



Rapid Gender and Protection Analysis Cyclone Kenneth Response Cabo Delgado Province, Mozambique

June 2019

COSACA

Humanitarian Consortium



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COSACA

COSACA is a consortium comprised of the international aid agencies CARE International, Oxfam and Save the Children. It began its work in Mozambique in 2007, delivering emergency and large-scale humanitarian assistance to communities affected by floods. The COSACA consortium is committed to provide emergency and recovery assistance following Cyclone Idai and Cyclone Kenneth by building on members' technical expertise and geographical presence.

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Cover page photo: A community mobiliser sensitising women about their right to receive humanitarian assistance without giving anything in exchange. Photo credit: © CARE/Suzy Madigan 2019

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Abbreviations

CBO	Community Based Organisation
CCCM	Camp Coordination and Camp Management
FGD	Focus Group Discussion
FHH	Female headed household
GBV	Gender-Based Violence
IEC	Information, Education and Communication
KII	Key Informant Interview
MISP	Minimum Initial Service Package (for reproductive health in emergencies)
PWD	Persons Living with Disabilities
SRHR	Sexual and Reproductive Health Rights

CARE's Approach to Gender in Emergencies: "Activities during a humanitarian response can increase and reinforce, or reduce, existing inequalities - CARE's humanitarian mandate is to meet the immediate needs of women, men, girls and boys affected by natural disasters and humanitarian conflicts in a way that also addresses the underlying causes of people's vulnerability, especially as a result and cause of gender inequality.

The impact of crises on people's lives, experiences and material conditions differ based on their gender and sexuality. Our activities during a humanitarian response can increase and reinforce, or reduce, existing inequalities. Integrating gender into every stage of a response is therefore a core part of CARE achieving their humanitarian mandate."

<https://www.care.org/our-impact/gender-in-practice/priority-areas/gender-in-emergencies>

"CARE's focus on women and girls is based on overwhelming evidence of gender discrimination as an underlying cause of poverty and marginalisation, leading them to being more vulnerable to the effects of disasters than men and boys. Humanitarian programming that fails to account for the differing roles and power dynamics between men and women tends to exacerbate gender inequalities.

At the same time, disasters often disrupt and displace social structures and relations, creating opportunities to promote **gender transformational change**, such as women taking on leadership roles in their household and community during relief and recovery. While urgent, lifesaving action is critical in crisis response, CARE firmly believes that gender-sensitive action is essential to an effective response. CARE is also convinced that humanitarian action can advance gender equality and transformation." CARE Insights, 2017, *Gender & Localising Aid: The potential of partnerships to deliver*, p.4

https://www.care-international.org/files/files/publications/Gender_and_Localizing_Aid_high_res.pdf

Oxfam Minimum Standards for Gender In Emergencies is a tool used by Oxfam staff and humanitarian programme practitioners to ensure a consistent approach to promoting gender equality in humanitarian preparedness and response programming. https://www.gdnonline.org/resources/ml-oxfam-gender-emergencies-minimum-standards-291113-en_0.pdf

Executive Summary

On 25 April 2019, as Mozambique was responding to the devastation caused by Cyclone Idai five weeks previously, Tropical Cyclone Kenneth hit the northern part of the country causing widespread devastation, flooding and displacement.

In a part of Mozambique experiencing significant poverty and instability caused by complex conflict dynamics¹, women, men, boys and girls in the province of Cabo Delgado had limited resilience to withstand the shock of a cyclone. Early reports indicated that certain groups were hit particularly hard, including female-headed households, pregnant and lactating women, people with disabilities, the elderly, and boys and girls. This was confirmed by the Rapid Gender and Protection Analysis (RGPA).

COSACA,² a consortium comprised of CARE International, Oxfam and Save the Children, identified four districts of the Cabo Delgado province to focus its analysis based on ongoing and planned operations: Ibo, Quissanga, Macomia and Metuge Districts as well as Pemba Town. The RGPA was built up progressively over the data collection period through 39 focus group discussions (FGD), 34 key informant interviews (KII) and observational safety audits.

Mozambique has the thirteenth highest level of women's participation in parliament in the world yet, at the same time, a third of women report experiencing violence, reflecting entrenched gender inequalities within society.³ These inequalities contribute to women and girls appearing to be the worst-affected by Cyclone Kenneth, subject to greater food insecurity and increased risk of gender-based violence. This is in line with global evidence on the disproportionate, gendered impact of disasters and conflict.⁴ Humanitarian responders must account for the different experience of crisis felt by women, men, boys and girls, and ensure actions are tailored accordingly. Moreover, those responsible for recovery programming should use the opportunity to address inequalities and transform harmful gender norms where possible.

The following chapters explore in detail pre-existing gender dynamics and the gendered impact of the emergency. [Overarching and sector-specific recommendations](#) can be found at the back of the report.

Summary of key findings

- **Poverty and conflict have compromised resilience:** Extreme poverty, instability⁵ and limited access to quality services in northern Mozambique⁶ have reduced communities' resilience and exacerbated the impact of Cyclone Kenneth in Cabo Delgado. Inaccessibility to areas on the mainland due to insecurity and damaged infrastructure has slowed the humanitarian response to some areas. It is crucial that agencies conduct a conflict analysis before any intervention and update it regularly in order to 'do no harm'. All staff – programme *and* support personnel – must understand what conflict sensitivity looks like in this context and how it relates to their responsibilities.⁷

¹ Center for Strategic and International Studies event discussing social, political and religious conflict drivers: <https://www.csis.org/events/understanding-extremism-northern-mozambique>

² COSACA is a consortium comprised of the international aid agencies, CARE International, Oxfam and Save the Children. It began its work in Mozambique in 2007, delivering emergency and large-scale humanitarian assistance to communities affected by floods. The COSACA consortium is committed to provide emergency and recovery assistance following Cyclone Idai and Cyclone Kenneth by building on members' technical expertise and geographical presence.

³ CARE Rapid Gender Analysis A Commitment to Addressing Gender and Protection Issues in Cyclone- and Flood-Affected Malawi, Mozambique and Zimbabwe: <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

⁵ <https://www.hrw.org/news/2018/06/19/mozambique-armed-groups-burn-villages>

⁶ Center for Strategic and International Studies event discussing social, political and religious conflict drivers: <https://www.csis.org/events/understanding-extremism-northern-mozambique>

⁷ How to Guide to Conflict Sensitivity: http://conflictsensitivity.org/wp-content/uploads/2015/04/6602_HowToGuide_CSF_WEB_3.pdf

- **Protection and gender-based violence:** Protection risks are significant, particularly for vulnerable groups.⁸ Protection risks include those related to loss of shelter, livelihoods and documents, conflict, displacement, and gender-based violence (GBV) exacerbated by gender inequalities. GBV response services are limited and not adequately survivor-centred; the cyclone response offers an opportunity to strengthen that capacity and implement GBV prevention and mitigation strategies.
- **Food insecurity and livelihoods:** Food insecurity varies between locations due to existing levels of poverty, crop damage, disruption to fishing and other livelihoods, and whether humanitarian access is compromised by insecurity and access issues. Gender inequalities are rendering women and children more food insecure and susceptible to malnutrition than men. Conflict may increasingly disrupt farming in rural areas as communities fear going to the fields in case of attack by armed groups. The potential impact of this on food security should be further investigated. In some areas, conflict has already caused displacement, distancing people from their land and livelihoods. The impact of mining concessions on access to productive lands also requires greater understanding.
- **Savings groups** are popular among women in Cabo Delgado and can provide additional protection and psychosocial benefits.⁹ In conjunction with income generating activities, savings groups offer a strong entry point for humanitarian and longer-term support.
- **Shelter, land and resettlement:** Rebuilding damaged and destroyed shelters is a priority concern for the affected population as it is linked to protection, privacy, dignity, health and livelihood needs. Agencies should consider advocacy and sensitisation to change practices around housing, land and property which are discriminatory to women in spite of some existing legal protections. Greater consultation with people in transit sites is required over resettlement plans including information about timing, levels of shelter assistance to be provided, and available services and livelihood options at resettlement sites. Neighbouring communities should be included in constructive dialogue to mitigate conflict related to sudden population increases.
- **Access to safe and dignified WASH facilities:** Access to clean water is variable. Women and girls are predominantly responsible for water collection; travelling long distances for drinking and bathing water is putting them at risk of harassment and sexual violence. In some areas fear of attack by armed groups is forcing them to use water of worse quality to remain closer to their villages. Pregnant and lactating women, children and the elderly are particularly at risk of unclean water. Pre-existing, deep-rooted cultural suspicions around the use of chlorine to purify water require a strong understanding for successful hygiene promotion.
- **Menstrual Hygiene Management:** Women's and girls' ability to manage menstruation with dignity has been heavily impacted by the destruction of bathing shelters, compounded by pre-existing poverty and discriminatory attitudes towards menstruation overall. Women and girls are lacking access to menstrual hygiene materials, places to hygienically dispose of pads, and privacy to wash and dry reusable cloths. In addition to providing support for rebuilding of safe, private bathing shelters, agencies should consider trialling more sustainable options for managing menstruation, such as Ruby Cups.¹⁰
- **Health/Sexual & Reproductive Health:** Services which were often inadequate prior to the cyclone have been further compromised hitting vulnerable groups hardest, including people with chronic illnesses, pregnant and lactating women, the elderly and children. The cyclone has damaged vital medicines and health infrastructure, including solar-powered refrigeration for vaccines. Maternal health care is inadequate to meet

⁸ Communities defined the most vulnerable groups as persons with disabilities (PWD), elderly women and men, female headed households (FHHs), sick and chronically ill people, pregnant women and children, particularly those without parents. See [Protection](#) section.

⁹ See *Women's economic empowerment in emergency contexts. Niger: A Case Study*. Author: Suzy Madigan. Forthcoming on CARE Insights: <https://insights.careinternational.org.uk/people/author/883-suzymadigan>

¹⁰ <https://rubycup.com/>

needs in Cabo Delgado and has been worsened by damage to health facilities. Family planning has been disrupted through damage to health centres and contraceptives. Access to contraception is variable dependent on access to healthcare overall and opposition by men to family planning is impacting on the health and education of women and girls. Reluctance by men to use condoms increases risk of HIV and other sexually transmitted diseases. Programming aimed at attitudinal and behaviour change is necessary to enable women to access their sexual and reproductive health rights.

- **Community networks:** Participation in community groups is high among men, women and adolescent boys offering clear opportunities for humanitarian and longer-term recovery programming to be community-based. The reason why fewer groups exist for adolescent girls should be investigated and spaces facilitated so that girls can similarly benefit from social networks.
- **Access to information:** Regarding issues that affect the community as a whole, men enjoy greater access to information than women and spend more time outside the home interacting with others through community meetings, work, religious and social activities. Humanitarians must design communications strategies that overcome barriers faced by women and girls in accessing information. These should integrate community preferences for receiving and feeding back information, literacy levels, and restrictions on mobility, whether related to gender norms, age or physical impairment.
- **Education:** Schools have suffered cyclone damage to infrastructure and educational materials disrupting classes and exams. Literacy rates are much lower among women than men, and gender inequality, early marriage and early pregnancy continue to compromise girls' education requiring a holistic response to increase access to education for both sexes.

1. Introduction

1.1 Background information

Cyclone Kenneth struck northern Mozambique on 25 April 2019. It was the strongest storm in Mozambique's recorded history and the second in five weeks (see RGA¹¹ for Cyclone Idai).¹²

Overall, it is estimated that close to 2.2 million need urgent assistance following the cyclones and floods (374,000 people from Cyclone Kenneth and 1.85 million people from Cyclone Idai), on top of 815,000 people already in need as a result of the drought.¹³ The death toll from the impact of Cyclone Kenneth is now 45 people, including 41 people in Cabo Delgado (33 in Macomia; 7 in Pemba and 1 in Quissanga districts) and 4 in Nampula (2 each in Erati and Memba districts) provinces.¹⁴

Affected individuals and families needed immediate support such as food, water and shelter. Cyclone Kenneth affected nearly 55,500 hectares of crops and caused loss of livelihoods, including fishing. Both of the cyclones made landfall during the critical harvest period, meaning the next opportunity for a full harvest may not be until March 2020.¹⁵ In Cabo Delgado, 37,748 houses have been destroyed and nearly 41,700 school-age children have been impacted by the destruction of 480 classrooms either partially (291) or completely (189).

One month after Cyclone Kenneth's landfall, humanitarian partners had reached more than 250,000 people with life-saving assistance, in support of the Government-led response. The response, however, remains severely under-funded, with just over 10% of required funding received.¹⁶ The most affected districts in Cabo Delgado are Macomia, Mueda, Quissanga, Chiure and Muidumbe. In Nampula Memba and Erati are worst affected.¹⁷ In May, five accommodation centers were open, hosting 1,388 individuals (284 HHs) in Pemba City (x2), Ibo (x1), Metuge (x1) and Mecufi (x1) Districts¹⁸ but were closed by the end of the month (see [Returns and Resettlement](#) within [Protection](#)).

