



Conflict Sensitive  
Rapid Gender Analysis  
Cabo Delgado, Mozambique

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## Author

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The views in this RGA are those of the author alone and do not necessarily represent those of CARE or its programs/partners, nor of the German Government.

Cover page photo: Muanona IDP resettlement site, Montepuez district, Cabo Delgado province.

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## **Abbreviations**

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CCCM – Camp Coordination and Camp Management  
CVA – Cash and Voucher Assistance  
FGD – Focus Group Discussion  
GBV – Gender Based Violence  
IDP – Internally Displaced Person  
IGA – Income Generating Activities  
NFI – Non-Food Item  
NSAG – Non-state armed group  
RC – Resettlement Centre  
RGA – Rapid Gender Analysis  
PSEA – Prevention of Sexual Abuse and Exploitation  
SEA – Sexual Abuse and Exploitation  
SGBV – Sexual and Gender Based Violence  
VSLA – Village Savings and Loans Associations

# Executive Summary

The on-going armed insurgency in Cabo Delgado that started in 2017 and the mass displacement it caused have created a complex humanitarian crisis in one of Mozambique's poorest regions, Cabo Delgado<sup>1</sup>. Prior to the crisis, Cabo Delgado province already suffered from high levels of poverty and absence of services. This situation has been worsened by the crisis which depleted what little resilience the province's population had. Host communities find themselves having to share already scarce resources. There are evident signs of solidarity fatigue and tensions between IDPs and host communities result in frequent conflicts.

IDPs in Cabo Delgado are suffering from dire living conditions, extremely limited access to basic services and struggling to meet essential needs.

**Widespread lack of access to cash and income generating opportunities are causing negative multi-layered gendered impacts on the lives of IDPs.** IDPs living in resettlement centres are among those most vulnerable, women and children making up the majority of residents<sup>2</sup>, where access to resources or income generating opportunities is very limited. Female-headed IDP households have constrained access to land when compared to their male counterparts, making subsistence farming difficult. The combination of these factors has led to the commodification of humanitarian aid with the sale of part of the food received through humanitarian assistance being a prevalent practice.

While humanitarian assistance has been vital in meeting IDPs' most urgent needs, there are still immense and persistent needs. Life at resettlement centres is difficult and protection risks abound, particularly for women and girls. Water is scarce and fetching it is an arduous and often dangerous task for women and girls. Access to health care is limited, including to maternal and sexual and reproductive health services. Reports of sexual exploitation and abuse were frequent and included cases of community leaders requesting money or sex in exchange for guaranteed access to humanitarian aid.

IDPs have been traumatized by the conflict. Stories of women who had witnessed the killing of their husbands and sons were common. Men reported feelings of uselessness and emotional distress leading to excessive alcohol consumption.

To adequately address the needs of those affected by the conflict and displacement in Cabo Delgado, CARE conducted a conflict sensitive RGA. The RGA contributes to increasing understanding of how women, men, girls and boys have been differently impacted by the crisis. Ultimately, the findings of the RGA aim to inform humanitarian actors' programming and provide practical recommendations that can be highly impactful.

## Key findings

- Loss of livelihoods and lack of income generating opportunities are a factor in increasing GBV within the home.
- Sexual exploitation and abuse in the context of food distributions and other humanitarian assistance, especially linked to beneficiary registration, is not uncommon.
- IDPs' mobility is severely constrained, especially women and girls', due to safety concerns, resettlement centres' remoteness and lack of civil identification documents.
- Constrained access to land, especially for women, exposes them to higher levels of dependency on humanitarian aid and protection risks.
- Combination of scarcity of water resources with absence of public lighting in resettlement camps is a major security concern for women and girls.
- Men are usually registered as recipients of food. Reports of men withholding food and other humanitarian assistance from their families to sell/exchange for other goods is not infrequent, thereby affecting women and children's access to food.
- Community decision-making structures within resettlement centres are dominated by men and non-inclusive of women, increasing the likelihood of decisions that are gender insensitive and harmful to the community.

<sup>1</sup> World Bank Group, April 2018, "Strong but not Broadly Shared Growth" – Mozambique Poverty Assessment.

<sup>2</sup> IOM, IDP Baseline Assessment Round 15 - February 2022.

