls to pass next to a house where people using drugs gather.
Presence of Security and Other Armed Actors Barriers or Checkpoints	**Presence of security, police or armed forces** Participants complained that the presence of trusted security forces, including community police, is limited in the neighborhood, especially at night. Therefore, they do not feel safe. At the same time, they also feel threatened by police and military, particularly displaced boys and girls; they might be asked for their ID without any specific reason and if they do not show it, they might be beaten or sexually harassed.

Focus Group Discussions (FGDs) Findings

Area	Findings
GBV and Safety Risks	**GBV risks** Women and men reported that the sale of sex is common among women and girls in the neighbourhood. Women and girl IDPs originating from conflict affected districts in the province, as well as Pemba and other provinces (e.g., Nampula) may be involved in the sale or exchange sex in the neighbourhood. They indicated the area close to the market is a main location for persons involved in the sale of sex in the neighbourhood. The sale of sex might happen also in bottle stores ('barracas') and other locations ('Casa Azul'- sex work premises). Women and men consider that displaced women and girls are involved in the sale of sex mainly for economic reasons due to limited access to resources. Displaced women depend mainly on humanitarian aid and the support they receive from host families and small jobs. Therefore, they have limited sources of income. Boys reported that girls involved in the sale of sex [sexual exploitation] often tell them that they are not doing anything wrong since they are not killing or harming anyone; they do it because it is the only means they must access resources. Women mentioned that families may also encourage their daughters to engage in selling sex [sexual exploitation] to access basic items, such as food, soap, coal, or any other item they might need. Women stated that police may frequent sale of sex '*hotspots'*; they might engage with persons involved in the sale of sex or force them to have sex [rape]. Persons involved in the sale of sex are considered at highest risk of GBV; clients who refuse to pay usually beat persons involved in the sale of sex when they request payment. A focus group discussion conducted with women who sell sex felt that the sale of sex is common in Pemba. They noticed more and more displaced women and particularly girls involved in sex work, who often engage in the sale of to meet their needs. **People who sell sex often suffer from physical, economic, emotional, and sexual violence.** Clients are the main perpetrators: they often beat people who sell sex if they claim for their payment or clients might steal their phones or money. Clients often force them to have unprotected sex without their consent. Adolescent girls (aged 14-16 years old), particularly displaced girls, are the group at highest risk of unprotected sex, since they are less able to negotiate with clients. People who sell sex are often exposed to GBV by military personnel, in particular physical, sexual and economic violence. They might be asked for money or forced to perform sexual intercourse if they do not show their identity document by military; foreign persons involved in the sale of sex, particularly from Zimbabwe, Tanzania and Malawi might be asked to pay up to 1,000 MZT if they do not show their visa or are forced to have sex. People who sell sex reported that they are also exposed to GBV by the community and being called offensive names; they might also be exposed to GBV by their partners; they often suffer from psychological violence as well as sexual intimate partner violence. Women community actors consider **women and girls with disability**, particularly those with intellectual and developmental disabilities, are the groups at highest risk of GBV. According to women, **girls are at high risk** of sexual harassment by men and boys in the streets, mainly on their way to school. They might be approached by adult men and asked for sexual favours in exchange of food (e.g., 'uma bolacha'/biscuits, 'um lanche'/snack) and other items, such as clothes and mobile phones.

Many streets do not have public lighting; girls usually have to walk through very dark and narrow alleys. As a consequence, girls tend to walk in group as a self-protection mechanism. Girls reported that girls might be stopped and forced to remove their clothes by men and forced to walk naked in the street; this is a risk especially for those who attend evening school. Men mentioned that perpetrators may be accompanied to the neighbourhood committee in order to issue a report for the police. However, they do not know what the actions are.

Women and men reported that displaced girls are at highest risks of GBV. Some – aged between 9 and 15 years old – might be living within host families (that are not related to them); they might be working in childcare or cleaning or sent to sell cookies in the street. They arrived with their parents or relatives who encourage them to live and work with other families to reduce the 'burden' on displaced families. Most displaced girls, as they reported, do not attend school because they do not have access to basic school items, such as uniforms, backpacks, money for printed copies, etc. More assessment is needed on menstrual barriers in accessing education in the context. A displaced girl reported that she is living with her uncle who is struggling to care for her; she left school and started a small business but then the business failed.

Child marriage represents a concern, and many young girls abandon school due to early marriages. Men community actors mentioned that many parents encourage their daughters to get married to reduce the economic 'burden' on the family. They gave the example of a young girl of 15 years' old who was married to an older man. The participants mentioned that community leaders knew about the case, but they did not do anything to prevent it.

Women and girls reported they perceive police as a threat. Women and girls might be asked by police for their identity documents or where they are going. If they do not show their identity document or respond to them, they might be asked for sex or beaten. If men and boys are stopped by police, they might be asked for money or to accompany police during their patrolling. They mentioned that they have the feeling that police officers choose to stay in secluded places waiting to harass women and girls. Equally, the lack of regular patrolling by police and community police in the neighbourhood was a security concern; police usually patrol in the mornings and during the afternoons, but very rarely during the night.

Women reported that 'gangs of young men' also represent a threat to women and girls in the neighbourhood. They mentioned there has been **sexual violence committed by 'gangs' of young men** in Cariaco. Boys may stay in isolated places or dark alleys, surprise girls from behind and cover their mouth with a piece of cloth; girls could faint and might be raped. Violence can happen at night but also at early afternoon when streets are less busy. Men and boys reported that community members tend to forbid women and girls to pass by a house situated in a narrow alley where people who use drugs gather and may harass women and girls. This entails that substance abuse may also be a protection concern in the urban context.

Adult women reported that displaced women might also be exposed to discrimination by host communities. A woman mentioned that she was called *'Al-Shaabab's woman'* by another woman in the community. Adult women reported that displaced women and girls might be called *'husbands' thieves* ('ladras de lares')'. Displaced women are perceived as those who are 'stealing' the men of host women. They shared the example of a woman who was accused of witchcraft. Displaced girls reported that they feel unsafe in the neighbourhood also because local people call them bad names or tell them: *'They bring with them terrorists to the neighbourhood'*; *'They fled the war, and they cannot forget that one day they will go back*

	home'. Men mentioned that there is a lack of 'sisterhood' between host and displaced women. It is vital to consider the **gender dynamics of discrimination towards IDPs** and how it impacts especially women's and girls
Access to Services (Legal and Access to Justice, Health and Mental Health, Safety and Security, Others)	**Legal** Adult women mentioned that GBV survivors who seek support of community tribunals need to pay a fee, thus discouraging many women. Moreover, adult women mention that community tribunals, whose main function was reported at mediation between survivors and perpetrators, are not very reliable, and their decisions might not necessarily be gender sensitive. A woman who was physically assaulted by her husband reported her situation to a community tribunal; women heard that a few days after her husband went to pay a value to the tribunal and the report against him was immediately withdrawn. Another barrier to accessing more formal legal and justice services is the limited access to identity documentation, especially among displaced women and girls, which is considered as necessary to start legal proceedings. Most cannot request an identity document without a birth certificate. Therefore, they might be asked for an extra price at the Civil Registry to pay in order to speed the procedure.
	Health Community actors usually refer GBV survivors to the health centre, especially in case of sexual violence; they think that survivors might need a police report to be attended at the health centre. Women and girls would not feel safe to walk at night if they need to reach the health centre. Access to sexual and reproductive health services, particularly for young people, is limited. Many young girls, particularly displaced girls, do not know which health services are available. Consequently, adult women reported that many young pregnant girls are not accessing pre-natal health care neither at health centres nor with traditional birth attendants ('*matronas*'). Girls reported that girls who are sexually assaulted may not go to the hospital because they do not know about the importance to seek immediate medical help; they are also afraid of community stigma if health staff break confidentiality, and the community would know about their situation. Transport costs have also been described by girls as a challenge to access the hospital. Moreover, both host community and displaced people might also be charged with extra fees at health centre by health workers to access different health services. People who sell sex mentioned that they receive support and information by NGOs, who are providing them with condoms, lubricants, HIV oral tests, and legal support. It is not clear if displaced people who sell sex have the same access to services and information since they seem to be less connected with host community people who sell sex.
	Food Security Women community actors heard of IDPs being physically assaulted by host families when they do not bring at home food from distributions; IDPs might also be asked to share food from distributions with host families. Displaced girls mentioned that they might suffer from denial of resources within the frame of distributions. Community leaders might include their names in the distribution list but when it comes the time to hand over the items, their name might not be called; when they leave, other people receive the items instead of them. Boys confirmed this information: host community might have access to 'cheques de valores' (vouchers) in the place of displaced people. They say that community leaders abuse of their power to include people in the distribution lists in

