



**CARE Rapid Gender Analysis  
Cyclone Idai Response  
Sofala Province, Mozambique  
April 2019**







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## Abbreviations

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CGI	Corrugated Galvanised Iron
FGD	Focus group discussion
FHH	Female-headed household
GBV	Gender-based violence
HH	Household
ID	Identification
IEC	Information, education and communication
KII	Key informant interview
MHM	Menstrual hygiene management
MISP	Minimum Initial Service Package
NFI	Non-food item
PSEA	Protection of sexual exploitation and abuse
PwD	Persons with disabilities
RGA	Rapid Gender Analysis
SADDD	Sex, age and disability disaggregated data
SMS	Short messaging service
SRH	Sexual and reproductive health
T.V.	Television
WASH	Water, Sanitation and Hygiene

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## Executive Summary

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On 14 March 2019, Tropical Cyclone Idai made landfall near Beira City, leaving devastating loss of life and large-scale destruction of assets and infrastructure. In the days that followed, entire villages were submerged as floodwaters rose causing mass displacement. From early on in the response it was clear that certain groups such as female headed-households (FHH), persons with disabilities (PwD), the elderly and children (boys and girls) were some of the most at-risk, both in the immediate response and in recovery. This was further confirmed during this Rapid Gender Analysis (RGA).

CARE had identified four main districts in Sofala province in which to focus its assessment based on planned operational locations: Beira, Dondo (with a focus on Samora Machel), Nhamatanda (with a focus on Mutechira) and Buzi (with a focus on Guara Guara).

The RGA was built up progressively over the data collection period, using 30 focus group discussions (FGDs), 14 key informant interviews (KII), 55 household surveys, and observations, in both rural and urban areas, transit, accommodation centres and with communities. Data collection took place between the 6 and 15 April 2019.

### Summary of key findings:

- **Livelihoods:** For men, women, boys, girls, elderly men and women, their whole lives have changed since the crisis; for example, almost all men and women were previously leading productive lives as caregivers, farmers, informal labour and taking care of the home, while now, 67% of women and 88% of men reported not engaging in any paid activities.<sup>1</sup> Some women and men have restarted small livelihood activities in the transit / accommodation centres, and in their communities however, others are far from their networks and the land they own.
- **Shelter and land:** Not knowing when they may return, if they will be able to, or would like to return to the same place creates compounding barriers for restarting their lives, particularly in terms of starting up livelihoods, restarting children in schools and creating social networks. For FHHs, the lack of access to land and property is the most significant barrier. In addition, FHHs, including widows, are both the income provider and main caregiver, which bring additional difficulties when it comes to re-constructing their homes on their own.
- **Food insecurity and coping strategies:** Food insecurity is high in the transit and accommodation centres as well as in the communities. It was clear from the HH survey that men and women are resorting to negative coping strategies to provide for their families, such as limiting portion sizes and reducing their number of meals per days. The quantity and quality of the food at distributions was raised during discussions; with the need to adjust for family size, as well as specific nutritional needs, for example for young children, babies and pregnant and lactating women.
- **Access to education:** For adolescent girls and boys returning to school is their biggest priority. Many schools are closed and being used as collective transit centres. Even for those that have re-opened, there are still barriers for girls and boys attending, for example, access routes being damaged as a result of the cyclone/floods, a loss of school material, uniform and identification (ID) documents. The recovery of documentation is critical for the registration and re-registration of

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<sup>1</sup> Data was taken from the HH survey as part of the RGA, therefore is representative of the sample in Beira and Dondo (in communities and accommodation centres). However, this finding was supported across assessment locations through the FGDs and KIIs.

students, especially if they have been displaced or have moved to different districts. Attendance of girls and boys both dropped since the cyclone/floods. In addition to schools being closed, financial concerns are contributing to children not attending; staying back to support with paid labour.

- **Access to safe and dignified WASH facilities:** Safe and accessible latrines and bathing facilities were needed across the assessment sites, and the need for appropriate menstrual hygiene management (MHM) materials; and washing, drying or disposal areas was expressed in both communities and centres. A lack of lighting in the communities, accommodation and transit centres (which were largely schools) was a concern, particularly for women and adolescent girls, who requested individual solar lights and neighbourhood lighting. This will improve their overall feelings of safety and access.
- **Access to health care:** The need for consistent and accessible health services, including maternal care and family planning was clear; either services do not exist or they operate sporadically and are stretched in terms of staff, capacity and consumables.
- **Access to information:** Face-to-face communication was the far preferred method, as well as mobile phones and radio, for receiving information, providing feedback and reporting complaints. For the elderly (particularly elderly women) and PwD, barriers in accessing to information and key services is a concern, calling for more inclusive approaches to programming and distributions.
- **Safety and protection:** Some of the main safety concerns expressed by communities included: safety related to the physical location (e.g. the transit/accommodation centre or community neighbourhood), the environmental hazards (e.g. expecting another cyclone or heavy rain and not having the right protection), theft/robbery, vandalism, harassment, and risk of violence. The lack of clear, trusted and safe reporting channels creates a challenge for women, in particular, to raise issues or concerns.
- **Social and cultural support networks/spaces:** The need for positive coping outlets was identified in the centres and in communities, through restarting and strengthening existing community groups, particularly for women, as well as creating safe spaces in the centres and communities for women, men, adolescent boys and girls, so they can connect and rebuild, or create new social support systems.

Recommendations (see page 28) have been provided for overall programming, as well as sectors-specific recommendations. The situation is fluid and further RGA's and more in-depth gender-based violence (GBV) risk assessments will need to be conducted, especially once multi-sectoral programming is operational across the sites, and people continue to return or relocate.

# Introduction

## Background information

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On 14 March 2019, Tropical Cyclone Idai made landfall near Beira City, leaving devastating loss of life and large-scale destruction of assets and infrastructure. In the days that followed, entire villages were submerged as floodwaters rose, causing mass displacement. At least 715,378 hectares of agricultural land has been damaged, according to the Government, affecting 500,000 producing families, with more than 36% (257,000 hectares) of the affected agricultural land in Sofala Province; impacting nearly 114,000 families.<sup>2</sup> Many families were separated as they fled the rising flood waters, while others were trapped on high ground, unable to access basic goods and services for days. Overall, it is estimated that 1.85 million people are in need of urgent assistance.<sup>3</sup> As of 15 April, over 600 people are confirmed to have died in the cyclone and subsequent events. Over 140,000 people are displaced in more than 120 accommodation centres, public buildings and schools in the affected provinces and many more have sought shelter with family and friends.<sup>4</sup>

While disasters affect everyone; women, girls, men and boys are impacted differently. This is due to different capacities, strengths, needs and vulnerabilities; each of which can affect how an individual and the wider community are impacted, as well as how they will respond and recover to a disaster. Pre-existing social and cultural norms and expectations placed on women and girls, including: their roles and responsibilities in the home and in the community; their decision-making power in relation to men and boys; their engagement in paid work; level of education etc, can lead to women and girls being disproportionately impacted by disasters. From early on in the response it was clear that certain groups such as female headed-households (FHH), persons with disabilities (PwD) the elderly and children (boys and girls) were some of the most at-risk, both in the immediate response and in recovery.

Despite changes at an institutional level, Mozambique remains a highly patriarchal society where men dominate powerful positions in communities and the household.<sup>5</sup> Polygamy has been prohibited by the Family Law (2004), yet is commonly practiced. In effect, polygamous unions are not legally recognised, but there are no legal restrictions against the practice itself.<sup>6</sup> As of 2015, approximately 36% of households in Mozambique are female-headed.<sup>7</sup> It was noted during the assessment that there was a high proportion of FHH's in accommodation centres, transit centres, and in the communities, and that the majority were single female headed households before the crisis. Literacy rates in Mozambique stand at 70.5% for the population aged 15–24 years. When only looking at the population over 15, the literacy rate stands at only 56%.<sup>8</sup> Women are significantly less literate than their male counterparts, which will impact how information is received and feedback is given by men and women in the community. It also highlights a disparity in terms of school attendance between girls and boys which may be exacerbated by the crisis.

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[https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA\\_20190418\\_Mozambique\\_SitRep%2016\\_as%20of%2018%20April\\_for%20upload.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20190418_Mozambique_SitRep%2016_as%20of%2018%20April_for%20upload.pdf)

<sup>3</sup> [https://www.sheltercluster.org/sites/default/files/docs/mozambique\\_flash\\_appeal.pdf](https://www.sheltercluster.org/sites/default/files/docs/mozambique_flash_appeal.pdf)

<sup>4</sup> Secondary Data Review, Gender-based violence – Mozambique: Cyclone Idai and Floods April 2019, GBV AOR

<sup>5</sup> Secondary Data Review, Gender-based violence – Mozambique: Cyclone Idai and Floods April 2019, GBV AOR

<sup>6</sup> CARE, Regional Rapid Gender Analysis, March 2019

<sup>7</sup> Secondary Data Review, Gender-based violence – Mozambique: Cyclone Idai and Floods April 2019, GBV AOR

<sup>8</sup> Secondary Data Review, Gender-based violence – Mozambique: Cyclone Idai and Floods April 2019, GBV AOR

## Rapid Gender Analysis objectives

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Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, girls and boys in a crisis by examining their roles and their relationships.

The objectives of this RGA were to better understand:

- the roles and responsibilities of women, men, girls and boys, as well as at-risk groups, and how these have changed since the crisis
- the main needs, concerns and priorities of women, men, girls and boys, as well as at-risk groups across CARE's key sectors of intervention as well as future areas of intervention
- how CARE's emergency response can adapt services and assistance to meet the different needs of women, men, girls and boys, as well as at-risk groups, through inclusive services and assistance with dignity, ensuring that we 'do no harm'.

## Methodology

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At the start of the RGA process, CARE, as part of the COSACA consortium<sup>9</sup>, had identified four main districts, in the province of Sofala, in which to focus its operations: Beira, Dondo (with a focus on Samora Machel), Nhamatanda (with a focus on Mutechira) and Buzi (with a focus on Guara Guara), with the aim to expand the response operation over time. The programme approach was to support in communities while noting that the gradual process of return and relocation, meant many people would remain in transit and accommodation centres, also requiring support for a period of time. Therefore, this assessment aimed to cover people in both types of context. It was agreed with the Gender Team and Team Leader that primary data collection should be collected in each of the four areas, understanding the geographical diversity between rural and urban areas, as well as the different needs and priorities of people who have returned and people in transit or accommodation centres. The RGA was built up progressively over the data collection period, using focus group discussions (FGDs), key informant interviews (KIIs), household (HH) surveys and observations. The tools used in each area varied slightly based on: access to volunteers who spoke the local language, time and access to the locations. In each location the team connected with the Chief of the Locality (neighbourhood) who was able to grant access to the centres or to their community and support with any logistics. For key informants, a snowball sampling method was used based on new information and connections to people in different positions within the locality.

