



**UNHCR CUAMM
GENBER BASED
VIOLENCE (GBV)
SAFETY AUDIT
REPORT**

**MARRUPA, CABO
DELGADO,
MOZAMBIQUE**

Key Message

GBV disproportionately affects women and girls, and in situations of displacement their risk of exposure to GBV increases. We are committed to continuously strengthening coordination and programming to protect women and girls from GBV and advocates for adequate resources to increase the implementation of quality specialized programmes for women and girls.

The report presents the main findings of the GBV Safety Audit conducted in Marrupa site, Chiure, Cabo Delgado, Mozambique. August 2021.

This report is in line with the UNHCR Policy on The Prevention Of, Risk Mitigation, And Response to Gender-Based Violence of 2020.



Pemba Field Office
Mozambique

[COVER PHOTOGRAPH:]

Group of boys mapping the risk areas in the community. Marrupa, Chiure, Cabo Delgado. August 2021

Introduction and Methodology

Gender based Violence (GBV) is a major risk for vulnerable Internally Displaced Persons (IDP), in particular for women and girls residing in IDP sites across Cabo Delgado. With the objective to have a comprehensive panorama of the specific GBV risks in the sites UNHCR joint with its partner CUAMM conducted GBV Safety Audit assessments. The aim of the GBV Safety Audits, as a participatory assessment tool with the community, was to understand the specific GBV risks, community response and prevention mechanisms, and relevant gaps regarding access to quality service for GBV survivors. The Safety Audits are also a rapid GBV assessment and community engagement tool for the start-up of UNHCR-CUAMM specialized GBV services, thus the IDP sites identified for the implementation of the UNHCR-CUAMM GBV-MHPSS mobile service provision were targeted for the Safety Audits.

The GBV Safety Audit applied a qualitative and participatory approach. Three main tools were implemented to gather data regarding 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, to capture the main aspects of the site planning and different humanitarian sectors physical services and their impact on GBV risks, as well as to identify physical access to services or potentially restraints.

Focus Groups Discussions (FGD) facilitate gaining greater insight and understanding, among the IDP community, regarding their perceptions around GBV. In addition, the FGDs are tools applied to identify risk factors, as well as strategies to be adopted to increase safety and to minimize the risks of GBV in communities, including community response mechanism 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 key services including any assess challenges.

Findings

Marrupa is located 20 km from Chiure. The data collected from 2 tools demonstrated that girls fear to be sexually assaulted in their communities. They are also at risk of early marriage, as mothers and fathers support the practice of marrying before 18, once the initiation rituals have been performed. Girls also report discrimination from local populations and harassment from boys of hosting and IDPs community who call them names and pull them. Women and girls do not feel safe in the site especially at night due to poor lighting. Women and men report the presence of the community police “*grupo dos 12*” (group of the 12), yet no incident has been reported. All IDPs suffer from lack of sufficient and appropriate food- they suffer from constant diarrhoea given the constrained diet.

The tables below summarize the main perceptions of the IDPs related to fundamental areas of work to guarantee an effective GBV prevention, risk mitigation and response in the site. The second one is related to the site assessment mainstreaming GBV prevention, risk mitigation and response (called Safety Walk), and the third table the results of the FGDs.

District	Chiure			
Site/Location	Marrupa			
Date	10 August 2021			
Agencies/organizations conducting the Safety Audit	Doctors with Africa CUAMM- UNHCR			
Focus Group Discussion # of participants	Women	Men	Boys	Girls
	16	12	12	16
Age Breakdown	(8) 18 – 40 (8) 40-59 () +60	(11) 18-59 (3) +60	12 – 17	12 - 17
Disabilities	none	None	None	none
Districts of Origin	Mocimboa da Praia, Quissanga, Muedumbe and Palma			
Safety Walk Participation (indicate gender)	3 women, 2 girls, 1 man			

Safety Walk Findings

Area	Findings
General Structure (lighting, night lighting, overcrowding, privacy at household level)	<ul style="list-style-type: none"> 💡 Women and girls report lighting in the site is not enough (11 posts, also near the water points), they would like to have more lighting posts to feel safer. 💡 Girls stay at home from 5:00 pm on and women from 8:00 pm, mainly because of poor lighting and because they fear robbers from host and IDP community that come out at night
WASH (water points, latrines, showers)	<ul style="list-style-type: none"> 🚰 Water points are available (4 boreholes) near to houses and covering different areas of the site.

