



PROTECTION CLUSTER STRATEGY FOR IDAI RESPONSE



March – September 2019
Early recovery



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I. OPERATIONAL CONTEXT

On 14 March 2019, Tropical Cyclone Idai made landfall near Beira City, with strong winds (180 – 220 km per hour) and torrential rain (more than 200 mm in 24 hours) across the provinces of Sofala, Manica, Zambezia, Tete and Inhambane. The official death toll rose to 602 people, nearly 110,000 houses were identified by the authorities as totally destroyed and more than 146,000 displaced people were sheltered in 155 sites across Sofala (116,237 people), Manica (14,047 people), Zambezia (13,203 people) and Tete (2,655 people) as of 1 April 2019. It is estimated that 1.85 million people need assistance due to Cyclone Idai alone.

The disaster led to loss of life, widespread destruction to both infrastructure and shelters, as well as disruption of essential services, markets and livelihoods. Secondary effects of the disaster included displacement a great number of people and the outbreak of infectious diseases, including Acute Watery Diarrhoea (AWD) and Cholera. The Cyclones also wiped out the lower than usual harvests. Farming families who had already been affected by drought lost all or large portions of their seed stores as well as the standing crops they were about to harvest when the storm hit. Mozambique ranks 180 out of 189 in the Human Development Index 2018. An estimated 3,000 sq. km of land were reportedly affected by flooding, with over 715,000 hectares of crop fields under water and widespread damages to key infrastructure¹, causing loss of livelihoods, including fishing.

Mozambique's geographical configuration and location (2,700 km coastline; downstream country of nine international rivers) contributes to it being ranked third among African countries most affected by climate-related disasters. The situation is exacerbated by the country's limited capacity to prevent, mitigate, and adapt to natural occurrences, man-made hazards and epidemics.

With destructions caused by strong winds and flash floods, thousands of people took refuge in makeshift accommodations and transit centers that did not offer minimum privacy and safety, created protection risks and reinforced a situation of vulnerability already at its peak. Since the month of April, the Government of Mozambique developed a resettlement strategy aimed at relocating affected families who were not able to return to their places of habitual residences to resettlement sites in rural areas. By 21 June, all accommodation and transit centers had been deactivated and families have been resettled to these newly created areas. The resettlement exercises raised serious protection concerns and the Protection Cluster issued a Protection Monitoring Report based on evidence collected during field monitoring. It serves as a lessons learned analysis aimed at advocating for the respect of protection standards of safe, voluntary and dignified movements in future resettlement exercises.

In the aftermath of the Cyclone and in order to rapidly ramp-up response activities in support of Government-led efforts, the Inter-Agency Standing Committee (IASC) activated a Humanitarian System-Wide Scale-Up on 22 March 2019, along with 10 IASC humanitarian clusters. Many organizations sent in emergency surge staff and additional supplies. In addition, during the revision of the Humanitarian Response Plan on 26 March 2019, as of mid-April there was a notable increase of operational presence from 20 organizations to 188 among UN Agencies, international and national NGO partners providing services across 67 districts. As the humanitarian response moves into the recovery and reconstruction phase, humanitarian actors on the ground have scaled down, although protection concerns and humanitarian needs remain high.

Three months after the cyclone hit, more than half a million people (100,000 families) were reportedly still living in destroyed or structurally damaged homes, while another 70,000 people (over 15,000 families) remain displaced in emergency accommodation or in resettlement sites. Many of these locations are unsafe, inadequately prepared, and lack access to fundamental basic goods and services –

¹ Multi-sectoral Rapid Assessment Post-Cyclone Idai, April 2019.

such as water and sanitation; shelter and NFIs; health; education; protection services and safe spaces. The minimum standards laid out in international human rights law and inter-agency guidance such as Sphere, the Gender Handbook in Humanitarian Action, and the Minimum Standards for Child Protection in Humanitarian Action are generally not in place.

The protection response is coordinated through the Protection Cluster which includes Child Protection and SGBV sub-clusters and a Disability Working Group. Multiple protection assessments have been conducted in the above-mentioned three key areas as well as regular broad protection monitoring to identify persons with specific needs in order to better analyze protection trends, risks and gaps in the response to the displacement.