## Key recommendations

- Implement interventions aimed at **creating livelihoods and improving access to income generating activities**, and at **facilitating IDPs access to cash**.
- **Secure IDPs' safe access to farmland**, taking into account women's specific needs.
- **Link GBV prevention programming to livelihoods creation and recovery**.
- Install **public lighting in resettlement centres accompanied by the creation of committees for its safe keep and maintenance**; explore **alternative lighting solutions** that cater to the security needs of the most vulnerable groups in resettlement camps.
- Design **solutions to make shelters more secure**, taking into consideration the specific safety and privacy needs of female-headed households.
- Increase number of available water points and ensure **latrines of all kinds, including family latrines, can be locked**.
- Facilitate **IDPs' access to health care services**, including maternal, sexual and reproductive health.
- **Strengthen PSEA systems and complaints mechanisms** regarding delivery of humanitarian assistance, especially food and NFIs distributions; and **audit existing processes on humanitarian assistance beneficiary lists' creation and validation** to identify and mitigate potential SEA risks.
- Increase funding and resources for **longer-term interventions addressing gaps in the provision of essential services for GBV survivors** and **strengthen project exit strategies**.
- Intensify efforts to facilitate **IDPs' access to the issuance of civil identification documents**.
- Support the **review of resettlement centres' community governance mechanisms** to ensure participatory and inclusive decision-making processes and prevent SEA; and **enhance women's participation in decision making processes** affecting their communities.

## Introduction

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Cabo Delgado Province in northern Mozambique, has been the stage of an armed insurgency since 2017, with significant escalation in 2020 and brutal attacks targeting civilians, causing a humanitarian crisis and mass displacement. There is a strong military presence in the province, including foreign regional forces deployed since 2021. The situation remains volatile with insurgent attacks having been recorded in the neighbouring province of Niassa in early March 2022<sup>3</sup>, renewing concerns of the insurgency's potential to spill over beyond Cabo Delgado, and escalation of attacks and looting around Nangade district. In March 2022, 61% of IDP movements were triggered by attacks<sup>4</sup> and 50% had already been displaced multiple times<sup>5</sup>.

The crisis caused by the insurgency in Cabo Delgado has been compounded by a series of natural disasters<sup>6</sup>. In recent years, natural disasters affecting Mozambique's northern regions have become more

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<sup>3</sup> ACLED, Cabo Ligado Weekly Report 28 February - 6 March

<https://static1.squarespace.com/static/5f22b113bc2d012bcc927a9a/t/6230d19cdb25890ba8dbda39/1647366556/864/Revised-Cabo-Ligado-88.pdf>

<sup>4</sup> IOM, March 2022, Displacement Tracking Matrix.

<sup>5</sup> UNOCHA, 2022, Humanitarian Needs Overview - Mozambique.

<sup>6</sup> Cyclone Kenneth, one of the strongest tropical cyclones recorded in Mozambique, made landfall in Cabo Delgado in April 2019, causing devastating flooding. Mozambique is prone to natural disasters. From 1980 to 2019, Mozambique has experienced a total number of 53 extreme weather events (21 cyclones, 20 floods and 12 droughts) with increasing frequency. Source: Government of Mozambique, November 2021, Update of the First Nationally Determined Contribution to the United Nations Framework Convention 2020-2025.

frequent, increasing the population's vulnerability. The Conflict Sensitive Rapid Gender Analysis looks at how gender relations have been affected by the conflict and at the impact of the humanitarian crisis on women, men, boys and girls among the IDP population in Cabo Delgado.

## Objectives and Methodology

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### Rapid Gender Analysis Objectives

A Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. This conflict sensitive Rapid Gender Analysis (RGA) has the following main objectives:

- To analyse and understand the different impacts that the conflict has had on women, men, girls and boys in Cabo Delgado and their current needs and capacities;
- To inform humanitarian programming in Cabo Delgado based on the different needs of women, men, boys and girls, and to ensure we “do no harm”.

### Methodology

RGAs are built up progressively using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis<sup>7</sup>. Tools and approaches of Gender Analysis Frameworks are used and adapted to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

This analysis is informed by data collected in two different moments: from 31st August to 14th September 2021 in Chiure, Metuge, Montepuez and Pemba districts; and from 18<sup>th</sup> to 26<sup>th</sup> of March 2022 in all the same districts except Pemba. This two-phased data collection has provided information on the evolving needs and capacities of the affected population. Research methods included:

- **42 Focus Group Discussions** divided by sex and age, of a total of 812 of people (388 women and 424 men);
- **2 Household Surveys** with 1147 families;
- **Key Informant Interviews** with 35 people (14 women and 21 men);
- **Gender and Protection Audit Tool** – field observation of 7 IDP resettlement centres in 3 districts;
- **Review of Secondary Data**.

The research has several **limitations**, namely:

- Data collection focused on IDPs and host populations in and around resettlement centres, therefore this analysis may not necessarily be representative of IDPs living outside these centres.
- While there is some data on the specific situation of boys and girls, this RGA has not specifically looked into the needs of children; further research is recommended.
- Data collection has purposefully avoided collecting data about individual experiences of SGBV and other forms of violence and abuse<sup>8</sup>. Data collection performed by specialised professionals is strongly recommended.

