



Protection actors ensure that internally displaced persons with specific needs are swiftly identified, provided with information, assistive devices and referred to specialized services. In the photo, UNHCR working closely with community protection focal points in support of persons with disabilities. Photo Credits: UNHCR

THE PROTECTION CLUSTER INCLUDES SUB-CLUSTERS ON CHILD PROTECTION, GENDER BASED VIOLENCE



¹ This strategy has been elaborated together with the Protection Cluster Response plan for the Mozambique Humanitarian Response Plan. Therefore, the information pertaining to the provinces covered by the Mozambique HRP plans (Cabo Delgado, Nampula and Niassa) are reflected in this response strategy.



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I. INTRODUCTION

Displacement in Mozambique

Mozambique’s HDI value for 2019 is 0.456— which put the country in the low human development category— positioning it at 181 out of 189 countries and territories. Between 1990 and 2019, Mozambique’s HDI value increased from 0.227 to 0.456, an increase of 100.9 percent. Between 1990 and 2019, Mozambique’s life expectancy at birth increased by 15.6 years, mean years of schooling increased by 2.7 years and expected years of schooling increased by 6.2 years. Mozambique’s GNI per capita increased by about 172.7 percent between 1990 and 2019.

Adding to this scenario and compounding protection concerns in the country is the situation of internal displacement. Mozambique has been faced with large-scale internal displacement resulting from insecurity, violence, and recurrent disasters. As of March 2021, there were 697,538 internally displaced persons (IDPs) in northern Mozambique, due to recent security incidents and violence. Of those, over 630,000 have moved to Cabo Delgado, 64,000 to Nampula, and the remaining 2,500 in the provinces of Niassa, Sofala and Zambezia².

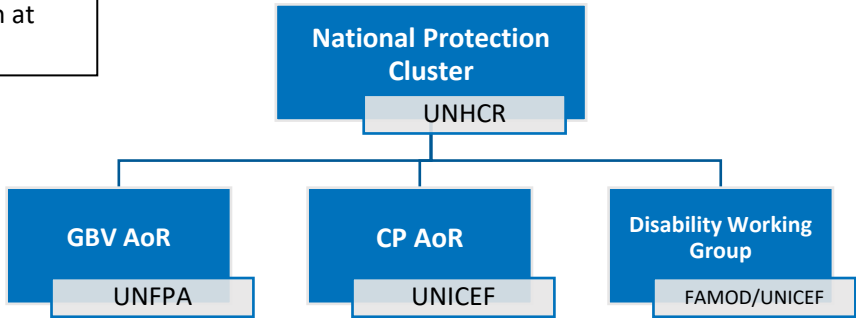
² DTM, 2021

In Cabo Delgado, IDPs have fled to the districts of Mueda (29 per cent), Nangade (28 per cent), Pemba (21 per cent), Montepuez (14 per cent), and Metuge (3 per cent). The majority of IDPs (79 per cent) are hosted by local communities while others are in formal and informal IDP sites. 43 per cent of the IDPs are children of whom 384 are unaccompanied. Furthermore, Mozambique is also hit on an annual basis by tropical cyclones that causes frequent displacements and disruption of livelihoods. The most recent one, Eloise, forced 43,000 residents, mainly in the Sofala province, to flee to other areas within the country. However, the impact of the terrific Idai cyclone in March 2019 is still visible, with some 90,000 IDPs still residing in *de facto* camps throughout central Mozambique.

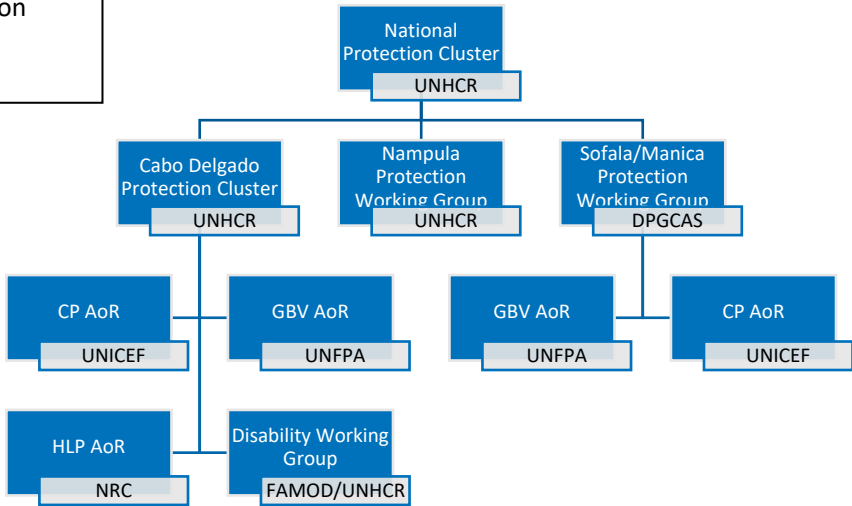
Activation of cluster in Mozambique

The cluster system in Mozambique was first established following the above mentioned Idai Cyclone. Following the sheer scale of the Idai cyclone when it hit Sofala, on 19 March 2019, the Resident Coordinator a.i. (subsequently designated Humanitarian Coordinator) wrote to the Emergency Relief Coordinator requesting the activation of clusters for the Cyclone Idai response. On 22 March 2019, an IASC System-Wide Scale-Up for Mozambique was activated, initially for three months, including activation of all 10 IASC clusters³ (i.e. from 22 March to 22 June 2019). In May 2019, the Mozambique HCT recommended that clusters remain active (with dedicated Coordinators & IM Capacity) for at least three months post-Scale-Up (i.e. until 22 September 2019). With humanitarian needs in Mozambique growing in the second half of 2019, including due to the escalating conflict in Cabo Delgado and residual needs linked to Cyclones Idai and Kenneth, the cluster system remained *de facto* active in Mozambique until this day.