	exchange of a fee or the sharing of the food items purchased. If someone does not pick up his food kit due to illness, community leaders may also take the items with them away.
Community Structures and Cultural Perceptions	❄ **Community Structures and Response** Women community actors mentioned that they can lend money to local and displaced women survivors if they need help. There are some other actors who can support women in the community, such as local women's NGOs - which conduct community sensitization -, traditional birth attendants, health committees, child protection committees. Men mentioned that traditional birth attendants can give support to survivors, especially in case of intimate partner violence and sexual violence, to temporarily accommodate survivors and accompany them to the closest health centre, if needed. **Traditional birth attendants are described as the ones who 'share their *capulanas*/ printed cloths' with the survivors**. Women community actors reported that GBV survivors usually seek help with the 10 houses of the community leader ('chefe de 10 casas') and the blocks of the community leader ('chefe de quarteiroes'). If needed, they will therefore refer GBV survivors to other superior levels of the community leadership structure. In case of sexual violence, survivors are referred to health centres. Women reported that in cases of intimate partner violence (IPV) block leaders or other local authorities (e.g., the 'regulos)' tend to act as medicators between the couple. They tend to attempt to convince survivors not to report the case to justice mechanisms, to avoid that their partners are arrested; they consider this as 'protecting' survivors, block leaders might ask perpetrators to sign a declaration stating that they will never commit violence against their wives/partners again. If the survivor is not satisfied with the agreement and wants to proceed with the case, she might be referred to community tribunals. In the case of child survivors, they may be referred to the community child protection committees. In a case of sexual violence, women community leaders firstly accompany the survivor to police and only after, once obtained the police report, go with GBV survivors to the health centre. Girls mentioned that in case of GBV they would seek support from neighbourhood leaders and police, older family members. In the case of sexual violence specifically, they would only speak to older women family members, because they would feel ashamed to speak to any other people. Men reported that cases of sexual violence against girls are rarely brought to the neighbourhood committees or leaders. Most cases are 'solved' within the family: they ask the oldest 'uncle' within the family to support to take the most appropriate decision. ❄ **Cultural Perceptions** Women community actors reported that many women still do not want to report GBV, particularly Intimate Partner Violence (IPV) for fear of social stigma and isolation, and due to financial dependence on their partners. Moreover, men mentioned that community leadership try to collaborate with police; however, the police response is not always immediate, and this discourages survivors to report. Adult men gave the example of a girl who was sexually assaulted; neighbours accompanied her to the hospital; the perpetrator was brought to the neighbourhood committee. However, some weeks after they saw the perpetrator walking freely in the neighbourhood. This outraged the community. They said that this lack of access to justice

	inevitably contributes to discourages reporting. Boys mentioned that if the perpetrator is unknown, survivors/their families do not see any need to report the case to police. Women mentioned that some women, particularly displaced women, might not know there are GBV services in the city. Adult women reported that adolescent girls rarely seek help if they experience GBV. Sex is still a taboo and parents tend not to speak about sexuality with their daughters and do not inform them about associated risks; cases of mothers who discover their daughters in an already advanced stage of pregnancy are quite common. Moreover, displaced girls do not know where to seek help in the neighbourhood.
Accountability with Affected Population (AAP)	**Complaints and feedback mechanisms** Men community actors mentioned that they can contact the hotline Linha Fala Criança if they need to report a case of GBV regarding a child. In general, participants do not know any other hotlines or channels for complaints.

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 relevant Clusters, 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 setting.