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<sup>7</sup> CARE's Rapid Gender Analyses can be found at CARE Evaluations: <http://careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/>

<sup>8</sup> WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies, WHO 2007

## Demographic profile

Nearly 785,000 people were estimated to be internally displaced in northern Mozambique in February 2022<sup>9</sup>. This overall figure represents an increase of 7% in total IDP numbers since November 2021, which was likely triggered by new attacks. Children represent 49% of the overall IDP population, while women represent 28% and men 23%<sup>10</sup>. Elderly people represent the largest reported vulnerable group (12,580 IDPs), followed by pregnant women (7,021 IDPs), persons with disabilities (5,851 IDPs), unaccompanied/separated children (3,218 IDPs) as well as persons with chronic conditions (585 IDPs)<sup>11</sup>. The focus districts for this analysis – Chiure, Metuge, Montepuez and Pemba – are among those with the highest concentration of IDPs<sup>12</sup>.

While most IDPs are hosted in local communities, 28% reside in resettlement centres<sup>13</sup>. There is a marked gender imbalance in resettlement centres' population, where there are more women than men. Data shared by the CCCM Cluster for Cabo Delgado Province, shows that, in February 2022, in resettlement centres, 55% of IDPs were children; 28% were women and only 17% were men. Direct observation suggests that a significant number of IDP men living in resettlement centres are elderly, disabled or suffer from chronic diseases. This points to the fact that IDPs living in resettlement centres tend to be among those most vulnerable and likely to have the lowest level of access to resources. The situation remains dynamic with frequent IDP arrivals and movements, including returns to areas of origin.

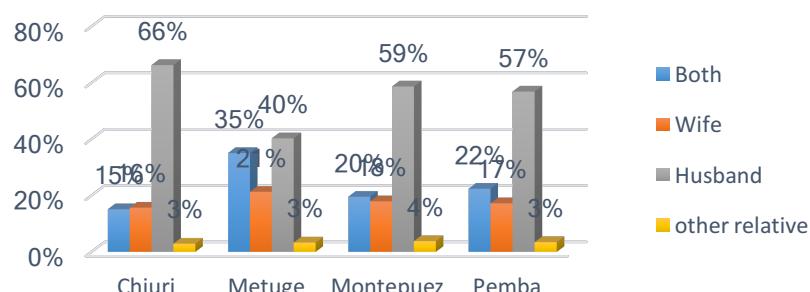
## Findings and analysis

### Gender Roles and Responsibilities

#### Control of resources and decision making within the household

Collected data shows that family dynamics and decision making are dominated by men. Household surveys indicated that most decisions affecting family life are made by men, especially decisions regarding resources. Data also pointed to joint decision-making on some issues – e.g. accessing health care for children. This was confirmed by information collected through FGDs, where participants were keen to highlight that while men are usually the heads of the household, a number of decisions are made jointly by couples.

Who decides how money is spent in your household?



While most survey respondents stated that little had changed regarding decision-making, gender roles with the crisis, a more nuanced picture emerged from FGDs. Having lost their livelihoods, men are now more present in the house and are more involved in household matters they were not involved

in before (e.g. food consumption management). Women noted that men's increased presence in the household had diminished their decision-making space within the home. As heads of household, men are

<sup>9</sup> IOM, IDP Baseline Assessment Round 15 - February 2022.

<sup>10</sup> *Idem*.

<sup>11</sup> *Idem*.

<sup>12</sup> IOM, March 2022, Displacement Tracking Matrix.

<sup>13</sup> IOM, IDP Baseline Assessment Round 15 - February 2022.

generally the ones registered in humanitarian aid distribution lists to receive food and NFIs support giving them control over essential resources.

Men are traditionally seen as providers and protectors. Having lost possessions and livelihoods due to the conflict and subsequent displacement, IDP men are no longer able to financially support their families. This has challenged men's own perceptions of masculinity. Lack of access to income generating opportunities has resulted in men being idle, an issue that was consistently reported by IDPs as a problem. Both men and women FGDs participants pointed to men's idleness as the leading causes of excessive alcohol consumption by men leading to family tensions and increased GBV within the household.

While there were some reports of men taking up domestic tasks traditionally performed by women (e.g. collecting wood), the brunt of domestic labour still falls on women and girls. No evidence was found pointing to significant changes in the division of labour due to the crisis.

## Capacity and Coping Mechanisms

### Livelihoods

For 71% of IDP survey respondents, agriculture was the main source of income before the crisis, while others were engaged in informal trade and fishing. In resettlement centres, in March 2022, 53% of respondents reported being entirely unable to generate any income and were fully dependent on humanitarian assistance; 40% managed to generate some income through agricultural activities, although not enough to not have to rely on humanitarian assistance. However, limited access to farmland is a critical obstacle to agriculture based income generating activities, as described below.

