Mix-Methods Analysis of Gender Based Violence Risks, Needs and Service Gaps

Cabo Delgado, Mozambique

2021

Austrian Development Agency

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Gender-Based Violence AoR
Global Protection Cluster

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Cover picture: A group picture of young girls who escaped conflict in Palma District and can now celebrate International Youth Day in Pemba district.
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Acronyms

AoR	Area of Responsibility
CCCM	Camp Management and Camp Coordination
CMR	Clinical Management of Rape
CVA	Cash and Voucher Assistance
CUAMM	Doctors with Africa
DTM	Data Tracking Matrix
FDC	Foundation for Community Development
FGD	Focus Groups Discussion
GBV	Gender Based Violence
GBVIMS	GBV Information Management System
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IOM	International Organization for Migration
IPV	Intimate Partner Violence
KII	Key Informant Interview
PiN	People in Need
MHPSS	Mental Health and Psychosocial Support
PSEA	Protection Against Sexual Exploitation and Abuse
PSS	Psychosocial Support
SEA	Sexual Exploitation and Abuse
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WGSS	Women and Girls Safe Spaces

Executive Summary

The Mozambique GBV AoR in collaboration with GBV AoR partners conducted a mix-method GBV qualitative analysis in Cabo Delgado province with the aim to fill existing data gaps. The analysis of this report drew on 32 partner safety audits FGDs, key informant interviews (KIIs), and protection monitoring and hotline user reports, covering IDP sites across eight districts of Cabo Delgado including Chiure, Ibo, Macomia, Marrupa, Metuge, Montepuez, Palma, and Quissanga.

GBV risks

The study found that women and girls in Cabo Delgado are exposed to increased Gender Based Violence (GBV) risks according to a wide range of multi-sectoral assessments, field monitoring reports and feedback from community engagement sessions[1] conducted throughout 2021. At the same time, a significant lack of Protection/GBV mechanisms (community watch groups, security systems) and services (case management, psychosocial support, health service referrals) was identified in large scale household surveys[2], focus group discussions (FGDs) and safety audit exercises conducted within the affected communities across all internally displaced persons (IDP) sites.[3]

At-risk groups and factors contributing to GBV

Safety audits conducted in Ancuabe, Chiure, Metuge and Montepuez by partners of the GBV Area of Responsibility (AoR) between August and September 2021 indicated that women, especially single female heads of households and pregnant women, adolescent girls and persons with disabilities are at highest risk of experiencing violence and exploitation during displacement due to conflict-induced challenges such as food insecurity, disruption in community protection systems and lack of livelihood opportunities. Adolescent girls are at particular risk due to inadequate shelter arrangements (which is a specific concern for large families), food insecurity and harmful traditional practices such as increased risks of child and early marriage.

Types of GBV

- **Physical and sexual violence**
  Women and girls highlighted that the prevalence of physical and sexual violence and harassment has intensified in their communities as a result of increased stress and economic constraints associated with displacement. Men and boys specifically indicated the prevalence of sexual violence against young girls.

- **Sexual exploitation and abuse**
  Incidences of sexual exploitation in exchange for money and humanitarian aid has been reported consistently across surveyed sites, as well as the abuse of single female-headed households by community leaders and the police. Female-headed households have also been reported to suffer from physical attacks by spouses of community leaders.

- **Intimate Partner Violence (IPV)**
  Women indicated that IPV is common and highlighted that rape is underreported due to the prevailing culture and fear of stigmatization. In some FGDs, women shared that as coping mechanisms for IPV, they would resort to fellow women in order to seek psychosocial and other assistance of which they have been deprived.

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[1] Conducted in Mueda, Ibo, Quissanga, and Palma by OCHA, UNHCR, IOM, UNFPA
[2] DTM MSLA, Sep/Oct 2021 & HNO severity ranking and PIN calculation exercise
[3] 13 FGDs done in multiple sites in 2021 by GBV sub-cluster partners in Mozambique

- **Child and early marriage**
  Across multiple locations, girls were reported as being at heightened risk of child and early marriage, which is increasingly used as a negative coping mechanism due to economic hardship. Displacement has exacerbated the lack of livelihoods and the practice of initiation rites, which exposes adolescent girls to increased risks of child and early marriage.

- **Psychological and emotional violence**
  All locations audited indicated the prevalence of psychological and emotional violence across genders as a result from increased food insecurity and maltreatment by authorities and family members, which intensified due the protracted nature of the humanitarian crisis. Women and girls noted the negative impacts of tensions at the household level, which often manifest in family quarrels, and in some instances to withdrawals from family and community engagements.

Sources of threats

- **Host communities**: Women and girls reported that they experience frequent discrimination and maltreatment by host communities. Women and girls do not feel safe in IDP sites, i.e. while accessing water points, and especially at night due to poor lighting, as they are often discriminated and harassed by members of the host communities.
- **Men's presence in communal spaces**: Women and girls reported feeling unsafe in public spaces such as markets and shops selling alcohol, as they feel threatened by men lurking around these spaces. Men's loss of livelihoods is perceived as a contributing factor to an increased GBV risk.
- **Alcohol abuse**: Women reported a high rate of alcohol abuse by men and mentioned that they feel increasingly insecure being around men when they are inebriated.

Sector-specific risks

- **Shelter**: In most areas assessed, women reported that most of the shelters have neither fences nor doors or locks. Instead, in many shelters, *capulana* material (fabric) is used as "doors". Girls reported that they do not feel safe inside shelters.

- **Camp Coordination and Camp Management (CCCM)**: Women and girls reported feeling extremely unsafe walking around at night due to the absence or the lack of lighting, which constitutes a problem across various sites.

- **Water, Sanitation and Hygiene (WASH)**: Latrines and bathrooms were reported to be crowded and too often exist in public areas only, which requires women and girls to walk far distances. In terms of access to water points, some women and girls mentioned that they have to walk long distances to reach the nearest water point, and that the routes to the water points are dangerous and not sufficiently lit.

- **Food Security and Livelihood**: Women highlighted that child and early marriage increased significantly because of displacement, as families increasingly use child and early marriage as a negative coping strategy to ease their economic burden.

Help-seeking behaviors and support systems

- **Community leaders (*chefe de aldeia*)**: In multiple sites, women reported that they trust community leaders as key points of contact to voice complaints and seek support from justice mechanisms.

- **Women's groups and informal support networks**: Women expressed that informal women's networks exist in IDP camps, through which support is provided to GBV survivors, i.e. helping them

in accessing health care. Women leaders in certain communities were also identified as key support channels for women.

- **Police and healthcare:** Healthcare services and protection through the police are essential support services for GBV survivors, however, as indicated below, there are certain barriers related to these service points which women and girls experience.

Barriers to accessing/utilizing services

- **Shortage of protection mechanisms and services**: Findings triangulated from different safety audit reports that were conducted in November 2021 for the development of the 2022 Humanitarian Needs Overview (HNO) indicated the lack of trusted protection mechanisms (e.g. community formed groups), negative attitudes and poor quality of existing security systems (e.g. police malpractices and exploitation) and chronic shortage/withdrawal of essential GBV service provisions (e.g. lack of Women and Girl Friendly Spaces, GBV case management services and functional referral pathways that ensure accessible and safe healthcare, including Clinical Management of Rape (CMR), and legal aid services) as major gaps that need to be filled in order to address GBV risks.

- **Police and healthcare:** Women highlighted that if GBV occurs and the survivors wish to access health services, they need to go to the police first, since they require an evidence document from the police in order to be able to receive the needed healthcare services. In addition to confidentiality issues, long distances to polices offices (which are often located only in the district capitals that are far away from IDP camps) and the extortion of money from police officers were mentioned as key challenges for survivors to access healthcare services in a timely and safe manner.

- **Cost of travel**: long distances to police offices, which are often located in district capitals pose a significant barrier for women's access to not only protection services but also to other services such as healthcare services given the mandatory reporting requirement.[4]

- **Community environment**: In terms of whether women and girls feel that they live in a supportive community environment or not, FGD participants reported that GBV survivors often decide to remain silent about their experiences due to fear of being judged and stigmatized, which would lead to even greater isolation. Women and girls also reported to experience discrimination in healthcare facilities, especially in those located in host communities. One FGD participant mentioned that "women and girls do not feel safe or comfortable to use them [the healthcare services located in host communities] because they feel shame and rejection from the host community, and that they would prefer to receive services at home."[5]

Women and girls' perceived needs

- **Food security and livelihood**: Across multiple sites, women expressed concerns about the potential increase in GBV (especially IPV) in cases of lack of sufficient food and loss of livelihoods. Similar concerns were expressed by men as well.

- **Security measures**: Women and girls across multiple sites highlighted the need for the establishment of community security posts formed by trusted community members. Women and girls both criticized the gap in the presence of operational police groups close to their areas of living.

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[4] Safety Audit report_Meculani_Chiure_Montepuez_Cabo (UNHCR) Aug 21, 2021
[5] Safety Audit report_Ngalane_Metuge_ (UNHCR) Jun 21, 2021

- **Dignity and hygiene products**: In Metuge and Montepuez, women and girls identified the need for increased support around women and girls' dignity and hygiene as a key area to enhance their sense of wellbeing and security.

- **Support groups**: Women and girls further identified the need for women's support groups. A woman FGD participant from Metuge emphasized: "we have the desire to create a group of women where we can deal with these matters without any fear. A place where we can live together and share our things. We have a huge desire to open *machambas* or a women's cooperative."[6]

Key Recommendations

Key recommendations to improve the GBV prevention and response in Cabo Delgado include the following:

1. Strengthen targeted **provision of quality protection mechanisms, safe spaces** (e.g. Women and Girls Safe Spaces (WGSS)) and **women's support groups** in all IDP sites to fill the widespread safety and security gaps reported in all locations.

