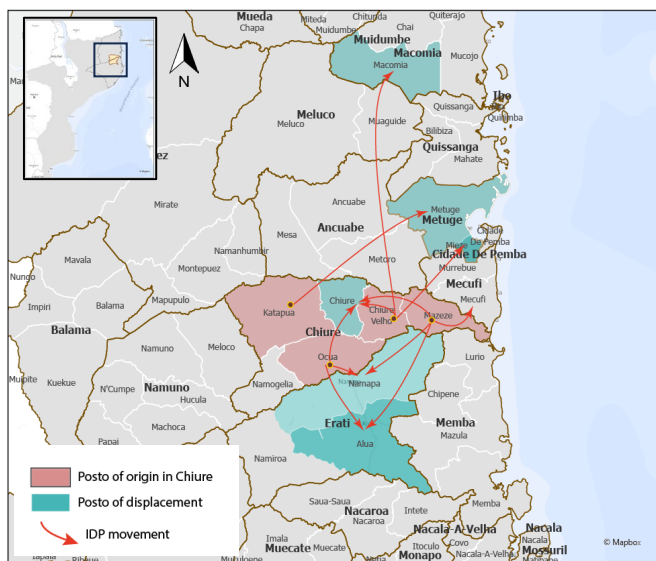


# Protection Update # 1: Forced Displacement Chiúre District, Cabo Delgado

27 February 2024



Protection Cluster  
Mozambique



## Total displacement following Chiure's attacks (from Feb. 8<sup>th</sup> to 25<sup>nd</sup>)



**15,354**  
individuals

Displaced in Chiure, Cabo Delgado

### Disaggregation

**2,150** adult men

**3,839** women

**9,366** boys and girls

**45** unaccompanied  
& separated children

### Vulnerable persons identified

**541** pregnant women

**781** elderly

**120** people with a disability

**15** persons with  
chronic diseases

Data sources:

1) [Movement Alert 101 - IOM - DTM \(26 Feb 2024\)](#)

2) [Joint Rapid Protection Needs Assessment - Protection Cluster Partners in Cabo Delgado 23 February 2024 \(see participating agencies in page 3\)](#)

## CONTEXT



Since February 9<sup>th</sup>, a series of attacks launched by non-state armed groups (NSAG) in Chiúre forced approximately 3,070 families (15,354 individuals) (out of which 10,521 are currently hosted in IDP sites) to flee within Chiúre District in Cabo Delgado and 33,218 individuals to Erati district, Nampula province. On Feb. 9 Nacoja village was attacked where NSAGs burned an unspecified number of houses and churches. On Feb. 12<sup>th</sup>, the NSAGs attacked Mazeze village causing a high level of destruction. Local officials reported the attacks lasted almost the entire day, destroying and burning houses, religious buildings, and several public infrastructure, including a Health Centre. From Feb. 12<sup>th</sup> to Feb. 23<sup>rd</sup>, NSAGs further attacked Muirota, N'Quira, Magaia, Muamula, Napala, Mahipa, M'mala, Menajane, Napala villages, setting fire to houses, churches, schools, and shops, firing shots, looting food & other goods, and causing civilian casualties. Specifically in Mahipa, NSAGs reportedly burned two trucks, including a fuel truck; the attack triggered massive displacement to Namapa, Erati District, Nampula. In response to the attacks mentioned above, the affected families have sought refuge in displacement sites and host communities in Chiure, Metuge, and Erati.

In light of the displacement and the preliminary reports on protection needs & concerns, the Protection Cluster participated in a field mission on February 23 to have a better understanding of the protection environment, advocate for the respect of protection principles, and report back on the protection needs of the affected population. The Protection Cluster benefitted from the support of UNHCR, UNICEF, UNFPA, Light for the World, Plan International and ADEL to conduct needs assessments through individual meetings and focus group discussions with the affected population as well as meetings with the local authorities in Chiúre (Administrator, SDPI, INGD based in Pemba, PRM Commander, SDSMAS, Department of Economic Activities, *Chefe de Posto* of Chiúre Sede). The Protection Cluster consulted communities in Megaruma, Namissiri, and Meculane. Other protection partners reacted swiftly to the needs of affected people such as UNICEF, Plan International, Save the Children, ADEL, Light for the World, and GRC.