At the time of assessment, access issues were hampering efforts to assess the full extent of the damage. Many affected areas in the province were only reachable by boat or helicopter. Damage to phone networks created challenges for assessments, reaching people in need and coordination of the humanitarian response.¹⁹

While disasters affect everyone, women, girls, men and boys are impacted differently. Varying capacities, strengths, needs and vulnerabilities affect how individuals and the wider community experience, respond to and recover from a disaster. Pre-existing social and cultural norms and expectations placed on women and girls can lead to women and girls being disproportionately impacted by disasters,²⁰ including their roles and responsibilities in the home and in the

¹¹ https://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/RGA-Sofala-Mozambique_April-2019-Final.pdf

¹² <https://reliefweb.int/map/mozambique/cyclone-kenneth-crisis-language-map-cabo-delgado-mozambique>

¹³ https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20190525_MozambiqueFlashAppeal.pdf

¹⁴ <https://reliefweb.int/report/mozambique/southern-africa-tropical-cyclone-kenneth-flash-update-no-13-12-may-2019>

¹⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20190525_MozambiqueFlashAppeal.pdf

¹⁶ OCHA, Mozambique, Cyclone Kenneth, One Month After, 27th May 2019.

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_moz_one_month_after_kenneth_en_v1.pdf

¹⁷ <https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Mozambique%20Humanitarian%20Situation%20Report%20No.%208%20%28Cyclone%20Idai%20and%20Kenneth%29%20-%20as%20of%2008%20May%202019.pdf>

¹⁸ IOM, Mozambique Cyclone Idai and Cyclone Kenneth Response, Situation report #8, 17-31st May 2018.

https://reliefweb.int/sites/reliefweb.int/files/resources/mozambique_sr_20190517-31.pdf

¹⁹ Gender-based violence sub-cluster briefing note, Mozambique: Pemba co-ordination hub, 28 May 2019.

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/06/GBV-AoR-Briefing-Note_EN_31May2019.pdf

²⁰ CARE Rapid Gender Analysis methodology and tools: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

community; their decision-making power in relation to men and boys; their engagement in paid work; level of education etc.

Both Cyclone Kenneth and Cyclone Idai significantly exacerbated protection risks, including sexual and gender-based violence, loss of personal documentation, and issues related to land and property rights.²¹ The impact of the current crisis combined with pre-crisis vulnerabilities, stressed living conditions, and a lack of resources are all exacerbating factors for gender-based violence and negative coping mechanisms that disproportionately harm women and girls.²²

1.2 The Rapid Gender and Protection Analysis objectives

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

While planning the RGA, a process which CARE undertakes in all crises as part of its approach to gender in emergencies,²³ it was decided that CARE would work with its COSACA consortium partners, Oxfam and Save the Children to gather data from a wider geographic area. As many questions that partners asked related to protection in addition to gender, we are referring to this report as a Rapid Gender and Protection Analysis.

The objective of this study is 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 major risks faced by women, men, girls and boys, as well as their priorities, capacities and needs across COSACA's current and future areas of intervention;
- How COSACA's emergency response can adapt to meet the different needs of women, men, girls and boys, as well as at-risk groups, to provide inclusive and dignified assistance and ensure we 'do no harm.'

2. Methodology

At the start of the process, CARE adapted its Rapid Gender Analysis tools²⁴ for the Cyclone Kenneth response and conducted a review of secondary data for this analysis. Tools included focus group discussion (FGDs) divided by sex and age group, key informant interviews (KIIs) and observations (safety audits).

As Oxfam intended to carry out a protection assessment asking similar questions to those within CARE's RGA, it was decided that the organisations would collaborate albeit using slightly different tools. Save the Children was also invited to take part and they used RGA tools. This collaboration enabled us to cover more geographical areas and benefit from more technical expertise.

Data collection was undertaken at different times by COSACA agencies between 13 May and 1 June. Twelve female enumerators and five male enumerators who spoke Portuguese and relevant local languages were trained on the basics of gender, protection and on the FGD and KII tools. The enumerators were selected based on their previous experience with NGOs, their language skills as well as their age (three female enumerators were in their early twenties to ensure data collection from adolescent girls was done by their peers). Enumerators assisted in adaptation of questions to

²¹ https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20190525_MozambiqueFlashAppeal.pdf

²² Gender-based violence sub-cluster briefing note, Mozambique: Pemba co-ordination hub, 28 May 2019. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/06/GBV-AoR-Briefing-Note_EN_31May2019.pdf

²³ <https://www.care.org/our-impact/gender-in-practice/priority-areas/gender-in-emergencies>

²⁴ CARE Rapid Gender Analysis Toolkit <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

ensure relevance and slightly different questions were asked for adult women, adult men, adolescent girls and adolescent boys as well as for key informant interviews. Focus groups were convened with assistance from local male and female community leaders on arrival in an area.

Over the course of 39 focus group discussions and 34 key informant interviews, the COSACA team spoke to a total of **418 people** for the analysis.

Key informant interviews were held with authorities, police representatives, humanitarian responders including those from local and international NGOs, UN agencies, teachers, health professionals and members of affected communities.

CARE conducted **19 FGDs** and **27 KIIs in Pemba, Ibo Island, Quirimbas Island and Matemo Island** in Ibo District on 13-14 May, and between 20 May to 1 June 2019.

Oxfam conducted **19 FGDs** and **7 KIIs in Pemba** (Ibo District), and the Districts of **Quissanga, Macomia and Metuge** between 21-25 May 2019.

Save the Children conducted **one FGD on Matemo Island** (Ibo District) on 31 May 2019.

Table 1: Focus group discussions disaggregated by location, sex and age

District	# FGDs	FGD Participants						Total participant FGD
		Women (60+)	Men (60+)	Women (18-59)	Men (18-59)	Girls (14-17)	Boys (14-17)	
Ibo	19	19	10	64	25	17	30	165
Quissanga	4		4	13	8	23		48
Macomia	6	4		16		16	34	70
Metuge	5		2	19	18	10	10	59
Pemba town	4	8		25		9		42
TOTAL	38	31	16	137	51	75	74	384

Limitations of the research:

- As a 'rapid analysis tool', further assessment is always recommended to fill in gaps or follow up questions which are raised by a Rapid Gender Analysis²⁵ (in this case, a Rapid Gender and Protection Analysis). It is **not designed to be final and comprehensive**, but instead it should be regarded as a living document to be updated as the crisis unfolds.
- Access to certain locations was restricted due to security concerns and/or access roads being flooded or destroyed during the cyclone, limiting reach to some communities accessing the least assistance.

²⁵ CARE Rapid Gender Analysis methodology and tools: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

- During the research, we aimed to collect data in areas where COSACA had provided an intervention or planned to do so to ensure ethical data collection and avoid raising unrealistic expectations among the community. Accordingly, information is limited to those areas.
- In mainland districts where FGDs and KIIs were conducted, Oxfam did not ask specific questions about Shelter, Non-Food Items (NFIs) or Distributions to focus on other protection issues, so primary information on these sectors is fuller for Ibo District, or gained through interviews with key informants in Pemba.
- Save the Children had limited staff time for RGPA data collection but did conduct one FGD on Matemo and provided valuable information. While the needs of girls and boys are highlighted in different sections, specific child protection questions were outside the scope of this study. As only one FGD was conducted in this location, it should be noted that information is limited for Matemo. Further assessment is advisable.
- Due to limitations of time, it was not possible to locate and conduct household interviews with more people experiencing limited mobility, such as persons with disabilities. Similarly, there was not time to convene groups of other potential vulnerabilities such as female-headed households. Future assessments should rebalance this.
- There was a lack of secondary data on specific at-risk and vulnerable populations. Some data on affected populations and population statistics differed within and between sources, so data provided in the report has been chosen to be consistent in terms of source.

3. Demographic profile

The RGA was conducted within Ibo District (including Pemba Town), Quissanga District, Macomia District and Metuge District, all within Cabo Delgado Province, the northern most province of Mozambique.

Quissanga, Macomia and Metuge Districts are all on the mainland of Cabo Delgado. At the start of the response, these districts were hard to reach due to the impacts of the cyclone and additional security considerations.

Full Sex, Age and Disability Disaggregated Data (SADDD) was unavailable for the areas concerned. It is worth noting that 65% of the Mozambican population is under 24, and 45% is under 14 years of age.²⁶

Ibo District (including Ibo Island, Quirimbas Island and Matemo Island)

Ibo District's (which comprises three islands of Matemo, Ibo and Quirimbas) total population is around 12,205 (6061 female and 6144 male). On Matemo Island, 85% of houses were thought to be totally destroyed. On Ibo Island, this figure was 55%.²⁷ Data on the affected population was less clear.

Pemba Town has a total population of 200,529 (99,103 female and 101,426 male). Of these, the affected population was 10,148, with 7 deaths, 1 injured person, 1,067 affected houses and 1 affected health facility.²⁸

Quissanga District

Quissanga District has a total population of 50,259 (24,517 female and 25,742 male). The district is composed of three *postos administrativos*: Quissanga (6,553), Bilibiza (19,309) and Mahate (24,397). It is estimated that 21,154 persons have been affected by the cyclone, with 1 death and 43 persons injured. There were 975 affected houses and 89 affected classrooms with 5 affected health facilities.²⁹

²⁶ See UNESCO: <http://uis.unesco.org/en/country/mz?theme=education-and-literacy>

²⁷ Mozambique: Cyclone Kenneth, Assessment Report, Ibo District, Cabo Delgado. INGC, OCHA, 12 May 2019

²⁸ Mozambique: Cyclone Kenneth, Assessment Report, Pemba District, Cabo Delgado. INGC, OCHA, 12 May 2019

²⁹ Mozambique: Cyclone Kenneth, Assessment Report, Quissanga District, Cabo Delgado. INGC, OCHA, 12 May 2019

Macomia District

Macomia district has four *postos*: Macomia Center, Mucojo, Quiterjaro and Chia with a total population of 114,345 (55,277 female and 59,068 male). The population affected by the cyclone was estimated at 107,836, with 33 deaths, 14,163 affected houses, 157 affected classrooms and 5 affected health facilities. It was estimated that 90% of Macomia district had been affected by the cyclone.³⁰

Metuge District

Metuge has a total population of 86,866 (42,365 female and 44,501 male). It is estimated that 7,260 persons were affected, with 1 injured, 1,452 affected houses and 9 affected classrooms. There were no deaths reported or any unaccompanied children as a result of the cyclone.³¹

³⁰ Mozambique: Cyclone Kenneth, Assessment Report, Macomia District, Cabo Delgado. INGC, OCHA, 12 May 2019

³¹ Mozambique: Cyclone Kenneth, Assessment Report, Metuge District, Cabo Delgado. INGC, OCHA, 12 May 2019.

4. Findings and analysis

While data was collected in five geographical areas, findings and analysis are presented collectively. This is due to the commonalities between locations and to maintain greater confidentiality for respondents. Where there were significant differences based on rural or urban locations, or findings specific to one area, this is articulated.

4.1 Gender Roles and Responsibilities

Daily schedules and division of domestic and paid labour

The roles and responsibilities of men and women is generally reflective of the situation pre-crisis with women and girls in Mozambique generally being responsible for domestic labour, while men and boys primarily work outside the home.³²

Adult women are responsible for domestic chores including cooking, cleaning, fetching water and firewood, and looking after children and the family. In rural mainland areas, women and girls help with farm work in the afternoons, and like men and boys, produce alcohol from sugar cane. In Ibo District, it is predominantly **older women** who work on the farms “because they are more experienced” while younger women remain at home to look after families. In villages women sell vegetables in the market, if permitted by husbands, or predominantly in front of their houses: “Some men do not like their women to be out in public ‘doing whatever’” - adult woman.

Roles have not significantly changed since the cyclone, but women are increasing efforts to earn money for rebuilding homes. For those in transit centres, or whose farms have been destroyed, they can no longer do farm work and say they spend days waiting for humanitarian assistance.

Adult men are the primary breadwinners and work on farms; catch, dry and sell fish; work in construction, or have small businesses which rely on being in urban or highly populated areas. Men appear to attend the mosque more than women. Since the cyclone, in locations where it is feasible to seek work, men are helping even less than before with domestic work. In addition to seeking work following the cyclone, they are looking for materials to rebuild.

Girls and some boys help their mothers with domestic work from early morning – children of around six upwards were observed working domestically. Adolescent girls are sent to get firewood. Depending on proximity to a school, and a family’s level of income, boys and girls attended primary school where one existed. Some **adolescents, predominantly boys**, attend secondary school where one is available. While damaged schools on Ibo Island have re-opened with humanitarian provision of classroom tents, classes have not resumed everywhere in Cabo Delgado.

Where children do not go to school, child labour is a potential issue for both boys and girls, whether working on farms or fishing, and requires further investigation.

Some displaced adolescent girls and boys regretted the loss of a community television that they could access during leisure time before the cyclone. Boys were noted to have more leisure time than girls.