A total of 55 HH surveys (25 male / 30 female) were conducted in Dondo and Beira; in both accommodation centres and in communities. Therefore, whilst the data is inclusive of those who were displaced to accommodation centres, as well as those in the communities, the results are more reflective of these two locations and cannot be generalised to Sofala Province as a whole. A total of 30 FGDs were conducted (with elderly women and elderly men (over 60 years); adult women and adult men (18-59 years); and adolescent girls and adolescent boys (14-17 years). Fourteen KIIs (eight male/ six female) were conducted with teachers, health professionals, camp leaders, community leaders, men and women residing in transit centres and community residents who had relocated home. See Annex 1 for a full breakdown of the primary data collection. The assessment process lasted from 6 to 15 April. During this time 16 volunteers (eight

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<sup>9</sup> COSACA consists of the international aid organizations CARE International, Oxfam, and Save the Children. The consortium began its work in Mozambique in 2007, delivering emergency and large-scale humanitarian assistance to communities affected by floods. For the ongoing emergency response, the COSACA consortium is committed to provide emergency and recovery assistance by building on members' technical expertise and geographic presence.



male / eight female) from Beira were trained in Beira to conduct the assessments in Beira and Dondo; and eight volunteers (four male / four female) were trained in Guara Guara, to conduct the assessments in Buzi district. Training was conducted in English and Portuguese and covered basic concepts of gender and gender-based violence (GBV) in emergencies, Protection of sexual exploitation and abuse (PSEA) obligations, approaches to FGDs and an overview of the tools. Feedback from the volunteers on the phrasing of questions, due to translations into local language, was taken into consideration before the first day of assessment. This assessment comprises largely primary data, as it is intended to complement the Regional Secondary Rapid Gender Analysis developed by CARE during the onset of the disaster.<sup>10</sup>

#### **Limitations of the research:**

- HH surveys were not possible in Buzi, because of limited time in the district due to long journey times to reach Buzi and lack of electricity; making it impractical to use the Kobo data entry form.
- In Nhamatanda the data collection team comprised of two people (female) and, therefore, only FGDs were conducted. The team did not speak the local language of Sena. This was known before-hand but, at this stage, it was not possible to travel with a Sena speaker. The male FGDs, adolescent boy and girl FGDs, and male and female key informants were, therefore, conducted by women and in Portuguese. For the female FGD, a representative who could speak both Portuguese and Sena supported interpretation. The female focus groups inevitably took longer due to 3-way interpretation and it should be noted that information can get lost through these layers of interpretation.
- All the HH surveys were conducted with single FHH and married males. While the aim was to survey a representative sample of women and men, due to time constraints, it was largely FHH who were present and able to participate in the discussions/interviews.
- Access to certain locations was restricted due to the areas and access roads being flooded or destroyed during the cyclone, which limited reach to some communities who were accessing the least assistance.
- During the research, we aimed to collect data in areas (centres and communities) where CARE/COSACA had provided an intervention or had an active plan to do so, to ensure ethical data collection and create realistic expectations with the community. Accordingly, this limited access to some community areas.

## **Demographic profile**

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The HH surveys were conducted with 30 women and 25 men in Dondo and Beira which are urban to semi-urban locations. They were also the areas, particularly Beira that were receiving the most assistance at the time. Of those who responded to the HH survey, the average household size was 5.4 with a split of 56% female and 44% males in each HH.<sup>11</sup>

#### **Metuchira, Nhamatanda District**

Metuchira is a locality within the district of Nhamatanda. Metuchira has 7,597 affected families or 37,982 affected individuals (no sex, age or disability data (SADDD) was available). 1,496 families and 7,370 individuals were residing in temporary accommodation. Initially there were eight accommodation centres, and at the time of assessment this had reduced to two, currently containing 59 households. There are also displaced people staying with their families. This is a rural community, split between North and South by a

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<sup>10</sup> CARE Regional RGA, 29<sup>th</sup> March 2019: <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

<sup>11</sup> Analysis from the demographic data of the HH survey

river. In the past there had been a bridge connecting the two sides however this was destroyed in the cyclone. On the south there are people located in transit centres (two schools), and in the north people moved to higher ground but are gradually moving back to their Bairros (villages).

### **Guara Guara, Buzi District**

Guara Guara is a neighbourhood within the district of Buzi. At the time of assessment - 14 to 15 of April, Guara Guara had recently been made accessible by road; previously it was only accessible by helicopter, boat or tractor. People were mainly staying in six accommodation or transit centres with other groups sporadically gathering, with no formal centre established. FGDs were collected in one of the accommodation centres in Guara Guara. Most of the people staying in the centre were from the main village in the District of Buzi. The population of Guara Guara is 21,539 people; 4,250 HHs.<sup>12</sup>

### **Samora Machel, Dondo District**

Samora Machel is a neighbourhood within the district of Dondo, as well as the name of the accommodation centre. Most of the people arrived at the centre around 20 March after they had initially sought shelter in school transit centres nearby. At the time of assessment, the camp was made up of 700 families in 72 tents. Samora Machel neighbourhood had 9,199 people; 1,896 HHs.<sup>13</sup> Assessments were conducted in the centre as well as in the community, as CARE/COSACA had already been working across both.

### **IFAPA and São Pedro, City of Beira**

IFAPA and São Pedro are two accommodation centres located in the city Beira. IFAPA comprised of people from Beira and Buzi, with an almost equal split. Most of the residents moved to IFAPA on 26 March from a school transit centre nearby. There are 450 families and 1,878 people: 588 male and 1,290 female in 152 tents. This includes 30 pregnant women, 63 elderly (above the age of 60), 296 children (aged 0-5), one person with a visual impairment and five persons with physical impairments.

In São Pedro there were 260 people (125 adults: 43 male / 82 female, 135 children: 60 male / 75 female). There are two persons recorded who have a disability and eight pregnant women. People were transferred from a school transit centre to São Pedro on the 6 April. The assessment took place on the 12 April.

## **Findings and analysis**

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While data was collected in four geographical areas, the following findings and analysis have been presented together. This was decided due to the many commonalities between the locations. Where there were significant differences based on specific characteristics such as: differences between rural or urban locations; findings specific to one location; or differences between transit centres/accommodation centres and people in communities this is articulated.

## **Gender Roles and Responsibilities**

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### **Daily schedules**

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<sup>12</sup> This is based on CARE's registration data for distributions, due to CARE covering all households in the area. There was no SADDD available at the time of the RGA.

<sup>13</sup> This is based on CARE's registration data for distributions, due to CARE covering all households in the area. There was no SADDD available at the time of the RGA.

Prior to the cyclone/floods, the daily activities of adult women included carrying out household and domestic activities (cooking, cleaning, carrying water, preparing the children for school and looking after the family) and working (farming, selling vegetables, paid domestic work and making coal). After the disaster the most significant change is in their income generating activities, as their livelihood activities have stopped and a large part of their day is now spent in both transit/accommodation centres and in the community waiting for humanitarian assistance (i.e. distributions).

Before the cyclone/flood, adult men were the primary breadwinners in their family (including working on the farms, running businesses, doing odd jobs), however this changed since the disaster. Men explained that they went from waking up in the morning and going to work to waking up and, similar to the adult women, now also waiting for humanitarian assistance.

For adolescent girls, before the cyclone/floods they used to help with household tasks (cooking, cleaning, washing dishes), go to school during the day and after school they would continue helping with household tasks. They would also help their mother on the farms. After the disaster, they continue helping with household tasks within the accommodation centres. Before the cyclone/floods, adolescent boys would go to school during the day, and do some odd jobs to help pay for school costs. The biggest change for the lives of adolescent girls and boys is for those who have not yet been able to return to school.

For elderly women (above the age of 60 years), before the cyclone/floods women would go to the fields and farm. They would take care of their grandchildren and make sure they get to school. After the cyclone/floods, their main role has been to support cleaning in the accommodation centres or clearing the land around their homes. Elderly men, before the cyclone/floods, would also have been working, as well as making products for sale e.g. basket weaving. For elderly women and men, they feel their lives have changed significantly; before they had their own houses, they worked for their own resources and shared these resources within the family. Now they depend on humanitarian assistance for resources which is shared among everyone in the centres.

### **Access, control and family decision-making**

Before the cyclone, women and men were responsible for, and would make decisions about, different aspects of family life (see table 1 below regarding access and control). It was difficult to make a direct comparison between male and female perceptions on decision-making in the household (HH) survey due to women being from single FHH and men from married couples.<sup>14</sup> However, for the majority of decisions made, male respondents said they made this jointly with their wives. For single FHH's they expressed that they were the decision maker for the majority of decisions. This was seen not to have changed since the crisis for either men or women. It came out during the male FGDs, that men will collaborate with their wives but feel that they have really made the final decision. Others felt that although men are seen as the providers, because women take care of the children and the home, they have more power when it comes to decisions regarding the home.

**Table 1: Access and control over resources**

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<sup>14</sup> This is a limitation acknowledged in the data collection

Resources	Before the cyclone	After the cyclone
Water	Women were responsible for access and control of water collection and control over usage.	No change
Food	Men were primarily responsible for buying food or harvesting food from the farms. Men would lead on deciding how food is distributed in the household e.g. whether food is kept for consumption or if the family sell it. Women would be responsible for cooking food and cleaning after mealtimes.	In the communities this remains unchanged. In the accommodation and transit centres, kitchen committees have been established. These tend to be formed of male and female members; with the majority of women cooking the food, while men are responsible for carrying and portering.
Clothes	Men would be responsible for earning the money to buy clothes.	Since the cyclone, no one has access to food and clothes for anyone, so women suggested that things have changed as a result.
Non-food item (NFI) distributions	N/A	Men and women can both access NFI distributions. It is mainly the women who have control over their use in the family.
Health services	All women, men, boys and girls can access health services dependent on their needs.	There has been no change, only in the presence of functioning health services.
Information	Men and women both had access. All information came from the Chief of the locality, or through phones, radio and T.V.	Men and women still have access but to different degrees. All information comes from the Chief of the locality or Chief of the camp and largely through word of mouth. Many women do not have phones or radios anymore and this is a barrier for them receiving information. While this applies to men also, they tend to be better connected to word of mouth communication systems.
Land	Access to, care of and control of land (and other property) is the responsibility of men, unless the woman is widowed or single. In these cases, she will either have access and control or will not own land or property.	No change in roles
Family planning	Most women were able to access family planning for free before the crisis. There were sometimes restrictions by husbands, depending on the family.	Now limited access to family planning, but those who could access this before felt they could access now if the services were available.

One of the biggest changes since the cyclone, expressed by men and women, was the ability to make decisions for their own family. Before the cyclone they would plan and decide when and what to eat, how meals were prepared. Now, everything is dictated by the type aid they receive; if they receive it and when. In the centres, a lot of the cooking is organised as a community and by a kitchen committee. Therefore, men and women expressed feelings of dependency on many people and would like to regain their family structure again.

## Community structures and decision-making

The community structures that existed before the cyclone, remain in the communities, and seem to have replicated within transit and accommodation centres. Each district visited has an administrator and a permanent secretary. Within each district there are localities and each locality has its chief. Within each



locality there are neighbourhoods and each neighbourhood has a secretary. Within every neighbourhood there is a chief for every 10 houses. In the accommodation centres, there are attempts to replicate this system, for example, where people sleep in classrooms there is a leader for each classroom and where people sleep in tents there are chiefs for every 10 tents.

