



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

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Key Message

GBV is a grave concern in urban displacement settings of Cabo Delgado such as the vulnerable neighbourhoods of Pemba. In spite of the significant GBV risks in urban displacement settings there is a grave lack of access to basic services for survivors. In particular healthcare, compressive case management, safety support (including safe shelter and women and girls' safe spaces), and access to justice. Increased resourcing is urgently needed for quality GBV services in urban displacement locations in Cabo Delgado.

The report presents the main findings of the GBV Safety Audit conducted in the neighbourhood of Josina Machel, 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.

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.

Josina Machel is a neighbourhood situated in the city of Pemba. According to official available data, the neighbourhood is hosting a population of 44,089 inhabitants, which includes 23,672 internally displaced inhabitants. Thus, the IDP population is larger than the host community, and women and children represent the majority of IDPs.

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 site, capture the main aspects risks 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.

Findings

Key findings from the Safety Audit in Josina Machel indicate that displaced women and girls are at highest risk of GBV in the neighbourhood. They are highly exposed to sexual violence, sexual harassment, and abuse - including by security forces and staff in schools - and intimate partner violence (IPV). Displaced women and girls in Pemba might also have experienced abduction and sexual exploitation by NSAGs before displacement and whilst fleeing attacks. Early marriage is also GBV risk; also, some girls, particularly displaced girls, are involved in the sale of sex, which is a major sexual exploitation concern and can expose them to risks of other forms for GBV also. People selling sex have been identified as a group at highest risk of GBV, particularly physical and economic violence by clients. Women and girls with disabilities are also a group at risk of GBV.

GBV services are still limited in the neighbourhood and GBV survivors face various barriers in accessing them. Limited presence of health services may prevent GBV survivors from seeking medical care, especially if GBV incidents occur at night. Limited knowledge of services availability, particularly among displaced women and girls, lack of confidence in the capacity of police to achieve survivor-centred outcomes in cases, legal fees and fear of stigma and discrimination may also deter GBV survivors from accessing justice. Community stigma and discrimination is a deterrent to seek support, particularly in case of sexual violence against girls. Survivors are often not able to access GBV services directly but must go through community leadership structures, they face lack of confidentiality of their situation as information is often shared within the community.

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 Josina Machel 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.

District	Pemba			
Site/Location	Josina Machel Neighbourhood			
Date	14,17 and 21 of June 2022			
Agencies/organizations conducting the Safety Audit	UNHCR/CUAMM			
Focus Group Discussion # of participants	Women	Men	Adolescent Boys	Adolescent Girls
	19	25	7	7
Age Breakdown	(14) 19 - 59	(17) 19 – 59 (2) 60+	(7) 14 – 18	(7) 14 – 18
Districts of Origin	Pemba (host community), Mocimboa da Praia, Macomia, Muidumbe, Meluco, Ancuabe, Nantule, Quissanga (IDPs)			

Safety-Walk Findings

Sector	Findings
General Structure (lighting, night lighting, overcrowding, privacy at household level)	<p> Lighting information All participants mentioned that limited public lighting is a great concern in the neighbourhood, particularly at night. Households generally have access to lighting at home.</p>
	<p> Shelter information Women community actors mentioned that many IDPs are living within hosting families. Households were already overcrowded before the arrival of newly displaced people from Ancuabe, which has put pressure on already difficult living conditions. IDPs, including women, often have to sleep outside in the courtyard, which is considered as unsafe. They also reported that some women may not know anyone in the city, so they have to rent houses; house rentals might be very high (up to 5,000 MZT/78 USD per month). In some situations, women reported giving a portion of their humanitarian food assistance to pay for rent/stay with host families.</p>
WASH (water points, latrines, showers)	<p> Water access Women community leaders mentioned that safe access to clean drinking water is a challenge in the neighbourhood; water pumps exist in some blocks, but they often run out of water. Some other families might have access to water only through buying it. Some families in the neighbourhood have water wells; the owners may sell water, e.g., 10 l of water might cost around 5 MZT; not all displaced women have financial means to buy it.</p>
	<p> Public latrine information No public latrines are available in the neighbourhood. Most houses have their own latrines and IDPs use them. However, there is often only one latrine for each house and therefore no privacy is ensured (e.g., lack solid doors/locks).</p>
Facilities (schools, learning spaces, health, markets) and Access to Land	<p> Schools (primary and secondary) Children might attend the following primary and secondary schools: Arco Iris, Marcelino dos Santos, SOS Aldeia das Crianças, Colegio Liceal. Local schools require displaced students to hand over the previous school certificate or any other documents to register. If they are not able to hand it over, local school officers reportedly may ask for a bribe to ensure displaced students' access to schools. Moreover, many displaced boys and girls mentioned that they do not have means to pay for school materials, photocopies, etc. Consequently, many displaced girls and boys still do not have access to education.</p> <p>Men community leaders mentioned that displaced girls often abandon school due to lack of resources and engage in small businesses (e.g., selling of street food). Boys</p>