Power: Decision making and control of money and resources within the household

Men, women and adolescents agreed in all locations visited that men make the significant domestic decisions such as those related to finances, the education and marriage of children, or reconstruction. “*The man has more power in*

³² CARE Rapid Gender Analysis, ‘A Commitment to Addressing Gender and Protection Issues in Cyclone- and Flood-Affected Malawi, Mozambique and Zimbabwe’ <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

the house,” – adult man. “*The man is the head of the household, he decides,*” - adult woman. “*If the father decides the woman or children can’t say anything,*” - adolescent girl.

Adolescent girls noted that fathers decide on the bride price (known as *lobolo*) payable to marry a girl³³. This is a traditional role taken by the male head of household in Mozambique and was noted in assessments pre-cyclone.³⁴ (In interviews, ‘marriage’ was used synonymously with living together, even if a formal ceremony with marriage papers had not occurred). Adolescent girls and various key informants noted that when a girl becomes pregnant, her parents oblige her to go and live with the boy or man to avoid family shame and additional dependents.

Regarding household food, men eat first, contributing to higher malnutrition rates among women and children.³⁵ “*The man decides who eats and does not eat in the family,*” - adolescent girl. Further analysis is required to know if boys eat ahead of girls.

It was reported that men keep and manage household finances giving women money to buy smaller household items, and that women give earnings from selling vegetables to their husbands. Further assessment is required to understand the exact management of household finances and how ownership of earnings is decided between couples in advance of any livelihoods or savings groups programming.

Both prior to and following the cyclone, in female-headed households (FHH) women make decisions but key informants noted that they can be vulnerable to sexual harassment and pressures to marry or live with a man.

4.2 Community structures, participation and decision-making

Power, participation and decision making at the community level

Formal structures: Despite changes at an institutional level, Mozambique remains a highly patriarchal society where men dominate powerful positions in communities and the household.³⁶ As within the household, men are the predominant decision-makers at a community level despite the inclusion of women in community and political structures. This has not altered since the cyclone.

Mozambique has organised, formal community structures which have continued. At the district level there is an administrator and a permanent secretary (of which there are women). Within each district there are localities; each locality has a community leader called a chief ‘*chef*’. The position is official and chiefs may be provided with uniforms³⁷. Other male leaders include religious leaders and traditional healers.

Occasionally there are female chiefs at the *bairro* (small neighbourhood) level. Women also hold key roles such as the *matrona* (midwife), *la reina* (‘queen’ - a community role) and leaders of party or savings groups.

Local government officials and community leaders were reported as key decision makers relating to the crisis. A problem is generally solved in the community with the village chief. If it is not resolved, it goes through the community justice system (tribunals).³⁸

³³ See **Gender-Based Violence** section within **Protection** for more about payment between families for marriage and sexual relationships relating to children and adolescents.

³⁴ CARE Rapid Gender Analysis, ‘A Commitment to Addressing Gender and Protection Issues in Cyclone- and Flood-Affected Malawi, Mozambique and Zimbabwe’ <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

³⁵ See more under **Food security, NFIs and distributions**

³⁶ Secondary Data Review, Gender-based violence – Mozambique: Cyclone Idai and Floods April 2019, GBV AOR

³⁷ A government campaign against early marriage features a woman in uniform holding up her hand with the caption, ‘Stop Early Marriage’

³⁸ The implications for the protection and rights of women and girls within the community justice system requires further analysis. See **Gender-Based Violence** section within **Protection** for more on this.

Tribal differences: Cabo Delgado is predominantly Muslim and the two largest tribes are Makua and Kimuani (a third is Makonde³⁹). Key informants noted that within the Makua tribe, “a matriarchal structure” exists in which women make decisions about more significant issues related to children, such as marriage.⁴⁰ Men will accept the decision and communicate it outside the home. However, it was also noted that because women do not enjoy the same education, access to information, economic independence or decision-making power at the community level as men, this power is relatively limited.

Respondents described Kimuani people as “*more conservative*” with women taking a more submissive role and having little decision-making power at the household level.

Community networks: There are a high number of associations, groups and community networks particularly for men, women and adolescent boys. This offers clear opportunities for humanitarian and longer-term recovery programming to be community-based.

In many areas on the mainland and the Ibo islands, **women** find solidarity in different women’s groups including political party groups such as the *Organização de Mulheres Moçambicanas* (OMM), church groups and **savings groups called *Xtique and Poupanca***⁴¹. The cyclone has disrupted women’s ability to maintain regular contributions to savings groups. Women go to female leaders and *activistas* (community mobilisers) to discuss problems, including intimate partner violence (IPV) and other forms of GBV; they also go to male community leaders. Where areas lacked women’s groups, women reported approaching female secretaries, women in police posts, or health or nutrition centres for women and children.

Men reported that they can freely share their problems through community, religious and sports groups. “*The issue is resolving those problems,*” - adult male. Men attend meetings called by leaders although displaced women have attended some related to relocation. Men also participate in community tribunals. Social groups and recreation centres for **adolescents** (mostly boys) have been disrupted since the cyclone.

While there are numerous groups, associations and committees for men, adolescent boys and women, there appear to be fewer such opportunities for **adolescent girls**. Future programming should consider facilitating groups for girls to benefit from the support and information-sharing that social networks provide.

³⁹ Further research is needed on dynamics within the Makonde tribe.

⁴⁰ See section on **Gender-Based Violence** within **Protection** for more details.

⁴¹ See **Livelihoods** section for more information on savings groups

Table 2. Community group participation as reported by sex

What community groups do you participate in?	Women	Girls	Men	Boys
Mosque or church groups	X		X	
Youth groups				X
Football and dance groups			X	X
Savings groups (Xtique and Poupanca), mixed and women-only	X		X	
Women's political groups, e.g. OMM	X			
Government/party group structures	X		X	
Community 'clean up groups'	X		X	
Child Parliament (Matemo) ⁴²				X
Community Child Protection Committee (Matemo) ⁴³				X

Table 3. Perceptions about decision-making in the community

Who is responsible for decision making in your community?	Women	Girls	Men	Boys
Male community leaders	X	X	X	X
Male religious leaders	X		X	
Traditional healers (sex unspecified)	X			
Women leaders who can solve community problems including midwives	X			
Female neighbourhood chief	X			

4.3 Access to information

Regarding issues that affect the community as a whole, men enjoy greater access to information than women and spend more time outside the home interacting with others at community meetings, and through work, religious and social activities. People in transit⁴⁴ sites are keen for more detailed information about resettlement and the timing and type of assistance they will receive.

Men and adolescent boys reported receiving information through community leaders, community meetings, mosque groups and through working – whether in fields, fishing or the market. Adolescent boys noted they learned of

⁴² Although Child Parliament and Community Child Protection Committees were only mentioned in Matemo and only by adolescent boys, it should be noted that adolescent girls were not interviewed there, so this data does not confirm whether they participate in these structures or not. Save the Children noted that these two structures exist elsewhere in Cabo Delgado.

⁴³ As above.

⁴⁴ At the time of the assessment, there were approximately 230 households across all three transit sites.

information through school, elders and the internet. Women access information through their husbands, community leaders, hospitals, churches and women's community groups.

Women in transit sites requested reassurances that they would receive ongoing assistance once they were resettled and information about what form this would take. They were unsure if they would be given construction material to build shelters and were keen to know that food assistance would continue, at least until they were able to resume rice plantation and harvesting. There was a sense of fatigue that despite many people coming to talk to them, they had not been consulted about their specific needs. "*This is the first time we are being asked about our needs,*" – adult woman. In the same transit site, men felt they were aware of government plans having attended community meetings, although it was not clear to what extent they felt engaged in consultation. The difference in women and men's knowledge about resettlement plans highlights the need for additional efforts to proactively reach out to women.

Respondents requested information by radio, megaphone and "*gate to gate*". On Ibo and Quirimbas islands, the '*radio comunitaria*' is someone who walks with a megaphone through the *bairros* to pass key messages (as was done to warn people of the cyclone). A volunteer theatre group also exists for messaging.

Phone ownership appears higher among men than women. On Ibo Island, the Mcel and Movitel networks were being restored during the evaluation; the Vodacom network was not operational on Ibo prior to the cyclone. In Quissanga, mobile phone networks had been affected by the cyclone and there was no access to radio even before the cyclone.⁴⁵ Levels of radio ownership should be considered when agencies are designing information and sensitisation campaigns.

Adolescent girls receive information from their mothers or "*the street*". Women requested that consultations are done house to house to ensure everyone receives the information.

The disparity in literacy rates between men and women, with women being significantly less literate than their male counterparts, will also impact how information is received and accessed, and how feedback is given by men and women in the community.⁴⁶ Agencies should adapt communications accordingly.⁴⁷

4.4 Main needs and concerns

Extreme poverty and instability in northern Mozambique⁴⁸ has reduced communities' resilience and exacerbated the impact of Cyclone Kenneth in Cabo Delgado. Where communities had limited access to adequate income and services prior to the cyclone, it has been harder for them to withstand the loss of shelter and livelihoods. Inaccessibility to areas on the mainland due to insecurity and damaged infrastructure has slowed the humanitarian response to many areas.

During the assessment, respondents were asked what their main needs were since the cyclone. People have experienced loss of homes, possessions, and disruption to livelihoods⁴⁹ through displacement, agricultural damage, loss of livestock, loss of fishing equipment and boats, farming tools or business capital. As such, women, men and adolescents emphasised the need for increased access to **nourishing food, clean water, hygiene materials,**

⁴⁵ Mozambique Cyclone Kenneth Assessment Report - Quissanga District, Cabo Delgado 10 May 2019. Available via OCHA Google Docs.

⁴⁶ CARE Rapid Gender Analysis, Cyclone Idai Response, Sofala Province, Mozambique, April 2019 <https://reliefweb.int/report/mozambique/care-rapid-gender-analysis-cyclone-idai-response-sofala-province-mozambique-april>

⁴⁷ See more in 'Recommendations' for adaptation of communications materials.

⁴⁸ Center for Strategic and International Studies event discussing social, political and religious conflict drivers: <https://www.csis.org/events/understanding-extremism-northern-mozambique>

⁴⁹ See [Livelihoods](#) section for more details.

sanitation, healthcare, cash and livelihood opportunities, construction materials and, for those unable to return home, **land close to services and employment**.

Respondents wanted urgently to rebuild their shelters, livelihoods and lives, and to be given information by authorities and NGOs about the timing and form of any humanitarian assistance they would receive. People living in Quissanga and Macomia who had received limited or no humanitarian assistance hoped for urgent assistance.

Women expressed a need for cash assistance to replace lost household furniture and domestic items such as plates, cups and cooking items. Like adolescent girls, women expressed the need for **menstrual hygiene materials**⁵⁰ and regretted the loss of private washing spaces to wash and dry menstrual cloths. Women and girls noted a loss of **privacy** overall as families who had lost shelters were living in cramped conditions housed by relatives or in tents. Women noted that access to family planning had been disrupted (monthly contraceptive injections or pills). A minority of **adolescent boys** (and no men) noted the need for access to condoms.⁵¹

For **children**, women identified diapers, baby formula, clothes, shoes and school uniforms as key needs. Families are also struggling to pay school fees (before and after Cyclone Kenneth). Women would like to start small businesses but have no access to capital. Restocking of animals killed in the cyclone was expressed as a priority.

Men spoke of the urgent need for shelter materials and livelihood support to help earn money to rebuild houses and replace possessions and tools required for livelihoods. Men in fishing areas requested help to rebuild boats to maintain their livelihoods. Men and boys on Ibo Island, but not women and girls, noted the challenge of disrupted communications networks suggesting they had greater access than women to phones before the cyclone.

Other frequently cited needs included mosquito nets, lighting for makeshift shelters, clothes and *capulanas*.⁵²

Men, women, boys and girls expressed the need for school rehabilitation and replacement of materials such as books and school furniture. **Adolescent girls and boys** requested school materials and repairs to damaged schools. While some schools have resumed classes, sometimes in tents provided by Unicef as on Ibo Island, in other areas where schools have been damaged, classes are being held beneath trees. Boys requested recreational materials such as footballs – the assessment found that boys generally have more leisure time than girls when they are not in school; girls are predominantly helping their mothers.

In many locations, women, men, boys and girls all identified that **people with special needs (PSN) or living with disabilities** (PWD) were receiving no assistance – both before and after the cyclone. The assessment team heard multiple examples of particularly vulnerable people with special needs, living in highly precarious situations without support even to relieve themselves hygienically, impacting on their health and dignity. It is important that PWD are targeted for assistance and humanitarian interventions are designed to ensure it is accessible to all.

During the assessment, women, men, girls and boys identified the following groups as the most vulnerable, for reasons expanded upon later: PWDs, elderly women and men, female headed households (FHHs), sick and chronically ill people, pregnant women and children, particularly those without parents. This should be considered when developing selection criteria and prioritising groups.

