





NICUAPA A, CABO DELGADO, MOZAMBIQUE

Key Message

GBV disproportionately affects women and girls, and in situations of displacement their risk of exposure to GBV increases. UNHCR and CUAMM are committed to continuously strengthening coordination and programming across sectors to protect displaced populations from GBV and advocates for adequate resources to increase the implementation of quality, specialized and survivor centred GBV programmes.

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

The report promotes the UNHCR Policy on The Prevention Of, Risk Mitigation, And Response to Gender-Based Violence of 2020.



[COVER PHOTOGRAPH:]

Group of boys mapping the places that they consider safe and unsafe in Nicuapa A, Montepuez, 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

Nicuapa A is a relocation site and hosts 4,127 displaced households according to CCCM. Nicuapa A is 11 km far from the Montepuez district capital (called *sede* in Portuguese), and 196 km from the Cabo Delgado capital city, Pemba. Key findings from the Safety Audit in Nicuapa A indicated that girls in particular are at significant risk of GBV including kidnap and human trafficking by criminal groups operating close to the community. Women identified a gap when it comes to create dialogues with girls related to family planning and reproductive rights. In the community, it was highlight that there is a tension between the Makonde and Kimuani communities that impact boys. The men are in great risk of mental health disorders post displacement. There is currently no access to safe space or specialized GBV PSS services, however some actions are being taken to respond to risks as a communitarian police is being established by the own community for the aim of improving security in the site. With the findings of this Safety Audit, UNHCR and CUAMM aims to engage the community, raise awareness, and demonstrate the huge need of specialized GBV case management provision.

The tables below summarize the main perceptions of the community related to GBV prevention, risk mitigation and response in the site, as well as the findings of the observation site Safety Walk.

District	Montepuez			
Site/Location	Nicuapa			
Date	11 August 2021			
Agencies/organizations conducting the Safety Audit	UNHCR - Doctors with Africa CUAMM			
Focus Group Discussion # of	Women	Men	Boys	Girls
participants	13	14	12	11
Age Breakdown	(12) 18 – 59 (1) +60	18 – 59 +60	12 – 17	12 - 17
Disabilities	none	none	1	none
Districts of Origin	Mocimboa da Praia, Quissanga, Muedumbe and Palma			
Safety Walk Participation (indicate gender)	4 women, 3 girls			

Safety Walk Findings

Area	Findings	
General Structure (lighting, night lighting, overcrowding, privacy at household level)	 The main pathways have solar light poles; however, they are not betwee the houses. During the walk, girls and men confirmed that the poles a functional during the night, however they are not sufficient. Most shelters do not have doors or locks (many use <i>capulana</i> material doors), nor fences, girls do not feel safe inside the shelters. Shelters seemed to be organized by plots. Inside the shelters there is division in the space. 	
WASH (water points, latrines, showers)	 2 water pumps inside the site were identified during the walk by the girls. No lines were seen during the walk, and essentially women and girls were the ones seeing collecting water. Communal latrines are not separated and identified by gender. The latrines do not have locks either doors. Men commented that they use the latrines; nevertheless, women and girls were hesitant in reply the question. Not all households have access to private household latrines. The tarpaulins that convers the latrines have large holes creating almost an open latrine without privacy. No facilities dedicated to bathing were identified but some households had facilities which sometimes lack privacy (doors). 	
Facilities (schools, learning spaces, health, markets)	One Primary School is located on the site; girls complained about the infrastructure reporting that the classes are not well maintained. Boys and girls go to the school on a rotation system established due to COVID-19. The classes are separated in groups, one group attend the classes on Monday, Wednesday, and Friday, and the other on Tuesday, Thursday and Saturday. On the other hand, there is no Secondary School in the site. The closet Secondary School is located in Montepuez sede (around 11 km distant from the site) by the main road, only one girl of the group attended. The community were constructing the structures of three classrooms; however, they are not finished due to the lack of resources. It was mentioned by men during the walk that there are 9 cemented shelters that were built for People with Disabilities, and elderly persons; nevertheless, they are not aware about the criteria that was used to choose the inhabitants. The finished houses were still empty, and without use at the time of the audit. A health tent is available for the population during the week. During the safe walk, some participants highlighted that the tent is not accessible to the most vulnerable as they are small, and the movements inside are limited. The medical center is being finalized (final phase of construction) and is located in a safe and accessible place for the inhabitants of Nicuapa A, in a central area of the site. When there is an emergency, men reported that a focal point from the community leadership structure calls MSF to request an ambulance. People also reported that to go to the hospital in Montepuez sede there is a cost of 100 MZN for consultation/treatment. Market is in the main road and is composed by small houses (barracas). Girls are afraid to pass this location when it is getting dark.	
Movements Outside the Site	Girls are afraid to go to an area on the other side of the site (an area that is after crossing the main road), close to the mountains, as they highlighted that in this specific place, girls and women are kidnapped. This area is also known by communitarian leaders that highlighted that it is a place to be aware considering the high rate of criminals that are there.	
Presence of Security and Other Armed Actors Barriers or Checkpoints	No visible presence of military, nor police forces in the site. From Montepuez sede to the site there is a police/transit police control point on the road.	