2. Increase the coverage and sustain the continuation of **quality lifesaving GBV services and referrals** to address GBV risks identified through community consultations i.e. GBV case management, accessible and affordable referral mechanisms, and clinical care for sexual violence survivors.

3. Provide **community protection solutions such as community police** to address identified sources of threats for GBV reported by women and girls, including host community hostility and malpractices by the police, military and armed groups.

4. **Address sector-specific GBV risks** across Livelihood, Food Security, WASH, CCCM, Shelter, Health and Education sectors among others, especially risk factors associated with food insecurity and unsafe shelters.

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[6] FGD, Metuge, Agrario (IOM) Jun 21

Introduction

The Mozambique GBV AoR in collaboration with GBV AoR partners conducted a mix-method GBV qualitative analysis in Cabo Delgado province with the aim to fill data gaps in the absence of an existing GBV Information Management System (GBVIMS). The objective of the analysis was to identify key GBV risks, the types of GBV most prevalent in the communities assessed and recommendations to address GBV needs and gaps, as well as to provide an evidence base to support advocacy initiatives for a stronger GBV prevention and response in Cabo Delgado. The analysis drew on 32 partner safety audits FGDs, key informant interviews (KIIs), and protection monitoring and hotline user reports, covering IDP sites across eight districts of Cabo Delgado including Chiure, Ibo, Macomia, Marrupa, Metuge, Montepuez, Palma, and Quissanga.

The humanitarian context in Cabo Delgado remains fluid. Further and more in-depth analysis of GBV needs and risks as well as opportunities for an improved GBV prevention and response is required along with an upscale of the humanitarian GBV response.

Background

Humanitarian context and crisis background

Since 2019, Mozambique has experienced multiple climate and health emergencies, including the devastating cyclones Idai and Kenneth and endemic malaria and cholera. Ranked the ninth most risk-prone country worldwide for humanitarian crises and disasters (INFORM index), one major challenge for Mozambique is to develop resilience strategies that mitigate the impacts of climate change. The country's vulnerability is further compounded by four years of escalating violence in the Cabo Delgado province, where over 735,000 people, mainly women and children (52% of the displaced are women and girls)[7], remain displaced since the outbreak of violence in 2017. The displacements in the Cabo Delgado region have led to serious disruption of livelihoods, exacerbating pre-existing poverty and vulnerabilities, including leaving women further exposed to the risks of multiple forms of GBV such as sexual exploitation and abuse (including by people affiliated with humanitarian organizations), transactional sex and trafficking, spiraling rates of child and early marriage, intimate partner violence, as well as conflict-related sexual violence.

In the districts of displacement, the attacks by the non-state armed groups led to massive destruction of infrastructure, with the populations left behind remaining without access to basic services with sexual and reproductive health services having seriously been affected by the conflict. When assessing the most serious and frequent protection incidents which are reported, GBV is often mentioned and this is committed in both conflict-affected areas and so-called 'safe zones' where IDPs seek refuge. One common fear constantly raised by women is the fear of sexual violence at night due to the lack of lighting.

Although the situation in the North has become more stable since the outbreak of violence in 2017, it remains unpredictable, with new attacks by non-state armed groups in November 2021 in Niassa, one of Cabo Delgado's neighboring provinces, which had until then not experienced insurgent activity. This is interpreted as a signal that the insurgent activity by the non-state armed groups operating in Northern Mozambique is not over yet and could spread well beyond the borders of Cabo Delgado in 2022. Continued and multiple displacement of communities, existing gender rooted in patriarchal norms and religious beliefs, presence of both state and non-state armed personnel and the inadequate and limited availability of GBV services have all been identified as contributing to increase GBV risks for women, girls, men, and boys in Cabo Delgado.

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[7] Humanitarian Needs Overview (HNO) 2022

Current GBV service provision and response

In 2021, the Protection Cluster reached 531,000 people in 6 provinces, namely Cabo Delgado, Maputo, Sofala, Manica, Nampula and Niassa. Of these, the GBV sub-cluster identified 810,000 People in Need (PIN) in the 2021 HNO, with a target of reaching 255,000 through the 2021 Humanitarian Response Plan (HRP). By end of 2021, 231,500 had been reached, across 3 provinces: Cabo Delgadp, Nampula, Sofala, and 18 districts.

A number of GBV indicators were produced and the following achievements were accomplished: 195 humanitarian actors trained or sensitized on GBV, 4,981 children assessing case management services, 15 trainings conducted on GBV standards for GBV actors and service providers, 15,812 persons benefited from GBV activities and awareness activities and awareness raising sessions, 1,070 persons benefited from GBV services through WGSS and mobile brigades, 6 locations with multi-sectoral GBV referral pathways in place that meet global standards of care, 154,901 persons reached by GBV prevention and 108,444 persons accessing safe referrals and other essential services.
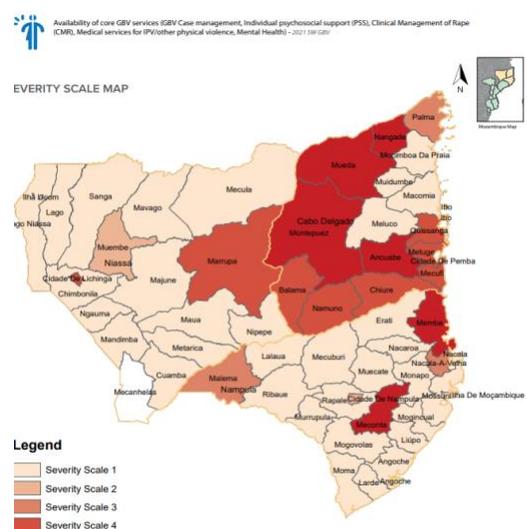

Figure 1: Severity scale map for GBV across IDP sites in Mozambique, based on proxy indicators for GBV using DTM data.

However, one of the major findings from severity ranking using Displacement Tracking Matrix (DTM) indicator on existence of safety related services indicates that the prolonged shortage of essential GBV services across most displacement sites constitutes a significant risk to women and girls in the affected community. DTM data shows that in most of the districts that have been covered, the severity is between 3 and 5 as shown. Regarding "# of GBV risk factors per location", only two districts out of 15 in which interviews were conducted had a severity ranking of 2, while the others had a severity ranking of 3 to 5. Regarding the "Availability of core GBV services (GBV Case management, Individual psychosocial support (PSS), CMR, medical services for IPV/other physical violence, mental health)", all the districts have severity of 4 to 5, which means the risk of GBV is very high in all the districts and the respective resettlements and reallocation centers. Hence, the humanitarian situation in Northern Mozambique calls for an upscale and transition from GBV projects to GBV programs in 2022 and beyond.

Objectives of Analysis

The mixed methods analysis on GBV in Cabo Delgado was conducted to:

- Identify GBV risks by understanding the perceptions, sources of threats and population groups most at risk in the humanitarian crisis in Cabo Delgado as identified by women, girls, men and boys in the areas of assessments
- Understand the various GBV types prevalent in communities, and key contributing factors
- Identify possible recommendations to address identified GBV needs and gaps
- Provide evidence base to support advocacy initiatives with donors, clusters and partners for stronger GBV prevention and response in Cabo Delgado

Geographic Coverage

The analysis drew on 32 partner safety FGDs, KIIs, and protection monitoring and hotline user reports, covering IDP sites across eight districts of Cabo Delgado including Chiure, Ibo, Macomia, Marrupa, Metuge, Montepuez, Palma, and Quissanga. GBV AoR members including Amodefa, CARE, CUAMM, FDC, IOM, Muleide, UNHCR, UNFPA and Wiwanana contributed to the analysis.
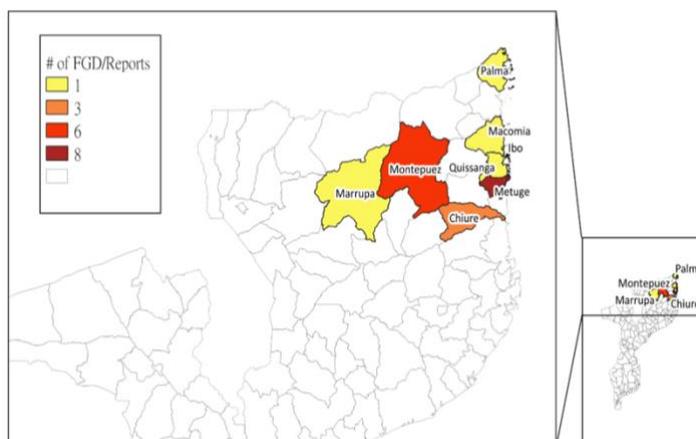

Figure 2: Geographical coverage of analysis

Methodology

Data from assessments, documents and reports (both quantitative and qualitative) was collected at community level and consolidated for the analysis. The following qualitative and quantitative data collection methods were used for the analysis:

- **Focus Group Discussions** – a qualitative data collection tool usually used in small group interview format, separated by age and gender, that allows to gain an in-depth understanding of women ang girls' fears, safety concerns, experiences, points of views, perspectives, shared and diverging beliefs, norms and knowledge, and to gain concrete information about issues at stake.

- **Safety walks** – an observational method which engages women and girls directly, enabling them to identify and articulate safety concerns and problems they face in certain geographical areas and in accessing services.

- **Frequency Analysis** – a statistical data analysis method that captures the number of occurrences of thematic content by categories across documents and reports assessed.

The table below provides an overview of the data collection sources that have been used for the analysis.