II. PROTECTION ANALYSIS

General Protection concerns:

- The protection environment in areas affected areas before the cyclone was generally affected by widespread reported instances of early pregnancies and marriage, child labor, human trafficking and sexual and gender-based violence that were not properly addressed and are now exacerbated in the current humanitarian context. The GoM with the support from various partners is striving to put in place adequate response mechanisms to address these concerns although entering in the early recovery and reconstruction phase the referral pathways and service providers remain weak or inexistent.
- Displacement, destruction of basic service facilities, breakdown of community protection mechanism, overcrowding and unsanitary conditions in the aftermath of the cyclone led to increased protection risks for women, men, girls and boys. IDPs in resettlement sites report concerns over personal safety, lack of police to prevent vandalism, assault, and theft and elevated-risk of gender-based violence (GBV) and abuse towards people with specific needs, such as unaccompanied and separated children, female-headed households, people with disabilities and elderly.
- Lack or loss of legal documents during the cyclone (i.e. identity documents, birth certificates, school certificates and property documents) is a prevailing issue as highlighted in assessments conducted. This has led to the inability to access services and rights, secure livelihoods, potential land and ownership conflicts, and problems with enrolment of children in schools. Due to the limited institutional capacity to cover the affected areas of Sofala Province with birth registration services and due to a misinterpretation of the applicable legislation, many children, parents and caregivers remain without legal documentation.
- Especially with regards to housing, land and property (HLP) issues in resettlement sites, the process of issuance of legal documentation has raised protection concerns. One important issue is the access to the Right of Use (DUAT, *Direito de Uso e Aproveitamento da Terra*) for women as the current practice is to issue the Right of Use documentation to the men as "primary head of household". The situation has provoked women's evictions from resettlement sites and needs to be closely followed-up.
- Limited community engagement together with limited amount of information has also been noted as a key gap in the response. Populations generally lack adequate information on assistance, services, report mechanisms, rights and obligations. A concerted effort to communicate and inform affected population about humanitarian assistance remains patchy and inconsistent.

- Although disaggregated data on persons with disabilities is still limited and often inaccurate, it can be observed that there are few persons with disability in the resettlement sites compared to the communities. This is likely to be the result of already limited numbers of persons with disabilities who stayed in the accommodation centers. The main challenges for persons with disabilities living within the resettlement sites are related to accessibility of services. For example, water taps, toilets, health post, schools/child friendly spaces are often too far to be reached or not suitable to be used due to persisting barriers. There is a specific concerns about the following types of impairments:
 - Persons with albinism face sever health risks living in tents and residing in environments without sufficient shading. There is an urgent need to create better shelter conditions for them;
 - Persons with epilepsy often do not have access to the medication, among others due to unavailability at the local hospitals/health post. This increases the number of seizures which might result in severe brain damage;
 - Persons with a visual and/or hearing impairment, often do not have access to information and education due to the lack of an inclusive approach. This results in people being left out from food distribution, vaccination campaigns and children not going to school.
 - People with physical impairments lack assistive devices such as wheelchairs or crutches which hinders their mobility and the ability to make use of the services provided in the resettlement sites.
- People with disabilities are usually disproportionately affected by natural disasters, especially persons with mobility restrictions. Affected population with disabilities do not have access to services due to mental or physical disability. The situation is further compounded by general negative attitudes towards persons with disabilities. Cases of inequitable assistance to people with specific needs such as elderly, displaced and people with chonical diseases such as HIV were also reported. Families reported prevalent cases of trauma in their households that requires not only psychosocial but also social services and specialized mental health care.
- The emergency disrupted and further weakened identification, referral and case management mechanisms. Community-based mechanisms and actors within the Social Welfare and Justice sectors continue to be themselves affected by the cyclones, including human resource constraints, lack of materials, damaged infrastructure and poor communications, as well as inexperience operating in a humanitarian context.
- Limited and unsatisfactory consideration was given to the needs of vulnerable people, both during the resettlement process and particularly upon arrival. Some vulnerable persons, including persons with medical health conditions, disabilities and elderly were allocated plots without consideration of the distance from the water points and other basic services. No public lighting is available in the resettlement sites. This creates protection concerns, particularly for women.
- The long term success of resettlement is undermined by several factors due to unclear prospects of local integration:
 - Children were registered in school in Beira; some remained with extended family in order to continue their education, thus causing family separations;
 - Livelihood opportunities for resettled population (some are urban people) are unclear (some men remained in Beira to work and to be able to provide for their families);
 - Some families have expressed their intentions to return to their place of habitual residence; they feel they have arrived in the bush and the resettlement site does not respond to their needs; some already returned from resettlement sites.
- Living conditions are also severe and needs are largely unfulfilled in the communities outside the resettlement sites, especially in areas that are hard to reach. In these areas, the most basic needs

are not met and humanitarian assistance has barely reached the affected population. There is an urgent need to address protection concerns. Lack of basic needs including food and shelter have been reported increasing risks for the vulnerable population.

