



Gender-Based Violence Sub-Cluster Briefing Note

Mozambique: Pemba Coordination Hub (as of 28 May 2019)

Prioritizing the protection needs of women and girls throughout the Cyclone Kenneth response

Critical Needs and Priorities

-  Scale up the capacity of community-based organizations to respond to GBV in emergencies
-  Build the capacity of health personnel to deliver life-saving services, such as clinical management of rape
-  Refurbish the health centers, which is where survivors are treated
-  Increase the presence of police officers in all affected districts
-  Tents, food and water must reach in priority vulnerable groups, such as female-headed households
-  Increase the presence of protection monitors during food distribution
-  More constant GBV and Protection mainstreaming in the humanitarian response is required
-  Prioritize income generating activities in the second phase of the response to mitigate GBV risks

On 25 April, Cyclone Kenneth reached the Mozambican coast on the extreme north of the province of Cabo Delgado. More than 35,000 houses were totally or partially destroyed. Based on the latest Government report – at least 374,000 people are in need and 19 health facilities have been either partially or totally destroyed¹. Living conditions are more severe and needs are largely unfulfilled in the areas that are hard to reach. In these communities, there is a dire need of basic necessities such as food, water and shelter. The current crisis combined with pre-crisis vulnerabilities, stressed living conditions, and a lack of resources are all exacerbating factors for the manifestation of GBV and related negative coping mechanisms.

The United Nations Population Fund (UNFPA) in coordination with the Ministry of Gender, Children and Social Action (MGCSA) officially launched the Gender-based Violence (GBV) Sub-cluster at national and sub-national level (Cabo Delgado Province) the week of May 4, 2019. The Coordinator has been supported by the GBV AoR's Nairobi-based Regional GBV Specialist who was deployed to Pemba within the first weeks of the crisis. Members of the Sub-cluster are reinforcing the Government's capacity to lead this response to ensure sustainability and accountability among actors.

Life-saving services for GBV survivors

One of the primary functions of the Sub-cluster at the onset of any emergency is to identify life-saving GBV response services that can be mapped on a referral pathway. The Coordination team developed a map of the available GBV response services (including available contact details) in each of the affected districts as a result of an extensive verification exercise. These referral pathways, which were developed in English and Portuguese, have been shared widely among all humanitarian actors on the ground.

In Mozambique, the Government is the focal point for all GBV related services. In Cabo Delgado, health centers at provincial and district levels are the first entry point for GBV survivors who are seeking services. The majority of these health centers have been heavily damaged by the cyclone. There is therefore a need to rebuild these centers and ensure that the necessary drugs and equipment are available (ie. post-exposure prophylaxis (PEP)²) for the treatment of GBV survivors, particularly rape survivors. Results from the field assessment undertaken by the coordination team indicated as well that health staff should be trained on clinical management of rape (CMR), as well as specialized psychosocial interventions.

GBV services are only available at district level. Transportation for survivors to reach district-level facilities should be made available. There is only one shelter available in the Capital of the Province, Pemba, and it has only 3 rooms³. Therefore there is a need to set up more shelters, and increase the capacity of the existing one so that GBV survivors at risk have access to a safe place if need be. The police trained in GBV case management, government social workers to provide case management should be enhanced.

¹Kenneth National Situation Report no 2: https://reliefweb.int/sites/reliefweb.int/files/resources/national_sitrep_2_mozambique_17_may_2019_eng.pdf

²PEP prevents HIV if taken in the first 72 hours following the incident. In Mozambique, the prevalence rate of HIV in the population aged 15-49 is 13.2% (15.4% in women and 10.1% in men). (ODI, 2014)

³Based on meeting with "Grupo de Referencia" (government entity looking at referral for vulnerable cases)



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At community level, capacity of community workers to provide front line services such as psycho-social support and referral need to be scale up to increase the geographic coverage of life-saving services for GBV survivors.

Increase the support to vulnerable women and girls

Many areas affected in the province are only reachable by boat or helicopter and have no phone networks, which creates challenges for coordination of the humanitarian response. Affected populations in these locations, especially displaced women head of household⁴, struggle to get basic services such as food, water and shelter. For instance, protection actors accessed the town of Mucojo Sede for the first time, weeks after the cyclone hit. The multisector assessment team found that women struggle to access water as the boreholes are empty. There is no light at night to access the latrines (electricity has gone off because of the cyclone) and the majority of the houses have been destroyed. Women and girls are now forced to sleep outside which exposes them to a myriad of protection risks. There is a need to provide tents, as well as solar-powered lanterns and ensure the food distribution reaches the most vulnerable.

Child marriage was already widely used as a coping mechanism in Mozambique due to the onset of the drought in 2016⁵. As a result of the cyclone, schools are destroyed and many children lost documentation necessary to register. Being out of school exposes girls to higher risks of GBV and may also contribute to more child marriage: there is therefore a need to increase awareness at community level of the negative effects of such coping mechanism.

Mapping non-government led GBV and Protection services - who is doing what and where?

Overall, there is very weak response capacity in Cabo Delgado. Key organizations are either not present or are understaffed which has led to very limited programming. The Coordination team has been actively mapping national and international non-governmental organizations that are currently implementing or plan on delivering GBV and Protection services in the province. Few organizations have provided information about their activities, and at this point of the response, most of the organizations are only active in Pemba (where approx. 300 families are living in camps) and in Macomia district. The majority of the partners are focusing on distribution of “dignity” kits. There is a dire need to increase presence and field capacity of protection partners to ensure protection services reach the most vulnerable in the most affected areas. As many humanitarian agencies’ operations are time-bound and are subjected to funding status, there is a need to build the capacity of government counterparts and community-based organizations to ensure a sustainable and long term recovery.

Mainstream GBV and Protection within Humanitarian response

Humanitarian partners are currently providing limited and scattered services, which mostly focus on distribution of food and NFIs. These distributions are not reaching all the people in need, especially vulnerable women head of households who reported having not received any assistance or who were exposing themselves to higher risks in a way to get food⁶. More constant protection mainstreaming and GBV risk mitigation through all clusters is paramount, especially when carrying out distributions. Vulnerability criteria should be leading every distribution, access to services must be ensured to everyone and the rights of those most in need should be safeguarded⁷. The Coordination team has been actively engaging with other clusters to mitigate protection risks across the response and joined several multi-sector missions to assess and monitor protection and GBV concerns. There is, however, a need to increase the number of organizations able to monitor protection during distribution activities.

Towards a sustainable approach

There is a large body of research that directly links economic hardship to increased rates of domestic violence. Incidences of GBV, including early marriage and other negative coping mechanisms such as transactional sex are expected to increase as the economic situation deteriorates across the affected regions. Sub-cluster members need to prioritize income generating activities in the second phase of the response to mitigate GBV risks. At provincial level, the very small number of GBV cases reported shows the extent to which GBV is being normalized, and the need to increase GBV awareness as well as scale up availability of frontline services for GBV survivors on the long term.

⁴As of 2015 approximately 36% of households in Mozambique are female-headed (DHS 2015).

⁵CARE, 3/2019.

⁶Based on several key informant interviews in Mucojo Sede

⁷The province is known to have an important number of Polygamous Households. Distribution should base their figures on number of women per household when distributing rations.