PATHFINDER

Mozambique

Preventing Child, Early, and Forced Marriage and Countering Violent Extremism in Cabo Delgado

Implementation Lessons from a Conflict Setting

April 2024

Summary

In 2017, violence erupted in Cabo Delgado province in Mozambique, compounding the social, economic, and health challenges in the region. For adolescent girls and their families, this context heightened the risk of gender-based violence (GBV)—including sexual violence and child, early, and forced marriage (CEFM)—and adolescent pregnancy. From 2020 to 2024, the USAID Preventing Child, Early, and Forced Marriage & Countering Violent Extremism in Cabo Delgado (locally known as Uholo-Raparigas e Jovens) project has worked to improve the lives and livelihoods of 22,000 adolescent girls and young women (AGYW) ages 10 to 24 to reduce CEFM and socioeconomic restrictions that may arise among married young people. While the project made notable impacts, it was not designed to operate in a humanitarian setting. As the conflict and humanitarian crisis deepened over the course of implementation, the project team adapted accordingly.

This brief explores the challenges of operating in an evolving, conflict-affected setting and shares key adaptation strategies, lessons, and recommendation that may contribute to safe, successful implementation of other programs in humanitarian and fragile settings.

Conflict in Cabo Delgado

In the first decade of the 21st century, the discovery of minerals and natural gas deposits in Northern Mozambique deepened inequality in the already socioeconomically marginalized region. While corporate investment initially raised expectations of prosperity among the local population, this investment did not translate to provincial development or local economic gains.

In October 2017, economic, social, political, religious, and historical tensions erupted in Cabo Delgado province—one of Mozambique's poorest and most vulnerable to natural disasters—when armed insurgents attacked three police stations and killed 17 people in the city of Mocimboa de Praia. Capitalizing on a widespread sense of exclusion and despair, the Islamist armed group Ahlu Sunna Wal Jama, also known as ISIS-Mozambique (ISIS-M) recruited young people, enticing them with a sense of purpose and belonging, and fully occupied Mocimboa in 2020. Attacks by ISIS-M on nearby towns, villages, and military outposts, compounded the violence and caused widespread displacement and destruction.

The government of Mozambique deployed military forces, joined in July 2021 by forces from Southern African Development Community (SADC) member states and the Rwandan military, to regain control of occupied areas and protect civilians and infrastructure. But this military action was accompanied by human rights abuses, including detention of journalists and of civilians protesting human rights violations or suspected of supporting ISIS-M. Between October 1, 2017, and March 15, 2024, the conflict had claimed nearly 5,000 lives.[1] By the end of 2022, more than 1 million people had been displaced, most of whom were living in crowded camps with inadequate access to food, safe drinking water, health care, or education.[2] In early 2024, more than 570,000 internally displaced persons had returned home, while 670,000 remained displaced.[3]

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[1] "Cabo Ligado Update: 4-17 March 2024." ACLED, Zitamar News, MediaFax, March 21, 2024.
[2] "Mozambique: Impact of the Five-Year Conflict in Cabo Delgado." ACAPS, July 2023.
[3] "Humanitarian Needs and Response Plan Mozambique: Humanitarian Programme Cycle 2024." United Nations Office for the Coordination of Humanitarian Affairs (OCHA), December 2023.

In Cabo Delgado, where conflict has disrupted health and social services, education, and livelihoods; displaced populations; and led to increased poverty, civilians suffer from violence that Amnesty International reports comes at the hands of both government and ISIS-M forces.[4] According to Amnesty International, both ISIS-M and military forces have raped women and girls, whose ability to seek medical care has been severely curtailed by the damage and destruction of health facilities in Cabo Delgado.[5] Between 2018 and 2021, ISIS-M abducted more than 600 women and girls, often to marry, abuse, or sell them to other fighters.[6]

Even before the conflict, nearly one-fifth of young women ages 20 to 24 in Cabo Delgado married[7] by age 15, a common coping mechanism employed by families experiencing poverty and influenced by social and gender norms ; 61% married or lived with a partner by age 18.[8] Cabo Delgado has the second highest rate of CEFM and the highest rate of adolescent pregnancy in the country—56.2% of girls ages 15 to 19 are mothers or pregnant.[9] And just as girls are at higher risk of being abducted and raped or forced into marriage in conflict settings, boys are at higher risk of forceful recruitment as soldiers, particularly with the closure and destruction of many schools and the economic strains placed on families who have lost access to their livelihoods. In 2019, Mozambique passed a national law criminalizing CEFM, but the law is not well known or enforced. Reducing CEFM will enhance girls' freedom and opportunities, keep them connected to and supported by their families and peers, and break cycles of poverty, all of which can help counter violent extremism (CVE)—the use of violence to achieve ideological, political, or religious aims.