Commonly across the three transit centres visited, the assessment team noticed a lack of lighting, limited water points, and inadequate sex segregation and privacy for latrine and bathing facilities. As elsewhere across Cabo Delgado, displaced women were travelling long distances to find firewood putting them at potential risk of harassment and GBV. Urgent camp services are required in addition to a sustainable plan for relocation to areas with quality

⁵⁰ See section on [Menstrual Hygiene Management](#) within [WASH](#) for further details.

⁵¹ See more on attitudes and access to family planning under [Sexual and Reproductive Health](#) and [Gender-Based Violence](#).

⁵² A capulana is an African print cloth used traditionally by women in Mozambique. It can be worn as a skirt covering tied round the waist, on the head, to carry children, and sometimes cut up for managing menstruation.

services and livelihood opportunities. During the assessment period, the Government of Mozambique and relevant Clusters had begun discussing appropriate Camp Coordination and Camp Management (CCCM) options and resettlement plans requiring access to services and livelihoods.⁵³

As many remote areas were inaccessible within this assessment, it is important that consultations continue as access increases to ensure appropriate assistance is reaching the most vulnerable according to what is needed in specific areas.

4.5 Capacity and coping mechanisms

In areas where people felt humanitarian support and information had been limited, women and men felt they had minimal options available other than to wait for assistance. During the assessment period, around one month after the cyclone, many respondents were stoic: “*We take it day by day.*” Of this existing calm, one key informant working within the humanitarian response expressed concern that tensions might increase if communities did not receive assistance soon.

Table 4. Coping strategies reported by sex following the cyclone

What strategies are you using to cope following the cyclone?	Women	Girls	Men	Boys
Reducing the number of meals a day	X	X		
Borrowing money from community leaders			X	
Supporting each other within the community	X			
Increasing small business and trade (Ibo)	X			
Finding solace in religion	X		X	
Searching for materials to rebuild homes (Ibo)			X	
Performing odd jobs for people who have more money	X			X
Looking for edible plants to eat	X			

Food reduction: Families reported reducing meals from three times a day before the cyclone to one evening meal. It should be noted that it was Ramadan during the assessment period. However, irrespective of fasting, respondents complained of not having enough to eat and reducing meals. It should be noted that in previous crises in Mozambique, shortage of food and income among families also saw increased risk-taking, with many women and girls forced to engage in sex for food or money, marry early or be exposed to increased violence from stressed spouses.⁵⁴

Sexual exploitation and abuse: While the assessment did not ask in-depth questions about the occurrence, types or prevalence of GBV within focus groups, some key informants commented on this. It was reported that high poverty

⁵³ See section on [Returns and Resettlement](#).

⁵⁴ CARE Rapid Gender Analysis, ‘A Commitment to Addressing Gender and Protection Issues in Cyclone- and Flood-Affected Malawi, Mozambique and Zimbabwe’ <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

levels prior to the cyclone contributed to some families accepting money from men to have sex with girls (but not marry or take them to live with them). It was noted in one area that this occurred both before and after the cyclone.

Regarding positive coping strategies, women and men reported finding solidarity in their social and religious networks while displaced adolescent boys and girls regretted the loss of social groups and spaces for recreation.⁵⁵

4.6 Access to services and resources

Services	Access to these services
Water	Limited access to clean water affects women, men, boys and girls – this has not significantly changed since the cyclone with many villages having no protected water sources, less than 50% having functional handpumps and centralised pipe systems available in only a few locations. ⁵⁶ As it is the role of women and girls to fetch water, travelling far to rivers and streams can expose them to harassment, GBV and fear of armed groups. In villages, communal wells are managed by water committees – the gender balance of these should be assessed in locations of intervention.
Food	Due to displacement and disruption to farming and other livelihoods activities, access to food for women, men and children has worsened since the cyclone. Women reported limiting food to one meal a day down from three pre-cyclone. Men in the family eat first, contributing to levels of malnutrition in women and children. Some cultural beliefs prevent pregnant women from eating certain foods which impact on healthy nutrition during pregnancy.
Clothes	Men are predominantly responsible for earning money to buy clothes and other household items, but pressure has increased on women to earn income to replace items lost in the cyclone.
NFI Distributions	In areas where independent, house to house registration or verification of lists was not undertaken, or aid was not delivered directly to individual community members, communities have complained of humanitarian goods not reaching the intended recipients. To reach women who are traditionally based at home and people with limited mobility, such as the elderly and people with disabilities, house visits are crucial.
Health Services	Access to quality healthcare is limited. Since the cyclone damaged medical infrastructure and medicines, this has worsened. While some health services are provided with dignity despite limited means, others are not. It was reported that in some cases, patients have been asked for bribes to access healthcare. Demanding bribes for services hits the poorest hardest who may not be able to afford it.
Sexual and Reproductive Health Services	Contraception was reported as accessible at health centres, but there is strong resistance among men who believe having children is “their right”. Condom usage is unpopular despite high levels of HIV. Early marriage and initiation rituals contribute to high levels of early pregnancy and maternal mortality in young girls. The level of access

⁵⁵ See [Community Structures and Decision-Making](#) for more on community groups and associations.

⁵⁶ Oxfam WASH field assessments May-June 2019

	to, and quality of GBV services for women and girls, including the clinical management of rape appears limited (as for other health services). This requires further assessment and mapping. Services for male survivors of sexual violence are further limited by stigma.
Latrines	Existence and use of latrines in Cabo Delgado is limited and below 20% ⁵⁷ in many areas. Open defecation was widespread prior to the cyclone and practiced in the bush or on beaches, sometimes where people also wash. On Ibo Island and in Pemba Town, a few latrines which were functioning prior to the cyclone have been damaged.
Sanitation	Bathing shelters have been destroyed in affected areas. Women, men and children are sharing limited shelters, creating protection risks and impacting on women's ability to wash and dry menstrual materials in privacy. In deprived areas before and after the cyclone, and in some transit sites, access to clean water for washing is limited with people washing in streams also used by animals.

4.7 Protection

4.7.1 Conflict in northern Mozambique

Insecurity caused by armed groups in Cabo Delgado is creating fear in communities and complicating the quick and comprehensive provision of humanitarian assistance. Attacks on civilians and the reported abduction of women and girls is of major concern. Given that there have been reported attacks on villages following distributions and humanitarian goods looted, agencies face the challenging task of finding ways to prioritise vulnerable people without putting them at further risk.

Analysis of the conflict was outside the scope of this study. However, it is crucial for humanitarian agencies to ensure all interventions are conducted in an informed, conflict sensitive manner, based on conflict analysis which must be conducted safely. Participatory methods usually used in conflict analysis may be risky in this context.⁵⁸ Plans for recovery programming must be community-based to ensure effective design and acceptance, and perceived by communities throughout Cabo Delgado to be inclusive – a challenge given the size of the population.

4.7.2 Gender-based violence

GBV assessment was outside the scope of this report, and there was neither the time nor resources to adequately train volunteers on safe and sensitive GBV data collection. Within focus groups, the assessment team did not ask specific questions about the types or occurrence of GBV nor did it obtain primary data on prevalence. However, from questions focused on general risks and safety concerns faced by women, men, boys and girls, domestic violence and other forms of GBV, including sexual violence, were raised repeatedly. Interviews with key informants provided further background regarding GBV and the unequal gender dynamics which contribute to it. Significant information already exists regarding causes, prevalence and response to GBV in Mozambique⁵⁹, but agencies should consider **conducting GBV assessments by trained GBV specialists** in areas where they hope to work on GBV prevention,

⁵⁷ As above.

⁵⁸ Guidance on how to conduct a conflict analysis and inform conflict sensitive programming can be found in the easy to read 'How to Guide to Conflict Sensitivity' by the Conflict Sensitivity Consortium: http://conflictsensitivity.org/wp-content/uploads/2015/04/6602_HowToGuide_CSF_WEB_3.pdf

⁵⁹ Global Protection Cluster Gender-Based Violence AoR, Secondary Data Review: Gender-Based Violence – Mozambique: Cyclone Idai and Floods <https://reliefweb.int/report/mozambique/secondary-data-review-gender-based-violence-mozambique-cyclone-idai-and-floods>

mitigation, and providing support to authorities in their provision of GBV services.⁶⁰ Mapping of GBV services to inform safe and confidential referrals is urgent.

Gender-based violence (GBV) occurs in all contexts and increases in times of disaster or conflict while new forms of violence emerge. It is recognised as one of the most pervasive yet under-reported forms of violence globally and GBV prevalence data needs to be treated with extreme caution. One-third of all women in Mozambique have experienced violence at some point since the age of fifteen. Of those surveyed who were survivors of sexual violence, 59% never sought help or informed anyone.⁶¹ In Mozambique, changing attitudes that accept or excuse violence is critical to reducing the risk of violence against women and girls.

Mozambique is a source, transit, and, to a lesser extent, destination country for men, women and children who are trafficked into forced labour and sexual slavery.⁶² Children are often forced to work in sectors such as farming and mining. Women and girls are often taken to cities in Mozambique or South Africa with promises of employment only to be sold into domestic or sexual servitude.⁶³

See [Food Security](#) for information about female malnutrition caused by harmful gender dynamics within the home.

Sexual exploitation and abuse: During the assessment, key informants explained that even before the cyclone, women and girls living in poverty were frequently forced to engage in sex for food or money with other members of the community.⁶⁴ It was reported that families can encourage or coerce this.

In the aftermath of Cyclone Idai, issues related to sexual exploitation and abuse were highlighted, reinforcing the importance of working directly with communities to ensure we do not reinforce harmful power dynamics.⁶⁵

Recommendations on preventing and responding to sexual exploitation and abuse are found under [Overarching Recommendations](#) and [Protection and GBV Recommendations](#).

Attitudes to GBV: Women reported a normalisation of domestic abuse among communities, contributing to its prevalence. Intimate partner violence (IPV) was repeatedly raised during the analysis, including marital rape: *“In all families it happens. Sometimes the women fight back, but not all women.”* An anthropological study⁶⁶ noted that male dominance is unquestioned, and the mistreatment of women is often perceived as a result of their own behaviour. The commonly held view that a ‘good woman’ submits to her husband and other male relatives, noted in the study, was echoed through this assessment.

Older women who manage initiation rites for girls following their first menstruation reportedly prepare young girls to both accept this status quo and become ready for sexual activity. The initiation includes advice on keeping the home and personal hygiene. Adolescent girls explained that they are taught that their period is ‘something dirty’ – partly through initiation rites but also through cultural beliefs and rules perpetuated by women and men (see [Menstrual Hygiene Management](#) within [WASH](#)). This **exerts control by teaching girls to be ashamed of being a woman**. This should be considered when thinking about GBV prevention programming and engaging men and boys.

Inadequate GBV response: Mozambique has clear GBV response procedures, but these are under-resourced and are not adequately survivor-centred: there are mandatory reporting laws for sexual violence, for example. If a survivor

⁶⁰ See more under ‘Gender-Based Violence recommendations’ at the end of the report.

⁶¹ Regional Rapid Gender Analysis, Cyclone Idai, CARE International: <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

⁶² U.S. State Department’s 2018 Trafficking in Persons report

⁶³ <https://www.reuters.com/article/us-mozambique-floods-trafficking/first-cyclone-then-slavery-risks-abound-for-mozambique-children-idUSKCN1R81EF>

⁶⁴ See also [Education](#) for reports of sexual abuse within schools

⁶⁵ <https://www.hrw.org/news/2019/04/25/mozambique-cyclone-victims-forced-trade-sex-food>

⁶⁶ ‘Gender-based violence and women’s search for care in Mozambique’, Henny Slegh <http://medanthrotheory.org/site/assets/files/3123/slegh.pdf>

of sexual violence goes to a medical facility, health workers are required to report the incident to the police and a lengthy legal process is initiated. This can be against the wishes of the survivor and be a long ordeal that may or may not be resolved.⁶⁷

In 2012, the Mozambican authorities launched the Multisectoral Mechanism for Integrated Assistance to Women Victims of Violence outlining three points of entry for integrated GBV response: specialized health services, social action and police; further legal assistance should be provided if required.⁶⁸ Regardless of the service point of entry (health, social action or police), the respective service provider must ensure the survivor is referred to all other pillars of the service provision.

Social norms, gender inequality and poverty contribute to poor GBV response. Key informants noted that even in cases of rape, the family of the perpetrator can be pardoned by families in exchange for material goods and money, rendering it less likely that authorities will pursue legal proceedings. This dismissal of serious abuse by a family can increase psychological harm. Some state psychological support services exist, and ‘*activistas*’ (community mobilisers), have been sensitising communities in certain areas to explain the psychological damage caused by GBV and why survivors should be supported by families and helped to access medical care.

Women experiencing domestic violence are under social, religious and economic pressure to remain with their partners. Mediation is a common approach in communities. Informal female community leaders to whom women go in cases of domestic violence, “*try to mobilize those who come to her to stay together*”. A woman who denounces an abusive husband to the authorities often later pleads for his pardon and release because she, and her children, will be left destitute if the male breadwinner goes to jail. Income-generating activities which give women some economic independence are key to GBV mitigation, providing women more options if they are in a violent relationship.