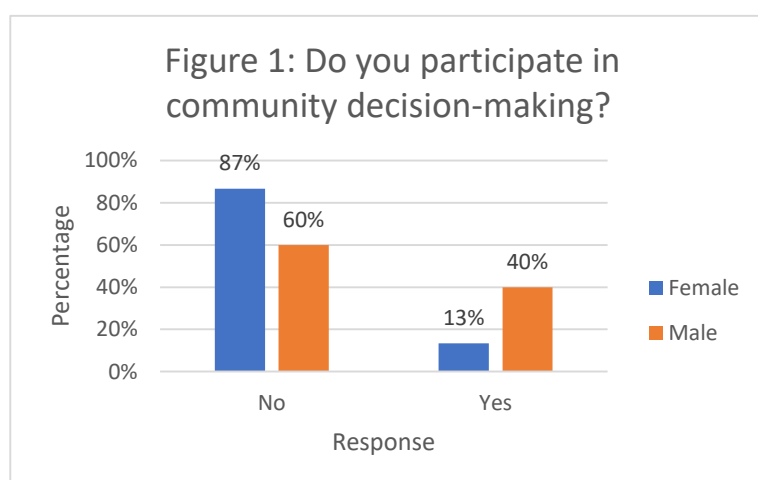
Some structures, more so in the transit and accommodation centres, have female representatives leading these structures, for example in Dondo, the centre leaders (both female) estimated that on average 70% of the leaders in that camp were women. Similarly, the majority of the kitchen and hygiene committees are led by women in the transit/accommodation centres. However, in the majority of assessment sites (both in communities and other transit/accommodation centres), there is very little female representation, and the majority of positions in community structure, at every level, are male.

During the HH survey, when asked 'Who makes decisions in your community since the crisis began?', both male and female respondents identified Local Government, with some elders and community/neighbourhood leader ('other') as being the core decision makers (see Table 2):

**Table 2: Who makes decisions in your community since the crisis began?<sup>15</sup>**

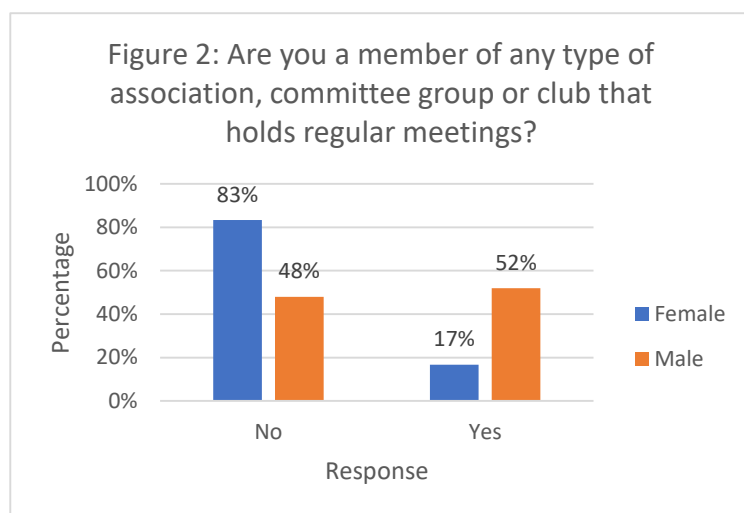
Type	Female	Male
Local Government	93%	88%
Elders	3%	0%
Religious leaders	0%	0%
Military authority	0%	0%
Other	3%	4%

When asked 'Do you participate in community decision-making?' 87% of women and 60% of men stated that they did not (see figure 1 below).



<sup>15</sup> Analysis of HH survey respondents

In terms of participation in community structures, more men (52%) than women (17%) were part of associations and committees before the crisis (see figure 2). Men stated they were part of social, religious or political groups, as well as dance and football clubs. For women who responded 'yes', this related to religious groups or women's groups. 24% of men are meeting through these groups since the crisis, compared to only 7% of women. Although these are not very high numbers, this still means there are groups meeting since the crisis; and these results came from both respondents in the community and those staying in the centres. The low numbers of groups still functioning however, also supports the expressions from women and men during FGDs, for the need to reinstate community groups or to have a space where they can create networks and socialise.



## Main needs and concerns

The assessment process asked men, women, girls and boys what their main needs were since the cyclone/flooding. Overall men, women, girls and boys felt they needed more quantity, quality and regular distributions of food, access to income, land (either their own land and property to rebuild, or to be relocated onto a new plot of land). Men and women requested shelter and / or construction materials, straw mats, blankets and clothes (as many left with only one set of clothes) and for children to return to school – including the documentation and school materials required for them to do so. Common and urgent needs are for mosquito nets and lighting, including solar lights.

Women specifically requested more baby food. They mentioned that the food being distributed is not appropriate for small babies, and they need milk for babies and young children. In terms of clothes, women requested skirts, tops and underwear for themselves and capulanas<sup>16</sup>; as an item of clothing, to carry their babies and also for management of menstruation. They requested diapers, buckets, washing powder, kitchen sets including plates and pots – and noted that cups and plates should reflect the number of people in a family. Particularly in communities, women needed farming equipment to re-start their livelihoods. Due to the poor sanitation of transit/accommodation centres, particularly the latrines and bathing spaces, women asked for basins to bath babies, which would be separate to the facilities on site. Adolescent girls and adult women requested menstrual hygiene materials as a significant need, as well as toilet paper.<sup>17</sup> Women

<sup>16</sup> A capulana is an African print cloth traditionally used by women in Mozambique

<sup>17</sup> See section on menstrual hygiene management for further details on preferences

identified the need for specific clothes for pregnant women, as donated clothes tended not to be the right size.

Men requested land and construction materials; this included items such as nails, corrugated galvanised iron (CGI) sheets for roofing, hammers, cement, bricks, axes, hoes, rope, bamboo and tarpaulin. They also requested hygiene kits with toothpaste and toothbrushes. Although both men and women needed this, in some cases, women in the centres had received hygiene or dignity kits that included basic hygiene supplies and sanitary towels for the purposes of menstrual hygiene management, whereas men had not received basic hygiene supplies. Elderly men specifically requested machetes and hoes to be able to cut down firewood to re-start an income-generating activity, as well as to cut down palm's to re-start basket weaving.

Persons who used mobility aids before the crisis also required their aids to be repaired or for new support e.g. wheelchairs or crutches, as many were damaged by the cyclone.

A major need and concern raised by both men and women is their feelings of uncertainty about the future and how to rebuild their lives, as many are still waiting for guidance/directions on recovery plans. Those staying in schools, which are being used as transit centres, are not sure how long they will stay, as schools are aiming to reopen and resume classes.

When asked through the HH survey, 'Have you personally been consulted of your needs by aid organisations?' 63% of female respondents and 68% of male respondents answered no.<sup>18</sup> It will be important to ensure consultations continue, particularly during times of relocation and return, where needs and concerns are likely to develop and shift, and particularly in areas that are harder to reach.

Across the consultations, and for reasons outlined in the next sections, men, women, girls and boys identified PwDs, elderly men and women, the sick, widows, FHH's, widows and orphaned children as the most vulnerable groups. This should be taken into consideration when developing selection and prioritisation criteria.

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<sup>18</sup> The HH survey was conducted in Beira and Dondo; which are two of the more accessible locations and where aid was reaching

## Capacity and coping mechanisms

Table 3 below, shows some of the coping strategies men and women reported taking, and the percentage of women and men who reported that they did this in the last 7 days. The second column includes percentage of respondents who reported using this coping strategy in 7 out of 7 days.<sup>19</sup>

**Table 3: Coping strategies taken by male and female respondents to the HH survey over the last seven days**

Coping strategies	Female		Male	
	At some point in the last 7 days	7/7 days	At some point in the last 7 days	7/7 days
Eating less-preferred/expensive foods	80%	30%	64%	12%
Borrowing food or relying on help from friends and relatives	73%	3%	48%	32%
Limiting portion size at mealtime	77%	3%	80%	44%
Limiting your intake in order for small children to eat	73%	0%	68%	44%
Reducing the number of meals per day	93%	13%	76%	48%

A large proportion of those surveyed (both men and women) reported resorting to the above strategies in the last seven days. Overall, results across the seven days were slightly higher for women, except for 'limiting portion size at mealtimes', however for respondents who reported using the above strategies every day across the seven-day period, results were much higher for men, except for 'eating less preferred/expensive foods'. It was noted, in Beira specifically, that some women may have also resorted to negative coping strategies at night, although respondents were reluctant to say more.

In terms of positive coping strategies, men in the communities in Nhamatanda cited that they found strength in other community members. They appreciate having solidarity with others as they have all experienced the same loss and believe they are a stronger unit as a result. They still go to church even though it was destroyed and they are gradually rebuilding it. In the communities in Buzi, men said they feel they do have spaces where they can gather to socialise and support one another. In the transit and accommodation centres, however, men expressed the need to have a space where they could come together and discuss how to rebuild their community.

Women within the communities and the accommodation centres expressed the need for a social structure especially as many lost their social, business networks and participation in village savings and loans groups, which have halted as a result of the displacement. Currently they feel there are no new structures for them to engage in. Currently, the feeling is one of struggle, desperation, shock and disbelief at what happened. Adolescent girls also feel that they do not have their own space for social and cultural activities and expressed that they do not feel like they are coping and are particularly concerned about missing the rest of the academic year.

## Access to information

Before the cyclone, men and women in rural areas communicated through word-of-mouth, with men from the Bairro taking instructions from the Chief of the locality and informing house-to-house and through mobile phones and radios. In urban settings it was a similar process but with more use of technology. Women

<sup>19</sup> Analysis of HH survey respondents



especially noted that when they had mobile phones or radios they felt very connected and informed. Since the cyclone/floods they have lost access to this (due to loss of assets or loss of power), and now that information flow is largely through word-of-mouth, they do not feel as informed.

When asked how men and women prefer to receive information and provide feedback or raise a concern, all respondents preferred face-to-face communication. They prefer to speak to someone directly rather than write down feedback or complaints, as there is the perception that nothing will happen or there will be a long delay in the process. After face-to-face, preferences included through mobile phones, radio and T.V. The preference for radio also allows, particularly women, to feel connected to outside their neighbourhoods/transit or accommodation centre.

Many women across the assessment sites said that they do not know where to go if they want to voice a concern or if they have a problem. The only options they know of is the Chief of the locality, the chief/director of the centre, or police and security assigned to the centre. However, if they do raise a concern, women expressed that they did not feel listened to, that they were not supported and no follow up was taken of which they were aware. If an issue is taken by the leaders, it tends to be resolved at the community or centre level, through community tribunals often led by community leaders. A large number of the leaders and committees are men.