Data collection sources	Number of FGDs or reports	Districts covered	Methodology (qualitative/quantitative)	Remarks
Safety Audits - FGD transcripts	Total FGD= 13 *Women (3) Men (2) Girls (2) *Mixed (6)*	Metuge(6), Montepuez (1), Piloto (2), Meculane (2), Ngalane (2), Ntokota (2)	Qualitative transcript (FGD)	Sources: GBV AoR and IOM
Safety Audits/Walks - qualitative reports (IDP sites)	Total reports= 8 *FGD x 6 *safety walks x 8	Piloto, Meculane, Ngalane, Ntokota	Qualitative observations and interviews (safety walks, community mapping, FGDs)	Sources: IOM (2) and UNHCR (6)
Community Feedback Mechanism	2 x monthly reports	Chiure & another	Qualitative and quantitative	For triangulation of reported incidents
Protection Monitoring Reports	2 x monthly reports	Cabo Delgado	Quantitative	*No GBVIMS in place; Source: UNHCR
Field monitoring reports	1	Palma, Macomia, Ibo	Qualitative (Key Informant Interviews (KIIs), FGDs, observations)	*Representativeness addressed with triangulation Source: OCHA
Needs assessment	1	Quissanga		

reports				
5W response monitoring	1	Chiure, Ancuabe, Metuge, Montepuez, Ibo	Quantitative	
DTM MSLA (multi sectoral location assessment)	1	Cabo Delgado	Quantitative	Assessment from DTM (multi sectoral location assessment, September 2021)

Research questions

The analysis was based on the following set of research questions:

1. What are the GBV risks identified by women and girls?
    a. Risk perceptions
    b. Sources of threats
    c. At-risk population groups
    d. Locations with increased GBV risks
    e. Contributing factors to GBV risks
2. Which locations have higher severity of GBV concerns?
    a. Which are the locations with no/less service provision?
    b. Which locations have higher numbers of reported risk factors?
3. What are the types of violence reported by women and girls?
4. What are the perceived GBV needs identified by women and girls?
5. What are the coping mechanisms identified by women and girls?
6. What are the identified GBV support systems for women and girls who have experienced GBV in communities?
7. What services are available to support women and girls addressing GBV issues in communities?

Data Analysis Process

FGD transcripts from six major IDP sites and safety audit reports from four IDP sites were compiled for further qualitative thematic analysis using MAXQDA (a qualitative data analysis software). In the thematic analysis, a coding system was applied to capture reported thematic content by categories following the draft GBV AoR analytical framework, upon review of the GBV Information Management Officer (IMO) and the GBV AoR Coordinator. A GBV IMO coded relevant segments from the documents into respective thematic codes, and generated quote matrices by locations, gender and themes for further analysis. In addition, inter-document analysis was conducted to compare thematic findings across different types of materials, locations, genders and age groups and coding distribution across documents and frequencies of themes were also analyzed and put into graphs for content analysis.

The findings of the qualitative assessments were triangulated with multiple assessments including Protection monitoring reports, data from the *Linha Verde* hotline and DTM Multi-Sectoral Locations Assessment on risk factors (area-based) and data from community-based feedback mechanisms. The triangulation of safety audit findings with the 2022 HNO district-based severity rankings (drafted in November 2021) indicated that the lack of trusted community protection mechanisms (e.g. lack of community watch groups/police), attitudes and quality of existing security systems (e.g. existence of malpractices and exploitation by the police) and chronic shortage/withdrawal of essential GBV service provisions (e.g. lack of WGSS, GBV case management services and referral pathways, accessible health care services including CMR and legal aid assistance) constitute major gaps that need to be addressed in order to reduce, mitigate and respond to GBV risks reported by the affected population in situations of

volatile displacement.

In the end, an overall appraisal of findings and strength of evidence was conducted by the GBV AoR Coordinator and the Information Management team in generating key results and recommended actions. The table below provides an overview of the outcome of the quality appraisal of the safety audit FGDs disaggregated by location. As the analysis shows, the FGD reports from Ancuabe district were rated with "poor" and "average" ratings, in different criteria, for an average rating of poor. This is due to the limitations in the roll-out of the FGDs, selection of FGD participants and the sets of responses received while FGD reports from the other districts were rated between average and good quality. The rather low data quality of the Ancuabe FGDs were mitigated through the analysis of secondary data sources as well as the triangulation of data with other data sources. In addition, the thematic analysis of the report is based on graphs, which illustrate findings from the frequency analysis, as well as direct quotes from affected community members and does not intend to present data that is statistically representative of the whole country. Rather, it aims to provide a snapshot of the current key GBV needs, gaps, challenges and opportunities in Cabo Delgado from the perspective of women, girls and men supported by a frequency analysis.

Criteria	Location (total # of FGD conducted)				
	Metuge (8)	Ancuabe (3)	Montepuez (6)	Chiure (2)	Average rating
Depth of answers provided	5	3	3.5	4	3.8
Variance between answers	4	3	4	3	3.5
Accurate selection of respondents	5	3	5	4	4.2
FGD roll-out	5	2	5	2	3.5
Average rating	4.25	2.75	4.37	3.25	n/a

Rating: 1=very poor, 2=poor, 3=average, 4=good, 5=very good

Limitations

Although the analyzed qualitative sources (reports, FGDs and KIIs) covered all major sites of displacement in Mozambique with a timeframe ranging from January to December 2021, the compilation of these qualitative data applied no inclusion or exclusion criteria and took into consideration all materials submitted by partners in the GBV AoR. Due to time constraints, accessibility and operational presence discrepancies, certain geographic areas had more qualitative materials available than others. The study does not cover people displaced in urban setting or host community perspectives.

In addition, the thematic analysis generated coded themes based on the qualitative data compiled from the seven major displacement sites, using data from 29 different sources. The code generation followed the qualitative data saturation rule and was thus to represent the most commonly discussed and referred to concepts and information pieces raised by the community and experts who participated in the assessments. However, the representativeness of such findings remains of certain limitations, and they should not be generalized to represent all population groups and types of humanitarian situations and needs.

Main Findings

Thematic analysis

The following sections provide an overview of key findings of the assessment with a focus on key quotes and graphics illustrating the results.

Context and crisis background

In FGDs conducted, women, girls and men associated GBV risks with culturally entrenched values and practices such as polygamy, child marriage and initiation rites and attitudes towards GBV that existed in the community prior to the humanitarian crisis and which have further been exacerbated after displacement. Some key insights shared during FGDs in terms of different types of GBV include the following:

- **Polygamy***:* An internally displaced girl from Metuge mentioned that *"women are the most vulnerable at risk of violence due to the practice of polygamy."*

- **Harmful practices**
  - **Forced/Early marriage**: An internally displaced adolescent girl from Ntokota mentioned that "*parents are forcing them [the girls] to marry before 18 to maintain the honor of the family"* and an IDP man from Metuge corroborated: *"We usually let our daughters be married to older people due to poverty and the children end up being born earlier or having a baby before […] [they are ready for it]."*

  - **Cultural initiation rites**: A UNHCR safety audit report from Ngalane highlighted the following: *"The girls were afraid to discuss cultural initiation processes - where guidance is provided to girls to start looking for relationships with men to sustain the girls' needs or to sell sex which are risks of coercion into early marriage and sexual exploitation. Thus, in certain cases, initiation practices for girls may constitute harmful traditional practices, greater understanding is required and GBV actors need to be prepared to safely support these cases"*

- **Knowledge, Attitudes and Practices towards GBV**
  Key insights from FGD participants on the knowledge, attitudes and practices towards GBV include the following:

  "Girls expressed that survivors of GBV would rather do nothing because the community does not believe in survivors accounts. They call them 'prostitutes'."
  – UNHCR safety audit report, Chiure

  "Adolescent girls report that they are not aware of services where they can ask for support and do not talk to their parents or services providers about issues of GBV or about the prevention of unwanted pregnancies."
  – UNHCR safety audit report, Ntokota

Crisis impact and effects

The assessment identified food insecurity, loss of livelihood, uneven distribution of humanitarian assistance and shelter insecurity as key displacement-induced risks which can contribute to women and girls' increased risk of GBV. The following selected quotes from affected community members illustrate these risks.

- **Food insecurity**

    "All IDPs suffer from lack of sufficient and appropriate food."
    – UNHCR safety audit report, Chiure

- **Loss of livelihood**

    "We are living in a critical way, because we no longer go to the machamba, collect firewood or charcoal, we have several difficulties. We live like children now. We have to depend on everything, the situation here is very difficult"
    – IDP man from Metuge[8]

- **Uneven distribution of humanitarian assistance**

    "[…] with the lack of food and clothing […], even inside the center, they have brought things that do not reach our hands. There is discrimination and favouritism here, which saddens us greatly."
    – IDP woman from Metuge, Agrario center[9]

- **Lack of shelter safety**

    "[…] we cannot say that we are safe in this center. The shelters are dark at night and we cannot light candles or lamps, because this can cause a fire due to the type of material used for the construction of the shelters."
    – IDP woman from Metuge, Agrario center[10]

GBV risks

Risk perceptions

Women and girls in all the locations assessed expressed that they feel unsafe. Men in most of the safety audit FGDs and safety walks also expressed safety concerns. Participants of only one FGD in Metuge indicated that they feel safe and secure in the displacement site. The selected quotes below illustrate these findings.