*“....we had our life. In our homeland, we had fertile land for agriculture. We had access to the sea for fishing. We had our own businesses. We sold cakes, fish and agricultural products. Our husbands exploited our forests and produced charcoal, but we lost everything...”*

– female FGD participant, Ntokota Resettlement Centre, Metuge district

Some IDPs, especially women, have started small businesses inside the resettlement centres, most commonly the production and sale of traditional alcoholic beverages which are in high demand. When compared to data collected in August/September 2021, there is no evidence of any significant change in IDPs' dependency on humanitarian aid. Even families that report having some income from a livelihood activity are only able to generate meagre amounts. Of those, 83% report having a net income of less than 500Mzm (currently circa USD 7,76) per month.

In a context where families have very limited to no access to cash, commodification of humanitarian aid has been observed. In all resettlement centres visited during this research, selling part of the food received through humanitarian assistance was a prevalent practice. Families with little to no access to farm land will sell tools and seeds distributed by humanitarian actors. This practice was reported as the immediate option available for accessing cash.

### Negative coping mechanisms

Instances of transactional sex for food have also been reported. One coping mechanism for female-headed households appears to be to connect themselves to men that receive humanitarian aid. During FGDs in 2 resettlement centres, women reported that some men disappear after collecting food and NFIs that the family receives . Men offer part of the food and NFI to other women in the centre.

Families also reported reducing the number of meals or the quantity of food per meal in order to make the food received from humanitarian actors to last longer. This strategy was reported as being adopted primarily by adults therefore prioritising children's food consumption needs.

## Access

### Mobility Analysis

Traditionally, men are more mobile outside their communities and have greater flexibility to travel than women. Respondents attributed this fact to the division of tasks and responsibilities within the household. Women's domestic responsibilities and social expectations placed on them mean they do not have the same freedom to travel outside their communities, while men may simply choose to leave, often on the grounds of seeking income generating opportunities. Data shows that limitations to women and girls' mobility have been exacerbated by the heightened safety risks caused by the conflict. Tensions with host communities were pointed out as another reason for women and girls to avoid venturing outside the resettlement centres. Violent incidents between host communities and IDPs have been documented<sup>14</sup>. Instances of IDPs being prevented by police and military from travelling outside resettlement centres without civil identification documents were reported as frequent. These encounters with police/military were described as pretexts for demanding bribes.

Resettlement centres are often located in remote areas, removed from population centres, making access to services and markets difficult or, in some cases, not at all possible, further constraining IDPs' mobility. The combination of these mobility constraints were found to significantly impair IDPs' ability, especially women's, to pursue income generating activities outside resettlement centres.

### Land

Lack of or limited access to land was repeatedly reported as a major issue. As most IDPs were farmers that relied heavily on subsistence agriculture, the ability to farm a sufficient amount of land to have agricultural produce for both domestic consumption and cash generation is key. Of those families with access to land, 66% reported having access to less than 0,5 ha of land, which was deemed insufficient for the families' needs. The severity of this problem was found to vary depending on the resettlement centres' location and was found to be worst in urban areas. 73% of IDP respondents in Pemba reported that neither men or women had access to land compared to 41% in Montepuez. Host communities where levels of extreme poverty were already high and access to resources was limited, contest IDPs' access to land. Reports of IDPs trading humanitarian assistance items with host communities in exchange for the right to farm land have been documented. It is important to note that host communities' opposition to IDPs' access to land has progressively become more pronounced. As the conflict drags on and IDP numbers grow and some resettlement centres become more permanent, there is growing evidence of host communities' solidarity fatigue.

When farmland is available to IDPs, respondents have reported men having higher levels of access (e.g. 44% for men against 15% for women in Montepuez). Respondents attributed this fact both to men being given priority but also to women being more vulnerable to safety concerns when farming land alone. Direct observation in resettlement centres revealed that families, especially female-headed households, resort to using every small space available around their shelters as farmland to produce food.

Contended access to land around resettlement centres goes beyond its use as farmland. In at least two resettlement centres, FGDs participants and key informants described situations where host communities would only allow burials to take place against the payment of amounts unaffordable to IDPs. These situations of exploitation represent a particularly heavy burden for the most vulnerable IDPs, e.g. female-headed households, widows.

In an attempt to alleviate this issue, location choices for resettlement centres have fallen on more remote locations, where presumably IDP access to land would be less disputed by host communities. While this has not completely eliminated tensions with host communities, resettlement centres' remoteness has in

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<sup>14</sup> UNOCHA, 2022, Humanitarian Needs Overview - Mozambique.

turn given rise to other issues, namely even more limited mobility beyond the centres and lack of access to electricity, which disproportionately affect women and girls.

