



**GENDER-BASED  
VIOLENCE (GBV)  
INCIDENTS  
TRENDS  
ANALYSIS**

**Cabo Delgado Province  
Northern Mozambique  
January – June 2022**



## Gender-Based Violence (GBV) Incidents Trends Analysis Cabo Delgado, Mozambique | January – June 2022

### Introduction

Widespread violence and armed conflict in Cabo Delgado have displaced over 869,000 people since October 2017, and the number of internally displaced persons (IDPs) continues to grow. The security situation remains complex, with ongoing attacks by non-state armed groups (NSAG) displacing communities, as well as returnee populations in certain territories due to military interventions ousting NSAGs from areas previously under their control. IDPs reside in both urban host community locations as well as in IDP sites. In this complex protection environment risks of multiple forms of GBV have been identified by UNHCR GBV assessments (UNHCR, LSHTM 'The gender-based violence (GBV) situation and response in Cabo Delgado, Mozambique: A rapid assessment,' 2021) and 10 GBV Safety Audits across IDP locations in Cabo Delgado. Women and girls are the most at risk. IDP sites and host community locations lack safety conditions and basic assistance, leaving women and girls exposed to ongoing risks of GBV.

UNHCR, with partners Doctors with Africa - CUAMM and Helpcode, are currently providing mobile GBV-MHPSS services in 10 locations, including IDP sites and urban neighbourhoods, across five districts of Cabo Delgado (Chiure, Metuge, Montepuez, Mueda and Pemba). The GBV services, provided to survivors in safe spaces, include case management, psychosocial support, legal counselling, information provision, and referral to other critical services (e.g., health, security, and humanitarian assistance).

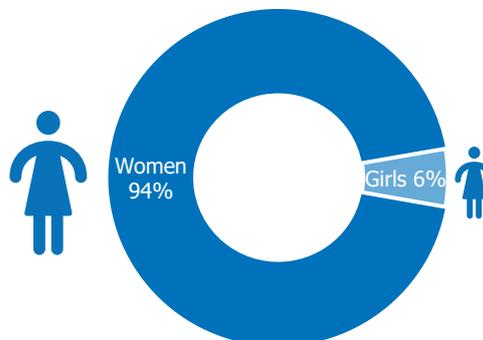
Through GBV case management, an incident information management system is being implemented by UNHCR and partners which collects GBV incident data for trends analysis. The aim of sharing GBV trends analysis is to inform and improve GBV response and advocate for stronger protection of displaced women and girls, and other groups at risk of GBV such as persons with disabilities, child parents, and elderly persons at risk. The GBV information management system adheres to UNHCR and inter-agency standards of safe, and ethical GBV data collection and management. The system upholds a survivor-centred approach ensuring confidentiality of data. Equally, in accordance with this approach, all data belongs to the survivor, and as such, de-identified GBV data can only be shared with the informed consent of the survivor and if safety can be ensured. UNHCR and partners do not actively seek to identify GBV survivors for data collection purposes and all survivors whose disclosed incidents are reflected below receive holistic care from UNHCR and partners GBV services.

The GBV incident data collected was based on survivors supported by UNHCR partners' CUAMM and Helpcode's GBV services in Cabo Delgado (Chiure, Metuge, Montepuez, Mueda and Pemba districts) between January and June 2022. Due to the vast under-reporting of GBV, often related to stigma, fear of retaliation, and limited resourcing for GBV services, the data should not be interpreted as a representation of GBV prevalence.

## GBV Incident Trends Analysis

Displaced women and girls face significant risks of GBV. As with the previous reporting period, 100% of survivors seeking support from UNHCR and CUAMM were women and girls. Although UNHCR partners conduct awareness on access to services for men and boy, and there are GBV trained men staff available in UNHCR partners MHPSS services, men and boy survivors continue to face barriers to accessing support. Equally, LGBTIQ+ survivors may face heightened barriers and risks in accessing support, yet there is a lack of assessment of protection needs of LGBTIQ+ IDPs in the context, as well as safe and inclusive strategies to ensure their participation.