    "There is no place here where we feel safe, neither during the day nor at night. Since we don't have a space to talk about our pains and concerns, let alone seek safety assistance, the days are very difficult."
    – IDP woman from Metuge, 25 de Junho center

    "We feel insecure everywhere, during the day as well as at night."
    – IDP man from Metuge, 25 de Junho center

Sources of threats

Discrimination and hostility from host community members was identified as a key source of threat for women and girls in IDP sites, followed by the lack of shelter safety and men's gathering in public including in places where women and girls must pass by or go to such as water points. Additional sources of threats

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[8] Safety audits FGD transcripts, Metuge, 25 De Junho center (IOM) Sep 2021
[9] Safety audits FGD transcripts, Metuge, Agrario center (IOM) Sep 2021
[10] Safety audits FGD transcripts, Metuge, Agrario center (IOM) Sep 2021

include malpractices by the police, theft/robbery, presence of military personnel, armed forces and law enforcement officers, humanitarian distributions and others as illustrated per the graph below.
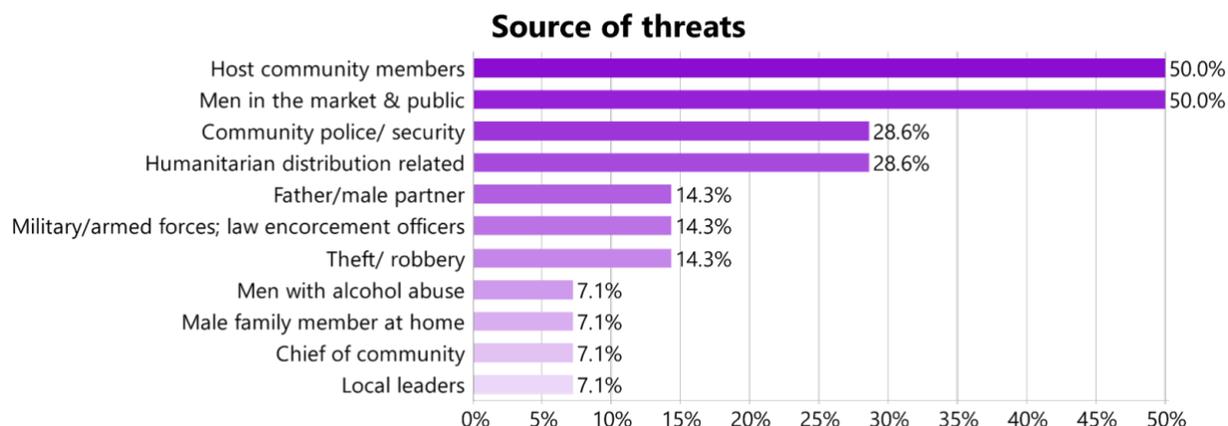
Source of threats

Source	%
Host community members	50.0%
Men in the market & public	50.0%
Community police/ security	28.6%
Humanitarian distribution related	28.6%
Father/male partner	14.3%
Military/armed forces; law encorcement officers	14.3%
Theft/ robbery	14.3%
Men with alcohol abuse	7.1%
Male family member at home	7.1%
Chief of community	7.1%
Local leaders	7.1%

Fig 3. Sources of threat reported by % of documents/FGDs analyzed

The selected quotes below illustrate some of these sources of threats.

• Host community members

"Women and girls do not feel safe in the site especially at night due to poor lighting and whilst accessing water points given discrimination they experience from local populations (i.e. not respecting queues at water points, throwing away buckets, and shouting they should go back to where they came from)"
– Protection/GBV Specialists, safety audit report, UNHCR[11]

• Unsafe shelters

"Most shelters do neither have doors or locks (many use capulana material as doors) nor fences. Girls do not feel safe inside the shelters."
– Protection/GBV Specialists, safety audit report, UNHCR[12]

• Police, military forces and law enforcement officers

"The main source of security threats for girls is the presence of police/authorities. They [the girls] also say they feel insecure that they still hear "rumors" of the existence of evildoers in the woods."
– Girl from Metuge, Agrario center[13]

"We are threatened by the police force, because when they see us, they demand ID cards and some don't have an ID card. Others have an ID card, but their nationality is Quissanga, which they don't like and hence, demand money from us, uttering insulting words."
– Woman from Metuge, 25 de Junho center[14]

• Men's presence in community spaces

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[11] Safety audits report, Meculani_Chiure_Montepuez (UNHCR) Aug 21
[12] Safety audits report, Nicupa_Montepuez (UNHCR) Aug 21
[13] Safety audit FGD, Metuge, Agrario center (IOM), Sep 21
[14] Safety audit FGD, Metuge, 25 de Junho center (IOM), Sep 21

"Girls reported feeling unsafe at one of the water fountains close to where site services are based as there are men gathering and risks of sexual violence was reported."
– Safety audit report, Ngalane[15]

"Girls and women reported that adolescent boys are very aggressive in the community. They explained that the boys were violent before the displacement, and that now [following displacement] they are more violent as they do not have any activities to occupy them."
– Safety audit report, Niguapa[16]

At-risk population groups

Adolescent girls were identified as the key vulnerable group (57.1%) followed by children (42.9%), women (42.9%), persons with disabilities (28.6%) and female heads of households (14.3%) as the below graphic and quotes illustrate.
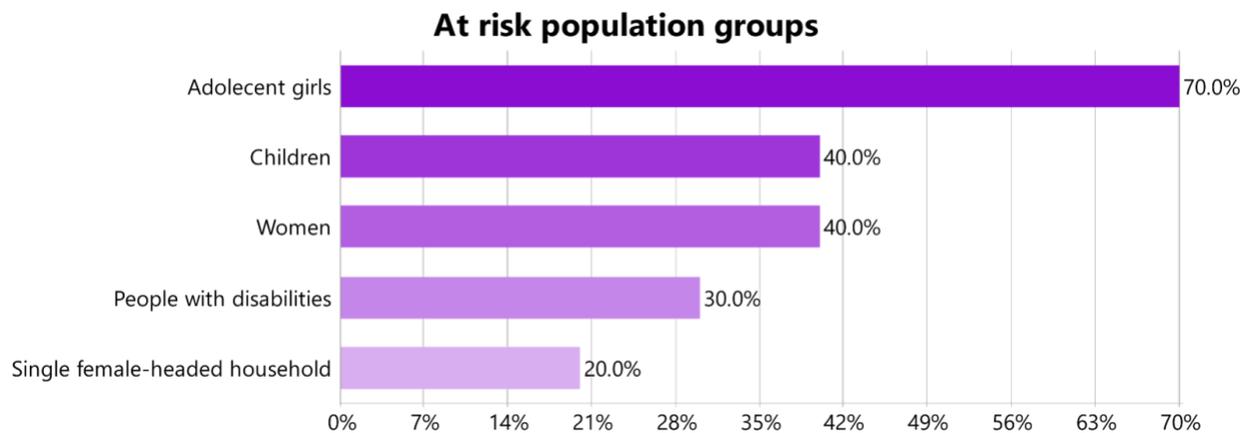

Fig 4. Vulnerable groups reported by % of documents/ FGDs analyzed

- Adolescent girls

    "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."
    – Safety audit report, Nicuapa, Montepuez, UNHCR[17]

    "Also, they [adolescent girls] might be pushed into marriages at an early age because they could be provided with items like clothes, nice blouses, etc."
    – Safety audit report, Meculani, Chiure, UNHCR[18]

- Children

    "Children, pregnant women and people living with disabilities are the most vulnerable of all."
    – IDP man from Metuge[19]

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[15] Safety audit report, Ngalae, Jun 2021, UNHCR
[16] Safety audit report, Niguapa, Jun 2021, UNHCR
[17] Safety audit report, Niguapa, Jun 2021, UNHCR
[18] Safety audit report, Chiure, Jun 2021, UNHCR
[19] Safety audit, Men's group, Meuge, Aug 21 (IOM)

- Women (including female heads of households)

  "Women identified that the most vulnerable group are women who are in need of food. They explained that they would "sell their bodies" to access food - especially to other IDPs who sexually exploit them. Single women head of families responsible for many children are also highly vulnerable and at risk of being 'taken advantage of'."
  – Safety audit report, Ngale, UNHCR[20]

- Persons with disabilities

  "Women with any type of disability and girls are at greater risk in all circumstances because they are very dependent, and this can expose them to rape and sexual abuse in exchange for some favor."
  – IDP woman in Metuge[21]

Locations with increased GBV risks

Latrines were identified as the location in IDP sites with the highest risks for GBV (66.7%) followed by long-distance roads and routes (33.3%), the lack of lighting in IDP sites (33.3%) and the lack of safety in shelters (33.3%) as illustrated by the graphic below. Although to a lesser extent, water points (16.7%), community spots where men tend to gather (16.7%), and forests (16.7%) were also identified as locations with increased GBV risks.
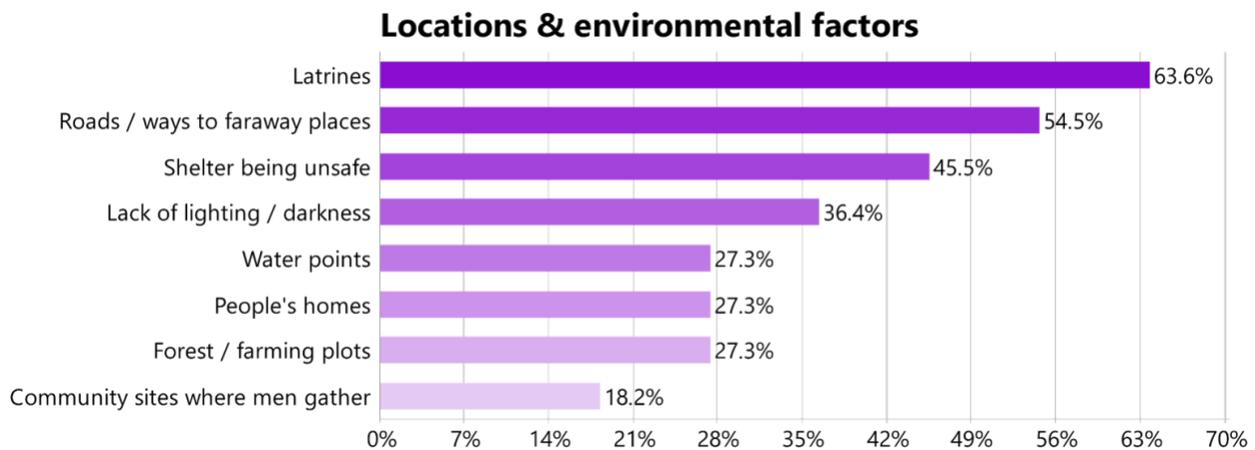
Locations & environmental factors