Structure of coordination at National Level:



Structure of coordination between National and Provincial Level:



³ The clusters activated include: Education - UNICEF/Save the Children; Food Security and Livelihood - WFP/FAO; Health – WHO; Nutrition – UNICEF; Protection - UNHCR/UNFPA; Shelter/NFI – IOM/IFRC; WASH – UNICEF; Emergency Telecommunications – WFP; Logistics Cluster – WFP; Camp Coordination and Camp Management – IOM.

II. PROTECTION CONCERNS AND HUMANITARIAN NEEDS

CABO DELGADO, NAMPULA AND NIASSA (HRP areas) CONTEXT AND PROTECTION ANALYSIS

The situation in Cabo Delgado has deteriorated continuously in 2020, during which the Protection Cluster was key in raising awareness to the situation of the conflict induced displacement happening in the region. Since then, the situation has rapidly escalated and is now characterized as a “protection crisis.”

- **Increasing displacement:** The conflict situation is **rapidly escalating**, with **internal displacement increasing at an alarming rate**. The number of displaced almost doubled between March and August 2020 and more than 11,000 people arrived in Cabo Delgado’s capital Pemba from 16 to 30 October alone. More than 355,000 women, men, girls and boys have been displaced in Northern Mozambique, with an estimated 92,000 hosted in Pemba city alone, most of them as a secondary displacement.
- **Multiple displacement of women, girls and boys:** has had a severe impact on the civilian population, particularly displacement-affected communities, women, children, and other persons with specific needs, **with a growing gap between needs and services**. Most displaced individuals in the Cabo Delgado, Nampula and Niassa provinces are **women and adolescent girls**. Many are at risk of being kidnapped by armed insurgents, raped, trafficked, and forced into early unions, or resorting to survival sex while residing in temporary accommodation centres and relocation sites. **Children under the age of 18 constitute an estimated 45% of IDPs in Northern Mozambique, with more than 430,000 children and adolescents in need of protection**. Women and children, especially girls, have been particularly impacted by the crisis, and live in constant fear of being kidnaped, killed, sexually abused, exploited or trafficked, with increasing rates of early and forced marriage, sexual violence and intimate partner violence, while Adolescent boys and men face risk of forced recruitment by NSAGs, killing, disappearance, as well as arbitrary arrest and detention by the military on suspicion of affiliation with armed groups. Community consultations report that **female and child-headed households are discriminated and de-prioritized during life-saving distributions** exposing them to greater risk of sexual exploitation and abuse by humanitarian and government actors as well as a range of harmful negative coping mechanisms. Women and girls survivors of kidnapping and sexual abuse by armed insurgents are exposed to further physical and psychological distress, stigma and marginalization after their release. They are often treated like criminals by the security forces and community members, suspected of supporting the armed insurgents.
- **Hard-reach-area:** Nearly 90,000 of the reported IDPs are still in **hard-to-reach areas**, mainly in Palma, Nangade, Muidumbe, Quissanga, Macomia and Mueda, but also in Montepuez, Chiure and Ancuabe districts with unknown numbers in Mocimboa da Praia, which remains inaccessible to humanitarian actors and government services such as health, education and social services. In addition, attacks are now reaching the islands making up Ibo district restricting access to affected population while IDPs keep arriving. Nampula already hosts almost 10% of the total of IDPs in Northern Mozambique, with small numbers arriving in Niassa Province.

As a result, an estimate 1.2 million people at risk and in need of protection assistance across the provinces of Cabo Delgado, Niassa and Nampula – and particularly in the districts of Metuge, Montepuez, Pemba city, Chiure, Ancuabe, Mueda, Memba and Nampula city.