Social Analysis and Action meeting with local leaders and influential community members in Pemba.
Photo: José Mpingo for Pathfinder

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[4] "'What I Saw Is Death': War Crimes in Mozambique's Forgotten Cape." London, UK: Amnesty International, 2021.

[5] Ibid

[6] "Mozambique." ACAPS

[7] According to Mozambican law, these are considered early unions, as the term "marriage" only applies to people 18 or older who can provide free and full consent.

[8] "Moçambique Inquérito Demográfico e de Saúde 2011." Calverton, Maryland, USA: Ministerio da Saude - MISAU/Moçambique, Instituto Nacional de Estatística - INE/Moçambique and ICF International, 2013.

[9] "Mozambique DHS 2022-23 Key Indicators Report." Maputo, Mozambique, and Rockville, Maryland, USA: Instituto Nacional de Estatistica (INE) and the DHS Program, ICF, August 2023.

Preventing Child, Early, and Forced Marriage and Countering Violent Extremism in Cabo Delgado

The USAID **Preventing CEFM & CVE in Cabo Delgado** (locally known as **Uholo-Raparigas e Jovens**) project has worked from 2020 to 2024 to address, reduce, and halt myriad sensitive normative, social, and economic factors that curtail AGYWs' freedom, limit their life options, and perpetuate cycles of poverty. Pathfinder led this project in partnership with Ophavela—a Mozambican nongovernmental organization focused on sustainable socioeconomic development—to engage AGYW, their families, communities, school and health staff, judicial and law enforcement authorities, and policymakers to reduce CEFM by working to achieve the following four results:

- Uplift young women with social support and economic opportunities;
- Shift community norms around CEFM, girls' education, and social positioning;
- Increase AGYWs' use of adolescent-responsive health services; and
- Partner with the Government of Mozambique, including provincial and district institutions and local and traditional authorities, to better enforce laws and policies that delay marriage.

To learn about the project's key strategies and results, read the Project Overview.

## Conflict-related Project Implementation Challenges

Young women's small group in Marrocane resettlement camp (Ancuabe).
Photo: Amelia Muhanzule for Pathfinder

Gender norms. While the internal displacement in Cabo Delgado led to shifting gender roles and relations among families as they adapted to life in the camps, these shifts did not necessarily improve gender equity. Many men lost access to their livelihoods. Unable to fulfill their traditional roles as providers, some grew depressed and turned to alcohol and violence. Unable to work, as men spent more time at home, they assisted with tasks traditionally assigned to women. While this may have alleviated women's burden of labor, it also diminished women's power, as men asserted more control over household decisions that previously fell to women. Male dominance was often reinforced as men took over decisions on the management of the humanitarian aid received.

Staff recruitment and attrition. Even before the conflict, low educational attainment among girls and women made recruitment of local women for staff positions challenging and necessitated hiring women from other provinces. The conflict exacerbated the difficulty of recruiting culturally appropriate, qualified women. Staff retention was as big a challenge as recruitment. Working directly with displaced and traumatized persons affected project staff, as did the material, social, and emotional losses that accompanied project and staff relocation.

Constant disruption. Implementation in a conflict-affected setting presented many challenges. While the project was originally planned for Palma and Mocimboa de Praia districts, the team repeatedly had to shift implementation districts due to safety concerns (Figure 1). Each relocation necessitated new investments in baseline data collection; needs assessments, including gender analysis; activity planning; and institutional relationship-building. Relocation and repetition of these startup activities came with managerial and programmatic costs, as well as staff attrition. And given widespread displacement of residents of Cabo Delgado, the project served a highly mobile population. This led to disruptions in programming and posed challenges to continuity, follow-up, and measurement. Even in stable settings, social norm change is difficult and takes a long time. In insecure, highly mobile settings, it is even harder to measure results—particularly when the project's monitoring, evaluation, and learning system was not designed for a humanitarian setting.