Location	%
Latrines	63.6%
Roads / ways to faraway places	54.5%
Shelter being unsafe	45.5%
Lack of lighting / darkness	36.4%
Water points	27.3%
People's homes	27.3%
Forest / farming plots	27.3%
Community sites where men gather	18.2%

Fig 5. Locations reported with increased risks by % of documents/FGDs analyzed

- **Latrines**: Many latrines do not have locks, lack quality material, and are perceived to be frail and unsafe for women and girls. In addition, communal latrines are not sex-segregated.
- **Lack of lighting**: The lack of lighting near communal latrines was reported as a particular concern by all groups.[22]
- **Water points**: Women reported feeling insecure when going to a water point located far from the IDP site. Girls also identified water points as a place where IDPs feel increased discrimination by the local population.[23]

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[20] Safety audit report, Ngalane, (UNHCR) Jun 21
[21] Safety audit FGD, Women's group, Metuge, 25 de Junho center (IOM)
[22] Safety audit FGD, Meculane, Chiure, Cabo Delgado (IOM) Jun 21
[23] Safety audit report, Meculane, Chiure, Cabo Delgado (UNHCR) Aug 21

- **Community sites where men gather**: Community sites where men tend to gather around water points or other locations that women and girls visit often were identified as unsafe locations. In a safety report from Ngalange, Metuge girls reported feeling particularly unsafe at one of the water fountains close to where site services are based due to men gathering there and reported risks of sexual violence.[24]

Contributing factors to GBV risks

Food security has by far been identified as the biggest contributing factor for women and girls' increased GBV risks (66.7%) as the chart below shows. To a lesser extent, poverty (16.7%), overcrowdings of shelters (16.7%), men's alcohol consumption (16.7%) and polygamy (16.7%) were also identified as contributing to increased GBV risks.
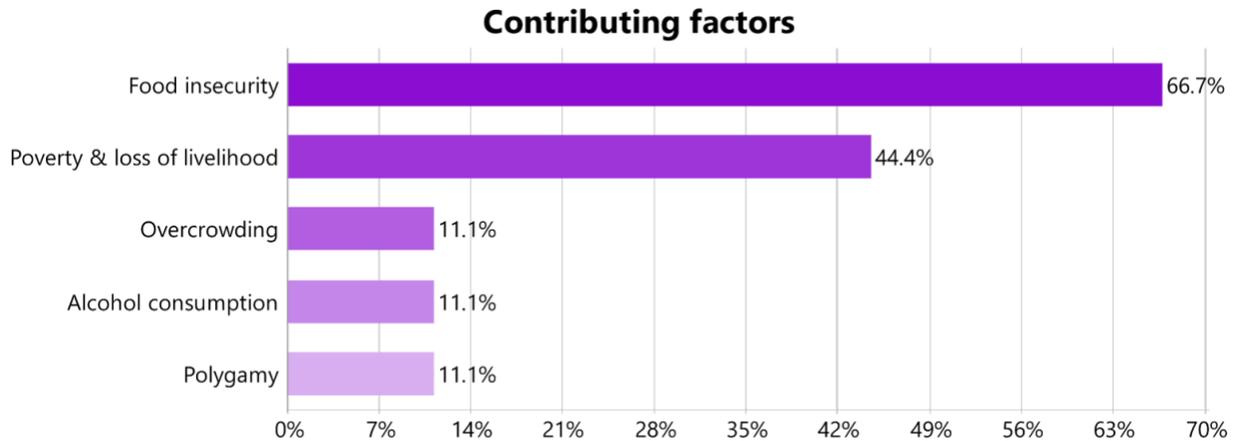
Contributing factors

Factor	Value
Food insecurity	66.7%
Poverty & loss of livelihood	44.4%
Overcrowding	11.1%
Alcohol consumption	11.1%
Polygamy	11.1%

Fig 6. Contributing factors for GBV reported by % of documents/ FGDs analyzed

The selected quotes below illustrate these findings:

- **Food security**

    "Insufficient food causes the risk of violence. There has been sexual violence for food exchange."
    – Displaced adolescent girl from Metuge

- **Poverty**

    "We usually let our daughters be married to older people due to poverty and the children end up being born earlier or having a baby before […] [they are ready for it]."
    – Displaced man from Metuge

- **Alcohol consumption**

    "Alcohol consumption is frequent, and women reported physical attacks when going to the market."
    – GBV Expert from Piloto, Montepuez

- **Overcrowding and lack of privacy**

    "We would like each one to have their own space because the spaces we live in are very crowded."
    – Displaced man from Agrario center, Metuge[25]

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[24] Safety audits report, Ngalane, Metuge (UNHCR) Jun 2021
[25] Safety audits FGD transcript, Men, Metuge, Agrario center (IOM), Aug 2021

Types of GBV

The prevalence of psychological/emotional violence was reported most often (66.7%) followed by sexual violence (50%), physical violence, including IPV (41.7%), denial of resources (33.3%), sexual exploitation and abuse (33.3), and transactional sex (33.3%). Sexual and physical harassment, forced/early marriage, rape and other types of violence have been reported as well to a lesser extent as illustrated by the chart below.[26]
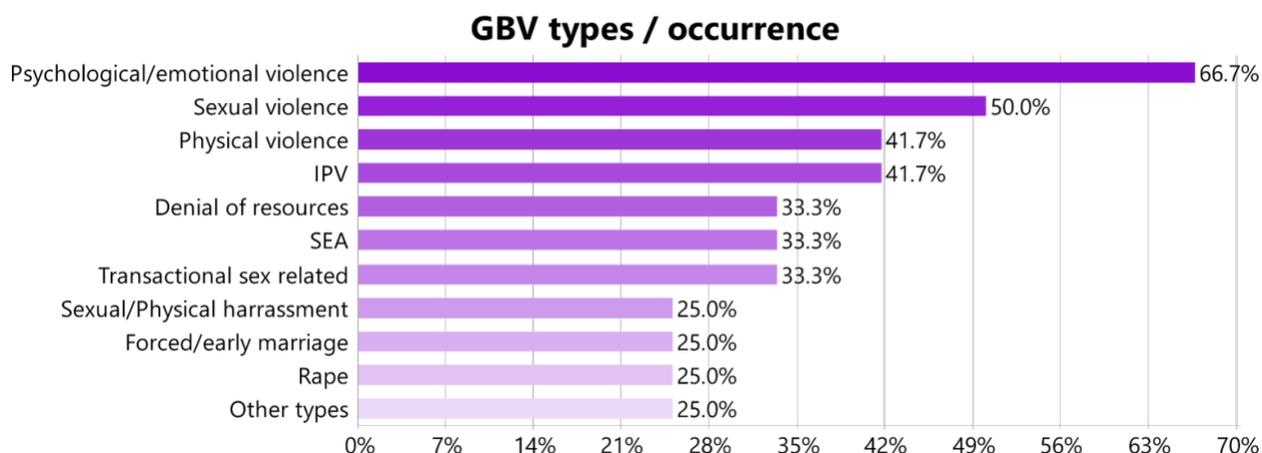
GBV types / occurrence

Type	%
Psychological/emotional violence	66.7%
Sexual violence	50.0%
Physical violence	41.7%
IPV	41.7%
Denial of resources	33.3%
SEA	33.3%
Transactional sex related	33.3%
Sexual/Physical harrassment	25.0%
Forced/early marriage	25.0%
Rape	25.0%
Other types	25.0%

Fig 7. Types of GBV reported by % of documents/ FGDs analyzed (SEA: Sexual Exploitation and Abuse; IPV: Intimate Partner Violence)

- **Psychological and emotional violence:** All locations audited have shown the prevalence of psychological and emotional violence, as a result from food insecurity, maltreatment from authorities as well as family members due to tensions intensified by the protracted humanitarian crisis. Women and girls noted the negative impacts of tensions at the household level, which often manifest in family quarrels, and in some instances to withdrawals from family and community engagements.

- **Physical and sexual violence**: Women and girls highlighted the prevalence of physical and sexual violence and harrassment in the communities they live in, which are intensified by increased stress and economic constrains caused by displacement. Men and boys specifically indicated the prevalence of sexual violence against young girls.

    "Two hours walking distance from where we [the girls] usually collect wood and construction materials, there is an area in the forest, where men are staying to cut trees. We feel unsafe collecting wood and construction materials, as there are risks of sexual violence when walking through the forest."
    – A group of displaced girls from Ntele, Montepuez[27]

- **Sexual exploitation and abuse**: Incidences of sexual exploitation in exchange for money and humanitarian aid as well as abuse of female-headed households by community leaders and the police were reported consistently across surveyed sites. Women in need of food assistance were identified as the population group most at risk. Women reported that they would "sell their bodies" to access food - especially to other IDPs who sexually exploit them.

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[26] This is a thematic analysis based on qualitative reports analyzed and does not intend to represent prevalence or incidence of GBV taking place in Mozambique
[27] Safety audit report, Ntele (UNHCR) Jun 2021

> *"Girls reported that a former community leader who was removed from his position was abusive and exploitative with them. Also, boys in their communities threaten them to sexually abuse them."*
> – Protection Specialist from Marrupa, Chiure[28]

- **IPV**: Women reported that IPV is common in their communities and highlighted that rape is underreported due to the prevailing culture and fear of stigmatization. Women were reported to particularly suffer from IPV when humanitarian assistance is not received or available. [29] In some FGDs, women mentioned that in response to experiences of IPV, women would resort to speaking to fellow women i.e. friends and female relatives in order to seek psychosocial support and other assistance which they are otherwise deprived of such as basic needs.

- **Child and early marriage**: Across multiple locations assessed, girls were reported to be at heightened risk of child and early marriage due to economic hardship. Displacement has exacerbated the lack of livelihoods and as a consequence, the practice of initiation rites, which exposes adolescent girls to increased risks of child and early marriage.