## Water

While there are water points in all resettlement centres, access to water remains challenging. In fact, water scarcity was reported as a widespread problem in resettlement centres. Insufficient number of and damaged/non-functioning water points were pointed out as the main reasons for this scarcity. In at least 2 of the resettlement sites visited in March 2022, families' primary source of water for domestic consumption was an untreated stream. Families reported having to dedicate several hours each day with several trips (large families may have only one bucket/jerry can) to collect water. Water collection is generally a task performed by women and girls. As women already bear the responsibility for most domestic labour and have little available time, the long distances and waiting time to collect water mean that women often resort to collecting water during the night and in the early mornings, which exposes them to safety risks. Challenges in accessing water are exacerbated in the dry season, when sources of water come under greater pressure, worsening existing tensions between IDPs and host communities.



*Picture 1 IDP woman collecting water from unsafe water source. March 2022, Muanona RC, Montepuez district*

## Shelter & Sanitation

During the first phase of data collection in August/September 2021, the need for shelter construction materials was reported in virtually all FGDs as critical. Data collected in March 2022 has shown that, while some important shelter needs still exist (e.g. more secure shelters, bigger shelters for larger families), the most critical needs have been addressed by distributions of shelter materials.

In March 2022, 6 out of 7 resettlement centres visited had functioning latrines. The most common scenario was that each household had one basic latrine and bathing space while some resettlement centres also had community latrines. It is important to note that family latrines were not equipped with locks, presumably because they are deemed less necessary when compared to community latrines. However, latrine and bathing spaces that do not fully ensure privacy, even if intended for the exclusive use of one household, may expose women and girls to protection concerns, especially SGBV.

## Health services

Due to their often remote locations, health facilities are not easily accessible from most resettlement centres. IDPs' extremely limited access to cash that can pay for transport means that the only option to access basic health services is to walk long distances. While initiatives such as mobile clinics were welcomed by IDPs, feedback provided by IDPs during field visits pointed to gaps in health care provision once humanitarian actors providing these services stop operating in their districts. Health care needs appear to remain largely unmet, including maternal, sexual and reproductive health care needs.

## Protection

### Gender Based Violence

Evidence that SGBV has been a key feature of the conflict has been documented by several actors<sup>15</sup>. In the context of displacement, intimate partner violence appears to be the most common form of GBV. While it is difficult to quantify how pervasive GBV is among IDP populations, reports of increased GBV within households were recorded in all focus locations. The crisis, subsequent displacement and the complex situation of vulnerability that IDPs find themselves in have led to increased tensions and conflict within families. Management of food and other assistance received through humanitarian actors was often pointed out as a source of conflict. Women in FGDs blamed men for what they saw as inappropriate use of humanitarian aid (e.g. trading it for alcohol, offering it to other women) and men blamed women for not being able to make food assistance last longer. As described above, having no other resources, possession of food has become central in power dynamics within IDP households.

*“...when food is distributed, my husband disappears from the house with the food and only comes back after the food is finished. When we try to talk, he turns to aggression...”*

– female FGD participant, Nthokota Resettlement Centre, Metuge district

In particular, psychological distress affecting men was identified by both FGD men and women participants as being a leading factor in the increase of GBV within families. Men reported feeling useless and described themselves as being dependent on humanitarian aid, which they felt put into question their traditional roles as providers. Loss of men's capacity to provide combined with trauma and excessive alcohol consumption have favoured the occurrence of GBV.

*“The only way to impose respect at home is to be mean to women because women do not respect a man who does not work and has no money.”*

– male FGD participant, Nthokota Resettlement Centre, Metuge district

## Safety

Lack of electricity, and consequently lack of public lighting, was pointed out by both IDP men and women in all target locations as a major factor contributing to safety risks faced by women and girls. This was still reported as a persistent problem and a key security concern in March 2022 with little improvement since the first phase of data collection – in 6 of the 7 resettlements centres visited in March 2022, lack of lighting was still one the key factors identified as contributing to insecurity. The remoteness of most resettlement centres means that there is no access to public electricity grids. There have been public lighting initiatives with solar panel powered lamps being installed in some resettlement centres. Lamps were installed in strategic locations, such as water points and main access routes to improve security in the centres. However, these initiatives have not been successful due to the theft of lamps and solar panels. In some resettlement centres, all solar panels and lamps were stolen within less than 48 hours after being installed.

As described above, limited access to water in the centres means women and girls often must collect water from other sources, frequently walking long distances and resorting to doing so in the early hours of the

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<sup>15</sup> D'Odorico G, Hossain M, Jamal E, Scarpassa do Prado D, Roberts C, Palmer J (2021). The gender-based violence (GBV) situation and response in Cabo Delgado, Mozambique: A rapid assessment. UK: London School of Hygiene & Tropical Medicine. Mozambique: United Nations Refugee Agency.