- **Rainy and cyclone season:** The approaching raining season in Northern Mozambique (from late November to February) will worsen access to the affected provinces. An already dire situation with continued fighting will **result in increased protection incidents, human rights violations, potentially destabilising new districts in northern Mozambique, triggering new waves of forced displacement** – including increasingly into Nampula and Niassa provinces. With a combination of heavy rains and active fighting, access to already hard-to-reach areas and affected populations will increasingly be disrupted – particularly those populations caught in the frontlines and in areas controlled by non-state armed groups. These factors alone can **reduce community resilience capacity and increasing their dependence on humanitarian assistance**.
- **Widespread human rights violations:** characterize the protection crisis in Cabo Delgado, disproportionately impacting women and children. **Civilians face indiscriminate attacked by non-state armed groups (NSAG) and increasing reports of violations by security forces against civilians**, including excessive use of force, torture, rape and sexual violence, extrajudicial killings and forced disappearances. Those who manage to flee are often **stigmatized and discriminated by the host communities** under suspicion of allegiance to armed groups. Reports also indicate destruction of civilian infrastructure such as schools and hospitals. Other serious protection concerns include human trafficking, **sexual exploitation and abuse**, early and forced marriage, abductions and forced recruitment. Looting, destruction of property – including houses, businesses and agricultural land have disrupted livelihoods, compounded by exclusion and discrimination related to the lack of legal documentation, including land and property rights.
- **Protection incidents and risks**, including harmful practices due to the disruption of social and gender norms, have significantly increased over the past few months. Recent protection monitoring and focus group discussions in Metuge, Montepuez and Chiure districts in Cabo Delgado reveal that **28% of the displaced women, men, girls and boys directly witnessed or experienced one or multiple forms of protection incidents** such as SGBV, discrimination, assassinations, forced recruitment and arbitrary arrest. The vulnerability of affected communities to abuse, exploitation and human trafficking is exacerbated by the socio-economic effects of the crisis and COVID-19 pandemic, further reducing their resilience capacity, and pushing increasing numbers of households to revert to **negative coping mechanisms**, especially for women and girls, including sexual exploitation, forced/early marriage, trafficking, child labour, illicit activities, and recruitment into armed groups.
- **Lack of awareness of rights:** Displaced communities lack of awareness on their rights, services and assistance, and at a time that they need it the most in order to access urgent life-saving humanitarian assistance and protection.
- **Lack of Governmental services:** Limited-service capacity is further weakened by conflict and violence, including the destruction of government facilities. **Furthermore, 35% of IDPs have reportedly lost all identity documents (most reported them as having being burned or destroyed)**, further reducing access to services, including social protection and access to justice, as well as increasing risk of abuse, exploitation and human trafficking.
- **MHPSS:** Focus group discussions in Pemba, Metuge and Montepuez districts, demonstrated **that mental health and psychosocial support (MHPSS)**, specialized services for women, children at risk and persons with disabilities are urgently needed.
- **Housing, land and property (HLP)** related protection needs are also growing in Mozambique with the destruction of property and agricultural lands. In addition, forced displacement and loss of identity documents, including birth certificates, and legal documents such as property deeds weaken land tenure for displaced populations and reduce their ability eventually to voluntarily return, the socio-economic impact of the crisis – combined with the effects of COVID-19 – will increase risks of evictions. In addition, despite the 1997 Land Law, many women continue to have their land rights restricted by gender discriminatory practises and lack of awareness of their land rights, and customary law. These issues will be addressed in coordination with the Shelter and CCCM clusters, and require specialized resources and capacity currently lacking in Mozambique.

- **Need for protection analysis:** Although some organizations are already engaged in protection monitoring, this activity as well needs assessments, including through multi/intersectoral tools and remote mechanisms, require reinforcement in Northern Mozambique, limiting the collection of essential information on protection trends, critical risks, needs, and gaps to support intersectoral analysis and response coordination and inform the HC/HCT to ensure that protection risks and needs guide the overall humanitarian response in Mozambique in line with the 2016 IASC Policy on Protection in Humanitarian Action.
- **The situation of persons with specific needs (PSNs),** particularly, women, men, girls and boys with disabilities, pregnant and lactating women, unaccompanied and separated children, chronically ill persons, older persons without effective family support and female headed households is precarious. They are often unable access protection and services without assistance, particularly in hard-to-reach areas. Recent protection monitoring in Montepuez and Metuge districts showed 38% persons with specific needs, with 60% of them identified as persons with disabilities, 17% older persons, 14% with chronic medical conditions, and 7% women headed households and 1% children headed household.
- **Pressure on host families:** Living conditions for most displaced and hosting communities are precarious. **Their lack of access to food, shelter and other essential services** increases their exposure to multiple protection risks, and vulnerability to abuse, exploitation, and trafficking. Over 90% of the displaced stay with host family and friends, **exerting enormous pressure to host families and communities**, many of them vulnerable and still recovering from the effects of Cyclone Kenneth. Other IDPs rent houses, but often **at risk of eviction as they lack the resources to keep paying rent over extended period of time**. Overcrowding and lack of privacy, sometimes 20-30 women, men, boys and girls sharing small living space, has heightened protection risks, including GBV, rising numbers of child and teen pregnancies, exploitation and increased exposure to negative coping mechanisms including transactional sex. The socio-economic pressure on IDP-host families and communities, compounded suspicions of involvement with NSAGs is brewing family and communal tensions, threatening social cohesion among and between IDPs host communities.

SOFALA CONTEXT AND PROTECTION ANALYSIS

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. At the time, it was estimated that 1.85 million people needed 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. 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 infrastructure, causing loss of livelihoods, including fishing.