Challenges regarding the response are linked to the closing of projects in southern districts. Recently, some partners have already withdrawn their presence and scaled-down assistance activities both in Chiúre before the emergency break-out. Response to the protection needs remains limited and most of the newly displaced persons continue to be exposed to protection risks. As the mission was carried out, new arrivals were being recorded. Chiúre remains a dynamic context.

## IMMEDIATE PROTECTION RISKS



**Protection incidents/threat to life:** Contrary to the modus operandi observed during 2023, with most attacks being directed at security forces, the NSAGs have exponentially increased their attacks towards civilians and civilian infrastructures since December 2023. The recent attacks in Chiúre reportedly resulted in, at least, **18 civilian casualties** in two weeks. Communities consulted also referred to children and women abductions during NSAG attacks, and houses burned.

**Safety and security in temporary shelters:** In places where people took refuge in IDP sites, transit center, and host communities, IDPs are exposed to protection risks arising from overcrowded spaces and lack of a proper place to rest. People are sleeping in the schools during the night and have to leave during the day for children to be able to access education.

**Family Separation:** Cases of family separation have been identified with people not being able to identify where their families are as they took different direction when fleeing from NSAG attacks. IDPs in Megaruma and Meculane reported the need to be supported with family tracing and reunification (FTR) efforts. Lack of civil documentation and lack of communication means are complicating the tracing of family members.

*"My wife and children fled through the bush. I don't know where they are, and I do not have communication means to try to locate them"* reported a man in Meculane.

*"I don't know where my parents are, and I don't know what to do"* lamented a 14-year-old boy in Megaruma.

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**Relocation:** The newly displaced IDPs were relocated to existing IDP sites within a week after their forced displacement to Chiúre Sede. As per the group discussions conducted with relocated IDPs, Women consulted mentioned they would have preferred staying in Chiúre Sede to stay with family members or to have better access to services, notably, to continue with their education for the young women consulted. The men consulted shared feeling trapped after their relocation since they had no financial means to pay for their transportation back to Chiúre Sede and felt the humanitarian assistance was conditioned to their relocation.

In support to community consultations in the context of IDP relocations, the Protection Cluster has developed the following guidance:

- [Key Messages on Relocation of IDPs;](#)
- [Go-and-see visit SOP in the context of IDP relocation.](#)

**Child Protection risks:** The displacement triggered family separation. Some children are unaccompanied or separated from their parents, including a 6-month-old baby that was identified as abandoned during the flight. Efforts are underway to reunify these children with their families by UNICEF and Plan International who are registering cases and started immediate tracing through community networks. Some children were able to be reunified through the process. Families have reported cases of children in the affected villages facing risks of violence, abuse, abductions as well as psychological distress during the flight. Additionally, the lack of civil documentation poses risks of statelessness and child marriage in displacement sites.

**Persons with specific needs:** The increase in violence and displacement has heightened vulnerabilities, particularly for older people without family support, people with disabilities, and pregnant women. Many faced challenges during their flight to Chiúre and encountered additional difficulties at displacement sites, where some lost their assistive devices while others lost their caregivers due to family separation.

*“People with disabilities needed someone’s help to be able to flee otherwise some of them were left behind and we do not know if they are still alive or not”* reported a man during a group discussion.

**Mental health and psychosocial needs:** Displaced families reported cases of high trauma as some of them have witnessed deeply distressing and disturbing events. Thus, there is a high demand for psychological first aid services among the displaced people, especially those who suffered incidents by NSAGs, and family separation.

**Gender-Based Violence:** Women in Chiúre face multiple GBV risks as a result of the NSAG attacks. IDP consulted referred to abductions, sexual violence, and separation from family members. Women who became head of household as a result of their displacement face additional risks of sexual exploitation, abuse, and other forms of GBV. Additionally, as public servants also fled the district, there is a lack of access to services, including sexual and reproductive health services and clinical management of rape. In the displacement sites and transit centers, women face further challenges due to overcrowding in shelters, lack of lighting, and the absence of separate toilets for women and men. The dire conditions in which IDPs live increases the risks of sexual violence and harassment and trigger harmful coping mechanisms. Weak legal mechanisms for access to justice in the IDP sites contribute to impunity for perpetrators, further endangering women and girls. Many women and girls across the sites need emergency hygiene kits.