- With the support from protection partners, the GoM has developed national capacities and systems including integrated protection desks, community protection structures in areas of displacement. With the disruption of services following the cyclone, it is now urgent to strengthen the collaboration with local partners and the Ministry of Gender, Children and Social Affairs (MGCAS) for better response and seamless post emergency handover.

Sexual and Gender Based Violence (SGBV) and risks of Sexual Exploitation and Abuse (SEA):

- Survival sex, rape, early marriage and domestic violence are some of the issues faced by the affected women and girls in resettlement sites and local communities. An important number of women are head of households, which puts them at higher risk of exploitation and abuse. Women have also reported having experienced sexual and gender based violence at the hands of law enforcement officials and other actors in authority positions.
- Family's negative coping mechanisms combined with traditional harmful practices affect particularly young girls, that are at risk of sexual violence, child marriage and early pregnancy (as a result of early marriage). Combined with environmental factors of resettlement, loss of livelihoods and family separation which further exacerbates the risk of SGBV.
- The precarious living conditions expose people, especially women and children, to significant protection risks. Meanwhile, lighting in many sites is scant, the numbers of latrines are insufficient, and women and adolescent girls are forced to walk long distances to services. All these factors have contributed to the increased numbers of SGBV cases.
- There are limited GBV response services in most of the resettlement sites. Survivors of GBV have to travel long distances to access available health and Police assistance when referred for specialised services including psychosocial support. The community also has limited knowledge on the benefits of seeking help for GBV incidents, especially sexual abuse, in the shortest time possible, which puts survivors at greater risks.
- Gender norms in the community tend to provide greater benefits and representativeness to men rather than women: the level of literacy of women tends to be lower than that of men; leadership roles are held by men (*Chefe do Bairro* and *Chefe do Centro*); and law enforcement and security personnel are all men (military, police, community police). The situation creates an unfavorable protection environment for women and girls in an already adversarial context.
- The already fragile protection situation is compounded by endemic sexual exploitation and abuse (SEA). Given the situation of extreme vulnerability of the populations affected by the Cyclone Idai, the poor oversight, and the lack of effective reporting mechanisms, the opportunities for (SEA) are extremely high and PSEA incidents have been reported. Women and children leading households, and children who are separated or unaccompanied, are particularly at risk of SEA, while their avenues for recourse are vastly diminished when perpetrators are government officials. Greater efforts are required by humanitarian actors to proactively increase PSEA visibility at all sites; raise community awareness about PSEA and the right to report; engage communities on community-led / community-preferred SEA reporting mechanisms; reinforce mechanisms to assist survivors, increase guarantees for confidential and safe disclosures and conduct regular protection monitoring.

- Although the General Prosecutor (GP) has been appointed by the Governor of Sofala to provide follow-up to the SEA cases reported against government officials, their capacities to provide and appropriate and efficient response to the incidents remain weak. The GP's representations at district level were affected by the cyclone, they have human resource constraints, damaged infrastructure, lack of transportation capacities that would enable them to provide a timely follow-up to the cases identified, as well as inexperience operating in SEA cases.
- In order to foster accountability by the humanitarian response to affected communities an inter-agency 24/7² complaints and feedback mechanism, *Linha Verde da Resposta ao Idai* has been established and active since 16 May 2019. Led by WFP on behalf of the HCT, the hotline receives calls and shares information relating to all sectors of the humanitarian response reaching out to clusters for up to date response related information on a regular basis and where needed referring cases to different cluster focal points for immediate action. The hotline has been established in close coordination with INGC at the central level, which coordinates designated provincial focal points to ensure an appropriate link with local state structures. This should also be complemented by strong community based feedback and complaints mechanism and two ways communication system to ensure comprehensive communication with the populations.