  > *"They [the girls] explain also that parents are forcing them to marry before 18 to maintain the honor of the family."*
  > – GBV Expert, Ntokota[30]

- **Denial of resources**

  > *"Domestic violence associated to denial of resources/exchange of resources is the most prevalent [type of GBV] in the community and our families."*
  > – Displaced girl from Metuge, Agrario Center[31]

- **Transactional sex**

  > *"Women identified that the most vulnerable group is women who are in need of food. They explained that they would "sell their bodies" to access food, especially to other IDPs who sexually exploit them. Single women head of families responsible of many children are also highly vulnerable and at risk of being 'taken advantage of'."*
  > – Protection specialist from Ngalane[32]

- **Sexual / Physical harrassment**

  > *"Women reported that men show them constantly their genitals and make threatening gestures."*
  > – Safety audit report, Ntele, Montepuez[33]

  > *"Psychological violence by local leaders is common. When, for example, a pregnant woman leaves at night for the hospital, she is intercepted in the middle of the road to provide satisfaction. When you go in the company of your husband, he is barred, even physically tortured, if he has a monetary value to pay for his night life, even though he knows he is on an urgent mission."*
  > – Displaced woman from Metuge, 25 de Junho center[34]

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[28] Safety audit report, Chiure (UNHCR) Jun 2021
[29] Safety audit report, Meculani, Montepuez (UNHCR) Aug 2021
[30] Safety audit report, Ntokota (UNHCR) Jun 2021
[31] Safety audits FGD transcript, Girls, Metuge,Agrario center (IOM) Aug 2021
[32] Safety audit report, Ngalane (UNHCR) Jun 2021
[33] Safety audit report, Ntele, Montepuez, (UNHCR) Aug 2021
[34] Safety audit FGD, Girls, Metuge, 25 de Junho center (IOM) Aug 2021

- **Rape**

> *"Girls reported an incident of rape of a minor by a male perpetrator who claimed being part of a Non-State Armed Group (NSAG)."*
>   – Protection Expert, Marrupa, Chiure[35]

GBV Reporting Environment

The analysis showed that women and girls who experience GBV do often not report the incident due to feelings of shame and fear of stigmatization and repercussions as well as fear of being discriminated against by members of the host community when accessing GBV services. This can leave GBV survivors' needs unaddressed and can have a negative impact on their mental health and their ability to cope. What appeared as common is the reporting of GBV incidents to community leaders or directly to the perpetrator's family. Community-based justice mechanisms, however, rarely seem to hold perpetrators accountable for their misconducts. The selected quotes below illustrate these findings:

- **Fear of stigmatization and repercussions:**

> *"They [survivors of GBV] don't feel comfortable reporting cases due to fear of reprisals."*[36]

In terms of the community's reaction to GBV survivors, participants in the FGD reported that *"survivors will not say what happened, because they fear of being judged by other women. Hence, they will more likely isolate themselves".*

- **Community-based justice:**

> *"Girls explained that when a GBV incident occurs, they can report to the family of the perpetrator that will provide financial compensation to the girl's parent."*[37]

> *"In case the perpetrator is known, the leader will call on them and impose sanctions like an amount of money."*[38]

> *"Nothing special happens, men are just forced to apologize, and the problem is closed."*[39]

- **Discrimination by host communities:**

> *"Medical services are available but women and girls do not feel safe or comfortable to use them because they feel shame and rejection from the host community, and that they would prefer to receive services at home."*[40]

Women and girls' risk aversion strategies, help-seeking behaviors, and support systems

Women and girls reported that they use different strategies to reduce or mitigate GBV risks such as traveling or walking in groups instead of alone, i.e. when fetching water or collecting firewood.[41] Women and girls also reported that they avoid strolling around in neighborhoods and walking around after dark.[42]

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[35] Safety audit report, Marrupa (UNHCR) Jun 2021
[36] FGD, Men, Metuge (IOM) Aug 2021
[37] FGD, Girls, Ntele, Montepuez
[38] Safety audit in Chiure, Meculani
[39] FGD, Women, Metuge, 25 de Junho
[40] Safety audit report, Ngalane, Metuge (UNHCR) Jun 21
[41] FGD, Women, Metuge, Agrario (IOM) Aug 21
[42] FGD, Women, Metuge, 21deJunho (IOM) Aug 21

In terms of help-seeking behaviors and support systems, women reported trust towards community leaders (*chefe de aldeia*), who they perceive as key persons to voice complaint and seek justice for women and girls. Women further mentioned that informal women's networks exist in IDP camps, through which support to GBV survivors is provided, i.e. helping them in accessing health care. Women leaders in certain communities were also identified as key support channels for women. Women further highlighted that if GBV occurs and the survivors wish to access health services, they need to go to the police first, since they require an evidence document from the police in order to be able to receive the needed healthcare services. Besides confidentiality issues, long distances to polices offices (which are often located only in the district capitals that are far away from IDP camps) and the extortion of money from police officers were mentioned as key challenges for survivors to access healthcare services in a timely and safe manner.

Perceived GBV needs

In terms of women and girls' perceived needs to reduce and mitigate existing GBV risks, improved security measures was reported as the highest need (40%), followed by improved infrastructure (20%), food security (20%), provision of hygiene products (20%), cash and voucher assistance (CVA) and livelihoods support (20%), and to a lesser degree the provision of underwear and clothing (10%), the establishment and/or strengthening of women's groups/cooperatives (10%) and health support (10%).
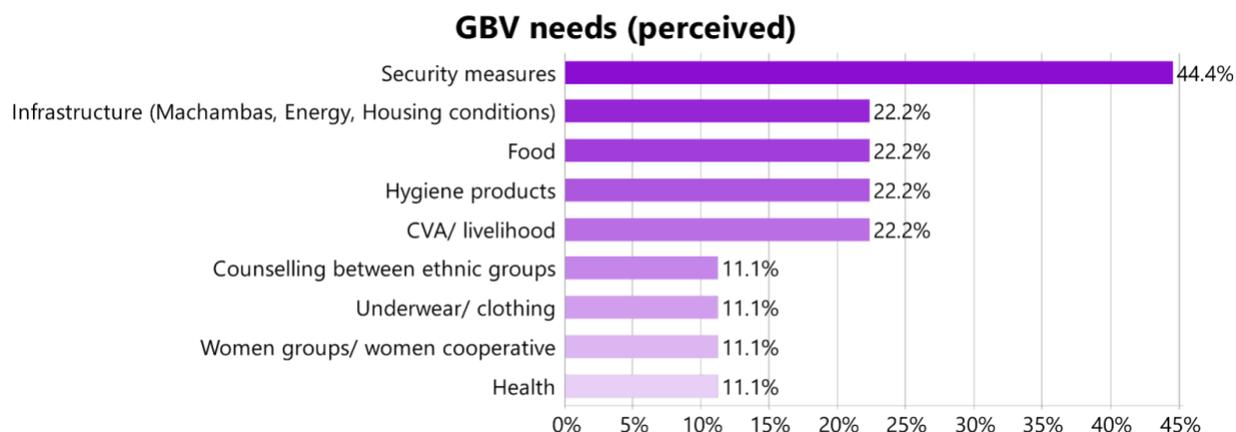

Fig 8. Categories of perceived needs reported by % of documents/ FGDs analyzed

- **Security measures**: Women across multiple sites highlighted the need for community security posts formed by trusted community members. Women and girls both felt the gap of operational police groups which are close to the sites where they live.

- **Infrastructure**: In addition to the need for improved lighting, women also reported the need for the establishment of more *machambas*; increased provision of energy; and to improve the overall conditions of the shelters.[43]

- **Support groups**: Women also reported the need for the creation of more support groups such as through *machambas* or women's cooperatives. In Metuge, a female FGD participant highlighted: *"We have the desire to create a group of women where we can deal with these matters without any fear. A place where we can live together and share our things. We have a huge desire to open machambas or a women's cooperative."*[44]

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[43] Safety audit report, Marrupa, Chiure, Cabo Delgado (UNHCR) Aug 21
[44] FGD, Metuge, Agrario (IOM) Jun 21

- **Dignity and hygiene products**: In Metuge and Montepuez, women and girls mentioned the need for increased dignity and hygiene support as a key area that could enhance their sense of wellbeing and dignity.

- **Food security and livelihood**: Across sites, women reported that they are afraid that they would no longer receive food assistance and that this would increase the risk of GBV (especially IPV) in the sites. The same concerns were expressed by men who participated in FGDs.

- **Mental Health and Psychosocial Support (MHPSS)**: Women and girls' MHPSS needs were further identified as an area that needs increased attention. A Protection Specialist from Montepuez highlighted: *"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."*[45]

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[45]Safety audits\partner report\SA report_Nicuapa_Montepuez_Cabo (UNHCR) Aug 21: 7: 518 - 7: 689 (0)

Recommendations

Based on the analysis of the findings, the following overall recommendations are made:

1. Strengthen targeted **provision of quality protection mechanisms, safe spaces** (i.e. WGSS) and **women's support groups** in all IDP sites to fill the widespread safety and security gaps reported in all locations.

2. Increase the coverage and sustain the continuation of **quality lifesaving GBV services and referrals** to address GBV risks identified through community consultations i.e. GBV case management, accessible and affordable referral mechanisms, and clinical care for sexual violence survivors.

3. Provide **community protection solutions such as community police** to address identified sources of threats for GBV reported by women and girls, including host community hostility and malpractices by the police, military and armed groups.

4. **Address sector-specific GBV risks** across Livelihood, Food Security, WASH, CCCM, Shelter, Health and Education sectors among others, especially risk factors associated with food insecurity and unsafe shelters.