Figure 1. Conflict-related Shifts in Implementation Districts
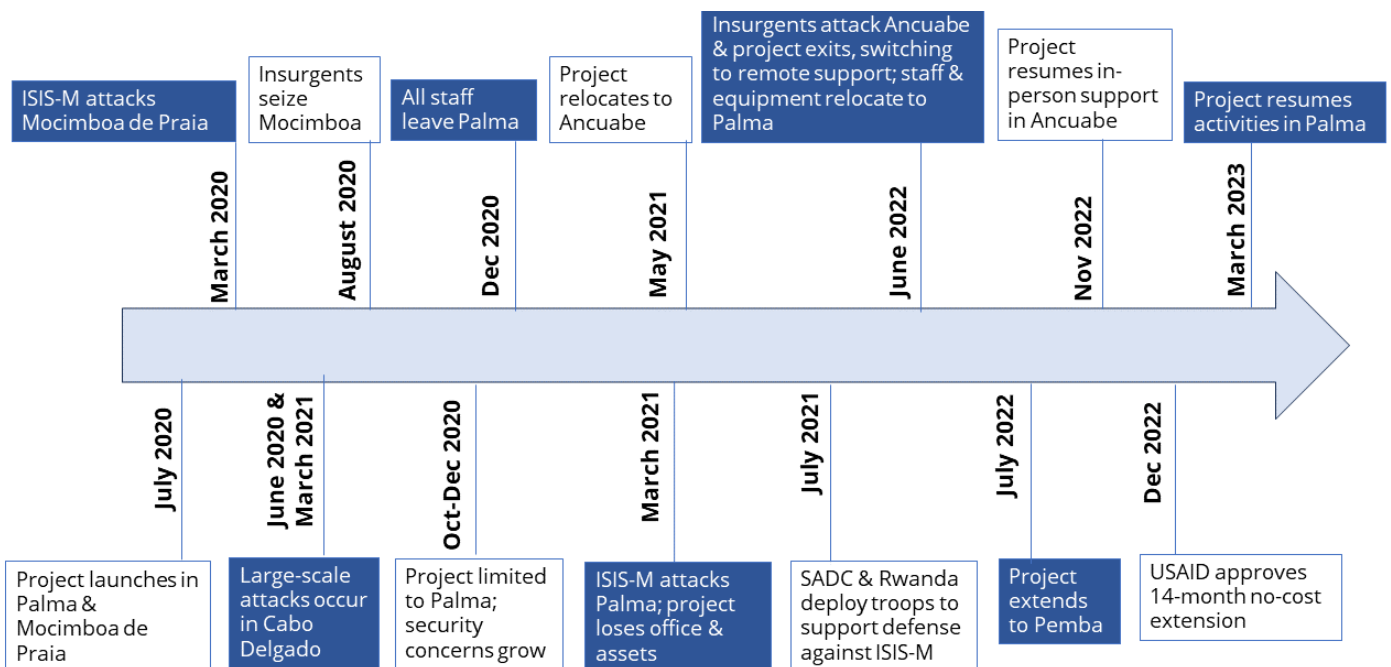
Weakened institutions and disruption of social networks. As conflict spread and the risk of kidnapping and gender-based violence, including rape and trafficking, grew, many parents began to fear sending their girls to school. With their livelihoods decimated, other families lacked the resources to send their children to school. This affected girls, who were kept home, married off by their families as a mechanism to protect them, or sent to other districts to live with relatives or acquaintances, often in abusive conditions. It also affected boys, who were sent out to look for odd jobs or generate income however they could. In conflict-affected and fragile settings such as this, adolescents often face high-risk situations and are forced to take on adult roles.[10] Even though Uholo promoted access to education, health and social services, and economic opportunities for young people, in this context, their needs were still often unmet, and their wellbeing neglected.

At the same time, women's and young people's associations were weakened or nonexistent. Many support networks and resources once been available to women and young people were gone or out of reach, leaving fewer mechanisms through which to reach them with programs. High mobility among the populations the project aimed to serve, and security-related curfews, further curtailed many of the opportunities for meaningful youth engagement and interaction on which project planners had counted. Other partner institutions such as the health system were overwhelmed with the effort to serve both host communities and internally displaced persons in the face of high staff turnover. In fact, Uholo experienced losses of investment as health providers, teachers, and judicial agents trained by project staff left their positions.