Child protection concerns:

- The impact of the cyclone on children was particularly significant as schools were destroyed, schooling materials were lost, houses were destroyed or damaged and families lost their incomes. The experience of witnessing the damages caused by the cyclone and the inability of their parents to protect them contributed to high levels of distress amongst girls and boys. Displacement, lack of access to services, including food contributed to heightened tension within families with increasing incidents of violence, including corporal punishment, is putting a heavy burden on affected children's shoulders. More children were forced to find work or begging, while expectation of assistance contributed to voluntary separation of families. Generally, the breakdown of traditional protective mechanisms mean the pre-existing protection risks for girls and boys have been exacerbated.
- The insecure living conditions combined with poor parental coping mechanisms and lack of psychosocial support services result in frequent instances of violence, exploitation, abuse and neglect of children, both intentional and unintentional. Concurrently, the lack of meaningful recreational spaces and activities is contributing to frustration among children, potentially leading to risky sexual unions and exposure to heightened risk of sexual violence, abuse and exploitation that could result in physical and psychological trauma, unwanted pregnancy, and STI/HIV infections. It is also a push factor for family separation, especially for adolescents, who seek out opportunities elsewhere for education and employment.
- Children's psychosocial wellbeing and mental health are severely affected by separation, destruction of homes, and loss of family and friends. Additionally, difficulties in accessing food, water, education, livelihoods, recreation, and other services contribute to children's and caregivers' stress on a daily basis. Children need psychosocial support as increasingly negative coping mechanisms are often observed and with tremendous consequences on children.
- The main challenges in the resettlement for children with disabilities are related to the location of schools in the resettlement zones. In some sites, children must walk 3—7 km to reach primary schools, while secondary schools are even further away. The schools are located far from the resettlement sites and the majority of children with disabilities have lost their assistive devices creating challenges for them to go to school. Besides this mobility issue many children have also

² With use and user needs being tracked to ensure that services are applicable to the evolving context and cost-effective.

lost their school materials and birth registration documentation which reinforce the barriers for accessing education.

- Displacement combined with resettlement to new areas (often urban to rural migration) have resulted in high levels of family separation due to the lack of livelihoods or operational education structures (particularly Secondary School availability nearby resettlement areas) lead to the permanence of the parents or the children in their origin location. These children often left under the care of informal kinship at community level are extremely vulnerable and exposed to all kind of violence, exploitation and abuse and require timely identification, individual case management, alternative care solutions and support to be reunified with their families or primary caregivers.
- Displacement, lack of access to services and the overall humanitarian situation contributed to heightened tension within families with increasing incidents of violence, among which physical punishment. More children were forced to find work or begging, while expectation of assistance contributed to voluntary separation of families pursuing additional humanitarian aid, alternative income sources or to secure a plot in the resettlement areas
- The overall loss of income for resettled families and children exposes them to the risk of becoming involved in worst forms of child labor, including child trafficking, hazardous work and begging in the streets. Children outside regular parental care are even more at risk of exploitation. Poverty has also been exacerbated, while children, particularly girls have been entrusted additional responsibilities within the households
- The insecure living conditions, the lack of clear livelihood opportunities, combined with poor parental coping mechanisms lead to child abandonment for extended period of time while parents are trying to secure an income by engaging in agriculture. This "abandonment" has resulted in frequent exposure to violence, exploitation, abuse and neglect of children.

III. PARTNERSHIPS

With the activation of the Scale Up for the Idai response and the clusters coordination arrangements, UNHCR is coordinating the protection cluster activities with the GoM (DPGCAS), Child Protection Sub-Cluster (UNICEF), GBV Sub-Cluster (UNFPA) and Disability Working Group (Light for the World).

While PSEA (Protection against sexual exploitation and abuse), Community engagement (Accountability to affected populations) and MHPSS (Mental Health and psycho-social support) are also reflected in the protection response, they are coordinated through separate working groups that work closely with the cluster, sub-cluster and working groups. Key partners includes:

- INGC (National Institute of Disaster Management)
- MGCAS (Ministry for Gender, Children and Social Action)
- PDGCAS (Provincial Directorate for Gender, Children and Social Action)
- Child Protection Sub-Cluster
- SGBV Sub-Cluster
- Disability Working Group
- PSEA Network
- Community Engagement Working Group
- MHPSS Working Group



IV. MONITORING TOOLS

The Protection Cluster is committed to monitor progress with accomplishment of objectives set in accordance with the action plan through indicators defined with and agreed by all stakeholders, including activities on general protection, protection of children and the protection against sexual and gender based violence. The implementation matrix and the protection mainstreaming checklists will assist protection partners to (a) regularly monitor the impact and performance of protection partners and (b) promote the centrality of protection in the humanitarian response. Evaluation sessions (like the one held on July 2019) will be organized with partners to identify challenges, gaps and build on lessons learnt from the implementation of this strategy. Challenges and constraints identified during implementation will also inform the advocacy strategy with both the GoM and humanitarian partners.