Unfortunately, this was not the only climatic disaster that led to displacement and protection needs. 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. Therefore, on a regular basis central Mozambique is hit by strong winds and flash floods causing thousands of people to take refuge in makeshift accommodations and transit centers that do not offer minimum privacy and safety, created protection risks and reinforced a situation of vulnerability already at its peak. In mid-2020, the cluster was de-activated in Sofala, when the formal coordination was transferred from UNHCR to the Provincial Department of Gender and Social Action (DPGCAS). During this time, coordination of GBV and Child Protection continued under the leadership of UNFPA and UNICEF, respectively. Both agencies remained in Sofala after Chalane since they are implementing development programmes in the province. UNHCR is the designated Protection cluster lead at national level and at Cabo Delgado level, ensuring a

coherent humanitarian protection strategy in close collaboration with Government counterparts, including DPCAS and INGD.

In Sofala, protection concerns identified towards the end of December 2020:

- **GBV:** Throughout 2020, UNFPA was already reporting increasing vulnerability of women and girls to GBV and a rising number of GBV cases in resettlement sites due to COVID-19. There is concern that the socio-economic impact of Chalane in Sofala will exacerbate this further.
- **MHPSS:** Following the devastating impact and displacement of Cyclone Idai in 2019, protection partners noted an increase in anxiety among local and displaced populations as people fear a repeat of the impacts of Idai.
- **Multi-layered emergencies:** Mozambique already faces a multi-layered displacement crisis with nearly 530,000 people displaced due to the conflict in Cabo Delgado.
- **Child Protection:** COVID-19 has intensified child protection incidents, including domestic violence against children. With Chalane, these could potentially exacerbate. Child Protection Actors (including local NGOs, UNICEF, Save the Children, World Vision, Plan International and others) are mobilized in order to swiftly identify any separated and unaccompanied minors.
- **Preparedness:** Although there are preparedness plans, there is room for improvements on ensuring preparedness on behalf of protection actors on the ground.
- **Protection mainstreaming:** The passage of Chalane has demonstrated that much has been learned on preparedness in response to cyclones in central Mozambique. However, the response needs to integrate greater protection mainstreaming.

III. RESPONSE STRATEGY

The unprecedented protection crisis in Mozambique, requires a specialized protection response to support IDPs, IDP host families, those relocated and local populations impacted by the arrival of large amount of IDPs. Overall, the Protection Cluster has identified 1.2 Million people in need (more than 45% children) in the provinces of Cabo Delgado, Nampula and Niassa.



PROTECTION

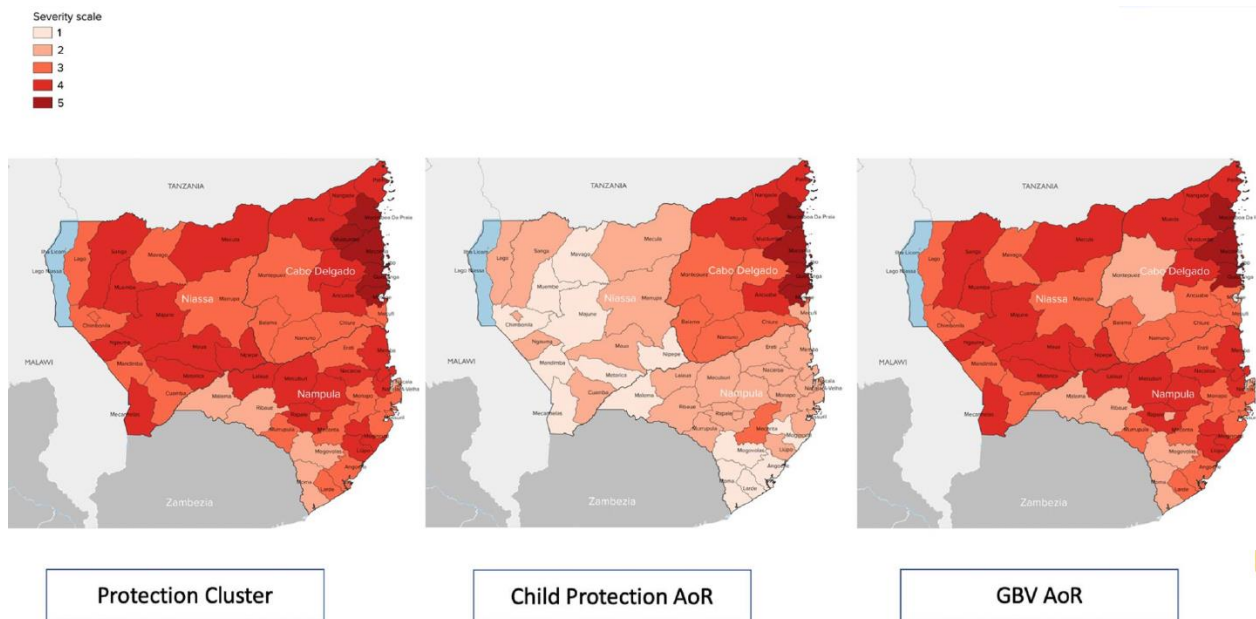
	People In Need	People Targeted	Financial Requirements	Partners	Projects
	1.2 M	517 K	\$ 20.6 M	10	12

In order to prioritize its response, the Protection Cluster has established a Severity Analysis that considers different protection, child protection and gender-based violence thresholds.