During the assessment period, the Protection Cluster was working with the *Direccao Provincial de Genero, Crianca e Acciao Social*⁶⁹ to strengthen referral mechanisms. Community based organisations also train *activistas* in some areas to deliver GBV sensitisation and information-sharing about services.

Polygamy is prohibited by Family Law (2004) but is commonly practiced and can contribute to psychological, economic and physical abuse of women and girls. Polygamous ‘marriages’ are therefore not legally recognised, but there are no legal restrictions against the practice itself.⁷⁰ During this assessment it was noted that the term ‘marriage’ is used synonymously with a couple living together. Disputes, which can turn violent against women, often arise because of men taking multiple partners – men generally do not consult women about taking another wife. One woman had been told by her husband, “*I will marry if I want to, if you don’t want, go and kill yourself*”.

Women and girls, and their children, can be abandoned without financial support when a man takes another ‘wife’. This must be considered in the planning of interventions, including distributions, so that each female head of the family is registered independently to avoid women being overlooked. Women living without a partner can be more vulnerable to abuse and harassment. In 2015, approximately 36% of households were female-headed in Mozambique.⁷¹

Child marriage and under age sex: The legal age for marriage in Mozambique is eighteen, yet it is among the top ten countries globally with the highest rates of child marriage – around 48% of girls are married before the legal

⁶⁷ Plan International, Water Everywhere <https://www.planusa.org/children-still-cry-water-everywhere>

⁶⁸ Global Protection Cluster Gender-Based Violence AoR, Secondary Data Review: Gender-Based Violence – Mozambique: Cyclone Idai and Floods <https://reliefweb.int/report/mozambique/secondary-data-review-gender-based-violence-mozambique-cyclone-idai-and-floods>

⁶⁹ Provincial Directorate of Gender, Children and Social Action

⁷⁰ CARE Rapid Gender Analysis, ‘A Commitment to Addressing Gender and Protection Issues in Cyclone- and Flood-Affected Malawi, Mozambique and Zimbabwe’ <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

⁷¹ Ministry of Health and National Institute of Statistics: <https://dhsprogram.com/pubs/pdf/AIS12/AIS12.pdf>

age.⁷² Families living in poverty were reported to use child marriage as a coping mechanism to raise income (through payment of a bride price 'lobolo') or to reduce the number of dependents per household, exposing girls to sexual and physical abuse, poor nutrition and increased chance of maternal neonatal death. Health workers noted that many young girls die in childbirth in Cabo Delgado. During the El Nino crisis, child marriage increased and there are concerns the pattern will be repeated in response to Cyclone Kenneth.⁷³

Respondents reported that in some rural areas, girls as young as nine are forced to go through the initiation ritual to 'become a woman.' After this, she is told she can no longer play like a child and may be forced to live with a man, often much older, and begin sexual relations. Boys were also reported to marry as young as twelve in some areas, with one case reported of a ten-year-old boy having children.

An assessment conducted on Matemo and Ibo Island identified some unaccompanied and separated children (UASC)⁷⁴ raising protection concerns.

Collecting firewood and water – risks: Women and girls who had long distances to walk to collect firewood reported cases of sexual harassment. Adolescent boys and adolescent girls reported cases of sexual violence against women and girls as they travel to collect water or bathe, due to limited nearby water sources. The bush and beaches were cited by interviewees as locations where women suffer rape.

On Ibo Island, women reported crossing mangroves when the tide is out, leaving at 5am and returning by 10am. One safety issue regarded unpredictable tides – waters can rise as women search for firewood and the lack of communication creates a compounded risk. Phone networks were not functioning during the assessment period, although phone ownership among women also seemed to be much lower than men before the cyclone.⁷⁵

Alcohol: Communities spoken to were predominantly Muslim, but during the assessment the use of alcohol was observed and reported, including the production of home-made alcohol. The level of alcohol abuse should be investigated further, including its potential contribution to GBV. Respondents noted that in some areas, girls and boys as young as ten are going to village *discotecas* late into the night and drinking alcohol with adult men, posing a high protection risk.

4.7.3 Theft

In the immediate aftermath of the cyclone, widespread looting of abandoned houses and scattered possessions was reported.

4.7.4 Exploitation

Across multiple locations and through feedback mechanisms, the evaluation team heard concerns that unverified beneficiary lists were not always representative of the population in need, and that distributions did not always reach the intended beneficiaries. It will be important to maintain independent verification of the affected population, particularly vulnerable groups who cannot easily access information and community meetings, through house to house registration.

Regarding livelihoods, some women reported, "*Even if we wanted to, no will give us jobs.*" They explained that they did not have money to bribe potential employers or agents who could secure them jobs in towns.

⁷² <https://www.reuters.com/article/us-mozambique-floods-trafficking/first-cyclone-then-slavery-risks-abound-for-mozambique-children-idUSKCN1R81EF>

⁷³ CARE International in Mozambique, November 2016, Hope dries up? Women and Girls coping with Drought and Climate Change in Mozambique https://www.care-international.org/files/files/El_Nino_Mozambique_Report_final.pdf

⁷⁴ OCHA, INCG Mozambique assessment report – Ibo District, Cabo Delgado, 10 May 2019

⁷⁵ See more under [Access to Information](#).

4.7.5 Loss of documents

A further reason cited by women preventing them from finding work was the loss of legal documents (*cedula*) making it difficult for them to apply for jobs. They did not have information on how to replace them. Agencies working in protection programming should support the government in information dissemination about replacement of legal documentation.

4.7.6 People with disabilities

A limitation of this assessment was the inability to interview more people living with disabilities because of the time available. People with disabilities can remain hidden because of mobility issues or stigma and seeking their views may require home visits. Women and men in several areas noted that people living with disabilities were not receiving assistance before or after the cyclone – in part because of lack of visibility. The assessment team heard multiple examples of particularly vulnerable people living in highly precarious situations without support even to relieve themselves hygienically, impacting on their health and dignity. It is important that individuals with disabilities are specifically targeted, and humanitarian assistance designed to ensure it is accessible to all.

4.7.7 Returns and resettlement

Being relocated to a safe area close to quality services and livelihoods is a primary concern for displaced communities.

During the assessment period, the Government of Mozambique (GoM) was expediting the removal of IDPs from accommodation and transit centres in multiple provinces. By the end of the assessment period, OCHA was aware of only three remaining transit centres in Cabo Delgado: in Metuge (Taratara), Ibo Island (Fortaleza) and Pemba Town (Chiuba) with a combined population of around 230 households. Elsewhere, people whose homes were damaged or destroyed were living with relatives.

Following some concerns about the speed and manner in which families were being relocated from accommodation centres, authorities have begun operating in alignment with humanitarian requests, including: giving prior notice to families scheduled to be moved, identifying and moving vulnerable households and individuals first, staggering movements, and investigating options to ensure no one is resettled in an area which might leave them isolated or unable to access livelihoods and quality services.

As agencies continue to work with authorities to monitor the situation, it will be important to ensure displaced people are kept informed about the timing and nature of assistance that they can expect, that solutions are found quickly, that they are consulted about their needs for recovery, and they receive adequate returns packages including shelter NFIs. In one area, respondents said, “*This is the first time we are being asked about our needs.*”

Resettlement sites must provide communities with access to sufficient, quality services and access to livelihoods; the status of legal tenure must also be clarified. The potential impact of population increase due to resettlement in *bairros* must also be analysed. Recovery and development planning following the emergency response must ensure no group is marginalised as a result of resettlement. Ongoing engagement with neighbouring communities is necessary to mitigate any potential conflicts related to sudden increases in population, additional burdens put on services such as schools and health facilities, or perceptions that one group is receiving more than another.

4.8 WASH

The health impact of poor access to clean water impacts both sexes, but as women and girls are predominantly responsible for water collection, the need to travel distances through the bush to wash or to collect drinking water is putting them at risk of harassment and sexual violence. In some areas they fear attack by armed groups. Pregnant and lactating women, children and the elderly are particularly at risk of unclean water.

Access: Safe access to clean drinking water was variable across the areas visited in terms of both water quality and safe routes for water collection. WASH assessments will be required per location. On Ibo Island, access to water is generally unproblematic - there are many shallow wells, some uncovered, most of which are used for non-drinking purposes. Water accessed via handpumps is used for drinking. For those who can afford it, *certeza* (a chlorine based disinfectant) is added domestically. Women reported that **pregnant and lactating women drink from the well** even when they cannot purify the water.

It is mainly women who collect water, but children of both sexes were also observed doing so. On Ibo, women reported disputes as people wait to use wells “*because there are not enough pumps.*” Reports were heard of **older women bullying children** who did not have the strength to pump the well as quickly as adults. In Cumilaba, (one of four *bairros* in Quirimbas Island), water in the wells is saline and people are obliged to pay for water brought from six or seven kilometres away.

Access to water in rural mainland areas was more limited with some communities in Macomia sharing one water point between everyone and people using small, dirty water streams for washing. People have been drinking untreated water and reporting diarrhoea and vomiting. In one area of Quissanga, women and girls were walking to another village **three hours away to access clean water**. Although women and girls mentioned damage to wells and waterpoints since the cyclone, it is unclear whether there was significantly better access to clean water beforehand. In Pemba district, women reported having to walk long distances to find water which they know not to be clean. This was the case before and after the cyclone. Adolescent boys and adolescent girls reported cases of sexual violence against women and girls as they travel to bathe or collect water. Women and girls also fear attack by armed groups in areas where there is instability.

Even prior to the crisis, only half of Mozambicans had access to improved water supply and only one in five use improved sanitation facilities. Tens of thousands of people living in Cyclone Kenneth-affected areas lost access to water, including due to power cuts in key urban centres, such as Macomia, Mucojo and Quissanga towns.⁷⁶

On Ibo Island, water infrastructure assessed by a WASH expert was undamaged by the cyclone but much of it was in a **poor state of repair**. An NGO was working with the local Government to “shock” chlorinate all wells on the islands. **In some communities, perceptions exist, linked to spiritual beliefs** (referred to by some interviewees as ‘witchcraft’), **that the addition of *certeza* to community wells transmits cholera**. This has been exacerbated by the similarity of the words ‘cholera’ and ‘chlorine’. Hygiene promotion should be informed by the cultural context.⁷⁷

In the transit centre on Ibo, the displaced population were sharing waterpoints used by other islanders. In Taratara transit site in Metuge, people bathe in lakes where goats and cows use the river. In Chiuba transit site, there is one water point being shared by the whole displaced community.

Lack of lighting for water and latrine facilities where they exist, whether in transit centres or elsewhere, mean that women are afraid to use them at night for fear of attack by people or snakes.

⁷⁶ https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20190525_MozambiqueFlashAppeal.pdf

⁷⁷ In the same way that conflict and gender analysis is necessary to inform more effective, safer programming, agencies should consider engaging locally based anthropologists to give guidance on local beliefs to help tailor programming accordingly. See [Recommendations](#).

Latrines and bathing facilities: In Ibo District, latrines which functioned prior to the cyclone have been damaged and women are relying on using *capulanas* to create some basic screening for privacy. Latrines and bathing spaces have been damaged in Quissanga, Macomia and Ibo Districts. Women on Ibo and Quirimbas Islands described their loss of privacy as they are forced to share bathing facilities with men even more than before the cyclone. In Chuiba transit site, the evaluation team observed combined latrines (holes in the ground) and bathing points. There are no roofs, and women can be seen over the plastic sheeting surrounding them posing a **protection risk**.

Menstrual Hygiene Management: The destruction of bathing shelters has **impacted heavily on women's ability to manage menstruation with dignity**. Overall, women and girls are lacking access to menstrual hygiene materials, places to hygienically dispose of pads, and privacy to wash and dry reusable cloths.

Prior to the cyclone, women and girls in rural and island areas were predominantly using reusable pads or cloths, including cut from their *capulana*. Women and girls in more urban areas, or with more money, were able to purchase disposable sanitary towels. Following the cyclone, women, particularly younger ones, expressed a preference for disposable towels because of the lack of private space to wash and dry cloths.

In communities where distributions had been received, some hygiene kits⁷⁸ contained only enough disposable sanitary materials to last one menstrual cycle. Hygienic and dignified menstrual health management will continue to be a challenge for women and girls after the initial emergency phase. **Piloting more sustainable options such as Ruby Cups**⁷⁹ may be desirable following assessment, including understanding cultural or religious perceptions which sensitisation may need to address. When asked about their current preference of material, women and girls' responses varied according to what they were accustomed to pre-crisis. Preference is driven partly by cost and private space to wash and dry materials. For distributions of disposable napkins, it is important to include sensitisation on their hygienic use and disposal.