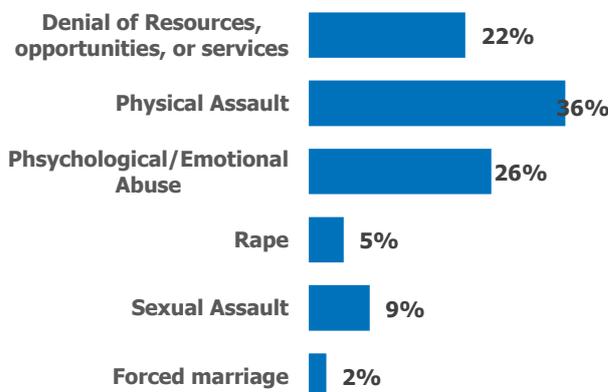
Fig. 1 - Survivors' Gender and Age



This period **97% of incidents were reported by IDP survivors**, indicating the significant risk of IDP women and girls to GBV. There was a slight increase in host community survivors in accessing GBV services, likely due to the start-up of UNHCR GBV partners CUAMM’s services in the urban setting of Pemba where both IDPs and host community reside, in June 2022; a trend that is likely to continue.

Despite **adolescent girls** being identified in UNHCR Safety Audits as a group at significant risk of GBV, the number of adolescent girl survivors seeking support is low and has reduced since the last reporting period as they now represent only 6% of GBV incidents. Assessment to better understand the specific barriers that adolescent girls face in accessing GBV services is urgently required and should be linked to girl-centred GBV service awareness raising.

Fig. 2 - GBV Incident Type



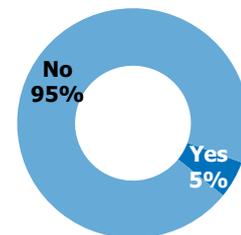
During the reporting period there has been an increase in survivors of **physical assault** seeking support, rising from 27% to 36% within six months. Most incidents of physical assault occur in an intimate partner violence setting, showing the significant risk of violence in IDP households. Incidents of physical assault outside of IPV included perpetration by armed actors. However, it could also reflect an increased access to services for survivors of physical assault. This could be due to increased trust in services and ongoing women led GBV community engagement in locations where services are provided.

The portion of incidents of **psychological/emotional abuse** reported has remained similar to the previous reporting period at 26% of incidents. As with physical assault most incidents of psychological/emotional abuse occur in a context of intimate partner violence. However, incidents also include verbal sexual harassment of women and girls, with perpetrators usually being other community members. Verbal harassment of women and girls creates fear and barriers to accessing basic needs (firewood, school, markets, etc.). Some verbal sexual harassment incidents also reflect gendered discrimination towards IDPs, perpetrated by the host community.

The high socioeconomic vulnerability of IDPs, in particular of women and girls given existing gender inequality, continues to exacerbate a myriad of GBV risks. **Denial of Resources, Opportunities or Services** (widely known as ‘economic violence’) represent 22% of incidents. This includes denial of access to humanitarian assistance by intimate partners, abandonment of women and their children by partners, and denial of women’s access to resourcing in polygamous relations; the risk is increasing given limited sustainable livelihoods access, as well as reduced humanitarian assistance compared to the start of the emergency in some locations. Forced marriage (including child marriage) is also often linked to lack of means to meet basic needs as a key push factor. Some 8% of incidents included **child marriage**. Yet, given the underreporting of adolescent girls outlined above, many girls at risk of/in child marriage lack access to support, including sexual and reproductive health services.

The portion of **Sexual Exploitation and Abuse (SEA)** incidents reported has drastically declined since the last reporting period from 12% to 5%. SEA classified in GBV incident trends data includes all perpetrator profiles, not only humanitarian workers, and is any GBV incident where money, goods, benefits and/or services are exchanged in the context of the reported incident. It includes exploitation of women selling sex, in some situations survivors are expected to be commit to sexual relations with a person for one month being paid less than one USD for the period, in order to feed their family.

**Fig. 3 - Sexual Exploitation and Abuse**



Low reporting indicates the need for stronger community engagement and safe access to support for sexual exploitation and abuse survivors. UNHCR partners provide GBV services to survivors of SEA perpetrated by humanitarian actors in line with the UN protocol on the provision of assistance to victims of sexual exploitation and abuse.

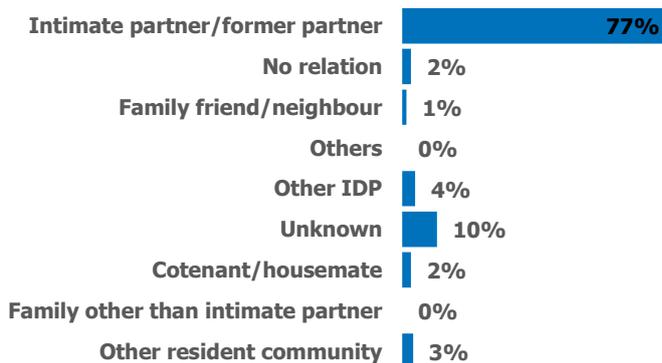
There are risks of **sexual violence** in the conflict-related displacement setting of Cabo Delgado. This period 14% of incidents were sexual violence (rape 5 % and sexual assault 9%). Also, 9% of GBV incidents were perpetrated by security actors including non-state armed groups (NSAGs) when villages were attacked, and women and girls were fleeing to attempt to seek safety. Cases include abduction of women and girls for sexual exploitation, abuse and forced marriage. Sexual violence continues to be underreported and has been identified as a risk in UNHCR GBV Safety Audits in Cabo Delgado, but community members shared that survivors often do not seek support. Further analysis of the barriers for sexual violence survivors in accessing support is required as well as stronger coordination between health, MHPSS, and case management services for comprehensive sexual violence referral pathways.