Area	Recommendations	Action Plan
GBV/Protection/Child Protection and SEA	Engage with the community to improve awareness and safe access to the UNHCR-CUAMM GBV case management and MHPSS services provided for GBV survivors, access to UNHCR-CUAMM safe spaces as well as other GBV services, such as health centres and *Gabinete de atendimento a mulheres e crianças vitimas de violencia*. Engage with community actors who have been identified as the main entry points for GBV cases such as community woman leaders, traditional midwives (*'matronas'*) as well as any other humanitarian actors involved in the GBV response already present to build their capacity on GBV and to make survivor centred referrals.	UNHCR-CUAMM, GBV AoR partners present
	GBV engagement sessions with women and girls on GBV including child marriage, intimate partner, sexual violence and sexual exploitation and abuse. This should include sessions to discuss sensitive issues such as sexual and reproductive health, including safe sex, family planning, early pregnancies, safe abortion.	UNHCR-CUAMM, GBV AoR partners present

	GBV engagement sessions with associations of people who sell sex and any other NGOs working with people selling or exchanging sex, including sessions on GBV, safe sex, sexual and reproductive health, and psychosocial support.	UNHCR-CUAMM, GBV AoR partners present
	Facilitate safe spaces for women and girls in the neighborhood and promote safe access to quality GBV case management, PSS support, legal information, and as a safe entry point to access other services through mapping neighborhood and city level GBV services.	UNHCR-CUAMM, GBV AoR partners present
	Involve community leaders in discussions to enhance community cohesion and reduce discrimination against displaced populations, with the inclusion of women, and girls. Conduct training for community leaders on core Protection topics including GBV and survivor centred access to GBV services/referral pathways	UNHCR-CUAMM, GBV AoR partners present
	Engage security actors such as police and community police to assess their role in GBV prevention, risk mitigation and response, and develop a training and engagement plan which should include GBV modules.	UNHCR-CUAMM, GBV AoR partners present
	Address the capacity building of boys and men on GBV issues and conflict management through learning sessions tailored for them and enhancing the positive role model approach.	UNHCR-CUAMM, GBV AoR partners present
	Ensure access to identity document services are available, particularly for displaced women and girls and other vulnerable groups.	Protection Cluster partners present
	Work with the community, and youth groups, to address substance abuse and other potential MHPSS concerns impacting vulnerable young people	Protection Cluster partners present
	Link with already existing community female leadership and women's' groups in the neighborhood and establish/promote accessible complaints and feedback mechanisms for women and girls.	Protection Cluster partners present
	Conduct a more in-depth assessment of child protection concerns. Rapidly scale up child protection programs in the urban context to address child labor, child abuse (including child sexual abuse), and access to education.	Child Protection AoR
Health	Ensure health and volunteer staff working at the different GBV entry points within health centres (maternity, *SAAJ-Serviços Amigos dos Adolescentes e Jovens*, *UATs –Unidades de Aconselhamento e Testagem*) are trained to be able to provide survivor-centred care and referrals. Ensure that complete post-rape kits are available at health centre level, including pregnancy tests, emergency contraception, PEP, STD treatment, Hepatitis B vaccine and that safe abortion services are available and providers trained in	Health Cluster, GBV AoR

	clinical management of rape. Make different family planning methods are available at health centre level, including condoms. Ensure that all services are provided for free and complaints mechanisms are in place. Ensure GBV screening is always conducted in safe and confidential manners, and a safe and confidential space to attend GBV survivors is available at health centre level. Ensure data on GBV cases are collected in confidential manner and safely stored and MISAU case intake forms are available.	
Shelter	Increase public lighting on public streets, particularly those pathways girls and women use to reach health centres, schools and police.	Shelter/NFI Cluster partners present
Food Security	Ensure food and voucher distributions effectively reach displaced populations, particularly new arrivals and most vulnerable groups, such as girls and female-headed households, displaced households with no family network/host families, as well as vulnerable displaced households who have been in Pemba for any duration of time.	Food Security and Livelihoods Cluster partners present
Education	Ensure displaced and vulnerable girls can access school kits and any school material needed (e.g., photocopies, school uniforms, menstrual hygiene materials) to be able to attend school. Include rechargeable lamps in school kits to increase the safety of students, particularly girls, who attend school courses at night	Education Cluster partners present
Livelihoods	Identify and provide safe livelihoods options for women and girls and share information on existing/new programmes with GBV actors to include survivors and groups at risk of GBV.	Food Security and Livelihoods Cluster partners present
All Clusters	Ensure PSEA awareness raising sessions are held during distributions as well as during sensitization in the community to inform the population about PSEA risks and available support services. Promote accessible complaints and feedback mechanisms, especially for women and children.	All humanitarian actors

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REPORT

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UNHCR – Mozambique
Pemba Field Office

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