Feijó J (2021). O Papel das Mulheres no Conflito em Cabo Delgado: Entendendo Ciclos Viciosos da Violência. Observador Rural Nº 114, May 2021, Observatório do Meio Rural (OMR).

morning in darkness. Women reported feeling unsafe and vulnerable to being attacked and sexually assaulted. Walking in groups when collecting water was adopted as a solution to decrease their vulnerability. However, this was not always possible. In one resettlement centre, FGD participants reported that a woman had recently been raped in one of the unlit areas. Women expressed concern with the approach of the dry season, when water scarcity is more acute, nights are longer and working time with sunlight is reduced. During this season, women and girls must spend even more time fetching water and are more likely do so during night time.

Lack of electricity, and therefore lack of lighting, was also pointed out as one of the main factors favouring house robberies. Female-headed households were identified by IDPs as being the main target of robberies, which were reported as more frequent in the nights following distribution of humanitarian assistance. Most shelters in resettlement centres do not have doors that can be locked.

*“The night after a distribution we don’t sleep and live in fear of being attacked.”*

– female FGD participant, Nkokota Resettlement Centre, Metuge district

The only resettlement centre where lack of lighting was not an issue was the Meculane resettlement centre in Chiure district. There, IDPs took the initiative of organising themselves in teams to keep watch of the solar powered public lighting system.

Another safety related issue are premature returns to places of origin. Lack of access to income generating opportunities are pushing men to attempt risky returns to their villages of origin exposing themselves to security threats. Women and children left behind in resettlement centres are exposed to increased protection risks. In an FGD session with 8 men, 6 stated that months after arriving at the resettlement centre, they had temporarily returned to their home districts in search of some livelihood. The on-going conflict’s high volatility and challenges in keeping communication with those that leave the centres, mean that women and children left behind often do know of their male relatives’ whereabouts nor whether they are safe or even alive. These premature returns to unsafe areas may be increasing the incidence of family separations and exacerbating existing gendered protection concerns.

## Trauma

In all focus locations, IDPs shared harrowing stories of escape following attacks on their villages. Cases of women who witnessed their husbands and sons’ killings were frequent, as well as reports of rape and abductions of women and girls by insurgents<sup>16</sup>. Reports of dangerous journeys to reach safety lasting several days, often on foot and with barely any food or water, during which families became separated and not everyone survived, were also common. Such events and experiences have left many IDPs struggling with severe trauma. IDPs reported feeling unsafe due to the presence of armed people (police and military) which triggered them to think of their recent traumatic experiences. However, access to psychosocial support is rare – across 4 focus districts, secure access to psychosocial support ranged from 0 to 11% among IDP populations.

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<sup>16</sup> *Idem.*

***"I cannot give up. Never! I saw my husband killed by the terrorists. I am a widow and I have 10 children to raise. I cannot give up. My kids need me and I need support to start over and raise my kids."***

Suabo Adremane is a 47-year-old mother of 10 children from Mocímboa da Praia. She currently lives at the Muanona resettlement center in Montepuez district after having been forced to leave her home in a desperate struggle for survival 9 months ago, following her husband's killing by armed insurgents, which she witnessed. Suabo and her children have already been displaced twice and are entirely dependent on humanitarian assistance. She received some shelter materials and built a small house, with only one room, which she shares with her children and a nephew. Suabo also received a 25-litre bucket which is however not enough for her household's needs. Each trip to fetch water takes about 60 minutes which she does at least 4 times a day. This situation is exacerbated by the acute lack of water in the resettlement centre, as well as in the surrounding areas, where there are already conflicts between IDPs and the host community. "...without water there is no life... we may even have some food, but without access to clean water, we continue to live without dignity...!", says Suabo.

Suabo and her family face many other challenges – access to health care and education is made difficult by the resettlement centre's remote location and the lack of civil identification documents. The nearest health centre is about 15 km away and Suabo has no money to pay for transport. Walking is the only solution. "There are many cases of malaria because there are many mosquitoes here and we have no way of protecting ourselves. My entire household only received 1 mosquito net. What will I do with only one mosquito net?"

However, for Suabo the lack of access to a livelihood is the most pressing issue affecting her family. In the resettlement centre, households received some seeds and tools, however, the planting was quite constrained due to the lack of plots of land to plant. Seeds were distributed before households received land for agriculture. This situation conditions Suabo and her family's food and nutritional autonomy. There is ongoing conflict over control of farmland between IDPs and host communities. "It's sad because if I had land and seeds, I could be producing food for my household. I can see good crops but I don't even have seeds to plant anymore"

Suabo remains hopeful that at some point an opportunity will arise that can help her restore her livelihood, build resilience and give her back a sense of dignity.