PRIORITIZATION

Funding Received	Funding 1-25%	Funding 26-50%	Funding 51-75%	Funding 76-100%
Prioritized Activities Districts	tier 1 activities in districts level 5 & 4	tier 1 activities in districts level 3 tier 2 activities in districts level 5	tier 1 activities in districts level 2 tier 2 activities in districts level 4	Implementation of all priority activities in all priority locations

SEVERITY OF NEED PER LOCATION



Tier One

Responsive and lifesaving needs

Activities responsive and lifesaving needs in order to mitigate or avert direct loss of life, physical and psychological harm. These include protection monitoring and assessments; case management; mental health and psychosocial support (MHPSS); safe referrals, including information dissemination on available services; women, girls and boys friendly spaces programming (child and women); legal awareness, support to Unaccompanied Minors and Separated Children (UMSC), assistance and counselling for survivors including GBV and human trafficking and Individual Protection Assistance (IPA) including Cash-Based Interventions (CBI)

Tier Two

Life-Sustaining Activities

As a second priority (tier 2), the Protection Cluster will tackle **life-sustaining activities** and work towards community self-reliance, livelihood capacities and conducive protection environment to ensure a long term and sustainable protection response. This will also include Housing, Land and Property (HLP).

The protection response will also ensure principled relocation and protection standards in transit, relocation sites where the presence of protection actors and advocacy for protection standards is key.



CHILD PROTECTION



People In Need
518 K

People Targeted
278 K

Financial Requirements
\$ 6.65 K

Partners
4

Projects
4

Children represent 45% of the population affected by violence in Cabo Delgado. Abuse, discrimination, exploitation, neglect and violence against children are alarming and are exacerbated in a context where families and communities have limited access to basic services including primarily healthcare, nutrition and education. The Child Protection Area of Responsibility (CP AoR) partners will strengthen referral mechanisms to quality and accessible services and respond to violence against children of different ages and abilities. The CP AoR will also strengthen community-based child protection mechanisms and government social services.

Access to psychosocial support through child-friendly spaces and schools will be critical in the CP response. Conflict-affected children, adolescents and caregivers' wellbeing will be enhanced through provision of quality mental health and psychosocial support services and information on childcare and protection. Interventions will include socio-economic reintegration of children and youth, particularly girls at risk of forced marriage and boys at risks of recruitment by non-state armed groups.

The CP AoR under the Protection Cluster, will work closely with the GBV AoR and Mental Health and Psychosocial Support (MHPSS) Technical Group to develop a harmonized approach towards psychosocial support and case management, including referral pathways and case management standard operating procedures (SOP).



GENDER-BASED VIOLENCE



People In Need
726 K

People Targeted
255 K

Financial Requirements
5.5 M

Partners
4

Projects
4

The GBV AoR will prioritize the following lifesaving interventions: 1) GBV emergency services; mental health and psychosocial support, GBV case management, CBI, strengthening and establishing safe referral pathways, including information dissemination of available services in women and girls safe spaces; 2) mobile brigades that provides integrated GBV-related services and Sexual and Reproductive Health (SRH) with focus on clinical management of rape services/post-rape kits; 3) procurement and distribution of emergency dignity kits; 4) GBV community engagement including GBV capacity building for community volunteers and structured GBV awareness initiatives; 5) capacity building of GBV multisectoral services providers (social, health, security and justice), helpline staff, volunteers as well as women-led organizations; 6) capacity building for local authorities; 7) Promote GBV risk mitigation into all aspects of the humanitarian response 8) support the GBV AoR coordination with technical support.

Delivery will either be in existing and in newly established women and girl safe spaces or through mobile brigades and static health facilities. The capacity of GBV-related service providers will be enhanced and will take into consideration the specific needs and capacities of female and male in different age groups and abilities. Strategies will be further developed to contribute to the prevention of GBV with a focus on community engagement, awareness initiatives with women, men, boys and girls' participation and engagement.

Life sustaining services such as livelihood and life-skills training opportunities will be provided to support the recovery of GBV survivors. GBV partners will provide land build the capacity of local authorities to further support and expand the existing Centro de Atendimento Integrado (CAI), which is a national multisectoral mechanism for integrated assistance to women victims of violence (social, health, justice and police). The GBV AoR partners will further develop a GBV operational strategy that will adapt the GBV interventions to the evolving emergency and explore avenues to include the gendered dimensions of the negative effects of COVID-19 pandemic. The GBV AoR under the Protection Cluster, will work closely with the CP AoR and MHPSS Technical Group to develop a harmonized approach towards psychosocial support and case management, including referral pathways and case management standard operating procedures (SOP).