Lessons for Implementing Programs in Insecure Contexts

The project was designed to operate in secure sites within a conflict-affected context. Worsening conditions necessitated flexibility and adaptation of implementation approaches. The following considerations were essential to this project and may be useful for any organization implementing programs in insecure contexts.

Monitor gender dynamics. It is important to observe changes in the positions, needs, and roles of women, men, boys, and girls during crisis, including transformation or disruption of traditionally gendered spaces, to be able to develop tailored, responsive, gender-transformative interventions. Particular attention should be placed on girls' and women's agency and protection from violence. In fragile settings, we recommend creating women-led safe spaces for girls and women and delivering economic empowerment interventions. Hiring staff with gender expertise and investing in staff training on gender-norm change and social and behavior change—and conducting reflection sessions to

Community debate on early unions in Pemba. Photo: José Mpingo for Pathfinder

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[10] Singh, Neha S., Jocelyn DeJong, Kimberley Popple, Chi-Chi Undie, Rozane El Masri, Ritah Bakesiima, Mariana Calderon-Jaramillo, et al. "Adolescent Wellbeing in Humanitarian and Fragile Settings: Moving beyond Rhetoric." *BMJ*, 2023.t

unpack staff's own inequitable norms and values—is critical. In addition, projects operating in conflict-affected and fragile settings should set up robust safeguarding measures for project staff and collaborators, with particular focus on sexual exploitation and abuse.

Invest in staff. To meet the challenges of hiring qualified local project staff—particularly women—in conflict-affected or fragile settings, Uholo recruited younger staff and local community members who were inexperienced. While hiring local young women can provide positive role models for AGYW participating in project activities, and hiring community members helps build trust, this requires a greater investment in training, mentorship, and other methods of ongoing support. In addition, projects working in conflict-affected and fragile settings should plan to invest in staff retention, including provision of psychosocial support and care that considers the impact of vicarious trauma on frontline workers and those who support them.

Prioritize security. Investment in security measures is paramount. The project strengthened its security prevention measures by first hiring a specialized security company and then an advisor on staff to put security plans in place, including a security action plan the project submitted to USAID and travel protocols; provide regular security updates; conduct ongoing staff training; secure appropriate equipment (e.g., satellite phones); and plan for specific funds in case of emergency. The project also hired a CVE specialist to consult at startup. This person helped project staff understand violent extremism, the ways insurgents operate, how to navigate this context, and actions the project might take for CVE. The CVE specialist advised project and USAID mission staff of the potential risk the use of USAID and TotalEnergies[11] logos might pose and ultimately recommended not using them in the communities in which the project worked. She also advised the project to change its name (Total Girls) to avoid association with TotalEnergies, which was exploring the presence of natural gas in the province.

Cultivate flexibility. Organizations are implementing global health and development programs in increasingly complex contexts, as conflicts, climate change, natural hazards, and high levels of uncertainty intensify around the world. To operate effectively in times of instability, programs must plan for risk management and adaptive implementation from the beginning and remain flexible throughout the project lifecycle.

Teams must have the ability to respond to conditions in real-time with changes in programmatic elements or approaches that allow for continued impact. The implementation timeline can be very uncertain given, for example, limited access to certain sites and challenges transporting materials. Project teams must plan accordingly, allowing larger margins of time to account for inevitable delays. Conducting an initial risk assessment before implementation can help teams anticipate and prepare for some of these conditions with appropriate mechanisms, such as a rapid response fund. Uholo, for example, dedicated 10% of the total budget to a rapid response fund for use in sudden emergencies in the implementation districts. Mechanisms like this grant projects agility to adapt to changing conditions and act beyond project workplans when conditions demand it.

Donor flexibility was essential to the successful operation of this project in a continually evolving environment. Close collaboration and frequent communication between donor and implementing organizations is critical in helping the donor understand the contextual situation, support the project accordingly, and approve

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[11] In a public-private partnership, the $5.1M TotalEnergies-funded Improving Communities' Health Outcomes through Integrated Programming in Cabo Delgado project, locally known as Uholo-Saúde Comunitário (2019–2024) complements the Activity.

geographical and other modifications in a timely manner. Because in the case of Uholo, USAID had a deep understanding of the conditions in which the project was implemented, they approved several geographic modifications, as well as a no-cost extension to allow the team to successfully implement their interventions in the wake of so many disruptions.