### **Child marriages**

The conflict and displacement exposes girls to higher risks of GBV<sup>17</sup>. Early pregnancies were consistently reported as having increased. FGD participants in all resettlement centres were unanimous in stating that there are no early marriages, but that there are many teenage pregnancies. According to the participants, many teenagers become pregnant by other teenagers or people with some financial power. Extreme vulnerability, associated with the lack of information, was identified as leading to the early initiation of sexual activity. Being this a sensitive topic for communities, further research and continued monitoring is recommended. As the conflict drags and the dynamics within resettlement centres and between IDPs and host communities evolve, the incidence of early marriages may increase.

### **Exploitation**

FGD participants and key informants reported situations of abuse of power and sexual exploitation related to humanitarian assistance distribution, especially linked to beneficiary registration. These situations

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<sup>17</sup> Save the Children, Plan International and World Vision, June 2021, Joint Briefing Note on the Situation Facing Children in Northern Mozambique.

included cases of community leaders requesting money or sex in exchange for a family or a woman's name being included in a beneficiary list for food and family kits' distribution. Other reports included cases of widows and single women being harassed by men, both IDP and host community members, offering food, "protection" or help building shelters in exchange for sex.

### Civil identification documents

Many IDPs have lost civil identification documents as a result of attacks on their villages during which they lost all their possessions. Lack of civil identification documents, especially birth certificates and ID cards, was identified by IDPs as a major obstacle to their mobility outside resettlement camps and for children to access education<sup>18</sup>. Host communities and the police/military associate IDPs with no documents with NSAGs, resulting in stigma and discrimination towards IDPs originating from conflict affected areas. In the context of a volatile security situation, IDPs reported feeling unsafe outside resettlement centres and pointed to potential encounters with police/military as a threat of particular concern due to their lack of documents.

### GBV response mechanisms

While this research did not specifically focus on assessing the functioning of GBV referral pathways and case management services, gaps in availability and accessibility of essential services is evident. Triangulation of secondary data<sup>19</sup> with primary data collected under this research and CARE's own experience of GBV programmes' implementation in Cabo Delgado reveals that quality GBV services for IDPs are rare. GBV services availability in IDP resettlement centres is limited and largely relies on ad hoc actions and individual actors' own initiative. Despite humanitarian support to strengthen referral pathways and government case management services, GBV response mechanisms remain marked by informality and efforts to standardise them appear to not have resulted in sustainable improvements. Overwhelmingly, IDPs reported turning to community leaders for a range of issues, including GBV – a large majority of survey respondents identified community leaders as who they were most likely to turn to in case they were victims of some form of violence, including GBV (as high as 87% in rural areas).

## Participation

### Community decision-making

Decision-making processes regarding community issues vary among resettlement centres. While they appear to be more inclusive in some locations, in others that appears not to be the case. On several occasions during data collection, CARE found concerning signs pointing to potentially harmful decision-making structures within resettlement centres. In one instance, for example, data collectors found community latrines locked and its use barred to residents. The community leader (*chefe do centro*) was reportedly in possession of the keys and the latrines were only to be used in special occasions. It was unclear how decisions around community latrine use had been made, however they can be problematic. Restricted use of safe latrines is known to disproportionately affect women, girls and the most vulnerable community members such as people with disabilities and the elderly, therefore decision-making that is inclusive of these groups is important. In two other resettlement centres, CARE faced challenges to data collection as community leaders insisted on being present in all FGDs and interviews, which CARE refused. Community leaders, who are almost exclusively men<sup>20</sup>, are often the only authority figure within resettlement centres and may, in the absence of other alternatives, hold disproportionate decision-making

<sup>18</sup> This was also confirmed by the recent HNO. UNOCHA, 2022, Humanitarian Needs Overview (HNO) - Mozambique.

<sup>19</sup> D'Odorico G, Hossain M, Jamal E, Scarpassa do Prado D, Roberts C, Palmer J (2021). The gender-based violence (GBV) situation and response in Cabo Delgado, Mozambique: A rapid assessment. UK: London School of Hygiene & Tropical Medicine. Mozambique: United Nations Refugee Agency.

<sup>20</sup> In all resettlement centres visited for this research, community leaders were male.

power. Community leaders are, in varying degrees, involved in humanitarian assistance distribution, especially in beneficiary registration, which, as described above, is a position which has often been reported as being linked with abuse of power and exploitation.

### Women's organisations

While we found initiatives focusing on organising women only meetings to discuss community issues in some resettlement centres, local women led organisations have been disrupted by the conflict and displacement. Women Friendly Spaces exist in some resettlement centres while others feature Protection Hubs, however these facilities rely heavily on project based funding. 3 of the 7 resettlement centres visited in March 2022 had one such facility but in all 3 they were locked as activities had been discontinued with the end of the projects under which they had been built. Nevertheless, IDP women's view of such facilities and activities was positive and seen as both a good source of psychosocial support and as a way of increasing their participation in decision-making.