With regards to inclusive information channels, multiple channels need to be explored to account for those who have hearing, visual, physical impairments and for those who are illiterate. For example, in Nhamatanda, a female resident said she received warning of the cyclone through SMS. In the neighbourhood, in most families (both men and women) had access to a mobile phone and therefore this was the way families responded and moved to safer ground. However, when speaking to one elderly man with visual and physical disabilities, he said that he did not receive warning of the cyclone and had to be carried from his home when the cyclone had already hit. His preference was to be included in community meetings to be more connected to information flow, if they could make provisions for him to access the meeting point.

It was also raised that some elderly members of the community who were hard of hearing, missed their name when this was called out during distributions. This means they did not receive anything on that day. As they were not present, they believe that those organising the distribution have assumed that they have relocated or returned, as they have not been called back for further distributions.

## Access to services

### WASH

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Women and girls are mainly responsible for the carrying, collecting and management of water.

During the HH survey when asked 'Do you perceive that the location of the water point is safe?' 80% of women and 88% of men responded yes.<sup>20</sup> If the water point was not seen as safe, men tended to try and find another access point close by and women would go together in a group to collect water. Women spoke of water points outside the transit/accommodation centre not being safe and men and women were concerned for women accessing water points (inside or outside the centres) at night, as there was a risk of assault or robbery. It was noted that women would not usually collect water for daily use at night, but they may use the water points at night to collect water to bathe, if they felt they did not have the privacy to do this during the day. In the communities, most respondents felt that the water points in their neighbourhood were safe; it was more the quality of water, since the cyclone, that was a concern for them.

In most of the centres, women take on the role of cleaning, including common areas such as latrines, shelters and kitchen spaces. In a number of the transit/accommodation centres assessed, hygiene committees had been established as a result of the new living situation. With the exception of one hygiene committee in Guara Guara (which comprised of all men) the hygiene committees were predominantly women; with women also leading the committees. This was likely due to their role in the family before the cyclone/floods. There was a concern for women and girl's health, due to their role as caregivers for young children, as well as their role in the hygiene committees. There was the concern that, as women took on this responsibility, without any protective clothing or cleaning products, as well as having the main caregiving role, this increased the risk of diseases spreading among families and to children. In all cases, there were requests for gloves, face masks, boots and cleaning products. In addition, people are using one bucket for multiple needs: to wash clothes, to carry drinking water and to bathe with, which causes hygiene concerns. This, along with the lack of healthcare compounds people's concern.

#### **Latrines and bathing facilities**

In the majority of assessment sites, latrines were also being used as a place where people bathe. Women expressed concern over the location and condition of latrines.

With regards to the condition of the latrines, many latrines were made from sticks with black plastic wrapped round, with no locks. The structures could easily be blown open by the wind. In some cases, the black plastic was thin and therefore see-through when the sun hit during the day. Often the top of the plastic was low down making it easy for people to see over the top; all these factors creating a lack of dignity and privacy.

With regards to the location, in some accommodation centres there was only one row of latrines positioned at the back of the centre. At night, particularly with no lighting, this made it difficult for people to use the latrines, particularly for women and girls and with increased barriers for persons with physical impairments. In transit centres (that used to be schools) similarly there were only few latrines, and sometimes these were being shared by school children, if the school had partially reopened. As a general comment, many respondents said that people would opt for open defecation close to the tents, including children. In some

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<sup>20</sup> The HH survey was conducted in Beira and Dondo, in both accommodation centres and in communities.

areas, male respondents said there are beliefs that you should not bathe or use a toilet that is being used by strangers, which also contributed to people not using the communal latrines.

When asked in the HH survey, 'do you have safe access to latrines?' 27% of women and 32% of men said no they did not. The reasons cited included: that the latrines were not secure at night; there were no locks on the doors; no lighting at the latrine, nor between the shelter and the latrine; the latrine was positioned in an unsafe place; and there were no separate latrines for male and females. The concern over sex-segregated latrines was expressed by women and men. The majority of respondents cited more than one of these reasons for why they did not feel the latrines were safe. Adolescent girls expressed that they did not feel safe at the latrines and worried particularly (as there had been incidents) about children getting stuck in latrines that had no lid/protective covering. This is important, particularly for WASH facilities in schools where it will be crucial to have child-friendly latrines. In addition, speaking to two school teachers in Nhamatanda further supported the need for sex-segregated latrines and staff/pupil latrines.

In South Nhamatanda, women in transit centres (schools) acknowledged the risks of using latrines without locks and lighting but felt like they could not do anything. The latrines were owned by the school so they had no control over their management. They also felt that they had no one to report their concerns to regarding latrine standards and safety concerns. Women often went in groups to the latrines to mitigate safety issues. This is important for WASH in schools' initiatives, once the transit centres reopen as a school, to ensure the latrine infrastructure is built back in a safer way.

When asked 'do you have access to a safe place for bathing?' 37% of women and 24% of men reported no. The reasons cited included: that the bathing area is in an unsafe place, there is no separate bathing for males and females, there is no bathing place at all, there are no locks on the doors, and there is no lighting.

During the cyclone/floods many families were separated as people fled to safe ground. There are some persons with disabilities and elderly people in the centres who were separated from their family. They have asked for support in terms of accessing services, such as water points, bathing areas and latrines but do not always receive assistance.

### **Menstrual Hygiene Management (MHM)**

Overall, women and girls lack access to menstrual hygiene materials, as well as access to washing and drying spaces, and options to dispose of pads.

In terms of MHM preferences before the cyclone, women and girls (largely in rural areas) were using cloths or reusable pads, while others used capulana cloth together with an absorbent plant leaf. More women and girls in urban areas were using disposable pads, however reusable pads were still common. It was also highlighted that more of the younger generation were using disposable pads compared to the older generations.

Since the disaster, some women and girls received disposable sanitary pads as part of a family or hygiene kit but these only lasted a few days. Since then, they cut clothes or pieces of capulana or blouses to manage their MHM needs. While cutting pieces of capulana cloth was common before the crisis, particularly in rural areas, the concern now, is that women and adolescent girls are using old and used cloth (due to a lack of clothes) to cut for this purpose, which they feel is unhygienic and has already led to the development of skin allergies.

When asked of their preference now, there was a mixture of responses - based on what women and girls were used to pre-disaster, but with a key driver being the condition of their living space. In rural

communities, women tended to opt for reusable cloth as this is what they were most used to.<sup>21</sup> Similarly, in urban / semi-urban locations (Beira and Dondo) the HH survey highlighted that 53% of women had a preference for disposable sanitary pads, with 27% women stating reusable pads as a preference.<sup>22</sup>

In Guara Guara, a group of 139 families (667 people) had been living without shelter for one month. Here, it was noted that their preference would be reusable, however they had no place to wash or dry the pads. They had received a one off distribution, of disposable pads, however this came with no sensitization, so some women were unsure how to use the pads and those that were familiar with the disposable pads explained that they don't have space for its safe disposal.

In the transit and accommodation centres, clothes are being hung out to dry on small bushes and trees, in the open and in communal spaces. For reasons of hygiene and privacy, women and girls do not want to dry their menstrual cloth or pads in this way. Not having sex-segregated facilities (with no locks) meant women and girls were worried about changing or washing pads in the latrines, as someone (both male and female) may walk in. Women in Buzi mentioned that they had to resort to cleaning themselves and their cloth in the receding flood water due to a lack of spaces to wash.

There are a number of beliefs surrounding menstruation. It was noted that in areas within Sofala, men would not sit on the same chair or bathe in the same space as women who are menstruating, as it is believed this will cause men to develop hernias. This was raised as a concern by men who were staying in mix-sex tents. In other areas, it is believed that disposable sanitary towels contain chemicals that may prevent women from having children, and in other areas it is believed that disposable sanitary pads may cause a women's cervix to widen, which makes both men and women reluctant for women to use these. In Beira, respondents expressed beliefs that women and girls are not allowed to leave the home/centre when menstruating, men cannot know that a woman is menstruating and they cannot come in contact with women during their time of menstruation. These beliefs may also impact how women and girls handle their menstruation and access facilities for this.

For distributions of MHM kits, as well as for CARE's WASH in school initiatives, it will be key to understand the specific facilities available at each location and take into account how women feel about reusable versus disposable pads before distributing kits and ensuring this is coupled with related outreach/awareness raising component. Not only would this ensure the pads are the most appropriate and are used correctly, but it will also provide a space to connect with women and girls which can be used to discuss hygiene issues, community beliefs surrounding menstruation, as well as other topics. Many women and girls highlighted they felt they did not have anywhere to go to report problems or concerns, so these consultations and sessions after/alongside distribution can create that space.

## Health

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A cholera outbreak was declared in Mozambique on 27 March, and there are rising numbers of malaria cases with 12,297 cases in Sofala Province.<sup>23</sup> While some distributions of mosquito nets have taken place, community members expressed the need for more. Some camps have had very little distributions of nets, while others have received one per family; one net fits five people so for larger families this is difficult to

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<sup>21</sup> One reason women used cloth pre and post cyclone is due to it being cheaper.

<sup>22</sup> The remaining 20% either left the option blank or stated the menopause.

<sup>23</sup> As of 18<sup>th</sup> April 2019 OCHA Cyclone Idai Snapshot.

[https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA\\_20190418\\_Mozambique\\_SitRep%2016\\_as%20of%2018%20April\\_for%20upload.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20190418_Mozambique_SitRep%2016_as%20of%2018%20April_for%20upload.pdf)



ensure everyone is protected. Elderly men in Guara Guara reported not receiving any nets, which could be a result of issues they are facing during distribution. During the HH survey, when women were asked 'are there any women or girls in your household affected by disease in the last 30 days' 29% answered yes for one of more of the following: Cholera, Malaria, Diarrhoea. When men were asked 'are there any men or boys in your household affected by disease in the last 30 days' 25% answered yes for one of more of the following: Cholera, Malaria, Diarrhoea. Other illnesses included fever and influenza. There are many families / individuals staying together in a contained space in the tents. Women and adolescent girls expressed concerns over the spread of diseases e.g. if one person has a cold it spreads very quickly within the tents, and particular concerns over children getting sick.

Health services vary widely between the districts and between centres within the same district. In Beira, through the household survey, 97% of women and 80% of men felt they had safe access to health facilities. In discussions with adult men in Beira their biggest health concern was the psycho-social health of the affected population. In Dondo and Beira, there are medical tent in the centres, however in many cases there were no staff and no services operating at that time of the assessment, as well as no health personnel to speak with. In comparison, in Guara Guara, there is one medical centre to service the whole population of Guara Guara (21,539 people; 4,250 HHs). This includes a maternity unit, family planning assistance as well as support for persons living with HIV/AIDS. This is three KM from the transit centres and therefore concerns were raised for pregnant women being able to access, as the only way to reach the clinic is on roads that are in poor condition, with no option to get a vehicle. People in the transit centre spoke of one women who almost gave birth as she walked to the clinic. This was also raised as an issue for PwDs accessing general medical care in the area. Since the cyclone, it was reported that the patient intake has increased due to people relocating to Guara Guara, however there is a lack of additional staff to support this. Some international organisations set up medical facilities in the camps, however this was temporary and there have been gaps in assistance.