IV. PEOPLE TARGETED

In 2020, the cluster targets 517,105 people made up of displaced persons and members of the host community. The people targeted by the Protection Cluster and the two Areas of Responsibilities (GBV and CP) represents slightly under half of the total number of Persons in Need of the Protection Cluster. Since insecurity and violence by the conflict experienced by communities in Cabo Delgado has led to an exponential increase in displacement, the emphasis of the response will be on internally displaced persons as a priority, without leaving particularly vulnerable individuals and families in the host communities behind. As most displaced individuals in the Cabo Delgado, Nampula and Niassa provinces are women and adolescent girls, the humanitarian response will be adapted to include the growing needs of women by the humanitarian and protection response. Life-saving protection activities for women and their children will be formulated. Children under the age of 18 constitute an estimated 45 per cent of IDPs in Northern Mozambique, with more than 430,000 children in need of protection. For this reason, gender sensitive life-saving protection activities for children will be an important part of the response. With an conducted in November 2020 that around 50 per cent of persons displaced arriving at Paquitequete Beach have at least one type of disability and 9 per cent are survivors of violence and torture and require PSS, partners are scaling up their work with persons with different abilities. In order to ensure that no one is left behind, persons with specific needs (PSNs), particularly, women and girls, men and boys with different abilities, undocumented persons, pregnant and lactating women, women and girls forced into prostitution, widow women, female-headed households, unaccompanied and separated children, albinos, LGBTQ+, chronically ill persons, elderly persons without effective family support and child-headed households will receive careful consideration during implementation as they are often unable to access protection and services without assistance, particularly in hard-to-reach areas. Children represent around 45 per cent of the people in need of humanitarian assistance and are among the most vulnerable groups in the Mozambique northern districts affected by the conflict because they face greater risks of forced recruitment and GBV. An estimated 517,922 children are in need of Child Protection services. The CP AoR is targeting 278,147 children (135,154 girls and 137,321 boys) amongst the most vulnerable children, including UASC, pregnant adolescents, adolescents at risk of early marriage, girls forced into prostitution, children heads of household, children with different abilities and child survivors of GBV (mostly girls but not only), girls and boys out of school, through case management and MHPSS. The GBV AoR is targeting 255,000 women, men, boys and girls (women 102,000, men : 35,700, boys : 40,800 and girls : 76,500, Women and girls and especially vulnerable categories that emerged from the HNO: Female headed households (widows, divorced), adolescent girls, women and girls with disabilities and older women.

V. STRATEGIC OBJECTIVES AND KEY OBJECTIVES

CLUSTER OBJECTIVE 1: Provide quality life-saving services to address inclusive protection immediate risks and needs (including CP & GBV) of most vulnerable populations in priority areas

Specific Objectives:

- Refer people disaggregated by sex and age to successfully access essential services
- Provide individual protection assistance (IPA) through case management services, including in-kind and cash-based assistance (CBi)
- Provide GBV services through WGSS and Mobile brigades
- Strengthen multi-sectoral GBV referral pathways in place that meet global standards of care
- Organize activities and awareness raising sessions
- Train GBV actors and service providers trained on GBV standards
- Support other sectors/clusters to mainstream protection principles including GBV risk mitigation and CP standards (presentations/interactions at Cluster meetings, sensitization briefings, awareness raising messages, assessment tools and reports (e.g., safety audits), surveys, etc)
- Register unaccompanied/separated children disaggregated by sex and age (UASC) and refer them to appropriate interim care (whether community based or institutional)
- Provide specialized child protection services through case management, including in-kind and cash-based assistance (CBi)
- Ensure children can access child friendly spaces (CFS)

CLUSTER OBJECTIVE 2: Prevent protection risks (including CP & GBV) of most affected and vulnerable populations in priority areas through enhanced preparedness and resilience capacity

Specific Objectives:

- Displaced persons should benefit from community-based risk mitigation, preparedness, and resilience programming
- Local authorities and civil society actors to be sensitized or trained on protection legal frameworks, principles, and standards, including on durable solutions, Human Rights, Women's rights and Humanitarian law
- Provide displaced communities with GBV prevention (including structural behavioral change programs) and empowerment activities
- Train humanitarian actors trained or sensitized on GBV (IASC etc.)
- Train and sensitize local authorities and civil society on GBV prevention and response, and international standards (gender equality, CRSV, Women's rights, LGBT people rights, etc..)
- Support IDPs and host communities in accessing their civil/individual documents
- Ensure functioning community-based child protection structure and mechanisms

CLUSTER OBJECTIVE 3: Strengthen the protection environment and enhance the protection of affected populations – including related to GBV and child protection, and through collective and intersectoral action

Specific Objectives:

- Provide technical support and capacity building on the Kampala Convention to government stakeholders and civil society partners. This can also include other international standards relating to the protection of IDPs, and other relevant protection legal frameworks to create conditions for the domestication of the Kampala Convention in Mozambique from a gender equality perspective
- Train non-child protection workers trained on child protection approaches
- Train and sensitize local authorities and civil society on CP prevention and response

VI. RESPONSE MODALITIES

Individualized approach for those most in need

The response will reduce protection risks for people with specific needs through the strengthening of case management, the provision of inclusive and adapted specialized services to specific needs such as multi sectorial service provision approach, psychosocial support, legal assistance (especially for legal documentation, birth registration and HLP), Mental Health and Psychosocial Support (MHPSS) services, and access to justice. Access to life-saving protection services depends on strong and robust referral mechanisms at district level, protection monitoring and awareness-raising. Modalities for supporting individuals will include individual protection assistance through case management and cash-based interventions and in-kind assistance. If needed, those requiring longer term economic empowerment will be referred to development partners.