**House, Land, and Property:** Numerous displaced families in Megaruma have reported significant losses, including homes burned and disruption of livelihoods. Moreover, they face insecure access to housing rights in displacement sites, exacerbating their vulnerability. In some cases, these challenges lead to premature returns to areas with security concerns, as families seek access to their crops and livelihoods in their places of origin. The lack of access to land and livelihood opportunities also forces families to resort to harmful coping mechanisms.

**Civil Documentation:** Displaced families have reported losing their civil documents, such as national identification cards and birth certificates, during their displacement. Men specifically mentioned experiencing harassment, physical violence, and arbitrary detention by armed forces in Chiúre. Women without civil documentation are particularly vulnerable to sexual exploitation and abuse, harassment, discrimination, and other forms of gender-based violence. Men in Megaruma expressed, *“We have not been able to leave the site because we do not have national identification cards and we are afraid of the police”* highlighting the impact of the lack of civil documentation on their freedom of movement.

*“Civil documentation is key for every person.”* A man shared during the FGD in Meculane.

This Protection Update aims to provide an initial snapshot of the situation on the ground based on information provided by protection partners to support the scale-up of the protection response. Updates will be provided as the Protection Cluster receives additional updates from partners. In this connection, additional information is always welcomed by email below.

## ONGOING & PLANNED PROTECTION RESPONSE ●●●●●

**Protection Coordination:** The Protection Cluster has activated a Protection Emergency Unit (EPU) to provide a first-line response to the needs of the newly affected IDPs in the Chiúre district and discussed Chiúre’s response with Protection partners on February 22<sup>nd</sup>. The Protection Cluster is coordinating the protection response with SDSMAS (the local District Services for Health and Social Action) and maintaining constant communication to enquire about the evolution of the protection environment and needs. The Protection Cluster is actively mobilizing partners resources to support the affected families.

**Persons with specific needs:** LTW (Light-for-the-World)/ADEL (Agencia de Desenvolvimento Economico Local de Cabo Delgado) is currently supporting the screening of people with disabilities, referring cases, and supporting community-based rehabilitation (CBR).

**Gender-Based Violence:** UNFPA trained four staff members on GBV survivor center approach, case management, and the One-stop center model to respond to the needs. Additionally, 15 personnel from partner organizations focus on victim support received GBV-related training. UNFPA plans to provide first-line response through integrated mobile brigades offering services such as sexual and reproductive health care and screening for sexual violence. Distribution of dignity kits and GBV awareness campaigns are also planned. LTW/GCR has revitalized Women and Girls Safe Spaces (WGSS) for psychosocial support and address gender-related needs. Helpcode is ready to respond with case management, awareness activities, counseling, and group support, but requires support for staff transportation and per diem. Care International has constructed WGSS in Marrupa to address gender-related issues.

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## ONGOING & PLANNED PROTECTION RESPONSE (Cont...)

**Child protection:** Save the Children has deployed its rapid response team (RRT) in Chiúre and supports with screening and registration of unaccompanied and separated children & orientation of foster families, FTR, case management, psychological first aid (PFA), identification of out-of-school children, awareness-raising and continues with needs assessment. In addition, Save the Children has supported with registration of 2,689 families, including 7,000 children. UNICEF/Plan International has registered 17 missing children and identified 6 unaccompanied children. They have raised awareness to 948 people on family separation, access to services, and keeping children safe. Child Protection actors continue to support monitoring and reporting related to the 6 grave violations. Mobile teams are also being prepared to support child protection programming in Chiúre. UNICEF/Plan International is also implementing programs to prevent and mitigate violence/abuse and GBV.