Lack of access to health services was also raised as an issue for people with chronic illnesses and a specific concern was raised for persons living with HIV/AIDS. One respondent highlighted the compounding impacts for adults and children living with HIV/AIDS including: a lack of regular and nutritious food being eaten by people in the centres is an issue, as many people are only getting one or two meals per day; others are going days without food assistance. Persons living with HIV/AIDS also tend to have lower immune systems, so only having one or two meals per day, in addition to the poor hygiene situation in the centres, was a concern raised regarding the risk of people getting sick.

## **Maternal health**

According to UNFPA, it is estimated that "over 75,000 cyclone-affected women are pregnant, with over 45,000 live births expected in the next six months, and 7,000 of those could experience life threatening complications."<sup>24</sup> Transit/accommodation centre leaders and residents express the need for on-going services specifically for pregnant women. During the FGDs with women and adolescent girls there were some respondents who were pregnant. Since the cyclone, many had not sought pre-natal care or attended check-ups. This was either because they were not due for a check-up or they were unsure where the nearest centre was, especially those who had moved district. This was also attributed to the loss of their documentation/files as a result of the cyclone/floods.

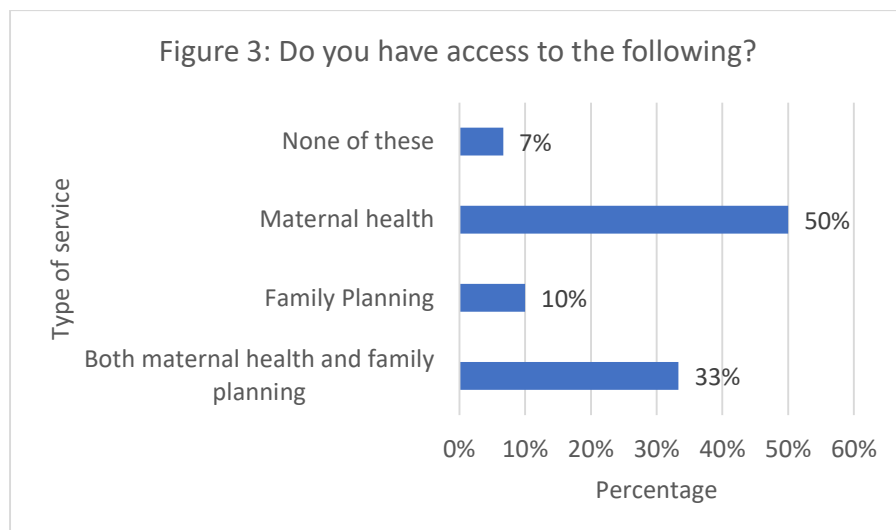
In centres in Beira, it was identified that pregnant women do not have access to the right support. Most would be referred to the nearest hospital which was about 20 minutes away. In Nhamatanda, the hospital is on the north of the river and only accessible by boat, and at a cost. One lady's daughter in the transit

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<sup>24</sup> <https://reliefweb.int/report/mozambique/unfpa-calls-world-protect-women-cyclone-affected-mozambique>

centre in the south, had to get an auto-rickshaw (Tchopela), a boat, then a second auto-rickshaw after her waters broke. This happened during the day, however if this was at night, when the boats stop operating, this would not have been possible and she would have given birth at the transit centre.

Data from the HH survey supported this, when respondents were asked, ‘do you have access to the following services?’, the results are shown in figure 3 below.



When asked about their need for maternal health care, 50% of women and 40% of men surveyed identified that they had a need for maternal health care.

### Access to family planning

With regards to family planning, 40% of men and 40% of women surveyed said they have a need for family planning; compared to the 10% of respondents who reporting have access (figure 3). In Beira, some accommodation centres did have access to family planning services, others were part of a system that were visited by a roving family planning service which offered contraception. Others had no access. In accommodation centres where there is no family planning, both women and men did express a need for this, especially if they will be there a long term. It was raised that some beliefs around family planning may stop women accessing these services, for example, there are cases where men restrict their wives from accessing family planning as it is believed that she may not be able to conceive later in life. Others highlighted that some women will privately seek the injection or the implant and when the husband realises this, it can be a risk factor for intimate partner violence.

## Shelter and land

Access to and the conditions of shelters vary between accommodation and transit centres, within and between districts, as well as in the communities where people are returning to. Respondents tended to fall within the following groups:

- **Those who received no shelter assistance:**
  - a) **In centers:** some groups remain without any shelter or shelter assistance over 1 month since the cyclone. They are located on the fringes of transit and accommodation centres. There are

particular concerns for children, pregnant women and those with health concerns, sleeping outside in all weather conditions, as well as sharing an open space with strangers.

- b) In communities:** people who stayed in their community or have already returned, many to their houses being completely or partially destroyed. Some community members, in Buzi for example, expressed that they have received no shelter assistance due to assistance being concentrated in the transit or accommodation centres. They are currently recovering damaged materials to make makeshift accommodation.
- **Those who stay in communal or sex-segregated shelter:** Mainly in transit centres people are in tents segregated by male and female, where families are split with men staying together and women and children staying together. In some cases, children refers to under 5's. Therefore, boys over 5 years must either sleep in the male tent or sleep out in the open. This is a concern if the boys do not have close male relatives at the centre. Children of all ages, with no parents will either be allocated space in the same-sex tent or have to find other children their own age and share tents together. For those sleeping outside, they do not have mosquito nets so there are concerns over malaria risks. Families state the need to be reunited as a family in a family tent. In some cases, the tents are not segregated by male and female with many families and individuals are staying together.
  - **Those who stay in family tents:** Mainly in accommodation centres, families are staying together in family tents, some have a divide between families and others with two or three families per tent.

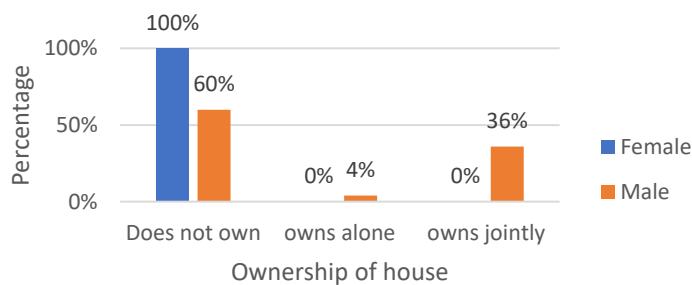
Adolescent girls felt that the shelters, in centres in Beira had no privacy and the space was insufficient. This was supported by elderly women who felt that there were too many people sharing the tents; with more people arriving every day. Adolescent boys felt that the shelters were safe, however similarly that there was a lack of privacy. Women identified that those in most need of urgent shelter support were pregnant women and persons with disabilities.

For all respondents who were in accommodation and transit centres the need for land was clear. Access back to their own land or provision of new land, was the first step in being able to rebuild their property and livelihoods. In Dondo, over 50% (approximately 15 women) said that they could go back if they had basic shelter materials to re-establish their home.

Overall, more men than women have access to land. Female respondents expressed that land is and should be in the name of the man, however they realise that this affects them as women because if she and her husband argue, she risks losing her land and property. Women also expressed that it is harder for FHH's including widows, because if women lose their husband, the land and property may be passed to them, but may also go to their husband's family.

This was evident through the HH survey. The limitation (as mentioned above) of the HH survey was that all male respondents were married and all female respondents were single FHHs. However, figure 4 highlights valuable information that 100% of female headed households surveyed did not own their own property.

Figure 4: Do you own a house alone or jointly with your husband or wife?



## Voluntary return and relocation

During the assessment period, relocations were starting to take place. A number of observations were made during the assessment about the intentions and concerns of women and men regarding their recovery process and potential return / relocation.

- **Those who owned land before the cyclone:** This relates to: the majority of men in the camps, fewer women and married (male and female) couples. Once the flood waters recede they feel they are able to return, with their main need on return being construction materials to rebuild their property. They will then be in a better position to re-start their livelihoods.
- **Specifically, for FHHs, including widows, single women who owned land before the cyclone:** FHHs in communities, who have returned to their land (e.g. in Nhamatanda) reported finding it difficult to structurally rebuild their homes on their own, whilst also being the main caregiver and trying to find work. Due to families still being displaced they do not have the family or social support structures that they had previously. Their main need was provision of materials, tools and additional support to rebuild.
- **Those who did not own land before the cyclone:** For FHHs, including widows, many spoke of not having access or ownership of land. Many said “if we are given construction materials what will we do with it, where will we go?” Those without land also did not own property. For this group, land is a significant added barrier to returning or relocating.
- **For men and women (single or married) who were renting property before the cyclone:** For this group, the landowners from whom they rented from, have also been impacted by the cyclone and therefore are rebuilding their own property first as a priority before looking at rented properties.

For people facing possible relocation to a different district, then the one they are from, there were some common concerns raised:

- Community tensions were noted, around ensuring people from the locality were allocated land as a priority before other people were relocated and given land. There are concerns by the community in Guara Guara, for example, that they do not have full access to land and are still in transit centres (some without shelter) and there may be people from outside being allocated land before they are.



- There were concerns by men and women that if they were relocated to another part of the country, the land would be different so they may have to adjust their livelihoods; if they still farm, there may be differences in their approaches. Further, all their networks were built in their original villages, so they would have to start from the beginning.
- A big concern amongst the communities is when or where relocation will take place. The uncertainty is affecting their ability to re-start their lives, identify livelihood options, identify schools for their children and is creating tension between those in accommodation or transit centres and those in the community.
- Women and men expressed that, should relocation take place, the need to be close to markets, medical facilities and be provided with construction materials was essential. Elderly women particularly stressed that if they are relocated, that their plot of land be close to a hospital.
- For specific groups, (whether they return or relocate) it was support to reconstruct that was needed e.g. single FHH's including widows, PwD and the elderly, particularly if they have no family to support them, stressed this need for support. For example, in a community in Nhamatanda, it was highlighted that strained relationships between families, particularly between a mother-in-law and daughter-in-law can have wider impacts on the family. For example, if a child becomes sick, the family may accuse the mother-in-law of witchcraft which will lead to the family stopping support to them. Many elderly women in the communities, therefore live alone and have physical limitations in terms of re-building their houses and accessing healthcare and other services.

For some, however, it was the possibility of return which was the concern - even for those who owned land. Many feel traumatised by what has happened and express a fear of returning to low-lying land. They wish to start again elsewhere, even if this means re-starting their lives in a new district. They also feel that returning may increase feelings of distress for themselves or their families.