Reinforcing local protection actors and community-based protection

In order to ensure a sustainable and strengthened local protection systems in the long term, empowerment of local actors, including displaced and host communities, local civil society and local authorities will be key. Training and awareness raising on protection will continue throughout 2021. Protection Cluster members will contribute in strengthening local protection actors through technical and financial support. Support to women and girls, and vulnerable and marginalized groups will be promoted. Most importantly, local displaced communities themselves will have their protection capacities reinforced through the establishment of community protection focal points who will refer persons with specific needs to case management providers and specialized multi sectorial provision of services; disseminate various information on human rights including women rights, child protection, protection of persons with specific needs and referral pathways; among others.

Protection monitoring and protection data collection is key

Strengthening sex and age disaggregated protection data collection and monitoring will be crucial to get a full analysis of protection needs and risks. Protection monitoring and mapping of community focal points in hard-to-reach communities will be prioritized in order to collect sex and age disaggregated life-saving data on protection needs to identify community entry points that could play a crucial role in protection monitoring and response. Importantly, SCOs will be included in the monitoring of the response.

Coordination

As the humanitarian community scales-up rapidly to respond, the Protection Cluster will support the coordination of protection activities such as the provision of protection services, protection monitoring, protection advocacy as well as work closely with other clusters to mainstream protection. Actions to empower local actors at local and community levels to strengthen protection mechanisms and referrals to specialized actors and services - will remain at the centre of the protection response. The Protection Cluster will work with other clusters in support of integrating protection principles throughout their policies and programs. The support to other clusters will include, inter alia, harmonizing referral pathways for GBV and Child Protection.

VII. CROSS-CUTTING THEMES

Community Engagement & Accountability to Affected People (CE/AAP)

The Protection cluster will integrate AAP into their response strategies building on existing policy guidance, tools and methods that inform and strengthen accountability to all affected populations. The response will also adapt to the changing needs as the situation is rapidly evolving on the ground. These include gender equality programming, prevention of sexual abuse and exploitation measures, social protection and human-rights-based approaches to programming and humanitarian performance monitoring tools. Some immediate actions in support of increasing AAP will be implemented including: disseminating the IASC Policy on Gender

Equality and Women and Girls Empowerment and the IASC Accountability Framework for the GEWGE Policy to cluster partners; training and disseminating IASC Gender guidance to all staff implicated in the response; making clear statements and commitments on PSEA issues and contribute and support the PSEA Network. Programme activities are based on interagency needs assessments, regular coordination meetings with protection and gender actors providing CP and GBV services through the CP and GBV AoR coordination meetings, regular consultations with women and girls through partners feedback mechanisms. The Protection Cluster will promote women and girls' participation on the formulation and the implementation of the response. The GBV AoR will work to promote women and girls' inclusion and meaningful participation in decision making processes and community leadership. Sex and age disaggregated data through data collection, monthly report, gender analysis, will be used to be able to report on gender equality. Women and girls-friendly feedback mechanisms will be put in place to collect challenges from women men, boys', and girls' beneficiaries, hence re-adapt the assistance accordingly.

Prevention of Sexual Exploitation & Abuse (PSEA)

The humanitarian community is committed to ensuring that Prevention from Sexual Exploitation and Abuse (PSEA) is a central principle of the humanitarian response in Mozambique. Under the leadership of the HCT, the humanitarian community will work together to establish a collective system on PSEA, raise awareness, ensure that robust measures to prevent SEA by humanitarian workers are in place, ensure appropriate complaints mechanisms are established and procedures are in place to address PSEA issues. The Protection Cluster will contribute to the PSEA Network action plans that will be rolled out and implemented by Protection Cluster members. The plan will include: 1) Protection Cluster to support the PSEA Task Force, 2) community engagement on PSEA and inclusion in the reinforcement and development of Community Based Complaint Mechanism, 3) complaints managed according to the inter-agency PSEA Network SOPs and survivors are connected with support services 4) actions are in place for prevention including training and awareness raising on PSEA policy. The Protection Cluster will adhere to all global UN and IASC PSEA guidance, coordinate accordingly with the PSEA Network and ensure regular reporting and monitoring of PSEA activities, all in line with the accountability to affected populations framework.

Age, Gender and Diversity (AGD)

Conditions for women and girls have deteriorated significantly in northern Mozambique since the start of the crisis. Factors such as high exposure to violence, including gender-based violence, conflict related sexual violence, displacement, restrictions on access to healthcare, including access to SRH services compounded with COVID-19, increased levels of GBV making women and girls increasingly vulnerable. Programming should adapt to the gender specific vulnerabilities and access opportunities of individuals and communities, including persons with different abilities, to reduce exposure to violence and strengthen resilience. Humanitarian actors are committed to fully incorporating gender and age in assessments, strategic and operational planning as well as response and monitoring efforts.

Persons with Disability (PWD)

The response will aim at creating a disability inclusive and accessible protection environment to prevent and mitigate protection risks for persons with disabilities who have been affected by the crisis in Cabo Delgado, Nampula and Niassa Provinces. The action will enhance resilience capacity, involving community members with different abilities, SCOs and key local government authorities who work with and support persons with disabilities. Two key concepts guiding the Protection Cluster's work with PWD will be inclusion and meaningful participation. Women, men boys and girls with different abilities including survivors of GBV face barriers to access information and services, therefore GBV partners will be committed to make WGSSs accessible to them (e.g. physical accessibility in the space, mobile access, literacy access, etc.), and make adjustments to mobile outreach. Women and girls with different abilities will be consulted and will participate at all times on how to reach excluded and marginalized groups of women and girls. Furthermore, dignity kits distribution will be adapted taking into consideration COVID-19 restrictions and women and girls with disabilities to increase accessibility.