Significant **cultural beliefs exist around menstruation**. When a girl menstruates for the first time, she will attend an imitation ceremony where she is "*prepared for being a woman*". This includes advice from older women on personal and domestic hygiene.⁸⁰ In some areas, a menstruating girl or woman is not allowed to cook, fast, pray, go to the madrasa or walk near edible plants. Girls explained that they are taught that their period is "*something dirty*". This exerts a form of **patriarchal control in that girls are taught to be ashamed of being a woman**. This should be considered when thinking about GBV prevention programming and engaging men and boys.⁸¹

⁷⁸ UNFPA Dignity Kits distributed to women by COSACA on Ibo Island contained, disposable napkins, reusable menstrual pads and capulana, providing women with greater and longer lasting options.

⁷⁹ CARE Uganda has successfully trialled Ruby Cups to help South Sudanese women and girls manage menstrual hygiene in Uganda's refugee settlements where water is limited <https://rubycup.com/>. A number of protection outcomes were noted, such as a reduction in survival sex to procure sanitary towels and increased school attendance. Ruby cups are also being trialled in Sofala Province following the impacts of Cyclone Idai on menstrual hygiene management.

⁸⁰ See more under **Gender-Based Violence** within **Protection** for harmful practices/beliefs connected to initiation rituals.

⁸¹ See more in section on **Gender-Based Violence**.

4.9 Health

Health services which were often inadequate prior to the cyclone have been further compromised hitting vulnerable groups hardest, including people with chronic illnesses, pregnant and lactating women, the elderly and children. The cyclone has damaged health infrastructure and destroyed vital medicines.

Across Cabo Delgado, access to adequate, nearby health services even prior to the cyclone has been limited with women, men and children obliged to travel long distances for care in some areas. **Quality is frequently poor.** While some health services are provided with dignity despite limited means, others are not, and incontinent patients are reportedly left uncleaned. Furthermore, it was reported that in certain cases **bribes have been asked of patients** to access healthcare which should be free.

Access to, and quality of health services following the cyclone varies by area. On Ibo Island, despite having only one functioning medical facility (both before and after the cyclone), respondents reported adequate proximity to the health centre. The hospital was badly damaged in the cyclone and equipment, contraception and medicines were lost or spoiled, **impacting on family planning and treatment for diarrhoea, malaria, HIV** and more.

Services, including maternal care, have moved to a smaller health centre which also suffered damage. We should assume that a similar impact was felt in medical centres in areas not assessed. As on Ibo, Matemo's single health facility has been damaged and the power outage has disrupted the cold chain for vaccines. In Cabo Delgado, health centres at provincial and district levels are the first entry point for GBV survivors who are seeking services. However, the majority of these health centres need to be repaired or rebuilt and the necessary drugs and equipment made available for the treatment of GBV survivors, particularly rape survivors.⁸²

Two key health concerns across Cabo Delgado prior to and following the cyclone are malaria and HIV/AIDS. On Ibo Island, for example, there is a high prevalence of HIV/AIDS and on Matemo, seven patients are registered as receiving HIV/AIDS treatment.⁸³ COSACA distributed two mosquito nets per family on Ibo and Quirimbas. Distributions should aim to provide adequate nets in a family to provide protection for all, particularly those more vulnerable from malaria (including pregnant women and children), and to avoid obliging members of extended families to sleep together where it may be inappropriate.

Gender norms and inequalities which negatively impact on the **nutrition of women and children** have been exacerbated by the cyclone. See '**Food Security, NFIs and Distributions**' below.

Women reported cases of depression in the community, yet mental health services are limited, including psychosocial support (PSS) for GBV survivors.

The use of firewood for cooking increases protection risks both from women and girls going into the bush to collect it, and through the production of smoke inside shelters which is harmful to health. The provision of fuel-efficient stoves would reduce health risks and free up time for childcare or income generating activities.

⁸² Gender-based violence sub-cluster briefing note, Mozambique: Pemba co-ordination hub, 28 May 2019. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/06/GBV-AoR-Briefing-Note_EN_31May2019.pdf

⁸³ OCHA, INGC Mozambique assessment report – Ibo District, Cabo Delgado, 10 May 2019. Exact rates on Ibo unspecified.

4.10 Sexual and Reproductive Health

Maternal health care is inadequate to meet needs in Cabo Delgado and has been worsened by the cyclone as limited health facilities have been damaged. Opposition by men to family planning is impacting on the health (and education) of women and girls and reluctance to use condoms increases risk of HIV and other sexually transmitted diseases.

UNFPA estimate that 7000 pregnant women are at risk of unsafe births due to Cyclone Kenneth.⁸⁴ Complications in pregnancy and childbirth is a leading cause of death among adolescent girls in developing countries, with the risk of maternal mortality highest for adolescent girls under 15 years old.

On Ibo Island, as the hospital have been severely damaged, maternal wards have been set up in tents outside the small health centre where all medical services have been transferred. During assessment, when women went into labour, families were struggling to find midwives who had relocated because their homes had been damaged, particularly as the phone network was down.

On Quirimbas, men and women talked of insufficient medical staff in general and a lack of emergency transport, including for taking women to maternity facilities (before and after the cyclone). Similarly, in Macomia women complained of travelling long distances to access health services and women having difficulty in reaching a hospital if they go into labour at night.⁸⁵

Mothers reported that they are producing less milk since the cyclone and are forced to give babies water to drink (the cleanliness of this water was not specified). They also explained being obliged to introduce solid food at 3-4 months instead of the usual 6 months resulting in constipation. Displaced children were reported to be suffering more from fevers and colds than before.

Women said they have access to family planning options at medical centres including implants and the pill, although this should not be assumed to be universal. Women were more open in the female focus groups about sexual and reproductive health than men were in the men's groups. Men and adolescent boys did, however, express the belief that it is "*their right*" to have children and low condom usage is due to "*religious beliefs*". In some areas, men believe that contraception can cause infertility.

Women frequently mentioned the strength of resistance men feel towards family planning and condoms and associated domestic violence. In cases where men had discovered women had received the contraceptive injection without his permission, they had been beaten.

Women who did access contraception expressed concern that damage to health centres and medicines had disrupted regular family planning management, believing pregnancies would increase as a result.

Key informants noted high levels of maternal death among girls linked to sexual relations starting at an early age. Resistance by men towards family planning is also impacting women's health. Health professionals face challenges in persuading men to allow their wives to use contraception, even in cases where women have over ten children and are experiencing complications during childbirth and are at risk of maternal death if they have any more.

In Macomia, women noted that the average number of children in a family was seven. As the average family size for distributions is calculated as five, verification should be done for distributions to ensure adequate coverage.

⁸⁴ <https://www.unfpa.org/news/joint-operation-rescues-hundreds-cyclone-kenneth-mozambique>

⁸⁵ See more under [Sexual and Reproductive Health](#).

4.11 Food security, NFIs and distributions

Food insecurity varies between locations due to existing levels of poverty, cyclone impact and whether humanitarian access is compromised by insecurity and access issues. Crop damage and disruption to fishing and other livelihoods is impacting access to food. Gender inequalities are rendering women and children more food insecure and susceptible to malnutrition than men.

Food insecurity is a concern for women and men as crops (such as beans, maize, cassava) and cash crops (like coconut on Quirimbas) were lost after the cyclone. In Metuge, a woman was seen trying to dry rice salvaged from a flooded farm. She acknowledged that it was poor quality, but said the family had no other options. In addition to food assistance, men and women are asking for appropriate seeds for planting and replacement of lost farming tools. Similarly, fishing families who have lost boats, nets or other equipment request support.

In Mozambique, women and children are traditionally the last to eat in a family,⁸⁶ so food shortages hit them hardest. Nutrition projects have been introduced on Ibo Island within the last decade to combat malnutrition of pregnant and lactating women, adolescent girls and children. According to findings, **higher levels of malnutrition among women and men is caused in part by women and children eating only after men** in households. Health workers noted that cultural beliefs prohibiting women from eating nutritious foods during pregnancy, such as eggs and certain fruit and vegetables, contributes to nutritional deficiencies.

Poor nutrition may be contributing to lactating mothers reporting a reduction in breast milk production following the cyclone, obliging them to give babies water and feeding them *chima*⁸⁷ earlier than usual.⁸⁸

In several areas, it was reported that **distributions were not reaching intended beneficiaries because of abuses of power by decision makers**. To ensure food, NFIs and services reach the intended people and that aid is accessible to all, particularly those who may be hidden such as elderly people or those with disabilities, independent house to house verification is key. It is important that distributions are given to communities directly, not via individuals. In the aftermath of Cyclone Idai, issues related to sexual exploitation and abuse were highlighted, reinforcing the importance of working directly with communities to ensure we do not reinforce harmful power dynamics.⁸⁹

Frequently, women, men, boys and girls all identified that **people with special needs (PSN) or living with disabilities (PWD) were receiving little assistance** – both before and after the cyclone. The assessment team heard multiple examples of vulnerable people with special needs living in highly precarious situations without support even to relieve themselves hygienically, impacting on their health and dignity. It is important that these individuals are targeted for assistance and humanitarian assistance is designed to ensure it is accessible to all.

⁸⁶ See [Capacity and coping mechanisms](#) for more on the negative impact of gender inequality on women and children's nutrition and health.

⁸⁷ A type of porridge made from cornmeal.

⁸⁸ See more under [Sexual and Reproductive Health](#).

⁸⁹ <https://www.hrw.org/news/2019/04/25/mozambique-cyclone-victims-forced-trade-sex-food>

4.12 Livelihoods

Women's and men's livelihoods have been severely affected by the cyclone.⁹⁰ Conflict may increasingly disrupt farming in rural areas as communities fear going to the fields in case of attack by armed groups.⁹¹ Savings groups are popular among women and offer a strong entry point for humanitarian and longer-term support.

Adult men are the primary breadwinners in Mozambique. In the Cabo Delgado locations studied, work is predominantly subsistence farming or farm labour; catching, drying and selling fish; construction work, or small businesses which require being in urban or highly populated area. Livelihoods have been seriously disrupted as crops, tools, fishing equipment and vessels have been lost in the cyclone.

Prior to the cyclone, men and women in some rural mainland areas were fearful of tending farms, particularly alone, because of the risk of attack by armed groups. The potential impact of this on food security should be further investigated. In some areas, conflict has already caused displacement, distancing people from their land and livelihoods. The impact of mining concessions on access to productive lands also requires greater understanding. High levels of unemployment and poverty in Cabo Delgado may also be a conflict driver. In conflict contexts globally, such dynamics can contribute to recruitment to armed groups.

Economic hardship also has strong links with increased rates of domestic violence. Incidence of GBV, including early marriage and other negative coping mechanisms such as transactional sex are expected to increase as the economic situation deteriorates across affected regions. It is therefore important that income generating activities are prioritised noting livelihood gender dynamics and the types of activities women and men prefer to engage in.

Although **women** are responsible for the majority of care work and domestic chores, they also help with farm work. On the mainland, women, adolescents and men all reported spending time making alcohol from sugar cane.⁹² On Ibo Island, it is predominantly **older women** who work on the farms "*because they are more experienced*" while younger women remain at home to look after families. In villages women sell vegetables in the market, if permitted by husbands, or predominantly in front of their houses. "*Some men do not like their women to be out in public 'doing whatever',*" - adult woman.

Since the cyclone, women on Ibo Island are trying to sell more vegetables and home-baked bread to increase income. For those in transit centres, or whose farms have been destroyed, they can no longer do farm work and are waiting for humanitarian assistance. Women regretted the lack of employment opportunities and noted that not knowing Portuguese was a limitation, as many jobs require it, including domestic work.

Savings and access to banking: In several locations, women were participating in savings group mechanisms called *Xtique* and *Poupanca* prior to the cyclone. Participants discuss income generating ideas, but also issues such as marital problems and domestic violence. Groups have varying success depending on management and members' ability to regularly contribute. In all locations women had suspended the groups since the cyclone due to lack of funds. Given the familiarity of savings groups and the supportive and protective benefits they can provide, including in conflict contexts,⁹³ Village Savings and Loans Associations⁹⁴ or equivalent should be considered in Cabo Delgado.

⁹⁰ See more related to livelihoods under [Gender Roles & Responsibilities](#).

⁹¹ <https://www.hrw.org/news/2018/06/19/mozambique-armed-groups-burn-villages>

⁹² It was unclear if this was for family consumption or to sell – or both.

⁹³ See *Women's economic empowerment in emergency contexts. Niger: A Case Study*. Author: Suzy Madigan. Forthcoming on CARE Insights: <https://insights.careinternational.org.uk/people/author/883-suzymadigan>

⁹⁴ <https://www.careinternational.org.uk/fighting-poverty/care-know-how/village-savings-and-loan-associations>

Due to a lack of access to banking facilities, women explained that it is common for money to be hidden under rocks meaning that many people lost savings when the cyclone hit. Agencies should consider supporting access to mobile financial services within savings groups and/or livelihoods programming.