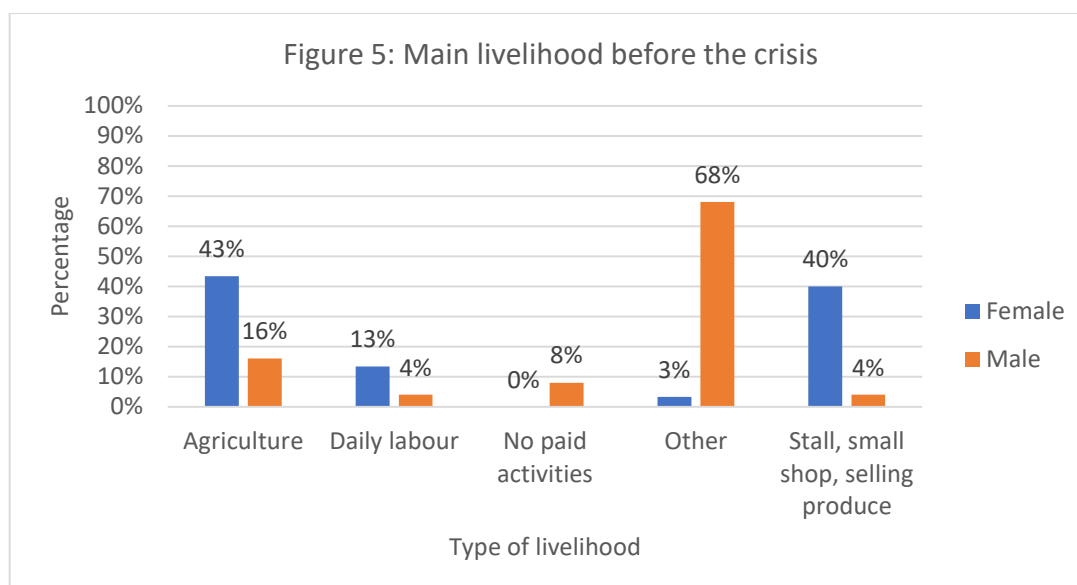
## Livelihoods

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Cyclone Idai swept through the region during the main harvest, destroying hundreds of thousands of acres of crops.<sup>25</sup> All the community members who took part in the assessment spoke of their land being completely destroyed and their homes fully or partially destroyed. Most people (men and women) went from having an income generating activity and main livelihood, to now not having anything. Figure 5 shows the main livelihoods of men and women respondents of the HH survey before the crisis and figure 6, below, shows the change since the crisis.

<sup>25</sup> As of 9<sup>th</sup> April 2019 OCHA Cyclone Idai Snapshot.  
[https://reliefweb.int/sites/reliefweb.int/files/resources/SA\\_Cyclone\\_and\\_Flooding\\_Snapshot\\_09042019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/SA_Cyclone_and_Flooding_Snapshot_09042019.pdf)

Figure 5: Main livelihood before the crisis

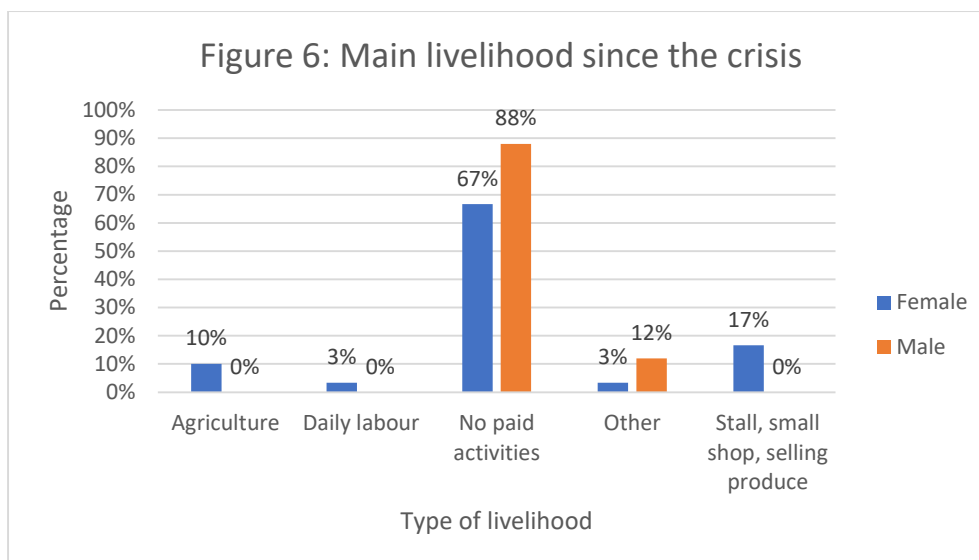


Before the cyclone, women worked on the farms and market as traders. Since the cyclone, families lost all their produce and their seeds. Women displaced in transit or accommodation centres spoke of being very active before the cyclone; they used to fish, farm and run small businesses, whereas now they have breakfast and dinner and in between they wait for assistance. Women in communities are also not farming any more as their land has been destroyed and they have no time to rebuild; their time is taken up waiting of distributions, looking for material including bamboo and covering material for the house, working out how to rebuild their shelters, trying to recover household items and belongings from the debris.

A significant change for farmers, was that farming acted as both a means for their own consumption, as well as a livelihood; now both have been destroyed. For women in the communities who did not move or who have since returned, restarting their role as market traders involves traveling long distances to buy produce. For example, female market traders in Nhamatanda, instead of buying produce from local farmers to sell, they now travel to Chimoio in the next Province of Manica. Women did not cite specific safety concerns with this new route however they always travelled in groups and during the day.

In addition to farming and market trading, women also worked as domestic workers, and relied on family members to support with child care for young children. However, now many have been separated from wider family support networks and therefore are not able to continue this work, as it would mean leaving children alone. Further, before the cyclone older children would have been in school during the day freeing up the mother's time to work and earn an income, however since the cyclone and for those whose schools have not re-opened, children are at home, which is another barrier for women to start rebuilding their livelihoods and creating new networks.

Before the cyclone, in addition to working on the farms, men worked as manual labourers e.g. fixing TVs, mobile phones and other electronics, working as carpenters, plumbers and on construction sites. Now, however, the lack of electricity means they are not able to restart this form of livelihood. They have also lost all their tools during the cyclone/floods. Men would be interested in exploring jobs in carpentry, mechanics, bricklayers and plumbing, however to restart many of these livelihoods, requires clients and in the current situation most people have lost everything and would not seek these services.



‘Other’ refers to carpentry, buying/selling fish and odd jobs; from both those residing in the centres and in community.

Restarting livelihoods has been identified as particularly difficult for the elderly and PwDs who are not able to travel far or do manual odd jobs. Single FHHs and widowed women reported that nothing has really changed for them. They are still the main person responsible for their family, responsible for food, as well as income generation for the family; they are under different and more challenging circumstances now but they are fulfilling the same roles.

In some centres in Dondo, groups of women have started selling oranges, coconuts and sweets made from flour and oil -deep fried. They took loans from neighbours who were not as affected by the cyclone to start this activity.

In some areas, lack of information on distributions have become barriers for men and women to go and look for other ways to make money. In communities and centres, there is uncertainty, particularly from women about whether they are on the list and when the next distribution is arriving. People, therefore, wait, afraid that if they go out they will miss a distribution. The impacts of this is compounded for single FHH, including widowed women who have to ask their children to support e.g. to collect firewood, which creates concerns for their safety.

A notable barrier for recovery, particularly for women in communities who were not displaced or who have moved back, is that saving and loads groups have been halted by the crisis. Women cannot access the money in the groups and do not have money to continue inputting to complete the period. As mentioned previously this is also an important social network that currently isn’t available to women.

For young women and men (particularly in rural areas) it was noted that before the cyclone it was difficult for the youth to get employment, even those who had been educated. Now, after the cyclone this is even more challenging. Some men are considering moving to other districts in search for opportunities. Some families forbid daughters from moving to new towns as they do not think it is appropriate.

A final concern regarding livelihoods was raised during the male FGDs. Before the cyclone, many traders used to get stock from wholesalers, sell on at a higher rate and re-pay the wholesalers once they made a profit. The cyclone/floods destroyed all of their stock and therefore they are concerned about returning and being in debt with no income to repay.

## Food security and distributions

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Food insecurity varies greatly between and within districts. While some areas are receiving daily distributions, others have reported going 15 days after moving to a transit centre without food and with no communication of the next distribution. A concern highlighted was the diversity of food being received with no specific foods for pregnant women and the need for specific food for babies and small children. Male community members identified the need for vitamins, particularly for their pregnant wives, as the meals they have, do not provide all the required nutrients.<sup>26</sup> A main concern is that the quantity of food provided to a family of eight is the same as for a family of four. This is a similar concern for hygiene kits and kitchen sets where e.g. the same quantities of soap are provided for a family of three and a family of eight. Lack of quantity and variety of food is causing concerns of malnutrition in children.

The centres are organised with kitchen committees which involve both men and women. In most areas a group will rotate to support with the cooking and each individual will come and collect food. The respondents felt that everyone is able to access the food, however in some camps it was highlighted that PwDs found it hard to access some services.

Elderly men and women raised challenges with their access to distributions. Some have been pushed out of the queue by younger more physically able community members; there has been an expressed need for a separate queue for the elderly to avoid this and to make sure they can access distributions in a safe and dignified way. Elderly women also indicated that the time of distributions does not give them enough time to prepare meals and they end up eating late, so they would prefer it to be earlier in the day. Adolescent girls indicated that they would also prefer if distributions take place earlier.

## Education

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In all areas of assessment and across all methods of data collection, education was expressed as a high priority, particularly for families whose children were due to take their exams. Some schools are re-opening and children in both centres and communities are returning. According to the authorities, more than 335,000 children and over 7,800 teachers have been affected by the floods and the number of destroyed classrooms remained at 3,504 as of 18 April.<sup>27</sup>

A major barrier for children returning to school, was the fact that children lost their uniforms, school books, school materials and identity documents (IDs). In Nhamatanda teachers estimated that 80% of children had lost their homes and its contents. It was also highlighted that while primary schools may be more relaxed, some secondary school students have not been able to return due to lack of school uniform and books.

For those who fled their homes to a new district and those who do not wish to return to their land, due to it being an area of high risk, the loss of IDs has created a barrier for enrolling in a new school. In FGDs, some mothers said they felt they had to leave their children with aunts and uncles when they went to the transit centres, if there was a better chance for the children to re-start school in that area.

In some cases, schools that have re-opened are far from where children are staying, which creates risks for girls and boys traveling to the school in new areas, as well as difficulties in affording the cost of transport. For example, in Nhamatanda, girls and boys from the North of the river have to cross the river by boat; the

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<sup>26</sup> In one camp young children who attended a crèche where being given porridge, and some families provided porridge flour for children, however due to food shortages, this was often shared among all family members and not only reserved for children.

<sup>27</sup> As of 18<sup>th</sup> April, UNOCHA report.

[https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA\\_20190418\\_Mozambique\\_SitRep%2016\\_as%20of%2018%20April\\_for%20upload.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20190418_Mozambique_SitRep%2016_as%20of%2018%20April_for%20upload.pdf)

location of the school is the same as before the crisis, however the loss of the bridge as a key access route has added additional time and cost to the journey. There were also safety risks reported with children falling in the river. The additional cost was especially difficult for larger families who wanted to send all their children back. When asked whether there would be a priority of age or gender with school children returning, in Nhamatanda it seemed that more older boys were returning. Reasons provided included:

- Younger children are more dependent on their parents, who before the cyclone would take them to school. With the parents unavailable to make the trip due to rebuilding houses or looking for work, this restricts younger children from attending.
- The older children (boys and girls) were being prioritised due to their exams, and parents not wanting them to retake the year.