Focus Group Discussions (FGDs) Findings

Area	Findings		
GBV and Safety Risks	Adolescent girls are the group most at risk of GBV, they are extremely afraid of being kidnapped, trafficked, and suffering sexual and physical violence as they repeatedly reported that there is a group of men in the bushes that take girls. Girls explained that they are constantly followed by men when they are collecting wood. Men also reported this risk and felt that the violations are committed by men from the host community. In addition, girls fear early marriage, as they can see young girls married (from around 12 years old). A girl explained that "marring is losing the right to be a child." Women are also concerned with the risk of early marriage. Women said they are less worried about their safety as they restrict their movement and do not go out at night. Girls are not allowed to do out at night due to risks of sexual violence, however they still go when the mothers are sleeping which causes deep concern for their mothers. "we cannot sleep at night as we are worried about the safety of our girls." [mother, women's FGD Nicuapa]. Girls face sexual assault and harassment also during the day when doing their tasks, men touch them, and girls generally do not consider this to be a form of violence. Note that when solid lockable door were references as an option to prevent assault in the home women saw these as a way of locking girls inside the home to reduce sexual violence in the community risks. Men imposed some rules in the community prohibiting any alcohol drinking after 4pm and restricting the girls from leaving the house after dark, contrary to the perception of boys that confirmed that they can go out even during the night. Women worry that girls are in risk of early pregnancy as girls have no family planning. Quoting a woman "we do not know how to talk with our daughters about family planning." [mother, women's FGD Nicuapa]. Boys and men are not aware of the different types of violence that girls and women can suffer, few of them were able to provide specific examples of GBV risks in the communit		

Access to Services (Legal and Access to Justice, Health and Mental Health, Safety and Security, Others)

- Women expressed that there are women health staff in the health tent located in the site; nevertheless, this service does not have conditions to receive survivors, thus they need to wait for an ambulance to go to the district hospital and the health tent [MSF] can support with this referral.
- Women reported that there are suicidal risks in the community caused by depression as families are not able to provide the minimum living conditions for their children. Men felt that due to the incapacity of assist the family, that they are at risk of dying due to stress, reinforcing the concern of suicide risks in the community.
- In spite of being the most at risk, girls do not know where to seek support in case of experience GBV or any other Protection concern. When they have something to discuss about their concerns of violence, they think that they can report to the community leader, however they are not generally aware that girls do this in practice. Their grandmothers advise them that they need to 'behave' in order to reduce risks. For the girls, the community does not speak about GBV, and they should as this would improve the situation and provide better support.
- Regarding to early marriage, girls mentioned that they feel powerless taking into account that girls are obliged to marry, and they need to obey their parents' decisions.
- Women highlighted that if GBV occurs the survivor would need to go to the police. Survivors need a document from the police (as a proof that there was a GBV incident) to receive other types of assistance such as health services, however the police office is located only in the district capital around 11 km far from the site.
- Girls and women are not comfortable with men with guns, including police officers and thus prefer not to have police presence.
- Women in the site do not go automatically to the community leaders to report concerns, they are not referenced as an entry point to get support.
- G Women mentioned that access to services for People with Disabilities is challenging, and they would need assistive devices.
- Women reported that there is a problem with the access to food. They expressed that the responsible for food distribution lists are the community leader, single women households are often not included as women are responsible for farming and if they are in the fields when the lists are being made, they are not included.
- Women heard that they would not receive food assistance anymore and they are afraid that this will increase contributing factors of GBV (especially IPV) in the site.
- Before displacement, girls used to get involved in activities, such as in school, reading, watching movies, and playing. Since displacement, those enrolled in Secondary School cannot attend anymore as there is no Secondary School on the site only a Primary School. In addition, girls are now more prone to work farming in the fields. Women reported they lost their income activities, and the only plots for farming are two hours walk from the site.
- Before the displacement, most of the men were fishermen. Since displacement, men reported that they lost the ability to provide food for the family, and their families and feel they are losing respect. Quoting "we only sit and wait for food assistance."