4.13 Shelter and Land

Rebuilding damaged and destroyed shelters is a priority concern for the affected population as it is linked to protection, privacy, dignity, health and livelihood needs. Agencies should consider advocacy and sensitisation to change practices around housing, land and property which are discriminatory to women in spite of some existing legal protections.

In all areas assessed, a primary concern expressed by both sexes was their pressing need to rebuild homes, which equated to rebuilding their lives. A displaced man expressed the urgency: *“We want to get back to normal. We don’t want to feel dehumanised.”*

For those whose homes have been destroyed or severely damaged, the majority are staying with relatives or host families. The overcrowding this creates is a protection concern particularly for women and children as they are obliged to sleep in confined spaces, potentially with extended relations and friends of the opposite sex. Host family arrangements are also a time limited solution - extended families will not have the resources to support additional members in the long term.

On Ibo island, shelter was noted as the main concern for men and adolescent boys who are focusing on finding materials and income to buy them. In other provinces, maintenance of walls and the collection of roofing materials is a woman’s role. Further investigation should assess how the burden of housing construction has changed for women, and how female headed households, in particular, are accessing support. People with disabilities will need significant support in getting suitable and accessible shelter.

Men and women both felt shelter was relatively adequate prior to the cyclone. Different structural materials were used such as stone and concrete, or mud and sticks for wattle and daub in-fill. Roofs were made of zinc or palm leaves and straw. Following the cyclone, as roofs were either ripped off or damaged, unsecured zinc roofs could be seen flapping dangerously in the wind. With the destruction and damage of shelters, men expressed an increased sense of insecurity while women focused on the lack of privacy⁹⁵ and inadequate shelter from the rain.

The inability to reconstruct homes quickly has been compounded by the disruption to livelihoods, including the destruction of the main market and loss of tools, boats, fishing and farming equipment. People often operate their business activities out of their homes which now are destroyed. This was also mentioned by women, including older women. The price of building material such as zinc roofing, sand and cement on Ibo Island has increased since the cyclone and supplies of all are running low.

In transit centres, it was noted that some tents have poor ventilation and can be very hot to sleep in.

Land rights: Despite legal instruments that should protect women’s housing and land rights, in practice, a patriarchal system provides little protection for women, particularly following abandonment or the death of her husband. The land laws of 1997 state that, although land belongs to the state, both men and women can make use of legal measures to obtain land without requiring written proof of use.

Despite this gender equality in legal land ownership, in reality land ownership resides with men because of the patriarchal culture.⁹⁶ Women can suffer abuse from their husband’s family on his death and potential eviction from

⁹⁵ See sections on **WASH** and **Menstrual Hygiene Management**.

⁹⁶ https://www.sida.se/contentassets/80caaf7d1aaf48738b7b70386574b59e/towards-gender-equality-in-mozambique_693.pdf

the family home. Respondents noted that by law, following a man's death his possessions are shared equally among his children and wife. In polygamous families this is often a cause of conflict. Agencies should consider advocacy to relevant authorities around women's land rights to support women's economic empowerment.

4.14 Education

Schools have suffered cyclone damage to infrastructure and educational materials disrupting classes and exams. Gender inequality, early marriage and early pregnancy is compromising girls' education. Literacy rates are much lower among women than men.

The cyclone has disrupted schooling through damage to school buildings and loss of books and other materials. While some damaged schools have resumed classes, sometimes in tents as on Ibo Island, in other areas schools are holding classes beneath trees. In areas of Cabo Delgado, there is not always access to secondary schools and primary schools may be limited, requiring schoolchildren to travel long distances for education. Children have also lost documentation as a result of the cyclone, making it harder or not possible to register with schools. Due to barriers caused by the crisis and traditional social and gender norms, girls are more likely to be pulled out of school in crises and less likely to return, than boys.

Being out of school can expose girls to higher risks of GBV and may also contribute to higher levels of child marriage,⁹⁷ making it more difficult for children to return to school as they assume traditional roles in the home, family and community.

Child protection issues impacting on education include child marriage⁹⁸ and child labour. Almost 50% of young Mozambican women aged 20-24 years were married before the age of 18, while 14% were married before the age of 15⁹⁹. Child marriage and associated adolescent pregnancy creates a significantly higher likelihood of girls leaving school early. Women and adolescents noted that girls who do attend school have less time to do homework than boys because they have to help their mothers with domestic chores. Boys generally have more leisure time. The gender inequality in education is reflected in literacy rates.

Table 5. Literacy rates in Mozambique per sex¹⁰⁰

	TOTAL	MALE	FEMALE	
Literacy rate (%)				
15-24 years	70.53	79.07	62.67	(2015)
15 years and older	56.04	70.76	43.06	(2015)
65 years and older	26.01	46.31	8.8	(2015)

Although education is free in Mozambique, families living in poverty struggle to afford uniforms, exercise books or fees for tests. Respondents explained that poverty and abuses of power can lead to **sexual abuse of students by teachers**, including in exchange for grades or continued education.

⁹⁷ Gender-based violence sub-cluster briefing note, Mozambique: Pemba co-ordination hub, 28 May 2019. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/06/GBV-AoR-Briefing-Note_EN_31May2019.pdf

⁹⁸ See more under [Gender-Based Violence](#).

⁹⁹ See Regional RGA for Cyclone Idai, <https://reliefweb.int/sites/reliefweb.int/files/resources/Regional-RGA-Cyclone-Idai-29032019.pdf>

¹⁰⁰ UNESCO: <http://uis.unesco.org/en/country/mz?theme=education-and-literacy>

5. Recommendations

5.1 Overarching recommendations

- **Update this Rapid Gender and Protection Analysis** as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities leads to more effective and appropriate programming and humanitarian assistance, tailored to the specific, different and changing needs of women, men, boys and girls.
- **Conduct a conflict analysis before all interventions**, including assessments, to ensure they are conflict sensitive. It is important that humanitarians understand the relationships, interests and conflict dynamics among and between different groups to avoid any interventions exacerbating conflict. The impact of a sudden influx of resources and humanitarian agencies into a conflict context must be understood and mitigating measures designed to ensure interventions 'do no harm'.
 - Within the conflict context, analysis should consider whether the presence of NGOs can expose affected communities to greater risk (particularly if short-term), or if longer-term programming and presence can have a protective impact.
 - Participatory methods usually used in conflict analysis may be risky for communities in this context. Refer to the 'How to Guide to Conflict Sensitivity'¹⁰¹ to help plan safe analysis.
 - Working through partners in conflict-affected areas must avoid risk-transfer. Full and frank discussions about security must be undertaken with partners and partner staff.¹⁰²
- **Consider engaging support of anthropologists** familiar with the context to better understand spiritual beliefs and cultural dynamics which may create resistance to humanitarian, development or behaviour change programming.¹⁰³

5.1.2 Designing programmes

- **Build community consultation time into the inception period of recovery programming** to be effective and encourage acceptance. Base proposals on the communicated needs and priorities of communities and meaningfully engage them in programme design once approved. The existence of well-established community structures for women, men and adolescent boys in Cabo Delgado should facilitate this.¹⁰⁴
 - It's important that interventions are perceived to be inclusive – a challenge given the size of the population. To achieve this, programmes need to be innovatively designed in partnership with communities, to deliver benefits to *indirect* as well as *direct* beneficiaries, particularly given conflict dynamics of marginalisation, **and then effectively communicated as such back to communities.**¹⁰⁵
- **Community-driven response:** Base the response on the needs and priorities of affected communities as articulated by women, men, boys and girls. Two-way dialogue and relationship building are crucial.

¹⁰¹ Guidance on how to conduct a conflict analysis and inform conflict sensitive programming can be found in the easy to read 'How to Guide to Conflict Sensitivity' by the Conflict Sensitivity Consortium: http://conflictsensitivity.org/wp-content/uploads/2015/04/6602_HowToGuide_CSF_WEB_3.pdf

¹⁰² <https://www.careemergencytoolkit.org/management/12-partnership/>

¹⁰³ See WASH section for examples of harmful beliefs linked to a belief in "witchcraft"

¹⁰⁴ See [Community Structures, Participation and Decision-making](#)

¹⁰⁵ E.g. Within CARE Niger's Village Savings and Loans Association programmes, women benefitting from a VSLA and IGA support are running a grain bank from which the whole community can now buy cheaper grain without travelling into town.

5.1.3 Communicating with communities

- **Prioritise community engagement and communication** – resource this as a specific, staffed activity and design communications to reach all sexes, ages and ‘hidden’ groups such as those with limited mobility.¹⁰⁶ **Effective, two-way, regular communication can be the difference between acceptance and exacerbation of conflict.**
 - Focus on face-to-face information provision and feedback and complaint systems, based on the information preferences expressed by women and men in the communities (see [Access to Information](#)) and their access (or lack of access) to different public spaces, media and telecommunications.
 - Ensure that all other methods of information provision, feedback and complaint methods (audio, pictorial, written), are inclusive of people with disabilities (including visual, hearing and physical impairments) and those who are illiterate. Use local languages.
- **Complaints and Feedback Mechanisms:** Ensure that girls, boys, women, and men, including older people and those with disabilities have access to safe and confidential complaint and feedback mechanisms so that corrective actions can address their specific protection and assistance needs. At distributions, point out roving female and male staff to assembled beneficiaries so that people can approach them casually to avoid the potential stigmatisation associated with a complaints desk.
- **Update communities** on how the information in this report has been shared and what actions that are being taken in response to recommendations.

5.1.4 Empowering staff, protecting communities

- **Taking ownership:** Use leadership, policies and ongoing communication to create a culture in which staff regard gender sensitivity, PSEA and conflict sensitivity as fundamental responsibilities of their own, irrespective of their sectoral role. Ensure all staff and volunteers understand and sign the Code of Conduct and PSEA obligations.
- **Ensure teams are gender-balanced:** Gender balance teams for assessments, programmes, post distribution monitoring, community engagement, feedback mechanisms. Provide security through female presence (e.g. at distributions). Consider the age of team members depending on the activity, for example working with elderly men or women.
- **Knowing what to do when faced with protection issues:** Brief all staff and volunteers on the protection and GBV risks present in communities. Ensure they understand how referral pathways work and can access the information on relevant referral services via the Protection Cluster.¹⁰⁷
 - Staff and volunteers should know how to refer survivors based on the survivor-centred approach: safety, confidentiality, non-discrimination and respect.

¹⁰⁶ See [Access to Information](#) section regarding information mechanisms and groups which are excluded from existing information sources.

¹⁰⁷ Mozambique Protection Cluster <https://www.humanitarianresponse.info/en/operations/mozambique/protection>

- Staff should always carry the one-page Global Shelter Cluster's *Constant Companion*, updated with details for Cabo Delgado, which explains to non-GBV experts how to deal with a GBV survivor safely including providing information and phone numbers about GBV services.¹⁰⁸
- **Get the right people in the right places:** Boost Human Resources capacity and aim for low staff turnover so staff can build up a granular understanding of realities on the ground and good relationships with partners and communities.

5.1.5 Adjusting course to improve programming

- **Collect and analyse sex, age and disability disaggregated data (SADD):** All humanitarian programming activities, including assessments, implementation and monitoring and evaluations, must collect SADD at a minimum and, disability-disaggregated data insofar as is possible. Once collected, it is critical to ensure that someone is tasked with analysing the data and making recommendations to the respective teams on how to adjust their programming to be more effective and inclusive.

5.1.6 Meaningful participation

- **Participation of women and 'hidden' groups:** Teams must consult with women to 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.
 - Ensure that women, adolescent girls, PWDs, those with limited mobility and other groups at increased risk are meaningfully engaged in all sector and multi-sectoral programming including in decision-making processes and coordination mechanisms.
- **Equal participation on committees:** Include equal representation of women/girls, as well as ensuring the inclusion of at-risk groups, across sectors where CARE is establishing or strengthening existing committees, e.g. WASH or water committees.

5.2 Sector-specific recommendations

5.2.1 Protection and GBV recommendations

- Following a conflict analysis (see [Overarching Recommendations](#)) and risk analysis for community participants and staff, agencies should consider protection monitoring on an ongoing basis by trained protection staff. Share analysis with humanitarian actors to inform programming and advocacy.
- OCHA and Clusters should support authorities to disseminate information about how to replace lost legal documents that prevents affected people accessing services and some livelihoods. Agencies should ensure field staff are briefed and can communicate this information to communities.
- Agencies should help communities to articulate their needs and feedback on services to local authorities by linking existing community groups to relevant stakeholders and facilitating the creation of new ones where there are gaps in representation (e.g. consider establishing female youth groups).¹⁰⁹

¹⁰⁸ Handling GBV disclosures for non-GBV experts: <https://www.sheltercluster.org/gbvshelter-programming-working-group/documents/gbv-constant-companion>

¹⁰⁹ See [Community Structures, Participation and Decision-making](#) for lack of solidarity groups for adolescent girls.