In the HH survey, respondents were asked: 'Before the crisis, did your children attend school?' and 'Since the crisis, do your children attend school?'. Results are shown in table 4:

**Table 4: School attendance of girls and boys a) before the crisis and b) after the crisis**

	Before the crisis		After the crisis	
	Female	Male	Female	Male
Neither boys or girls	3%	12%	10%	40%
No, only boys	10%	4%	13%	4%
No, only girls	17%	4%	17%	8%
Yes, boys and girls	50%	72%	37%	40%
Other / blank	20%	8%	24%	8%

The data shows that there has been a decrease in both boys and girls attending school since the crisis. The reason provided for why boys were not attending was so they could stay at home to help with paid labour. This was the same for girls, as well as it being seen as not safe/acceptable for girls to go to school at this time. If neither boys nor girls attended, the reason focused more on the fact that schools were not functional or there was not enough money to send all children to school. There was no real difference in whether boys and girls went back to school, based on location of the HH survey (Beira or Dondo) or whether respondents were in the community or accommodation/transit centres.

Before the crisis it was noted, that particularly in rural areas, it was common for girls not to attend school past grade 7 due to the financial implications for families and the need for girls to support at home or on the farm. In one camp in Beira, temporary classrooms exist but only up to grade 7. Given the increased financial pressure on families and increased lack of access to schools, this trend could be exacerbated post-cyclone, especially if services are not accessible close to families past grade 7.

A final barrier expressed by school teachers in Nhamatanda, was that even once schools have re-opened, families are still food insecure and often relying on distributions. Children may only have one or two meals per day and others are not receiving food for days at a time. Therefore, it is difficult for them to travel and concentrate at school and parents may not send them for this reason.

## Safety and Protection

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The RGA did not ask in-depth questions related to the occurrence of or types of GBV, nor did it look to obtain data on prevalence. This was outside the scope of the RGA and, particularly for this assessment - there would not have been the time and resources to adequately train volunteers to conduct this kind of data collection. However, questions focused more around the risks women, men, boys and girls faced, as well as looking at safety and security concerns. Some of the main safety concerns expressed by communities included: safety related to the physical location (e.g. the transit/accommodation centre or community neighbourhood), the environmental hazards (e.g. expecting another cyclone or heavy rain and not having the right protection), theft/robbery, vandalism, harassment, and risk of violence.

The physical/structural integrity of transit centres and people's homes was raised as a big concern for men and women's safety; this related to both human and environmental risk factors. The security of people's individual shelters as well as the physical security of the perimeter of centres was important to ensure men and women knew who had access to the centres, particularly at night. In the centres, women highlighted specific areas within the centres where the physical structure was not secure, as places where they feel exposed to the outside community and they worry about attacks at night, theft, and vandalism of tents. One example from Beira, came from a woman waking up to someone taking her slippers while she was asleep in her tent.

In Beira, adolescent girls identified areas outside the centre being unsafe for them. They are afraid of being physically attacked or being hit by cars, particularly at night. The perception of adolescent boys was that the centres themselves are safe. Men feel that there are no major security concerns during the day, however they expressed concerns that women are vulnerable to sexual abuse/assault, particularly at night. In Guara Guara, discussions with men highlighted that there were high incidences of domestic violence in the area (community and centres). Risks of violence against children, sexual violence against women and sexual assault were raised as concerns. Women noted that persons with mobility issues are a particularly at-risk group.

In Mutechira, adolescent girls and boys spoke of harassment from the community, when they walked outside of the transit centres. They felt that this was due to misunderstandings and frustrations from the communities that those in the transit centres were receiving aid and services and those in the communities were just as affected but were not receiving support.

During a FGD with women; the unmarried women, widows and FHH's raised specific concerns of women who were alone in the transit centres. Respondents spoke men, who would use women and then leave; "as a single or widow woman you are vulnerable to being used by other men because you are already seen as disgraced; when you are not married, men just use you and leave you."

Female respondents to the HH survey (both in the community and accommodation centers) were asked 'are there any specific security concerns affecting women and/or girls?' Results included: that there was no safe place in the location; their house/dwelling is insecure; there is not enough privacy at home; violence in the shelters; risk of attack when moving within or travelling outside the center.

To mitigate safety risks and concerns, most centres have some form of human protection. This includes either police officers in the centres (the majority male, with some female officers). They work in shifts and it is not always guaranteed that there will be a mixed-gender group at the camp all the time. Security guards tended to all be male in the sites assessed, as were any military presence. In one case there were appointed community police officers who were residents of the centre; all officers were male.

Elderly women said they feel more secure in the centre as a result of the police/security presence. For some women, the added presence of police or security increased feelings of safety. In other cases, women expressed feelings of fear and intimidation towards security guards, and did not feel comfortable with their presence. In these cases, security guards were all male. In the same camps where this was expressed, male respondents felt comfortable with the security presence. In the communities, particularly in Dondo, they expressed the need for a police station so they could report any problems, as currently they do not feel there is anywhere to report and many cases particularly around unresolved domestic violence cases are addressed by a community tribunal. Women say they often speak amongst themselves but do not escalate any concerns, as they feel that they have nowhere to go.

During the assessment phase, sexual exploitation and abuse by humanitarian workers was not highlighted by the groups. However, this issue has been highlighted in the response and in the same areas of this assessment. Therefore although no specific information was found related to this, it is crucial to note throughout the response.<sup>28</sup>

## Lighting

Lighting was cited as a concern amongst men and women in transit, accommodation centres and in communities. There is a lack of lighting across all the assessment sites. São Pedro accommodation centre in Beira, has lighting at the latrines and the water points but not across the camp itself. In the centres and communities in Dondo, Buzi and Beria, men and women expressed strong need for lighting, particularly individual solar lights as they cannot use candles, due to risk of fire in the tents.

Women expressed fears of going to the latrines at night with no lighting. Many resorted to waiting until the morning or practicing open defecation close to the tents. In camps where there is no security presence this risk is compounded. Adolescent girls similarly expressed this as a main concern as they are afraid of walking in the dark around the transit centres.

Lighting was also expressed as a need by men in the centres. One of the main reasons cited was due to snakes in the area. One man's wife died as a result of a snake bite and due to the centre being so exposed, they worry snakes may enter. Other reasons for lighting and electricity include the need to charge their phone, to have light to pray and to have social time e.g. to listen to music, watch T.V., so as to have something to do during the night. This is important as many of the transit centres were schools that would be re-opened, therefore lighting would be required even after people leave the transit centres.

## Collecting firewood and coal

Women, in most cases, remain responsible for collecting firewood and coal. In Dondo, women in the accommodation centres are starting to buy and sell coal within the centre to generate an income. They always go in pairs or groups and during the day to buy the coal from shops nearby. At night they said, there are many risks with thieves operating in the area. There is also a risk of men who may try and take them for their wives, assault them, or get other men to assault them. They said this was also a risk at night before the cyclone in their communities. However, before, they were in a familiar environment, which helped.

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<sup>28</sup> <https://observador.pt/2019/04/14/mocambique-mulheres-forçadas-a-ter-sexo-em-troca-de-ajuda-humanitaria/>



In transit centres in Mutechira, when asked if they had any safety concerns collecting firewood from nearby, women said that they were aware of the risks and that violence can happen but they are here now, and they feel they do not have any option; “if you are afraid, then your children won’t eat”.

In the communities, a safety concern for adolescent girls is they sometimes find snakes during firewood collection. Women are also concerned about the risk of theft, robbery and wild animals, as well as the health impacts of using firewood; they are concerned of the longer term consequences of being exposed to smoke in the confined spaces of the camps. In some case men are engaged in firewood collection and feel the activity is safe because they go in a group.

## Recommendations

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### Overarching recommendation

This RGA report 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.

### Overall recommendations

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- **Collect and analyse sex, age and disability disaggregated data (SADDD):** All humanitarian programming activities, including assessments, implementation, monitoring and evaluations, must collect SADDD at minimum. Analysis of SADD should be conducted by the MEAL team and the relevant sectors to adjust programming to be inclusive and to reflect the needs of the affected population – with considerations of gender, age and disability, as well as collecting data for other specific groups e.g. FHH’s, pregnant and lactating women. Collection and analysis of data for PwD should use the Washington Group Short Set of disability questions and approaches.<sup>29</sup>
- **Teams (staff and volunteers) must be gender-balanced:** this includes teams for, assessment, programmes, post-distribution monitoring, community engagement, security presence e.g. distribution points. Depending on the activity, attention should be paid to the age of the team members e.g. if working with elderly men or women.
- **Community-driven response:** It is critical that the response is based on the needs and priorities of the affected communities, both in transit and accommodation centres and those moving back to communities. This will entail significant investment in community structures/committees, two-way dialogue with communities and relationship building. With a marked number of FHH’s, it is critical that the CARE teams consult with women and identify and put in place any special measures required to ensure their participation in decision-making around the design, implementation, management and evaluation of humanitarian activities. In addition, ensure that women, adolescent girls, the elderly, widows, persons with disabilities and other groups at increased risk are

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<sup>29</sup> The Washington Short Set of disability questions: <http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf>

meaningfully engaged in all sector and multi-sectoral programming including in decision-making processes and coordination mechanisms.

- **Inclusive community engagement approach:** Ensure a strong community engagement approach with a focus on face-to-face information provision and feedback and complaint systems based on the preferences expressed by women and men in the communities. Ensure that all other methods of information provision, feedback and complaint methods (audio, pictorial, written), are inclusive of persons with disabilities (including visual, hearing and physical impairments), persons who are illiterate and of local languages.
- **Internal protection mechanisms:** All staff and volunteers must receive a briefing on and have signed acknowledgement of the Code of Conduct and PSEA obligations.
- **Referral mechanisms:** All staff and volunteers must be briefed on the GBV and Child Protection referrals, understand the risks associated in the communities and have access to updated referral lists. Staff and volunteers should know how to refer survivors based on the survivor-centred approach: safety, confidentiality, non-discrimination and respect.
- **Equal participation:** Across the sectors where CARE is establishing or facilitating the establishment of committees, e.g. camp committees, WASH committees, women's or adolescent girls and boy's groups, include equal representation of women, as well as ensuring the inclusion of at-risk groups. Look at existing mechanisms in communities or transit/accommodation centres to re-start and strengthen core social and economic support networks, thereby being mindful that this does not create a double burden for women or at-risk groups to participate.
- **Ensure sector budgets** are designed to be representative of the needs of specific groups in the community, to allow programmes to be gender-sensitive and inclusive.