	<p>🚰 One of the water points is a functioning tank that is in proximity of the health tents.</p> <p>🚽 All houses have their own family latrines. They do not have shared or community latrines except for those of the school. Latrines at school are separated for boys and girls.</p>
Facilities (schools, learning spaces, health, markets)	<p>🏫 School is available for children and women on primary level.</p> <p>🏫 Tent for sewing is open for men and women every Monday and Friday.</p> <p>🏠 Health tents are available through WHO, that regularly has attention 2 times a week offering a broad health attention. Attention hours are from 10:00 to 15:00. All serious health cases are referred to hospital on Chiure.</p> <p>🏠 A second tent is available for attention of pregnant women on the same days WHO is visiting.</p> <p>🛒 Market is not available, they can buy small things in the site like soap, oil and some food items.</p>
Movements Outside the Site	<p>🏔️ Women and girls report not feeling safe when going places near the sites such as cemeteries and mountains, because these are sites are of far-reaching distance, and because there they interact with local communities and they feel discriminated by them. However, going to the mountain is essential for them to fetch materials, like sticks, to build or improve their houses Women and girls feel not feeling safe around the areas of WFP distributions, because they fear robbers (both displaced and local populations)</p>
Presence of Security and Other Armed Actors Barriers or Checkpoints	<p>👮 Women report on the presence of the “group of the 12”, and community police.</p> <p>👮 Girls reported an incident of rape of a minor by a male perpetrator who claimed being part of a Non-State Armed Group (NSAG). The girl is still in the community, and they do not report that she has received medical and other services through a protection partner. The case was referred to a specialized child protection partner.</p>

Focus Group Discussions (FGDs) Findings

Area	Findings
GBV and Safety Risks	<p>👩 Girls are concerned with the security of the site especially at night in places near to the site like the mountains or the grave-yards.</p> <p>👩 Girls expressed their fear to be sexually abused by men, and of contracting STDs as a result of rape. They reported a case of a 10 year old girl who was abused and threaten with death by a man stating he is part of a NSAG.</p> <p>👩 Girls also perceived early marriage as a high risk for them, because men in their community marry girls under the age of 18.</p> <p>👩 Women expressed that they do not perceive early marriage as a concern, as girls are ready for marriage after the initiation rituals.</p> <p>👩 Women reported the presence of “<i>the group of the 12</i>” (grupo dos 12) as a group dealing with security issues in the community.</p> <p>👩 Girls reported that a former community leader, that was removed from his position was abusive and exploitative with them. Also, boys in their communities threaten them with sexually abuse.</p> <p>👩 Girls also reported feeling insecure in places where local communities are, because they use discriminatory and abusive language towards them, because of their displaced status and their origin. They are also yelled at by boys of the local community.</p> <p>👩 Men relate to feel safe in the site, and that they have gained the capacity “sleep again”, they expressed before they were afraid of the gun-shot sounds.</p> <p>👩 To increase the feeling of security in their communities, girls mentioned that there is a leader in the community who has a megaphone, and that this could be used to alert when something is happening to them or women. They would also like to have more spaces to play and places where they can meet.</p>