In addition, the following recommendations are made for the different clusters/sectors:

Sector	Actions	By
Protection/GBV	• Strengthen provision of lifesaving GBV services in affected communities by ensuring that services are available and accessible onsite and that sufficient technical human resources are available to support the provision of services	GBV service providers: - Case Management Partners: CARE International, FHI360, CUAMM - MHPSS partners
	• Support community-based protection initiatives in displaced communities	
	• Provide capacity building for GBV AoR partners and government counterparts such as the police, military, judiciary and social services. Establish and implement a long-term GBV capacity strengthening plan for the humanitarian response in Cabo Delgado.	GBV AoR partners: UNFPA & UNHCR
	• Establish a GBV Information Management system to support service provision and advocacy	UNFPA
	• Establish, implement and support behavioral change interventions on GBV prevention and risk mitigation, i.e. awareness and actions to prevent GBV in both host and displaced communities	GBV AoR partners

	with special emphasis on male engagement approaches • Initiate and implement joint adolescent programing in displaced and host communities • Increase advocacy for civil documentation for women and men	GBV and Child Protection partners Protection Cluster/UNHCR
Livelihood Food Security	• Strengthen needs-based livelihood and skills building interventions for women and out-of-school adolescent girls as well as men and out-of-school adolescent boys • Identify mechanisms to address sexual exploitation and abuse (SEA) in food distributions	Livelihood partners Food Security together with PSEA (Protection against Sexual Exploitation and Abuse) Network and GBV AoR
WASH	• Support GBV mainstreaming in the implementation of WASH activities, i.e. ensure the installation of sufficient lighting around WASH facilities and engage women and girls in decision-making concerning WASH facilities such as the construction of water points	WASH Cluster partners together with GBV AoR
Health	• Strengthen the quality of services at health mobile brigades • Design strategies to increase the uptake of sexual reproductive health (SRH) services such as family planning	Health Cluster and SRH Working Group
CCCM	• Continue engagement with CCCM partners on community risk mapping for GBV in all displacement sites • Increase safe public spaces for women and girls, such as *machambas* that provide livelihood opportunities, safe gathering spaces, and community support group activities	CCCM Cluster
Shelter	• Support initiatives to increase the provision of solar lanterns for use in shelters and camp lighting • Reinforce gender-informed planning of shelter designs	Shelter cluster

Conclusion

The analysis showed that risks of GBV which women and girls are exposed to in Cabo Delgado are deeply rooted in gender inequalities including harmful cultural practices such as child and early marriage and initiation rites that have existed before the onset of the humanitarian crisis. Due to hardships associated with the protracted nature of the humanitarian crisis and displacements such as food insecurity, loss of livelihoods, poverty and overcrowding of shelters, these pre-existing GBV risks have been exacerbated. Women and girls are exposed to a multitude of GBV risks with psychological/emotional violence being reported as the most common form of GBV followed by sexual and physical violence including IPV, the denial of resources, sexual exploitation and abuse including transactional sex, sexual and physical harassment, child and early marriage and rape. Population groups with specific vulnerabilities such as adolescent girls, children, women and especially female heads of households and persons with disabilities are at particular risk of GBV.

Tribalism and discrimination from host community members constitute a key barrier for survivors' access to services, particularly health services, besides a more general lack of Protection/GBV services and were identified as the main source of threat to women and girls' safety. Lack of shelter safety and security, men's presence in communal spaces and places well-frequented by women, malpractices by the police, thefts, the presence of military/armed forces and law enforcement officers as well as the diversion of humanitarian aid were identified as additional sources of threat. In terms of locations with increased GBV risks, latrines were identified as the location in IDP sites with the highest risks for GBV followed by long-distance roads and routes and the lack of lighting in IDP sites and safety concerns related to women and girls' homes. The analysis further showed that GBV often remains underreported due to the survivors' fear of stigmatization and reprisals and that survivors often tend to resort to informal justice mechanisms, which however, rarely hold perpetrators accountable for their misconducts.

To reduce or mitigate GBV risks which women and girls are exposed to in IDP camps, they use different strategies such as traveling or walking in groups instead of alone and to avoid strolling around in neighborhoods and walking around after dark. In terms of help-seeking behaviors and support systems, the analysis showed that women seem to have trust towards community leaders (*chefe de aldeia*), who they perceive as key persons to voice complaint and seek justice to, although it seems that informal justice mechanisms rarely hold perpetrators accountable. Women leaders and informal women's networks that exist in IDP camps were further identified as important support systems for GBV survivors.

In terms of women and girls' perceived needs to reduce and mitigate existing GBV risks, the analysis identified improved security measures as the highest need, followed by improved infrastructure, food security, the provision of hygiene products, as well as CVA and livelihoods support and to a lesser degree, the provision of underwear and clothing, the establishment and/or strengthening of women's groups/cooperatives and health support. To address these existing GBV needs and gaps, the analysis recommended to strengthen the multi-sectoral GBV service provision with a focus on reinforcing GBV case management and referral mechanisms, the provision of clinical care for survivors of sexual violence, protection mechanisms including the support of community-based protection solutions such as community police and safe spaces as well as the establishment and promotion of women's support groups in IDP camps. There is further an urgent need to address sector-specific GBV risks with a specific need to address GBV risks associated with food insecurity and unsafe shelters.

Annex 1

FGD Questionnaire Template

Target audience: Community Leaders, Local Authorities, Service Providers

FGD information
Date:
Location:
Time and duration:

Assessment team information
Name of moderator:
Name of note-taker:
Name of translator:
* from_____ (language)
  to_____ (language)

Participant information

Population group: □ Host   □ Refugee □ IDP   □ Returnee □ Others _____

Gender: □ Male   □ Female □ Others

Age: □ 10-14 years □ 15-19 years □ 20-24 years □ 25-40 years □ Over 40 years

Any other information:

Note: This tool should be used during small group discussions with community leaders, religious leaders, Representative of Community Organization, Service Providers who have regular contact with children and women, including teachers, health workers, social workers, etc.

The team should ensure participants that all information shared within the discussion will remain confidential; if the note taker takes down notes, s/he will not have any information identifying or associating individuals with responses. Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion, considering the safety of respondents, ensuring that all participants agree that no information shared in the discussion will be divulged outside the group, and obtaining informed consent from participants. The group should be made of like members – in this case community leaders, religious leaders or men – should not include more than 10 to 12 participants, and should not last more than one to one-and-a-half hours.

1. If you do not feel it is safe to have this discussion, or that it may cause risk for staff or participants, do not proceed.
2. Before mobilizing women, meet with community leaders and/or local government to explain the purpose of the assessment visit – to better understand the health and safety concerns affecting women and girls after the crisis – and the presence of the assessment team in the community.
3. Where possible, link with a range of local women's leaders – formal and informal – during participant mobilization. Women leaders may be involved in one focus group, but should not be present in all groups to ensure that women feel free to speak openly.
4. Suggest targeting the following essential groups:
   a. Women (multiple FGDs; number will vary depending on population size)
   b. Adolescent girls (multiple FGDs; number will vary depending on population size)

       c.   Men (at least 1)
       d.   Adolescent boys (at least 1)
       e.   Other vulnerable groups (e.g. disabled persons, LGBTQI persons, etc)
       f.   Community leaders (at least 1, using another form: Annex 1a)
       g.   Religious leaders (at least 1, using another form: Annex 1a)

1. Ensure that staffs facilitating focus group discussions do not ask probing questions in an effort to identify the perpetrators of violence (i.e., one specific armed group).

ESSENTIAL STEPS & INFORMATION BEFORE STARTING THE FOCUS GROUP DISCUSSION

Introduce all facilitators, note takers & translators
Present the purpose of the discussion:
- General information about your organization
- Purpose of the focus group discussion is to understand concerns and needs for women and girls
- Explain what you will do with this information and make sure that you do not make false promises
- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share personal experiences if s/he does not wish
- If sharing examples or experiences, individual names should not be shared
- Be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion
- Agree on confidentiality:
- Keep all discussion confidential
- Do not share details of the discussion later, whether with people who are present or not
- If someone asks, explain that you were speaking about the health concerns of women and girls
- Ask permission to take notes:
  - o No one's identity will be mentioned
  - o The purpose of the notes is to ensure that the information collected is precise

--- Example opening---

QUESTIONS

Note: There are in total 28 questions, the ones marked with * are essential and minimum (17 questions).
The parts marked with (optional) can be skipped depending on relevance and time.
You may wish to add other context-relevant questions.

SECURITY OF WOMEN & GIRLS

We would like to ask you a few questions about the security of women and girls after the crisis:

(1) Overall security

1. *Are women & girls safe? Do girls and women in this camp/community worry about their safety and security? (And how does this compare to before the crisis/displacement?)
2. *Are there specific types of safety concerns in this community for women, girls and boys during the day and the night?

3. *What are the main types / sources of security threats for community members - for women, girls, men, boys, disabled people? OR What/who is making women, girls, men, boys, disabled people feel unsafe?
4. *Are there any specific factors that can increase the risk of violence? Do you observe this is your community?
5. *In this community is there a place where women and girls feel unsafe or try to avoid?
6. When do people feel unsafe (Day? Night?)
7. How do women and girls' express their worries? Through what cannel/mechanism?
8. Are there places where women and girls can go to voice concerns/ seek security assistance?
   Note: Moderators can try to probe for emotional, physical, mental, and spiritual conditions or expressions.
   (- Specialised law enforcement agency - National armed forces - Community security groups/ neighborhood watches - Rebels - Community Leader - Health Worker - Religious leader - Teacher - Group Leader of IDPs - IDP family - household - Other (specify))
8. How do women and girls cope with their worries? (Response can include positive or negative coping strategies.)

(2) GBV (gender based violence)

Note: Before asking the section below, explain the definition and types of GBV, so that the participants/interviewees have the same understanding of the terms. GBV types: Rape, Sexual assault, Forced marriage, Physical assault, Psychological/emotional abuse; Denial of resource, opportunities, services and other types of GBV, if relevant.