Community Structures

- As social activities, in the site, girls and women see each other in the houses.
- Women and girls consider that at the household level, "the men are the ones making decisions as this is a cultural norm since their childhood, and it is the men that are the providers." On the other hand, boys attested that, either mothers or fathers could make household level decisions.
- In the community, girls and women mentioned that decisions are made by the community leaders. Girls do not know exactly who the leaders are; boys understand that there is some structure of leadership in the community, however, they were not able to specify. Men believe that they can raise their concerns with the leaders. Women do not share the same perception.
- It is inferred by the conversations and the attitudes of the women that there are tensions between Makonde and Kimuani communities as some women mentioned

		that they only trust leaders of their own ethnicity, and others explained that the leaders do not get along, and this dynamic causes violence between boys of the different groups. It is essential to mention that all community leaders are originally from the same region, Mocimboa da Praia, while there are other communities that ae originally from other districts and they do not feel represented by the communitarian leadership. Women expressed that there are community police composed of men that can receive reports of GBV. When a report is made, the community police will search for the perpetrator. However, men explained that the community police is not yet fully operational.
Accountability with Affected Population (AAP)	<u>121</u>	Girls and women do not know where to make complaints, or which channel they could use to talk with different organizations operating in the site.

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 with the aim that they can work together to develop an action plan for reduce GBV risks and improve response on the site.

Area	Recommendations	Responsible
Protection/GBV	Engage with the community, in particular women and girls, to improve awareness and safe access to the UNHCR-CUAMM GBV case management and MHPSS services provided on the site for GBV survivors. Increase access to safe spaces. Engage with all humanitarian actors and community groups, including Midwives on the site to build their capacity on GBV and to make survivor centered referrals	All Protection actors on the site, led by UNHCR-CUAMM
	GBV engagement sessions with women and girls on GBV including early marriage, IPV, and sexual exploitation. This should include sessions with parents and caregivers on how to support positively girl's safety and discuss sensitive issues such as sexual and reproductive health (services would need to be mapped first)	UNHCR-CUAMM and other GBV AoR and CP AoR partners
	Facilitate safe spaces for women and girls on the site with access to quality GBV case management, PSS support and as a safe entry point to access other services through mapping site-based and district level GBV services.	UNHCR, CUAMM and other GBV actors
	Map and then link women to the network of activists (community volunteers) on the site and establish dialogue sessions among them to reinforce peer to peer groups. In addition, reinforce the referrals among the activists and groups on the site through engaging with informal community structures, especially networks of women and midwives.	Protection Cluster, UNHCR-CUAMM
	Involve community leaders in discussions to enhance the community cohesion especially in relation to different ethnic groups, with the inclusion of women, and girls. Conduct training for community leaders on core Protection topics including GBV and survivor centered access to GBV services/referral pathways	Protection Cluster with GBV actors' support.
	Engage the community police to assess their role and develop a training and engagement plan which should include GBV modules	Protection Cluster
	Link the community police groups to PRM and discuss community trauma/fear with PRM to support access	

	Address the capacity building of boys and men on GBV issues and conflict management through learning session tailored for them and enhancing the positive role model approach.	UNHCR-CUAMM
WASH	Considering that girls and women are responsible for collecting water, and they demonstrated fear to do this activity, involve girls and women in WASH committees and create safety planning.	WASH Cluster
	Increase the lamp posts on the pathways that girls and women use to collect water, and also flashlights and lights in areas where people socialize.	
CCCM/Shelter	Establish a safe area for high risks cases who require urgent safety support, including at night.	CCCM and Shelter Clusters
	Establish women's committees in the site and establish/promote accessible complaints and feedback mechanisms for women and girls	
Health	Sensitize the health authorities on the site, and in Montepuez district capital about the entry points for GBV survivors, in addition, involve the community leaders on the sensitization regarding access to GBV health services.	Health Cluster, UNFPA
Livelihoods	Girls and women are willing to engage in activities to improve their livelihoods as they were doing before the displacement, to allow them more economic autonomy. Identify safe livelihoods options and engage in existing/new programs.	FSL Cluster, FAO

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