	<ul style="list-style-type: none"> ♀ Women expressed they feel safe when going to fetch wood, however they fear robbers and they do not go out after 8:00 pm. They expressed the community is poorly illuminated, and to ensure security more lighting would be needed. ♀ Men expressed women are to blame if something occurs to them, i.e. having behaviors like drinking or “prostitution”. They expressed women should respect the times for curfew. ♂ Men said that women try not to stay alone or go alone to places as security strategy.
<p style="text-align: center;">Community Structures</p>	<ul style="list-style-type: none"> ❄ Before, the displacement, girls used to study and play, cook, sell cakes, go to do small agriculture (machamba) Now, they only have housekeeping tasks. On the other hand, women used to do small agriculture, sell fish, cakes and bread. They also used to go to do trade in Tanzania and come back in the same day selling fish. After the displacement, they only take care of the house, and do not feel a sense of independence and opportunity to engage in trade or other activities. ❄ Girls expressed that inside the house is the mother that is making decisions. In the community, it is the community leader. For women, men take the decisions inside the house, and in the community the community leader. ❄ Men expressed that before the displacement they would be able to engage in activities to gain means through businesses like agriculture, petty trade and fishing, some of them were also employees of security companies. They expressed that now they are solely dependent on aid both for food and cloths. “We are only sitting, and depending”. Men also expressed this affects them, because they are responsible for the family, and are the ones distributing resources and tasks. ❄ Men consider they are able to participate in community decisions, as they are consulted by their local leaders <i>“Chefes de bairro”</i>. ❄ Women also consider the family to be the primary place to air concerns or incidents related to GBV, especially cases related to Inter-partner violence (IPV). They usually talk to their parents or brothers. They feel supported by their families in case they would want to separate from the husbands. ❄ Girls expressed they feel supported by other girls they meet at tents where sewing groups meet. The sewing tent is operated by FDC. ❄ Community leadership introduced prohibition of drinking after 5:00 pm. ❄ There is two “cinemas” that girls like to visit from 18:00 to 20:00.
<p style="text-align: center;">Access to Services (Legal and Access to Justice, Health and Mental Health, Safety and Security, Others)</p>	<ul style="list-style-type: none"> ♿ No mention to legal services in place ♿ Girls expressed that survivors of GBV would rather do nothing because the community does not believe in survivors accounts, they are call them “prostitutes”. ♿ Women also consider the <i>“Chefe de bairro”</i> local community leader, in case of the issue not being resolved there they would go to the police. They also mentioned the role of <i>“Adjunta”</i>, women who is also part of the communitarian leadership structure. ♿ Men considered that women have place where they can go, like the <i>“Chefe General”</i> general leader to seek for advise, also to the leader’s secretary <i>“secretário de bairro”</i>. If the case is not resolved there, the leader is who decides if there is need to call the police ♿ Girls expressed that they need underwear and other clothing items. 🍽 Girls say that they eating poorly in Marrupa, because their diet is based on beans, and tare suffering from constant diarrhea. Food is considered by girls as a major issue. 🍽 Men complain about insufficient food rations received, and because these are not adjusted to family sizes. They stated there is conflict in the families because of issues related to food.
<p style="text-align: center;">Accountability with Affected Population (AAP)</p>	<ul style="list-style-type: none"> 🗣 Girls expressed they feel there is no place in the community where they can express their issues, they explained that when talking to the leader or “secretary”, they feel ignored and not listened to. 🗣 Men expressed that the government and organizations are coming only to do questions, however they do not see any of the help.

RECOMMENDATIONS

The recommendations listed below are linked to the findings of the Safety Audit. This list is not exhaustive, and it will be presented to the services providers and the community in workshops, meeting and clusters with the aim that they can work together to develop an action plan.

Area	Recommendations	Action Plan
Protection/GBV	Engage girls and their parents in early marriage awareness sensitizations, providing incentives or participation of girls in livelihood activities to support themselves and families.	Assistance for survivors regarding means of subsistence and livelihoods support. Deploy within the Protection Desk, that is being constructed, learning sessions with content tailored for the girls and parents on prevention of early marriage
	Engage women groups and women leadership in sensitizations with women and girls on early marriage and GBV service.	CUAMM-UNHCR to engage women, girls and boy's groups in sensitization sessions by October 2021. Within the Protection Desk that it is being constructed, deploy the learning sessions.
	Engage boys in sensitizations on GBV and sexual and reproductive health, with a focus on healthy relationships.	
	Women and girls are willing to participate more of activities like sewing, and especially women would like to have more opportunity to go to school.	Deploy within the Protection Desk, that is being constructed, activities related to handcraft and others. Liaise with partners providing schooling opportunities for adults.
	Identify the members of the communitarian police, and train them on GBV and protection core concepts, survivor-centered approach and referrals.	Coordinate with the Protection Cluster
	Promote dialogue between leaders from local and displaced communities, on issues regarding discrimination and GBV.	
	Involve girls and women in recreational activities and women support networks.	Map and strengthen existing networks of support. Provide within the protection desks recreational activities for women and girls.
	Sensitize leaders in the community on GBV referral pathways, and link them up with activists to ensure survivor-centered approach is applied, even when cases are brought to leaders	UNHCR and CUAMM to do the sensitization through the CUAMM community engagement officers.

	Engage various actors and sectors at community level in GBV service mapping and survivor-centered approaches.	UNHCR and CUAMM to conduct a GBV service mapping with participation of community leadership and women groups representatives, as well as security, legal and medical service representatives.
	Secure the continuation of the action plan guaranteeing budget allocation for case management activities, and GBV community outreach.	UNHCR advocacy through the implementation of the CM project
WASH	Provide girls with dignity and Menstrual Hygiene items.	Coordinate with WASH cluster to identify gaps in items delivered to girls. Review procedures for distribution for girls.
CCCM/Shelter	Increase lighting poles on the ways that girls and women use.	Coordinate with CCCM Cluster.
	Establish a safe area for high risks cases.	
Health	Improve health and nutritional status of girls.	Coordinate with FSL and Health cluster and advocate for evaluation of health and nutritional status of girls. Engage Health Brigades in the prevention of diarrhea.

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