	<p>mentioned that they often work as ‘<i>estivas/informal workers</i>’ instead of going to school: they help traders to carry goods in exchange of 20-50 MTZ/30-80 cents USD, others might be asked by their family members to help with small jobs; boys mentioned that they are happy to gain some financial autonomy, but they also reported that they are deprived of their right to education. Moreover, they might be exposed to harsh physical conditions of child labour or other risks, such as entering criminal gangs, selling drugs, etc.</p> <p>🏠 Distribution points info Most distributions happen within the neighbourhood committee, which includes few women, next to the Mobilia luran, the SOS Aldeia and behind Shoprite. Committee leaders and police might be present during distributions; NGOs staff might also be present.</p> <p>🏥 Health Services No health centre is available in the neighbourhood. The closest health centres are the E. Mondlane health centre and the Arco Iris health centre (between 30 minutes and one hour walking); no traditional birth attendants are available in the neighbourhood.</p> <p>🛒 Markets There is access to small local markets within the neighbourhood, so that women and girls do not necessarily need to walk long distances to have access to basic items, they may have to walk further to larger markets if they need specific items.</p> <p>🌱 Livelihoods Very few women have access to ‘<i>machambas</i>/small vegetable fields’. Host community women might have access to their own crops in Miezi, Nancaramo, Mpiri, Metuge which is roughly 45 minutes by public transport. Very few IDP women have <i>machambas</i> as one of the main livelihoods activities they practiced pre-displacement.</p>
<p>Movements Inside and Outside the Neighbourhood</p>	<p>⚠️ Risks on pathways and access points, curfews Informal curfews are in place in the neighbourhood; boys mentioned that they prefer not to walk around after 6pm because of limited public lighting and the related risks such as physical assault, sexual assault or rape. Men mentioned that displaced women and girls often prefer to stay at home in order not to meet police who might sexually harass them, especially if they do not have their identity card.</p>
<p>Presence of Security and Other Armed Actors Barriers or Checkpoints</p>	<p>👮 Presence of security, police or armed forces Women community leaders mentioned that police presence is very limited in the neighbourhood. Men also mentioned that community police are not present in the neighbourhood anymore and that the police often patrol the neighbourhood only between 4 – 7pm.</p>

Focus Group Discussions (FGDs) Findings

Area	Findings
<p>GBV and Safety Risks</p>	<p>🚩 GBV risks</p> <p>Women community leaders reported that sexual violence is a high GBV risk in the neighbourhood. The community shared that risks of rape of girls with multiple perpetrators had also been reported. Men also reported that women and girls are at highest risk of GBV, particularly physical and sexual assault, when they go to fetch water early in the morning and at night when they come home from school; it was reported that girls have been sexually assaulted on their way home from school.</p> <p>Girls reported that they feel most at risk of GBV at night, mainly due to the limited public lighting; those who study at night might ask their family members to come and pick them up.</p> <p>The limited presence of police, particularly at night-time, and the lack of community police is perceived as a GBV risk factor by male community actors. However, security forces might also be perceived as a GBV risk themselves: girls mentioned that they do not feel comfortable when they meet security forces in the street; they often ask girls information about their movements; they might even ask for their phone numbers and girls feel uncomfortable not to answer for fear of retaliation. Men reported that police may request displaced women and girls to show their ID; if they reply that they lost it during flight, the police might ask for money or for sex in exchange for letting them go.</p> <p>Girls and boys also mentioned that girls might be exposed to sexual harassment and abuse at school by teachers.</p> <p>Girls and boys mentioned also that many girls in the neighbourhood are involved in the sale of sex and are sexually exploited in order to access to certain goods (e.g., smartphones, better clothes, etc.). Boys reported that girls might be sexually exploited by older men; other girls, particularly displaced girls, may be involved in the sale of sex mainly as a means of obtaining essential goods due to their highly vulnerable living conditions. Both men and boys reported that women and girls involved in the sale of sex might be exposed to different forms of GBV; men mentioned that women and girls involved in the sale of sex who are beaten by clients may seek help from a neighbourhood representative.</p> <p>Women community members reported that some displaced women and girls arrived in Pemba may have suffered abductions and sexual violence by NSAGs before displacement and whilst fleeing attacks. The survivors usually did not seek or receive any services on the route or when they arrived in Pemba. In some cases, women and girls who experience sexual violence perpetrated by NSAG then face further risks of sexual exploitation when displaced; the community reported that girls who were abducted and sexually abused by NSAGs and then manage to escape and come to Pemba are forced to engage in sex work and experience sexual exploitation to be able to survive as basic needs are not being met. Also, there are risks of GBV perpetrated by security actors, often against girls, including situations of physical violence towards girls by security guards and sexual harassment of girls by armed actors in the community in Pemba. The actors may include police and military actors.</p> <p>Intimate partner violence (IPV) is also a GBV risk in the neighbourhood, particularly reported by host community women. Most women are economically dependent on their husbands, which can increase IPV risks significantly. Marital rape, a form of IPV, is also occurring according to the reports of men who told of men beating and insulting their wives if they tried to resist having sex. (<i>It is me who brings food at home, you do not bring anything at home, you depend on me</i> - men focus group discussion participants shared examples of psychological IPV towards women). The men in the FGD identified this situation as marital rape but they felt that many</p>