**Intimate partner violence (IPV)** continues to be a grave protection risk for displaced communities, with 77% of survivors reported GBV perpetrated by intimate partners. A related trend is when men in polygamous relationships abandon their women partners and stop financially supporting them/providing them their assistance; women therefore request support, and their partners react with physical (and often also psychological) violence.

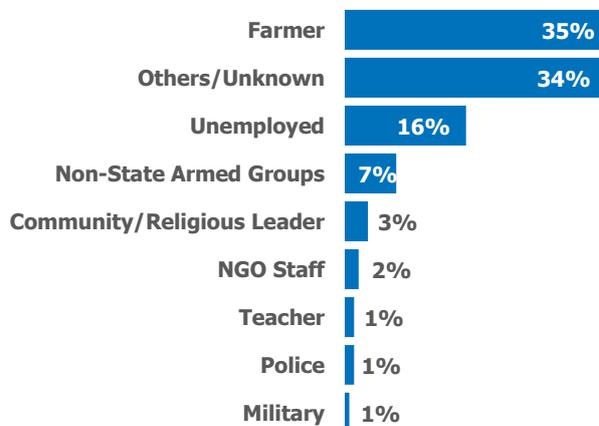
Regarding the 'other' (34%) occupation of perpetrators, this include fishing, drivers, carpenters, masons, among others. There is a slight increase in **unknown preparators of GBV** (10%), which usually relates to GBV perpetrated by persons unknown to the survivor in the public space indicating ongoing lack of safety for women and girls in IDP sites/locations. This tendency is reflected during this reporting period by an increase in **GBV incidents reported as having occurred after displacement** (77% to 87%).

This trend indicates that IDPs who are seeking safety are at ongoing risk of violence and IDP sites continue to pose a range of GBV risks. This period 10% of incidents occurred pre-displacement or whilst seeking safety, which could also indicate underreporting and lack of access to services for survivors of GBV during when fleeing. As there are ongoing violent attacks and displacement across Cabo Delgado, the locations and access to critical GBV services in locations receiving new arrivals of IDPs should be reinforced. Finally, 3% of cases occurred with no displacement as the survivors are from the host community.

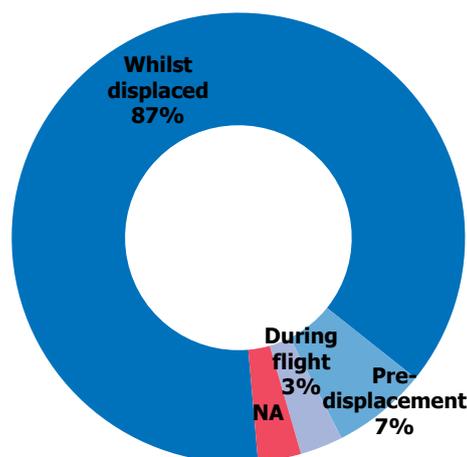
**Fig. 4 - Incident vs. Relation with Perpetrators**