- Develop partnerships with organisations working with PWDs to ensure continuous monitoring and understanding of needs to adapt programmes accordingly.
- Map and work with local women’s rights groups and CBOs working on gender equality and inclusion. Create safe spaces for women and girls to meet and community women’s groups such as savings groups and committees (involving men and women) to strengthen social and economic support networks in communities. Work with these groups on gender equality and GBV prevention messaging.

5.2.2 GBV prevention and mitigation

- COSACA should engage a GBV specialist to conduct a gender-based violence in emergencies (GBVIE) assessment to follow up this report’s initial findings and help design location-specific GBV prevention, mitigation and response activities, including those which are integrated into sectoral activities. Anthropological support can help here to understand harmful attitudes related to spiritual and religious rites and beliefs contributing to inequality and GBV.¹¹⁰
- Engage men and boys, women and girls in behaviour change activities around gender equality and GBV prevention. Sensitise men and boys, including community and religious leaders, on the harmful impact of GBV, early marriage and polygamy (as a contributing factor to GBV).
- Consider supporting gender balanced community safety patrols to mitigate harassment, GBV and theft in villages. Train them in safe, survivor-centred management of GBV referrals.
- Design programming and advocacy that can contribute to women’s economic empowerment (see [Livelihoods recommendations](#)). Providing women with greater financial independence can increase women’s options to leave violent situations. Conduct further research on women’s land and property rights and advocate to relevant authorities for greater enforcement of laws promoting equality, and for strengthening those which do not.
- Provide torches and whistles to women to improve safe access to sanitation facilities at night.¹¹¹ Increase community lighting where possible, designed in consultation with women to avoid inadvertently doing harm.¹¹²
- Investigate further the existence of alcohol abuse, including its potential contribution to GBV, and consider including in GBV prevention engagement with men, boys, women and girls.
- Consider the provision of fuel-efficient stoves to reduce the negative health impacts of smoke inhalation and reduce the need for women and girls to search for firewood which exposes them to GBV.

5.2.3 GBV response

- In coordination with the Government of Mozambique (GoM) and Protection Cluster, agencies should map, assess quality and proactively disseminate information to communities on available GBV services per location and build up specific referral mechanisms per site.
 - Where services are not sufficiently survivor-centred, agencies should support service providers and authorities with capacity-building programmes overseen by GBV experts.
- Agencies should advocate for authorities to increase support to GBV services in all areas so that SGBV survivors have access to survivor-centred, multi-sectoral, coordinated response services (medical assistance

¹¹⁰ See [Gender-Based Violence](#) and [WASH](#) sections.

¹¹¹ As included in UNFPA’s Dignity Kits distributed by COSACA on Ibo Island.

¹¹² Protection of women and girls: A bright idea, Kerry Akers, Oxfam <https://views-voices.oxfam.org.uk/2017/08/protection-women-girls-emergencies/>

including clinical management of rape and access to post-exposure prophylaxis (PEP) kits, safety and security measures, legal assistance and psychosocial support).

- Agencies should engage with service providers to develop and agree confidential and safe referral mechanisms not only for GBV, but also for other protection issues requiring specialised services.
- Humanitarian agencies and service providers should refer GBV survivors, or individuals with special needs, to agencies providing economic or livelihood assistance.
- For hard to reach and underserved areas, the GoM, Protection Cluster and agencies should map out referral pathways to the closest service providers or organisations in towns who can provide help.
- Consider support for mobile health units in hard to reach areas to boost medical and psychosocial support for GBV survivors.
- Map, support and scale up existing community sensitisation, referrals and psychosocial support, being provided by local community-based organisations (CBOs) who can act as the main first contacts for vulnerable groups in the communities.¹¹³

5.2.4 Preventing sexual exploitation and abuse (PSEA)

- As co-chair of a PSEA network with UNICEF, COSACA should continue its efforts to establish a PSEA network in Cabo Delgado, replicating work done in other areas of operation including within the Cyclone Idai response. A joint COSACA system of receiving and responding to SEA complaints from communities should be explored.
- To ensure accountability to affected populations, COSACA and other agencies should further explore ways to enable survivors and those at threat of SEA to safely and confidentially report issues and receive support. Further analysis, based on consultation with the community, is required to develop the most appropriate and effective feedback mechanism in this context – one which serves women, men, boys and girls.

5.2.5 WASH and Menstrual Hygiene Management

- **Consult with the community** on the preferred location in communities and any institutions for latrines and bathing spaces, including where they are located in relation to each other, the level of safety on access routes, and appropriate safety measures within (such as locks and lighting). Ensure consultations include women, men, adolescent boys and girls, children (particularly in schools), elderly women and men, and at-risk groups such as PWD and FHH, including widows.
- **Prioritise Menstrual Hygiene Management** in collaboration with the Gender/GBV team and integrate this into design of latrine and bathing facilities. Consult women on their preference for disposable or reusable menstrual hygiene materials and create a safe space to provide sensitisation on usage, hygiene and GBV messages etc. Hygienic and dignified menstrual health management will continue to be a challenge for women and girls after the initial emergency phase: **piloting more sustainable**

¹¹³ For background see Global Protection Cluster Gender-Based Violence AoR, Secondary Data Review: Gender-Based Violence – Mozambique: Cyclone Idai and Floods <https://reliefweb.int/report/mozambique/secondary-data-review-gender-based-violence-mozambique-cyclone-idai-and-floods>

options such as Ruby Cups¹¹⁴ may be desirable following assessment, including understanding social, cultural or religious perceptions which sensitisation may need to address.

- Given women and girls' key role in water collection, consult them on the most appropriate design and location of new water points, aiming to reduce the distance women and girls travel to collect water and minimise conflict over limited water supply.
- Support the reconstruction of household bathing and latrine facilities to increase safety, privacy and dignity, beginning with the most vulnerable individuals and families.
- Install lighting that increases the safety of using and travelling to shared community water points, latrines (where used) and bathing facilities, being conscious of unintended consequences (such as encouraging men to gather under lighting, potentially putting women at greater risk of harassment and GBV).¹¹⁵
- Hygiene promotion should address suspicions in some parts of the community that *certeza* spreads cholera.¹¹⁶

5.2.6 Health, including Sexual and Reproductive Health (SRH)

- **Engage men and boys on sexual and reproductive health rights** to reduce resistance to family planning, aiming to overcome negative health impacts on women and children of early, unwanted and repetitive pregnancy. Include sensitisation about safe sex and prevention of HIV and sexually transmitted infections.
- **Engage men, boys, women and girls in behaviour change projects** aimed at addressing the gender norms and inequalities which negatively impact on the **nutrition of women and children**¹¹⁷ including women and children eating last within households, and cultural beliefs which limit pregnant women's consumption of nutritious foods.
- **Work with health and SRH actors to map accessibility and referral pathways** of existing SRH and GBV health responses. Support the full package of lifesaving SRH services in line with the Minimum Initial Service Package¹¹⁸ (MISP), a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis.
- **Support outreach and sensitisation about sexual and reproductive health rights**, options and availability, including GBV services. Work with local partners and community groups to develop appropriate IEC materials and sensitisation sessions.
- **Ensure adolescent-friendly SRH services are available** at health facilities, including appropriate referrals.

¹¹⁴ CARE Uganda has successfully trialled Ruby Cups to help South Sudanese women and girls manage menstrual hygiene in Uganda's refugee settlements where water is limited <https://rubycup.com/>. A number of protection outcomes were noted, such as a reduction in survival sex to procure sanitary towels and increased school attendance.

¹¹⁵ *ibid*

¹¹⁶ See *WASH* section.

¹¹⁷ See *Food Security, NFIs and Distributions*.

¹¹⁸ <https://www.unfpa.org/resources/what-minimum-initial-service-package>

5.2.7 Food security and livelihoods

- **Prioritise livelihoods programming**, consulting with the community to ensure income-generating activities (IGA) are conflict and gender-sensitive (see [Overall Recommendations](#)). To mitigate conflict, design IGAs in a way that indirect beneficiaries, as well as direct beneficiaries, perceive IGAs as providing a benefit to the whole community, e.g. contribution to services, markets or infrastructure.¹¹⁹
 - Consult with women, men and at-risk groups to design appropriate, accessible opportunities and to understand how best to mitigate GBV risks.
 - Work with protection actors to understand GBV risks that are linked to livelihoods interventions and seek their support to reduce exposure to these risks. In the short term, ensure integration of GBV prevention and risk mitigation across all interventions as a priority.
- Build on women's familiarity with local savings groups¹²⁰ and support Village Savings and Loans Associations¹²¹, or equivalent, targeting women, incorporating capacity building (numeracy, literacy, business and life skills), messaging on GBV and SRHR, and business start-up grants.
- Assess and understand the control of household finances and how management of individual's earnings is decided between couples in advance of any livelihoods or savings groups programming.

5.2.8 Distributions

- Conduct independent registration of beneficiaries through house to house verification, ensuring vulnerable groups are reached and targeted, e.g. female-headed households, pregnant/breastfeeding women and girls, the disabled and the elderly. Adapt registration tools to ensure that polygamous households are captured to avoid women and children being excluded. Verification of average household sizes should be undertaken for distributions to ensure adequate coverage.
- Communicate criteria for beneficiary selection to the community with opportunities for feedback. As data is collected through registration and post-distribution monitoring (PDM), vulnerability criteria can be adapted based on need.
- Ensure all individuals can access distributions sites in safety and with dignity. Talk to community groups to assess the safety of sites. Create a priority line for persons with disabilities, pregnant women, women carrying babies and the elderly. Identify ways to support those who cannot reach distribution sites and find individuals in the community who can help more vulnerable people return home.
- Establish a help desk at distribution points to deal with questions, feedback and complaints tailored to the way women and men prefer to give feedback.¹²² Point out roving female and male staff to assembled beneficiaries so that people can approach them casually to avoid drawing attention to themselves in case of sensitive complaints.

¹¹⁹ E.g. Within CARE Niger's Village Savings and Loans Association programmes, women benefitting from a VSLA and IGA support are running a grain bank from which the whole community can now buy cheaper grain without travelling into town.

¹²⁰ For more on women's economic empowerment in emergency contexts Niger: A Case Study. Forthcoming June 2019 on CARE Insights: <https://insights.careinternational.org.uk/people/author/883-suzymadigan>

¹²¹ <https://www.careinternational.org.uk/fighting-poverty/care-know-how/village-savings-and-loan-associations>

¹²² See [Access to Information](#).

- Distributions should aim to provide adequate mosquito nets in a family to provide protection for all, particularly those more vulnerable from malaria (including pregnant women and children), and to avoid obliging members of extended families to sleep together where it may be inappropriate.
- To enable demonstration of menstrual hygiene materials while overcoming stigma around discussing menstruation, identify a midwife or similar female community leader who can mobilise a few women to form a circle away from the distribution to receive the demonstration.¹²³ These women should be asked to pass on the demonstration to others.

5.2.9 Shelter, land and resettlement

- Shelter is a priority for all affected families as is it essential for protection, health and livelihoods recovery. It is vital that shelter needs are met in a timely manner.
- Further investigation is required to assess how the burden of housing construction has changed for women, and how female headed households in particular are accessing support.
- People with disabilities, older people and vulnerable groups such as female headed households should be provided significant support in accessing suitable shelter.
- Rebuilding activities should equally engage men and women in terms of decisions over the materials and design of the house or shelter as well as involvement in trainings and access to the livelihood opportunities linked to construction activities.
- Increased awareness is needed around housing and land tenure practices that are particularly harmful to women. Advocacy is needed to change these practices as well as shelter and settlements programming taking the gender inequality into account.
- Within distributions, household NFIs such as blankets, sleeping mats and mosquito nets need to be sufficient to avoid people being forced to share sleeping areas.
- **Resettlement:** Agencies should work with the Government of Mozambique to ensure communities are consulted regarding their needs, including for gender, age and disability-sensitive services and livelihoods, and that the timing and nature of assistance packages are communicated to the affected populations.
- Resettlement sites must provide communities with access to sufficient, quality services and access to livelihoods; the status of legal tenure must also be clarified and resettlement should be based consent.
- Agencies and the GoM should analyse the potential impact of population increase due to resettlement in *bairros*, such as additional burdens on services, engage displaced and host communities in dialogue, and mitigate any potential sources of tension, or perceptions that one group is receiving more than another. Recovery and development programming should be planned accordingly, providing support to both relocated and neighbouring communities.

5.2.10 Education

- Further gender-sensitive assessment required on education if agencies work in this sector.

¹²³ This approach worked successfully during COSACA distributions on Ibo Island.

- Support partners to establish temporary learning centres where schools have been damaged (perhaps through WASH or Shelter support).
- Analyse barriers to unequal access to education among girls and boys and mitigate the potential for girls or boys not continuing to secondary school because of financial or geographical limitations.
- Support advocacy efforts on behalf of families that have lost ID documents to help them enrol in schools despite this.
- Work with partners to provide children with materials and uniform that that create a barrier for attendance.
- Consider trials of Ruby Cups in schools where inadequate means for menstrual hygiene management causes lack of attendance amongst adolescent girls.

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