## Recommendations

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Drawing on the RGA findings, these targeted sector specific recommendations are intended to inform donors and humanitarian actors' assistance to IDP and host populations affected by the conflict and mass displacement in Cabo Delgado. Recommendations can be implemented in already on-going actions or be integrated into the design of new humanitarian assistance interventions.

### Overarching recommendations

- This RGA should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.
- Gender and age considerations should be mainstreamed in humanitarian assistance interventions as much as possible. This should include SEA risk reduction measures across all humanitarian sector programmes.

### Sector specific recommendations

#### Livelihoods

- Implement interventions aimed at **creating livelihoods and improving access to income generating activities**, ensuring consultation of IDP men and women during design phases to better serve their needs and aspirations.
- Implement interventions aimed at **facilitating IDPs access to cash**, such as interventions featuring CARE's [Village Savings and Loans Associations](#) (VSLA) in Emergencies model. Humanitarian actors should **document and share results and lessons learnt from CVA pilot initiatives** e.g. a Cabo Delgado focused Cash Working Group.
- Work with relevant authorities to **secure IDPs' safe access to farmland**, taking into account women's specific needs, and put in place mechanisms for conflict prevention and mediation with host-communities.
- **Link GBV prevention programming to livelihoods creation and recovery.** Prevention and awareness raising interventions are more likely to be effective if they contribute to tackling survivors most pressing needs for income generation which are, simultaneously, a central factor in the

incidence of GBV among IDP populations. E.g. Women Girl Safe Spaces can be used to build women and adolescent's IGA skills and life skills and to host financial inclusion initiative such as VSLAs.

### Camp Coordination and Camp Management (CCCM)

- Installation of **public lighting in resettlement centres should be combined with the creation of committees in charge of their safe keep and maintenance**, similar to water point management committees. Committees should have a balanced gender composition to ensure public lighting serves the needs of both men and women. Committee members should be offered basic training on the maintenance and repair of public lighting solutions most commonly used in resettlement centres (e.g. solar panel powered lighting), which could potentially be translated into future income generating opportunities.
- Explore **alternative lighting solutions** that cater to the security needs of the most vulnerable groups in resettlement camps, including women, girls, people with disabilities and the elderly.

### Shelter

- Work with IDP communities on designing **solutions to make shelters more secure**, taking into consideration the specific safety and privacy needs of female-headed households.

### WASH

- **Increase number of available water points** in both resettlement centres and host communities, through both construction of new water points and rehabilitation of existing ones, and strengthen community maintenance mechanisms that are gender inclusive.
- Ensure **latrines of all kinds, including family latrines, can be locked** to afford more privacy to users and reduce protection risks, particularly SGBV.

### Health

- **Facilitate IDPs' access to health care services**, including maternal, sexual and reproductive health – e.g. increased frequency of mobile clinics' visits to resettlement camps.

### Protection

- **Strengthen PSEA systems and complaints mechanisms** regarding delivery of humanitarian assistance, especially food and NFIs distributions; humanitarian actors should track the effect of these measures and report on challenges, lessons learned, and successes.
- **Audit existing processes on humanitarian assistance beneficiary lists' creation and validation** to identify and mitigate potential SEA risks.
- **Increase availability of psychological first aid and psychosocial support** to IDPs; possible entry points may include Women and Girls Safe Spaces and VSLAs.
- **Increase funding and resources for longer-term interventions addressing gaps in the provision of essential services for GBV survivors**. Systemic interventions aiming to enhance the sustainability, formalisation and resilience of GBV response mechanisms are recommended.
- Work with relevant government authorities to **intensify efforts to facilitate IDPs' access to the issuance of civil identification documents**, e.g. increased number of mobile teams equipped and authorised to issue official ID documents.
- **Strengthen project exit strategies** to ensure provision of critical protection services to IDPs, such as protection hubs and Women and Girls Safe Spaces, is not discontinued.

- Continue funding GBV awareness raising initiatives to strengthen community protection mechanisms.

#### **Participation**

- Work with local partners and local authorities to enhance women's participation in decision making processes affecting their communities.
- Support the review of resettlement centres' community governance mechanisms to ensure participatory and inclusive decision-making processes and prevent SEA.

## References page

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CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water, basic healthcare and education and create opportunities for people to build a better future for themselves.

We also deliver emergency aid to survivors of natural disasters and conflict, and help people rebuild their lives.

We have 70 years' experience in successfully fighting poverty, and last year we helped change the lives of 65 million people around the world.