men in the community still consider it a man’s ‘right’ to have sex with his wife. Thus it is important to also ensure awareness of women and girls as well as men and boys.

Women and girls with disability are also highly exposed to GBV. Men reported that adolescent girls with learning disabilities are at risk of sexual assault by adult men at their homes during the day, while their family members/caregivers are out. Such cases are referred to the community leaders and the police; however, they often do not receive police response and the families/caregivers do not accompany survivors to the hospital.

Child marriage may also be a GBV risk but needs more in-depth assessment. Boys mentioned situations where girls of 15 years old are forced by their parents to marry an older man.

 **Legal**

Women reported that GBV survivors might go to community tribunals to seek justice; however, a 250 MZT/4 USD fee might be requested and not all women can afford it - although men community actors highlighted displaced women are exempted from paying it. In general, GBV cases, particularly sexual violence, are rarely reported to community tribunals; most reported cases are of extra-marital relations, insults and defamation. An officer working at the community tribunal mentioned that it has been a long time since they received any cases of girl GBV survivors; he said that this is not due to the fact that cases are not happening, but because girls are reluctant to seek help with the community tribunals. Girls confirmed that they would never seek support from community tribunals in case of GBV; women and girls might prefer not to report to community tribunals because of fear of shame and stigma.

Some cases might be reported to the police when they cannot be ‘solved’ within the families or by community leaders; however, the lack of an immediate response discourages community members and survivors in seeking help with police. Women mentioned that GBV survivors often do not report incidents to police because they do not trust them. Moreover, GBV survivors often do not know the name of their perpetrator and police often tell them that they cannot report the incident without providing the full name of the perpetrator. Girls lack access to police support and in some instances were turned away when they reported sexual harassment cases.

 **Health**

No health centre is available within the neighbourhood. The closest health centres are the E. Mondlane health centre and the Arco Iris health centre (between 30 minutes and one hour walking); girls reported that not all girls have financial means to pay for transport to get to the health centres, so they have to walk to the health centre and it is a long distance; moreover, it might be risky to walk to the health centre especially at night. No traditional birth attendants are available in the neighbourhood. Men confirmed that limited access to health services is a barrier for survivors accessing support; moreover, pregnant women, including displaced women, might be asked for a ‘refresco/bribe’ at the health centres to access appropriate treatment.

 **Food Security**

Men community leaders reported that not all displaced women are able to get access to distributions, particularly those who do not hold any documentation (identity document, voter card, or a temporary ID (*‘espera bilhete’*); IDPs who do not own any ID might receive some leftovers. They complained that the limited access to legal documentation services for displaced people in the city is consequently limiting also IDPs access to humanitarian distributions. Some displaced women were included in the distribution lists; however, they might be asked about how long they have been displaced and if they reply for more than one year, they might be removed from the list by the community leaders. IDPs who have access to food distributions are often forced to hand over the donations to hosting families. As a consequence, displaced women often sell their food donations in order to access an income to be able to open a small business and be less dependent on food donations and hosting families.