1. *Describe what kinds of violence women and girls faced during the emergency (i.e., population movement, cattle raid, etc.). Which ones do you think are increasing? And Why?
2. * Which forms of violence & GBV that you have identified are most important to address?
   Note: Consider doing a group ranking/voting exercise to identify priorities.
3. *Without mentioning names or indicating anyone means, according to you which group(s) of women and girls (and other groups) feels the most insecure or the most exposed to risks of violence? Why?
4. *What do women and girls (and men, boys) usually do after they have experienced such violence?
5. *Is it safe for women and girls to report GBV? What happens after cases are reported?
6. What happens to the actors of these acts of violence against women and girls? Are they punished? If so, how?
7. How does the community/ family treat a woman or a girl who was the victim of rape or sexual assault? How do they support her?
8. *What do girls and women do to feel safer? When and why? Are these strategies useful?

Note: if it is hard for participants, try the prompts as examples:
(- Movement – at certain times of day, - move in groups, - move with men, - avoid specific locations, - no movement - only certain women move - Seek assistance from the community - Seek assistance within the family - Seek assistance from authorities - Livelihood opportunities - Other (specify))

C. SERVICES & ASSISTANCE AVAILABLE

We would like to ask you some questions about the services and assistance available since the crisis:
Note: You may choose to use "community mapping tools" to approach questions in this section
1. In the event of GBV, do women and girls have access to: (1) Protection services? (2) GBV core services (definition below)?

*Definition of the five key GBV specialised services: Case Management (CM), Psycho-Social Support (PSS), Clinical Management of Rape (CMR), Intimate partner violence (IPV) related health care, Mental Health (MH)

2. For accessing the services above, (1) What are the problems/challenges women and girls face (including health facilities, WFS, any other services)? (Probe for specific examples.). (2) What do you do if you face such challenges (e.g. Safety, movement challenges)?

   Note: Give prompts if it's difficult for participants to list the barriers: e.g. distance of static services in remote areas (community level) and capacity to access the services, when available (individual level - e.g. lack of public transport, lack of economic means to afford transport, de-prioritization due to other competing priorities e.g. food fetching or other basic needs prioritization in drought affected areas)

3. Are there any support networks (women's groups, family networks, etc.)

4. *What does the community do to protect them & help girls and women feel safer?

   (1) Are there community watch group/ patrols/ other community protection mechanisms in this community?

   (2) If so, do you find them useful? If not, why? Why?

   Note: if it's hard for participants, try the prompts as examples:

   (- Community watch group - Advocacy with authorities - Intervention in a specific situation - Create women's safe space - Awareness-raising within the community - Support livelihood opportunities - Other (specify))

5. *What are others (e.g., Government authorities, NGOs) doing to make girls and women safer? If so, do you find them useful? If not, why? Why?

6. *According to you, what could be done in this community to create a safer environment for women and girls?

E. NEEDS, PREFERENCE FOR SUPPORT, INTENTIONS

1. What are the biggest worries in women's and girls' lives right now?
2. If you could change something in your community for women and girls, what would it be?
3. How could it be changed?
4. What does the community plan to do in the short term? Medium term? Long Term?
5. Are there other things you'd like to mention in relation to girls' and women's safety in this camp/community?

F. QUESTIONS FOR SPECIFIC GROUPS:

1. *(For religious leader)
   What do religious doctrines teach on violence towards women, both in terms of preventing violence and sanctioning those that are violent towards women? Is there anything that religious leaders can do to prevent GBV?

2. *(For persons with disabilities)
   Do the existing services prevent or help those assaulted address disabled people, recognizing and respecting their special needs?

3. *(For women leaders)
   Is there anything women leaders can do to prevent GBV?

CONCLUDE THE DISCUSSION

- Thank participants for their time and their contributions.
- Remind participants that the purpose of this discussion was to better understand the needs and concerns of women and girls since the crisis.
- Explain the next steps. Again, repeat what you will do with this information and what purpose it will eventually serve. Also inform participants if you will be back.
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator and secretary will be available after the meeting.

Annex 2

GBV Analytical framework

(Source: GBV AoR, Jan 2022)
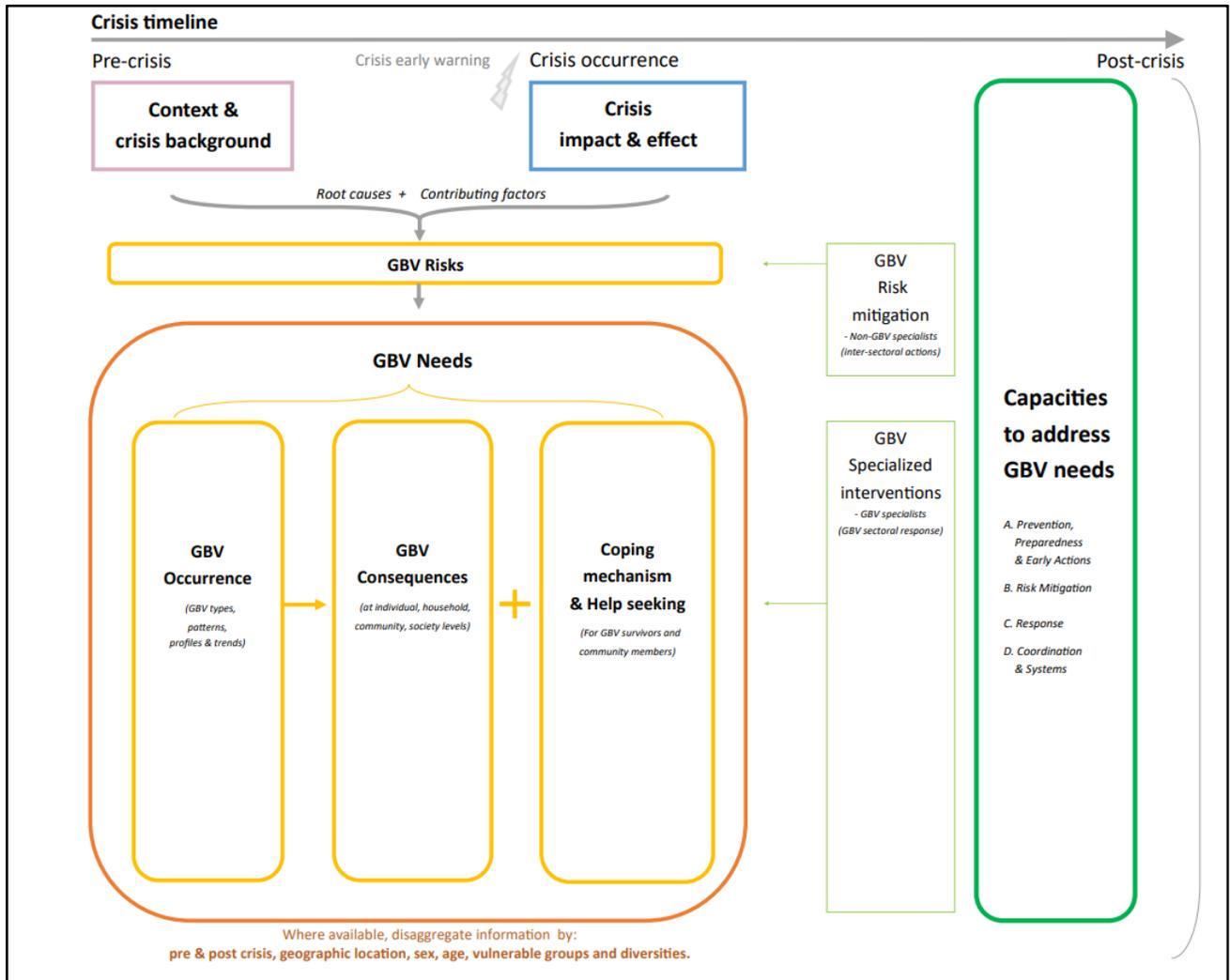
Definitions of GBV thematic variables used in this analysis

Gender-based violence

GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e gender) differences between males and females. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and /or targeted violence against LGBTQIA+ populations, referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.

The six core types of GBV include the following:

1. **Rape:** non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

2. **Sexual Assault:** any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. Female Genital Mutilation/Cutting (FGM/C) is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e. where penetration has occurred.

3. **Physical Assault:** an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. This incident type does not include FGM/C.

4. **Forced Marriage:** the marriage of an individual against her or his will.

5. **Denial of Resources, Opportunities or Services:** denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

6. **Psychological / Emotional Abuse:** infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

The six core GBV types were created for data collection and statistical analysis of GBV. They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based.

Sexual Exploitation and Abuse

The term 'sexual exploitation and abuse' (SEA) is used to refer to acts of SEA committed by humanitarian (or development) personnel and associated staff against members of the affected population. Protection against sexual exploitation and abuse (PSEA) refers to measures and standards set across agencies and entities to protect members of the affected communities from SEA perpetrated by staff members.

Contributing factors of GBV

Integrating GBV prevention and mitigation into humanitarian interventions requires anticipating, contextualizing, and addressing factors that may contribute to GBV at the societal, community and individual/family levels. These levels are loosely based on the ecological model developed by Heise (1998) and underscore the importance of addressing GBV through broad-based interventions that target a variety of different risks.

Vulnerable / At-risk groups

In any emergency, there are groups of individuals more vulnerable to harm than other members of the population. This is often because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized. The term 'at-risk groups' is used in this report to describe these individuals. When sources of vulnerability such as age, disability, sexual orientation, religion, ethnicity, etc. intersect with gender-based discrimination, the likelihood of women's and girls' exposure to GBV can escalate.

GBV risks

GBV risks are factors that increase the likelihood of GBV occurrence. GBV risks contribute to the occurence of GBV – but are not the same as – incidents of GBV or forms of GBV (such as sexual violence or intimate partner violence).