Adapt and restructure activities to each new context. To adjust to widespread displacement and mobility among the population served by the project, the team reduced the duration of some activities and focused implementation on resettlement villages. The team tailored activities to the new contexts, eliminating interventions that required a more stable context, such as a pilot of a conditional cash transfer program. To provide remote support when needed, the project increased the use of technology to hold virtual meetings and provide technical assistance to health staff and teachers. And to support the adaptation of essential services to conditions, the project increased its support to health services for the construction of mobile brigades in resettlement camps and in communities hosting large numbers of internally displaced persons.

Build community trust and acceptance. Investing in a strong and consistent presence in implementing communities that includes involvement of community networks is essential to build trust and ensure community acceptance. The project engaged community members as facilitators and leaders of some activities, recognizing this engagement as crucial to social and behavior change efforts even in a peaceful setting. In conflict-affected settings, the project team found it very helpful to work with a network of community actors, including community leaders and health committees, who are linked to existing structures. The project worked through the TotalEnergies-funded Uholo-Saúde Comunitário project to strengthen psychological support for displaced persons by training health providers to implement routine psychological screening, and to integrate mobile brigades into project activities with support from the project's clinical team.

Enhance coordination with government and development and humanitarian partners. Intensive coordination with the government and other cooperating partners, including regular and timely information sharing, was critical to the ability of the project to operate effectively. During the life of the project, the team increased their participation in the health cluster, the protection cluster, its gender-based violence subgroup, and the humanitarian access working group. These informative relationships helped the project prioritize activities and identify and invest in areas of greater impact and quick wins. The project was also able to support the government in advancing policies and tools for action in emergency contexts nationally—for example, the Ministry of Health training package for responding to gender-based violence in emergencies. While increased participation in these mechanisms was very important, meaningful staff participation was a challenge given competing activities in the field. It is critical that projects allocate adequate staff time and resources for meaningful engagement in coordination platforms and humanitarian clusters.

> **Clusters** are groups of humanitarian UN and non-UN organizations in each of the main sectors of humanitarian action (water, health, shelter, logistics, etc.). They have clear responsibilities for coordination and are time-bound bodies meant to fill a temporary gap. Their aim is to strengthen the capacity of national systems to respond to humanitarian situations with a protection and accountability lens and progressively hand over coordination to national and local entities.
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> Source: https://emergency.unhcr.org/coordination-and-communication/cluster-system/cluster-approach

Do no harm. When working with people whose lives have been disrupted, who have been displaced, or who have witnessed or experienced violence or trauma, it is critical to provide trauma-informed health, education, and psychosocial services. Without proper mental, emotional, and psychosocial support for people experiencing trauma, the effect of any program will be limited. In addition to attending to the psychosocial needs of individuals, projects operating in settings affected by displacement must be conscious in all

interventions to avoid heightening tensions—including potential ethnic tensions—between internally displaced persons or refugees and host communities. Projects should be implemented in an inclusive manner and capitalize on opportunities to promote non-discrimination and support activities to promote social cohesion, particularly where traditional networks have broken or where community-based organizations are weak or nonexistent.

Strengthen emergency preparedness and health resilience capacities of communities and health facilities. Mozambique's Family Planning 2030 (FP2030) commitment includes access to contraception in emergency contexts. A national-level commitment to becoming prepared to deliver the Minimum Initial Service Package of (MISP) essential sexual and reproductive health (SRH) care when shocks occur must be realized in health facilities and communities to achieve the lifesaving potential of MISP. As a partner on the USAID-funded MOMENTUM Integrated Health Resilience (MIHR) project, Pathfinder is advancing Mozambique's FP2030 commitment. In Cabo Delgado, MIHR leveraged the Uholo project to train health providers on MISP for SRH and support civil society actors to develop emergency preparedness and response plans so key local actors know who needs to do what to minimize harm and gender-based violence that are too often exacerbated by conflict and disasters.

Project Overview

From 2020 to 2024, Pathfinder and partners have implemented the USAID Preventing Child Marriage in Cabo Delgado (locally known as "Uholo- Raparigas e Jovens") project to improve the lives and livelihoods of adolescent girls and young women by reducing child, early, and forced marriage; increasing alternative social, health, educational, and economic opportunities for them; and shifting social norms away from child, early, and forced marriage in Palma, Ancuabe, and Pemba districts of Mozambique's Cabo Delgado Province.

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