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

<p>Community Structures and Cultural Perceptions</p>	<p>❁ Community Structures and Response</p> <p>Women mentioned that they would report GBV incidents to their families or the oldest family members; if no solutions were found, they would therefore go to other entities, such as community leaders and the neighbourhood committees who would be the ones to report cases to other institutions (e.g., police). In case of sexual violence men mentioned GBV survivors might go to the neighbourhood representatives; however, they felt that this does not happen often. Survivors are referred to government services through community leaders, usually first to the police then to health services, including in sexual violence incidents. However, girls reported that they would never report GBV cases, particular sexual violence, to community leaders. Moreover, GBV survivors might be asked 50 MZT/70 cents USD by neighbourhood institutions to ‘solve’ GBV issues and if a solution is effectively found they might be asked to pay 200 MZT/3 USD more. This is a barrier for accessing support for GBV survivors; survivors are not able to access GBV services directly, they face corruption in accessing them, and lack of confidentiality of their situation as information is shared within the community.</p> <p>Cases of IPV are often ‘solved’ internally within the families; a main deterrent of reporting to police in cases of IPV is the financial dependence of women on their partners who are usually the perpetrators thus women depend on the perpetrators of GBV to access services. In case of undesired pregnancy of GBV survivors, families might require perpetrators to pay a compensation; including in cases of girl survivors where families may ask preparators to pay an amount otherwise they will report them to police.</p> <p>Women and girls reported that if violence has been committed it might be difficult to report to the police, especially if they do not know the identity of the perpetrator. Women already tried to report cases to the police, but they have often been told to desist because they were not able to provide full perpetrator’s identity details to the police. Women and girls engaged in sex work might find it difficult to report if they suffer from violence because of shame, self-stigma (they think that nobody will help them) and lack of information on where to seek support.</p>
	<p>❁ Cultural Perceptions</p> <p>Women community leaders reported that displaced women are exposed to discrimination by hosting families. Host community members might say that <i>‘if displaced people could flee, this means that they had financial means to do it’</i> or that <i>‘not all IDPs are poor’</i>. Many people in the community think that it is strange that more women with children - who could face more challenges in fleeing with their children - are arriving instead of men; they think that their husbands belong to NSAGs and stayed back in the areas of origin, while women have been sent to other districts to be safe and act as ‘spies’. Discrimination and distrust towards displaced people are also mentioned as a major concern by men community members; they say that host community women and girls might not feel safe since displaced people often do not introduce themselves to community leaders, which can increase distrust. On the other hand, displaced women might not feel safe because they do not know the neighbourhood, the unsafe places and the available services.</p> <p>Displaced women are also depicted by host community women and girls as potential ‘mistresses’, since host community men might start relations with displaced women, and this can exacerbate discrimination between host community and displaced women. Discrimination towards displaced girls included the perception that they often ‘provoke’ men with their clothing (‘short skirts’), that they often engage in sexual relationships with police or military, and that girls are often involved in the sale of sex because they like to have ‘an easy life’ (‘uma vida facil’).</p> <p>Displaced women might also be exposed to discrimination with regards to access to economic opportunities; women community leaders reported cases of displaced women working as street vendors who were expelled from certain neighbourhood areas by other host community women already working in those locations.</p>

Accountability with Affected Population (AAP)	<p> Complaints and feedback mechanisms</p> <p>None of the participants mentioned knowing any community feedback mechanisms, including Linha Verde. Some mentioned they may raise issues to the community structures (leaders), in particular girls did not reference entry points or where they might complain.</p>
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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 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 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 <i>Gabinete de atendimento a mulheres e crianças vitimas de violencia</i> . Engage with community actors who have been identified as the main entry points for GBV cases such as community woman leaders, traditional midwives (<i>'matronas'</i>) 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 neighbourhood 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 neighbourhood 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
	Link with already existing women community leadership and women's' groups in the neighbourhood 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 programmes in the urban context to address child labour, child abuse (including child sexual abuse), and access to education.	Child Protection AoR
Health	<p>Ensure health and volunteer staff working at the different GBV entry points within health centres (maternity, <i>SAAJ-Serviços Amigos dos Adolescentes e Jovens</i>, <i>UATs –Unidades de Aconselhamento e Testagem</i>) are trained to be able to provide survivor-centred care and safe referrals.</p> <p>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 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.</p> <p>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.</p> <p>Ensure data on GBV cases are collected in confidential manner and safely stored and MISAU case intake forms are available.</p>	Health Cluster, GBV AoR
WASH	Seek ways of increasing safe access to water at household and neighbourhood level, monitor protection risks for women and girls in the sale of water.	WASH Cluster actors
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	Food Security and Livelihoods Cluster partners present

	<p>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.</p> <p>Assess issue of requiring identification documents to register for food assistance as the most vulnerable households often do not have documentation.</p>	
Education	<p>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.</p> <p>Promote awareness raising activities and reporting mechanisms in schools to prevent sexual exploitation and abuse and corruption by educators and school staff.</p> <p>Include rechargeable lamps in school kits to increase the safety of students, particularly girls, who attend school courses at night</p>	Education Cluster partners present
Livelihoods	<p>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.</p>	Food Security and Livelihoods Cluster partners present Cluster, Humanitarian actors supporting livelihood
All Clusters	<p>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</p>	All humanitarian actors