Centrality of Protection

The Protection Cluster will remain committed to ensure that no one is left behind, and that people are at the centre of humanitarian action and that all assistance is planned and implemented in such a way that their

safety, dignity, rights and preferences are upheld. The Protection Cluster continues to take the lead on centrality of protection activities in Mozambique. Humanitarian partners will be guided in their response by more robust gender analysis of protection risks and human rights abuses, supported through a new protection monitoring framework.

Hard to reach areas in northern Mozambique

At the moment, out of the 16 districts in Cabo Delgado, seven of those are currently inaccessible either because of security concerns or logistical challenges in reaching those districts. Nevertheless, the Mozambican state has a right to ensure that IDPs are reached by those providing humanitarian assistance. Through different inter-agency and cluster missions to hard-to-reach areas such as Mueda, Ibo and Palma, it was seen that IDPs in these areas are very exposed to a variety of protection concerns due to the presence of both humanitarian partners and governmental services. Therefore, for these areas, Protection Cluster will capitalize with partnerships with other clusters, partners and local authorities to ensure that life-saving assistance and services are maintained in these areas considered both hard-to-reach and partially accessible areas. Furthermore, Protection Cluster will continue to advocate for access to IDPs in hard-to-reach areas as well as expedited procedures for humanitarians to receive their visas.

Civil Documentation

A well developed and functioning civil registration system ensures the registration of all vital events including births, marriages and deaths and issues relevant certificates as proof of such registration. Civil registration promotes efficient government planning, effective use of resources and aid, and more accurate monitoring of progress towards achieving the Sustainable Development Goals. In a recent protection assessment done by the protection cluster in northern Mozambique across five districts, 45% of IDPs reported not having access to legal documentation. Most for reasons related to the conflict and their flight. Agencies such as UNHCR and UNICEF have implemented projects to try to bridge that gap and Protection Cluster will continue to advocate for increasing the number of IDPs with civil documentation and urge partners to expand their coverage in Cabo Delgado, especially in hard-to-reach areas where IDPs face greater vulnerability.

Human Rights Engagement

As mentioned, the Mozambique displacement emergency in the north is a “protection crisis.” One of the Protection Cluster’s commitment is to undertake advocacy on protection in favour of those displaced and their host community. However, a variety of issues require high level advocacy and are best dealt by the various human rights mechanisms within the UN system. For this reason, Protection cluster will seek to ensure that human rights are mainstreamed in its analysis as well as leverage its advocacy with human rights mechanism. Throughout the year, Protection Cluster will try to find opportunities to act as a bridge between rights-holders, protection cluster members and human rights mechanisms. This also includes interacting with National Human Rights Institutions (NHRIs) who function with independence from any interference and can be a unique partner for the cluster. OHCHR in Mozambique will also play an important role supporting Protection Cluster in framing protection issues with a human rights lens as well as identifying and raising human rights violations through the cluster.

International Humanitarian Law

IDPs in Cabo Delgado increasingly find themselves caught up in or near armed conflict. Furthermore, there have been reports that there has been disregard of basic principles of international humanitarian law, placing hundreds of civilians in harm’s way. The situation in northern Mozambique involves non-State groups, with varying degrees of ability and willingness to control territory, respect IHL or protect civilians. To operate more effectively in this environment, Protection Cluster should seek to ensure advocacy of basic IHL norms as well as enhance knowledge and use of IHL in areas such as humanitarian negotiations and protection/conflict analyses.

VIII. PARTNERSHIPS

With the activation of clusters coordination arrangements in Mozambique since Idai, UNHCR is coordinating the protection clusters activities with the GoM (DPGCAS), Child Protection Sub-Cluster (UNICEF), GBV Sub-Cluster (UNFPA) and Disability Working Group (FAMOD) While PSEA (Protection from 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 include:

- INGD
- MGCAS
- DPGCAS
- Child Protection AoR
- SGBV AoR
- Persons with Disability Working Group
- PSEA National Coordinator and its Working Group
- Community engagement and accountability for affected population working group (CE/AAP)
- MHPSS working group
- **HRP Protection Cluster Partners:** UNHCR, UNFPA, UNICEF, IOM, UN-Women, AVSI, OIKOS, Street Child, AIFO.
- **Key Protection Cluster partners:** UNHCR, UNFPA, UNICEF, IOM, Save the Children, WFP (including Linha Verde), AVSI, OIKOS, CARE, Light for the World, Action Aid, Ayuda en Accion, Caritas, CUAMM, HelpCode, Humanity and Inclusion, IOM, IsraAid, MSF, Kulima, OHCHR, Plan International

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 5W prepared together with this response strategy will assist protection partners to (a) regularly monitor the impact and performance of protection partners and (b) progress to promote the centrality of protection in the humanitarian response. Protection Cluster partners (both HRP and non-HRP) are expected to report on their progress. Protection Cluster will also regularly organize 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.