## Sector-specific recommendations

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### *Distributions*

- **Develop selection and prioritisation criteria with the community.** Once finalised, criteria should be communicated and explained to the community with opportunities for feedback. As data is collected through registrations and post-distribution monitoring, this needs to be analysed to better understand the needs and verify or adapt vulnerability criteria.
- **Ensure inclusive communication with the community** regarding the distribution process (including the content of the distribution, the date, time and length of distribution), so that everyone, including the elderly and persons with visual and hearing impairments are aware of and informed of distributions, their entitlements and avenues for their feedback.
- **Work through exiting community groups** to co-ordinate messages on safe and dignified distribution e.g. through VSLA groups, women's groups in communities and kitchen committees or hygiene committees in the transit centres. This will allow word-of-mouth communication to be accessible through multiple avenues.

- **Ensure all individuals can access the distribution in safety and with dignity.** This includes creating specific lines for men and women, and a priority line for the elderly, pregnant women and persons with disabilities. Identify ways to support those who cannot reach the distribution points and assist people back from the distribution point e.g. elderly men and women (through male and female porters), or identify individuals who may require door to door support in the communities.
- **Each distribution to have in place a help desk** to deal with feedback and complaints tailored to the ways men and women prefer to give feedback. Staff (both male and female) should be trained on gender and inclusive feedback and complaints as well as on PSEA mechanisms, GBV and Child Protection referrals.
- **Ensure targeted post distribution monitoring** to generate feedback from FHH, PwD, polygamous HHs, the elderly and other at-risk groups to ensure they had access to the entitled distributions.

### *Food security and livelihoods*

- **Prioritise income generating activities:** the first step being to ensure inclusive consultations with women, men and specific at-risk group in the community at the initial design stage to ensure that all groups have opportunities to access interventions as well as mitigate potential GBV risks from the intervention. This is particularly crucial for the elderly, PwD, FHH's, and those who have been displaced from their district to a new district, who are facing more barriers in re-starting their livelihoods.
- **Diversify food options** being provided to families and support access to complementary foods for young children and babies, as well as nutritionally targeted diets for pregnant and lactating women, in order to protect these groups from immediate and lasting consequences of malnutrition.
- **Support families by adjusting the distribution process** to reflect family size to ensure all needs are met within the family. This should help reduce negative coping strategies being taken by men and women on a daily basis.

### *Shelter and land*

- **Prioritise and develop targeted support for at-risk groups:** Prioritise at-risk groups to ensure those without shelter are provided shelter or shelter kits. Provide targeted support by recruiting and training volunteers/staff to provide support for rebuilding shelters as part of shelter kit distributions. This includes for FHH, elderly men and women, PwDs. Ensure that both male and female volunteers/staff are recruited to mitigate protection risks.
- **Move from communal tents to family tents:** Overcrowding is leading to a lack of privacy and women and girls sleeping in shared spaces with extended family or strangers, putting them at risk. Prioritise families staying together to increase safety, privacy and dignity.
- **Consult with the community:** with regards to the preferred location of shelters, latrines and bathing spaces in communities, schools and in centres, including how they are located in relation to one another, and the level of safety of the access routes to and from the facilities. Ensure

consultations include women, men, adolescent boys and girls, children (particularly in schools), elderly men and women and at-risk groups in the community such as PwD and FHH, including widows.

- **Ensure shelters allow for adequate access paths:** This is key for family shelters, as well as structures for temporary learning spaces, child and women friendly spaces, to ensure that persons with physical disabilities who are using mobility aids such as crutches or wheelchairs can access in and around the facility. This is crucial while there is a lack of lighting in the communities and centres. This also mitigates fire risk and contributes to increased privacy and feelings of safety.
- **Provide family start up kits:** explore support families who have voluntarily returned to their land with shelter materials, together with a family 'start up' kit (to contain basic kitchen equipment, mosquito nets, hygiene kits and dignity kits).
- **Support rehabilitation of key community services:** in collaboration with other actors, support the rehabilitation of key services in the community that have been partially damaged by the cyclone/floods, e.g. this includes crucial GBV referral services, maternity centres, clinics, schools.
- **Engage men and women equally in shelter initiatives** such as training or in committees. Integrate ways to provide alternate arrangements for women, particularly for FHHs, e.g. childcare or ensure alternate sessions so women can participate actively.
- **Support advocacy initiatives** with local partners to raise awareness, particularly for women (including single FHH's) on land and property rights.
- **All shelter initiatives will follow the 'Gender & Shelter: Good Programming Guidelines'.<sup>30</sup>**

## Education

- **Support partners in the establishment of temporary learning centres** to facilitate children going back to school. Ensure that adapted measures are in place so that girls and boys have equal access to education, for all age groups, to mitigate the potential for girls or boys not continuing to secondary school due to financial or geographical limitations.
- **Community awareness-raising initiatives,** to mitigate risks of girls and boys of all ages dropping out of school, with a specific focus on girls approaching grade 7 due to this being a critical time both before and after the cyclone/floods, for girls to drop out of school.
- **Support advocacy efforts** for families who have lost ID documents, to support them to enrol in school despite this.
- **Work with partners to provide children with materials and uniforms** that are acting as a major barrier for their attendance.

## WASH

- **Consult with the community:** on the preferred location in communities, schools and centers for latrines, bathing spaces and shelters, including how they are located in relation to one another and the level of safety of the access routes to and from the facilities. Ensure consultations include

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<sup>30</sup> Gender & Shelter: Good Programming Guidelines <https://insights.careinternational.org.uk/publications/gender-shelter-good-programming-guidelines>

women, men, adolescent boys and girls, children (particularly in schools), elderly men and women and at-risk groups in the community such as PwD and FHH, including widows.

- **Sex-segregated latrines:** should be in place in all sites of intervention, with clear signposting developed after consultations with women, men, boys and girls in the community. The signs should be child-friendly and able to be understood by all in the community.
- **Ensure reconstruction of school WASH facilities** reflect the needs highlighted of the women, men, girls and boys, currently staying in school transit centres and in the wider community.
- **Fit latrines and bathing spaces** with internal locks and lights to increase privacy and safety, particularly for women and girls, and to mitigate GBV risks in communities, schools (and the surrounding areas) and in centres.
- **Prioritise Menstrual Hygiene Management** in collaboration with the gender/GBV team. Ensure bathing spaces have facilities to allow for washing and drying of reusable cloths and / or facilities to dispose of disposable pads. Engage women and girls through sensitisation sessions on health and hygiene, gender-based violence messaging, healthy relationship etc. to provide a safe space for discussions. Ensure for WASH in schools, male and female teachers are active participants in the process, and that specific sessions are held with boys. If dignity kits are procured align with the cluster guidance.
- **Given women's critical role in water management,** consult with women on safe access to water, water use, the needed carriers / facilities for this and the location of water points. In the next phase of the response, attention should turn to women and men's equal access to training on construction, operation, and maintenance of WASH facilities, particularly in the communities and schools.
- **Engage women and girls as hygiene promoters** to support good hygiene practices in the community and promote women and girl's leadership. Harness structures such as the hygiene committees, that have been established in the transit and accommodation centres. Women and girls who are part of these could take a lead role in hygiene promotion more broadly in the surrounding communities and in schools.

### *Health including sexual and reproductive health (SRH)*

- **CARE to work with health and SRH actors** to conduct a mapping on the current accessibility and referral pathways of existing SRH services and subsequently integrate and implement SRH and GBV health responses. Support a full package of lifesaving SRH services in line with the Minimum Initial Service Package (MISP).<sup>31</sup>
- **Ensure adolescent-friendly SRH services,** including targeted support and referrals, are available at health facilities.
- **Support outreach efforts:** by working with local partners and community groups on topics of sexual and reproductive health rights, options and availability, including GBV awareness, prevention and response. Develop IEC materials and conduct sensitisations with affected communities especially women and girls to promote service uptake.

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<sup>31</sup> <https://www.unfpa.org/resources/what-minimum-initial-service-package>

## Gender / GBV specific programming recommendations

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- **Prioritise Menstrual Hygiene Management** for women and girls through consultations, MHM kit provision and awareness sessions Work with schools (children and teachers) with the WASH and Education teams to raise awareness of good hygiene and menstrual hygiene practices, as well as leading sessions on GBV prevention and response. Within this, ensure specific sessions with men and boys. If dignity kits are procured align with the cluster guidance.
- **Liaise with GBV service providers and actors** in affected areas to map available response services. Work with local partners to strengthen the provision of local survivor-centred referral systems and services. Ensure referral pathways exist, are tested and are functioning with male and female staff.
- **Identify local established women's rights organisations** and local community-based organisations engaged in promotion of gender equality and inclusion. Work with local women's groups, village savings and loans groups, community (men and women) committees to support the re-establishment or strengthening of social and economic support networks in communities and in the transit/accommodation centres. Work with these groups on gender and GBV messaging to increase prevention work in the communities.
- **Support identification of spaces in the community**, and in transit and accommodation centres for women and adolescent girls. These can be temporary spaces that support social development, provide a safe place for women and girls to meet and allow for safe and confidential feedback and reporting.
- **Procure solar lights to distribute to households** as well as street lighting / lighting near facilities e.g. school, health services. Ensure that the location of lighting is organised with consultations from the community.
- **Conduct GBV risk assessments:** to develop a more in-depth understanding of GBV risks in communities, in schools and in centres in the areas CARE/COSACA is working.
- **CARE/COSACA to co-ordinate and develop partnerships** with organisations working with PwDs to ensure continuous assessment and understanding of needs that will feed into adapted programmes.

## Annex 1: Primary data collection snapshot

Date	District	Location	Area	# FGDs	Type of location	FGD Participants							HH surveys		KIs	
						Women (60+)	Men (60+)	Women (18-59)	Men (18-59)	Girls (14-17)	Boys (14-17)	Total participant FGD	Women	Men	Women	Men
06.04.19	Nhamatanda	Metuchira, North	Community	2	Rural	0	0	36	27	0	0	63	0	0	2	3
07.04.19	Nhamatanda	Metuchira, South	2 x Transit centres (schools)	4	Rural	0	0	8	6	4	5	23	0	0	0	0
11.04.19	Beira	IFAPA	Accommodation centre	6	Urban	10	10	16	13	10	9	68	13	9	1	0
11.04.19	Beira	São Pedro	Accommodation centre	3	Urban	20	0	15	7	0	0	42	7	6	3	2
12.04.19	Dondo	Samora Machel	Accommodation centre	5	Semi-Urban	10	0	10	19	10	7	56	6	7	0	1
12.04.19	Dondo	Samora Machel	Community	2	Semi-Urban	0	0	35	19	0	0	54	4	3	0	0
15.04.19	Buzi	Guara Guara	Accommodation centre	8	Rural	10	10	20	20	10	10	80	0	0	0	2
<b>Total</b>				<b>30</b>		<b>50</b>	<b>20</b>	<b>140</b>	<b>111</b>	<b>34</b>	<b>31</b>	<b>386</b>	<b>30</b>	<b>25</b>	<b>6</b>	<b>8</b>



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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.

CARE International in Mozambique is a member of the COSACA Consortium. COSACA consists of the international aid organizations CARE International, Oxfam, and Save the Children. The consortium began its work in Mozambique in 2007, delivering emergency and large-scale humanitarian assistance to communities affected by floods