Prioritizing the protection needs of women and girls throughout the Cyclone Idai response

Critical Needs and Priorities

- Facilitate female police officers transport and accommodation in Beira
- Refurbish the maternity wards, which is where survivors are treated.
- Rehabilitate the offices of the Women and Children’s Protection Desk, so women and children have a protective environment to confidentially report
- Construction materials to refurbish the homes of vulnerable female-headed households
- Build the capacity of social workers to deliver psychosocial support
- Scale up the capacity of community-based organizations to respond to GBV in emergencies
- Prioritize income generating activities in the second phase of the response to mitigate GBV risks

Supporting the Government’s ability to coordinate a multi-layered response

The United Nations Population Fund (UNFPA) in coordination with the Ministry of Gender, Children and Social Action officially launched the Gender-based Violence (GBV) Sub-cluster at national and sub-national level (Sofala Province) the week of 25 March. UNFPA has a full-time Portuguese-speaking Coordinator based in Beira. The Coordinator has been supported by the Nairobi-based Regional Emergency GBV Advisor, Regional GBV Specialist and global GBV IM Specialist who were deployed to Beira within the first two weeks of the crisis. A GBV Specialist from WHO is expected to be seconded for two weeks to the GBV Sub-cluster in Beira to help mainstream risk mitigation measures throughout the other clusters. UNFPA confirmed that two longer-term GBV Coordinators will be in place at national and sub-national level for three months by mid-April.

UNFPA is leading coordination, but the goal is for the Government at provincial level to eventually take on full leadership of the Sub-cluster with support provided by UNFPA.

Verifying Government-led GBV response services and outstanding needs

One of the primary functions of the Sub-cluster at the onset of any emergency is to identify life-saving GBV response services that can be mapped on a referral pathway. Partners such as IOM have been working in close partnership with the Coordination team to verify the functionality of Government services such as health, judicial, the police, and psychosocial support in camps and in communities affected by the cyclone.

Camp-based

The Government has appointed provincial level social workers to work in 5 of the larger accommodations sites in Beira. The Coordination team in partnership with IOM have been setting up social service hubs (cluster of tents) in each of the camps where the social workers can confidentially interact with vulnerable community members about child protection, GBV and general protection issues. Members of the Sub-cluster have agreed that it would be extremely beneficial to have female police officers based in each of the hubs since the police are often the first point of referral for protection concerns. The Government’s initial response was that there were not enough female officers in Beira. The Coordination team is liaising with the Government to try and facilitate the placement of female officers on a short term basis from other parts of the country. Partners might need to provide funds to facilitate female police officers transport and accommodation in Beira.

Community-based

Prior to the storm, district-level government hospitals had the necessary equipment and trained personnel to provide clinical care to survivors of GBV. Each of these hospitals has sustained infrastructure damage. International partners are locating in the most damaged hospitals to ensure continuous coverage of care, but funding is needed to refurbish the maternity wards, which is where survivors are treated.
The verification exercise confirmed that the Women and Children’s Protection Desk Officers (officers specially trained to investigate GBV and CP concerns) are present and working in all of the targeted districts, but all of their offices have been damaged. These **spaces need to be rehabilitated so that women and children have a protective environment to confidentially report** GBV and CP cases and receive psychosocial support.

**Mapping non-government led GBV services - who is doing what and where?**

The Coordination team has been actively mapping national and international non-governmental organizations that are currently implementing or plan on delivering services in Sofala region. Nine organizations have provided information about their GBV-specific activities, which include GBV awareness raising, psychosocial support, dignity kit distribution and strengthening existing referral pathways. At this point in the response, the main activity of the majority of partners is the distribution of “dignity” kits (UNFPA, Plan International and World Vision) which include specific items for women and girls such as sanitary pads and underwear.

A couple of partners are distributing either solar-powered or battery-powered lanterns, which can be seen as a protective mechanism since the camps and many of the affected communities still lack electricity. It was noted during community feedback sessions that the battery-powered lanterns are harder for women to maintain because they don’t have money to buy additional batteries, effectively making them a single-use commodity. The Coordination team will advocate that all partners distribute sustainable and practical non-food items.

Women and girls who were consulted during the service verification exercises stated that they urgently **need locally sourced construction materials to refurbish their homes.** They are now forced to sleep outside which exposes them to a myriad of protection risks. Female headed households need to be specifically targeted. The team recently visited Buzi where it was reported that there are now more than 300 widows who are struggling to provide for their families. Their husbands died as a result of the cyclone.

**Psychosocial support services**

As noted above, the Government is responsible for providing response services for survivors of GBV. The Department of Health, Women and Social Action at provincial and district level noted that there is a **need to build the capacity of their social workers to deliver psychosocial support** and train Community Committee members - community leaders such as teachers, religious figures, and women’s group leaders - to deliver community-based psychosocial support services for survivors of GBV and to those at risk of violence, particularly domestic violence. Findings from the 2011 Demographic Health Survey revealed that one woman out of 3 (aged 15 and above) has faced physical violence at least once in her lifetime. The agencies that are currently providing PSS are primarily camp-based.

**Community based case management**

Case management is provided by community based organizations. Two agencies, SOPROC and Muleide (supported by FHI 360), have reported to the Sub-cluster that they were providing services in the affected communities prior to the storm, and they continue to be operational. They will **need capacity building on GBV in emergencies to scale up their community based services.**

**Incoming generating activities**

There is a large body of research that directly links economic hardship to increased rates of domestic violence. Incidences of GBV are expected to increase as the economic situation deteriorates across the affected regions. Sub-cluster members **need to prioritize income generating activities in the second phase of the response to mitigate GBV risks.**

**Risk mitigation**

The Coordination team in partnership with the staff person seconded by WHO will be actively engaging with other clusters to mitigate GBV risks across the response. They will use the 2015 IASC GBV Guidelines to set standards. The Food Security, WASH, CCCM and Health clusters will be prioritized. Anecdotal evidence suggests that girls are exposed to protection risks during the distribution of cooked food, and the Ministry of Health has expressed concerns over the current state of sanitary facilities in the accommodation sites. CCCM has proactively been engaging with the Coordination team to ensure that GBV risks are mitigated during relocation and site set-up.

Reference: