

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 displaced persons and host communities, partners, and local authorities to respond to and prevent GBV in prevention and response in northern Mozambique

There is an **urgent need** for additional funding to scale-up crucial GBV Cabo Delgado

KEY ACHIEVEMENTS

January - September 2021 **43,000** displaced people in vulnerable locations accessed specialized GBV services

10,000 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

418 partner and government staff and community volunteers trained on GBV prevention and response

48 GBV service providers trained on GBV case management including government services

6 GBV referral pathways linking survivors to services established

135 trained GBV community volunteers providing awareness and referrals to GBV services



UNHCR and CUAMM conduct discussions with women and girls to prevent early marriages in Ngalane IDP site, Cabo Delgado. © UNHCR/Martim Gray Pereira

Since early marriages of displaced young girls have increased as a result of their vulnerability and amid ongoing initiation rituals, UNHCR and partner Doctors with Africa CUAMM are working together in Chiure, Metuge and Montepuez districts to provide information on alternatives girls and families have which may allow youths to mature prior to marriage and child-raising.

"I don't want my daughter to get married before she finishes her studies. Girls of her age should be at school and not marrying older man, which can expose them to several risks, including health and violence."

To prevent early marriages, UNHCR and CUAMM are working closely together with local authorities, community and religious leaders and disseminating messages through community outreach volunteers, group and individual discussions to end this harmful practice.



Overview

Gender-Based Violence (GBV) is a major protection concern amid Cabo Delgado's humanitarian crisis. Displaced women and girls are at risk of multiple forms of gender-based violence including sexual violence, and abduction, intimate partner violence, and spiralling rates of early marriage.

IDP sites and host community locations often 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 regular GBV Safety Audits among IDPs and the host community.

Sexual exploitation is a major risk, in particular in urban areas due to lack of assistance. Highly vulnerable categories 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 Non-State Armed Groups** and are exposed to GBV during their abduction. Following their release or escape, they are perceived as part of the armed groups and face discrimination within the community. Survivors of GBV perpetrated by armed groups are at ongoing risk and require immediate protection, mental health and psycho-social support (MHPSS), health and reintegration assistance.

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. In spite of this, 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.

UNHCR's GBV Strategy

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

- 1. Working with agencies providing various support services, displaced persons, host communities, and local authorities to respond to GBV through improving access to quality and holistic GBV services for survivors, which includes the provision of GBV case management, including integrated mental health and psycho-social support (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 led by GBV community volunteers including targeted messages for adolescent girls, men and boy survivors of violence, and will be scaled-up to structured life-skills programmes with girls and women's economic empowerment programing for a joint GBV-Livelihoods approach.



UNHCR and partners work together with Protection Focal Points, activists, and members of displaced and host communities to (i) disseminate prevention & response GBV/Sexual Exploitation and Abuse messages and (ii) support GBV survivors and refer them to services.

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- 3. Identifying GBV risks across all sectors and areas of work and develop capacities that ensure prompt action is taken to mitigate these risks. This includes conducting GBV Safety Audits to identify GBV risks and mitigate them through community-based and sector level responses. UNHCR is also providing training to mainstream GBV across different humanitarian 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.
- 5. Building the capacity of government and NGO stakeholders to ensure they have the knowledge and skills needed to promote gender equality and to prevent, mitigate, and respond to GBV. GBV capacity-building focuses on a GBV case management coaching program, and a GBV 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 for GBV activities, essential GBV services lack capacity to respond to the emergency needs of GBV survivors. Funding for the provision of GBV case management in safe spaces in locations with high and vulnerable IDP populations is urgently required as an entry point for the provision of broader health, legal, safety and psychosocial support services.
- To complement existing community awareness, more technical structured approaches to GBV prevention are required, especially funding for those that target adolescent girls' life-skills, engagement of men and boys to address harmful gender norms, and women's economic empowerment.
- There is limited GBV 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. GBV mainstreaming capacity-building and technical support is urgently required to avoid that humanitarian programmes do harm or fail to address GBV risks.
- Longer term capacity-building and support for GBV services, in particular government social services, is required to provide access to quality services for GBV survivors more sustainably. Several approaches do not go beyond initial basic trainings on GBV and some agencies assisting survivors have never trained their staff to build awareness of approaches to GBV.

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