**MHPSS** IOM will deploy the Mobile clinic to provide integrated health, nutrition, and psychosocial assistance, which includes community workers trained on protection and MHPSS, ready to identify protection cases, refer them to response mechanisms, and provide psychological first aid to affected populations. Save the Children and UNICEF/Plan International are providing mental health and psychosocial support through psychological first aid (PFA) to children, parents, and their caregivers.

## PROTECTION RESPONSE GAPS AND CHALLENGES

**Partners limited presence and funding limitations:** As some protection partners have refocused their response to the northern district of Cabo Delgado in the past two months and moving towards scaling down their activities in Chiúre district before the emergency, protection partners faced challenges in remobilizing resources to respond to the emergency needs in this district, although regular response on Child Protection and Disability Inclusion remained present. At this point, partners will be providing a first-line emergency response, although the second-line response will remain a challenge due to limited funding vis-à-vis the scale of needs across the province. This situation limits the response to the pressing protection needs that will remain unmet and the risks unaddressed, which in turn could exacerbate vulnerabilities and increase the likelihood of protection concerns, such as gender-based violence, exploitation, and abuse going unreported and unaddressed.

**Access to civil documentation:** To date, there are limited government and humanitarian organizations with the capacity and resources to provide civil documentation services to newly displaced families in Chiúre district.

**GBV response:** There is a gap in ensuring the safety and accessibility of services for survivors, especially in transit centers. Transportation and per diem support for staff responding to GBV needs are also lacking.

Dignity Kits need to be distributed considering women's requests for urgent soap, lanterns, capulana, and washable sanitary pads. GBV AoR has also identified the need to raise the capacities of local authorities and police forces to intervene adequately in cases of GBV. To promote security and prevent cases of violence, there's a need to advocate for illumination at night, particularly at the centers, whilst providing small lanterns to women in dignity kits.

**Public services affected:** As public servants left the district due to the security situation, displaced families face additional challenges in accessing health, education legal, and wash services

**Support to Rapid Response Mechanisms:** Save the Children supported the JRP's food, wash, shelter & NFI kits distribution (WFP, UNICEF, IOM) to 1,097 IDP families through a child protection focal point from SCI in each distribution team, which ensures the identification of vulnerable cases and prioritizes them during the distributions. These identified cases will be followed up by Save the Children for a second-line response starting next week. The JRP is also supported by UNICEF and Plan International to conduct screening and child protection monitoring

**Community-Based Protection:** UNHCR will deploy a team to conduct community-based awareness campaigns, including on IDP rights, protection (conduct capacity building to authorities in Protection of IDPs), and peaceful coexistence/social cohesion activities to be identified. UNHCR will also continue to promote and share the current referral pathways to enable IDPs to access available services and will assess the possibility of establishing a mobile Protection Desk to enable affected families to access protection services. Save the Children, UNICEF and Plan International is conducting awareness raising and sensitization on Child Protection safe referrals, gender-based violence response, conducting key messages and distributions of information, education, and communication (IEC) materials on child marriage and GBV mitigation, and training of community volunteers.

**Community-based protection:** There is a need to ensure community ownership and sustainability of the awareness-raising efforts, as well as in reaching marginalized or isolated communities.

**Persons with Specific Needs:** The current support for people with disabilities focuses on screening and referral, but there may be gaps in ensuring their full inclusion and access to services, particularly in terms of community-based rehabilitation and ongoing support. Prioritization of people with specific needs in humanitarian assistance is lacking, including in the first-line response.

**Coordinated Rapid Response:** Even though there are mechanisms in place for coordination and rapid response, there may be gaps in the timely identification and prioritization of vulnerable cases, as well as in ensuring that the second-line response is effectively implemented.

**MHPSS:** Women and children are at a higher risk of anxiety, depression, and post-traumatic stress disorder, and urgent outside support and capacitation of local professionals are crucial to protect and/or promote psychosocial well-being and/or prevent or treat mental health conditions. Even though there are mobile brigades and PFA services, there is a gap in reaching all those in need, especially in areas where access is challenging. There could also be a need for more specialized mental health services beyond PFA.

**PSEA:** Recommendations include involving at least one woman per community in a food committee and designate a PSEA focal point. The focal point will priorly be trained on PSEA mitigation, prevention and response.

### Contributing Partners