**Fig. 5 - Occupation of Perpetrators**

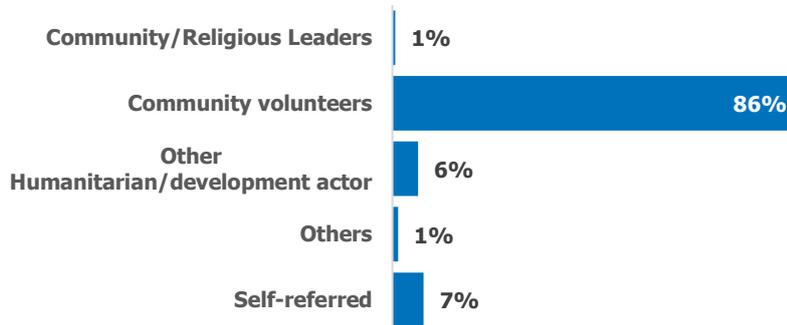


**Fig. 6 - Displacement Phase of GBV Incidents**



## GBV Services Access and Referral

**Fig. 7 - Entry Points for GBV Survivors to Case Management**



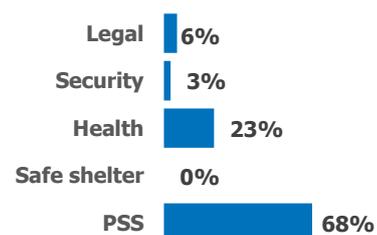
The main **entry point** to UNHCR partners’ GBV services remains the trained community volunteers (‘activistas’), with 86% of survivors accessing services due to their support. This indicates that community volunteers are a trusted entry point to access

services, especially when they are part of a programme providing directly GBV services. Otherwise there would be a risk that community volunteers may facilitate disclosure without being able to link survivors with support. Just 7% of survivors accessed services independently and 6% were **referred to the GBV services by other actors**. The latter is a significant decrease in relation to the last reporting period (formerly 23%) indicating the need for more GBV disclosure and referral capacity building for other humanitarian and development actors.

**Access to Psychosocial Support (PSS) remained high with 100% of survivors who seek support from UNHCR partner GBV services were provided with individual PSS.** This indicates the need for PSS services among survivors as well as service accessibility, as the UNHCR partner GBV services have integrated psychological counselling. UNHCR partner services also provide PSS support more broadly to the displaced community which can also be an entry point for GBV survivors to disclose and other support.

**Safe shelter remains a major gap, with 31% of survivors requiring Safe Shelter were not able to be referred** as GBV safe shelter services are not available in Cabo Delgado. Instead, UNHCR partners conduct safety planning with survivors, seek community-based safe temporary accommodation solutions such as identifying women in the community to host survivors whilst longer-term options are sought, and supporting the reunification of survivors with their family members in other locations. This period **34% of survivors received referrals to health services**. Also, 24% of survivors did not receive health referrals as they had already sought medical services prior to reporting to UNHCR partner services, thus a total of 58% of survivors received healthcare, and the remaining 42% did not require health care referral. This indicates robust health referral pathways and effective health referrals (provision of accompaniment, transport and medication related costs) by UNHCR partners. GBV case management can provide advocacy for survivors’ rights and coordinate with services to help to reduce barriers to access.

**Fig. 8 - Internal and external referrals for specialized GBV services**



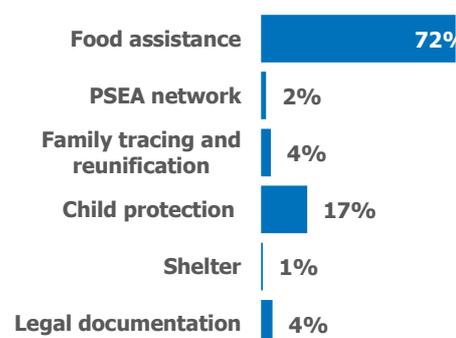
Access to **legal and security services** for GBV survivors remains low. This period **12% of survivors accessed legal support**, which is a slight increase compared to the previous reporting period (5%) as UNHCR and partners have improved GBV legal referral pathways to local women-led NGO's. UNHCR will launch a GBV legal support project with a local women-led organization in July 2022 to further reinforce access to justice options for displaced survivors in Cabo Delgado. Only **4% of survivors were referred to security services** (police), mainly as the survivors do not wish to report their cases (81%) which is often due to fear of stigma, potential retaliation and also police services could entail mediation between survivors and perpetrators which, without robust survivor-centred guidance and safeguards, may put survivors at increased risk of harm/retaliation. Many survivors are reluctant to seek help as they are financially dependent on their partners who are the perpetrators, and also for not having alternative shelter options for them and their children; limited security support could also be a barrier.

Owing to collaboration with other humanitarian actors, referrals to non GBV specialized services were also made. The highest non GBV specialized service referral is still food assistance, with **72% of GBV survivors received referral for food assistance**. This is the result of effective referral pathways developed between UNHCR/partners and WFP/partners. In particular, survivors of intimate partner violence were in need of inclusion in food assistance often related to denial of access to food and other resources as a form of GBV by intimate partners. This reporting period, only **1% of referrals were for Shelter support**. This indicates the need to reinforce Shelter Cluster referral pathways to ensure survivors have adequate shelter conditions to mitigate risks.

Equally, **17% of cases were referred to Child Protection actors**, usually when there was a child protection concern in the same household as the GBV incident. Referrals to child protection has increased likely due to enhanced coverage of IDP locations by child protection actors as well as ongoing child protection risks for vulnerable families living in IDP sites. Only 4% of survivors were referred to **legal documentation programmes** to assist in reducing risks and improving survivors' access to services more broadly. Finally, 4% of survivors were referred to **family tracing and reunification services** to seek to reconnect them with their protective networks.

Certain referral pathways for GBV survivors require urgent reinforcement. Livelihoods referral pathways for GBV survivors in IDP sites remains a significant gap. Socio-economic vulnerability is increasing the risks of GBV for IDP women and girls, including sexual exploitation, economic violence and child marriage, thus increased coordination between Livelihoods (including development programmes), and Protection actors in Cabo Delgado is critical to improve survivor inclusion. UNHCR and partners will pilot an integrated GBV services-livelihoods programme with a local women-led organization in the next semester.

**Fig. 9 - External referrals non GBV specialised for Reported GBV Incidents**



## Recommendations

Through the analysis of GBV incident data trends several ways in which response to GBV survivors' needs and GBV risk reduction could be improved have been identified:

- ✓ **Increased access to holistic survivor-centred GBV services:** resourcing is urgently required to scale up existing accessible and quality GBV services, in particular in hard-to-reach locations and districts in northern Cabo Delgado which are recently opening to increased humanitarian access due to changes in the security context. UNHCR and partners are able to rapidly scale up an integrated package of GBV case management, MHPSS, legal and livelihoods services.
- ✓ **Address concerning gaps in GBV referral pathways by enhancing coordination, coverage and capacity of services:** This includes reinforcing access to GBV specialized services such as legal support and medical care. In particular mandatory police reporting and other barriers in accessing health care should be assessed and addressed which this should be in conjunction with clinical management of rape capacity building and the provision of post-rape kits in central district hospitals as well as health clinics located closer to IDP sites. Referral pathways for non GBV specialized services also require strengthening. Survivors' referral to Shelter/NFI Cluster assistance requires reinforcement as well as to livelihood's actors, with increased resourcing for women and girl's economic empowerment focused programmes.
- ✓ **Implement tailored adolescent girls GBV prevention and response:** Conduct assessment to determine the specific barriers that adolescent girls face in accessing GBV services and link this to girl-centred, and to the greatest extent possible girl-led, community engagement for increased service awareness. Improving access to services for adolescent girls should be linked to the capacity building of GBV service provider in delivering survivor-centred support to girls.
- ✓ **Promote safe access to services for survivors of conflicted related sexual violence (CRSV):** Due to the identified risk of GBV perpetrated by armed actors in Cabo Delgado, it is critical that services providing support to CRSV survivors, including reintegration of women and girls who experienced abduction and sexual exploitation/abuse by non-state armed groups, are urgently scaled up. This requires increased GBV services presence in northern Cabo Delgado and locations which have experienced violent attacks recently. A strategy of civil-military engagement and capacity building on GBV and PSEA is required for improved access to services for survivors as well as risk reduction.
- ✓ **Reinforce the engagement of men and boys, and LGBTIQ persons:** Assess the barriers in men and boys' survivors in accessing support and seek to strengthen safe entry points for men and boy survivors to comprehensive services. The engagement of men and boys in GBV programmes should also target prevention by increasing gender norm transformative dialogues with men and boys, to seek to reduce risks of intimate partner violence in particular. Equally,

a safe and inclusive participatory assessment is required with displaced and host LGBTIQ+ communities to better understand GBV risks and response need, as well as wider protection needs, in the context. Capacity building on GBV risk reduction and response should be provided for GBV actors, in particular in capacity building activities for GBV services providers.

- ✓ **Enhance GBV mainstreaming across Clusters:** Mainstreaming GBV risk reduction should be enhanced, particularly in humanitarian programmes in IDP sites/urban locations and increased GBV survivors' (and more broadly women and girls) safe inclusion in core humanitarian assistance and services is crucial. Enhance capacity building for all Clusters on safe disclosure and referral for survivors to have increased access to support.



Hands of displaced woman in Cabo Delgado, Northern Mozambique. Credit: © UNHCR/ Martim Gray Pereira

# GENDER-BASED VIOLENCE (GBV) INCIDENTS TRENDS ANALYSIS

## CABO DELGADO PROVINCE NORTHERN MOZAMBIQUE JANUARY – JUNE 2022

January - July 2022



UNHCR Sub Office Pemba

Bairro Eduardo Mondlane- Wimbe, Caixa Postal nº 1198. Pemba - Mozambique  
<https://data.unhcr.org/en/country/moz>