CRISIS OVERVIEW

Describe the drivers of the current crisis (e.g. natural disaster, displacement) to give an overview. Summarize the entire Secondary Data Review as good and concise as possible. Start with an overview of the in-crisis situation (people in need, the GBV protection needs, GBV risks pertaining to other sectors, other needs), followed by a brief paragraph on the pre-crisis situation (already existing contributing factors to GBV such as the legal system and justice, gender norms and roles).

KEY TAKEAWAYS

Give a short summary of the results of the Secondary Data Review listed in more detail below. Make sure you list first: the key priorities (what have you found in secondary data that makes you believe these are the most critical areas for intervention. Create intersectoral links where necessary), the key geographic areas (were there any areas where secondary data shows the situation was worse than others e.g. north of the camp vs. south, governorate X vs. Y, etc.), and the key vulnerable groups (were any groups particularly affected? E.g. Women over 60 years old, girls with disabilities, or women from minority group X).

* **Key priorities**

***For example:***

***Psychosocial support:*** *There have been numerous reports of heavy violence, causing major trauma and suffering to refugees. Several reports confirm that women and adolescent girls especially have suffered rape and sexual violence. Though official numbers are unknown, estimates suggest several thousands of women have been raped. Psychosocial services are urgently needed for all GBV survivors.*

*Approximately 2,000 female headed households face great difficulty obtaining relief items, as they are all distributed at centrally located points. Women are culturally not allowed to be seen without being accompanied by a male relative. This means all food, shelter, and NFI distributions are difficult to access for them. This is a risk for sexual exploitation, as female headed households may adopt negative coping mechanisms.*

* **Key geographic areas**

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* **Key vulnerable groups:**

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LEGAL SYSTEM AND JUSTICE

Introductory paragraph summing up the justice and legal system. Sum up the situation before the crisis, and in-crisis. Give a concise overview on the legal system and justice, and what is or is not in place to protect the rights of women and girls Have major conventions (e.g. CEDAW) been ratified?

*For example: “The judicial system and laws in Libya point to a society where women have limited freedoms. Though means of seeking justice for GBV survivors have ceased to exist due to the near-complete collapse of the system since the escalation of conflict, the situation prior to the collapse points out that discriminatory laws towards women and girls have long been in place.”*

**Rule of law:** What is the general rule of law in the context? Are institutions still functioning or has rule of law completely eroded due to the crisis? What are some of the customary law or practices being implemented by communities and how? E.g. is the judiciary still functioning, are any authorities in place, etc. Describe how this impacts women and girls’ in relation to GBV. *Keep in mind these laws are at a national level and may not be practiced at community level.*

**Women’s rights:** what laws are in place to protect women and girls, or which laws in place do the opposite. What are the rights of women in this context? Describe general laws that exist that regulate the life of women and girls, e.g. family, inheritance laws.

*Definition of sexual violence/rape:* How (if any) is sexual violence and rape defined by law? Is intermarital rape considered a criminal act? What are the repercussions for rape and sexual violence? Are sentences to those convicted of a criminal act survivor-centered or not (e.g. a woman has to marry her rapist)? How many cases that come to court end in a conviction?

*Marriage laws:* What are laws regulating marriage or family life that may pose discrimination to women? Is divorce allowed for women? What happens to women when their spouse passes away?

*Housing, land, and property rights:* Are women allowed to inherit, either through their families or when their spouse passes away? Are women allowed to have possessions registered in their name, including financial accounts? Do women have rights regarding to housing land and property – how does this affect them? Can they inherit any housing, land, property?

*Documentation:* Do women and girls have rights to documentation? Is documentation widespread? If documentation is lacking, how does it hamper women and girls?

**Access to justice:** what legal and judicial framework is there for women and girls to access legal services, press charges; Should a woman want to access justice, is she able to? Is it dangerous for women to access justice? Describe any obstacles to accessing justice and how this impacts women and girls, their rights, and their safety.

*Access to police:* What are women and girls’ options for accessing police or other executive bodies? Will women and girls’ be heard at a police station or are they likely to be turned away? Is it dangerous for women and girls’ to report at a police station? Will women and girls be forced to reenact when reporting to the police?

*Standing in court:* What is the standing of women and girls in court – can they be a claimant in court? Are they likely to be treated with respect when stepping to authorities? What evidence are women and girls required to provide when standing in court and what are the mechanisms to obtain this?

HEALTH SYSTEMS

Introductory paragraph summing up the health system in country. Sum up the existing governmental structures; their availability, quality and accessibility. Sum up the regulations in the healthcare system that are important to GBV.

**Clinical Management of Rape Protocols:**In a new emerging crisis: list the CMR protocols that inform the set-up of CMR.

**Government health structures:** What government health structures are in place that are functional and also provide GBV services?

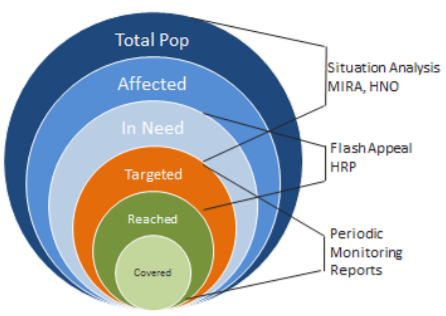
SOCIODEMOGRAPHIC ENVIRONMENT

List main characteristics of population groups, ensure GBV lens where necessary. Describe different population groups e.g. refugees (mixed contexts), IDPs, migrants, host community, migrants, ethnic minorities, etc.

Make sure to include a humanitarian profile, providing population figures disaggregated by gender, age, disability and diversity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | IDPs | Migrants | Refugees | Returnees | Host community | Other |
| Women of reproductive age (15–49) |  |  |  |  |  |  |
| Female headed households |  |  |  |  |  |  |
| Pregnant and lactating women |  |  |  |  |  |  |
| People with disabilities |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

\*adjust table and population groups to context



**Specific needs groups:** Describe the group among people in need that may face specific needs, particularly when it comes to the risk of GBV. These can include unaccompanied and separated minors, female-headed households, widowers, etc. Look at whether there are high concentrations of these in certain areas (e.g. a high number of female headed households in governorate X) and look at risks associated with this. Use the lens for specific needs groups throughout the SDR.

**Sex, age, disability, diversity:** (adjust headings). Look at different age groups (e.g. young girls, adolescent girls, older women) and apply this lens on all the information throughout the SDR.

**Economy:** Describe the economic situation. Specifically look at levels of poverty and unemployment. If these are high or reports of poverty and unemployment are frequent, analyze how this may have an impact on women and girls. Poverty and unemployment have also been linked as stressors for men, which can increase the risk of GBV for women and girls. Also pay attention to the social-economical variance among different geographic areas, analyze how this impacts the affected population differently.

What is the impact of the current crisis on the economy? Are there (paid or unpaid) jobs for both men and women that have become under strain due to the crisis? How have people’s livelihoods changed, deteriorated compared to the pre-crisis conditions? What are the likely coping strategies of population in crisis?

**Substance abuse:** Look into the types of substances that are mostly used (alcohol, drugs, etc.) in this context.

**Education:** Look at indicators related to education (e.g. literacy rates, enrollment rates, etc.) and explain how these figures can give an insight into whether both boys and girls can access education and how high inequality to accessing this can be/gender inequality in the country.

*For example: Literacy rates in Mozambique stand at 70.5% for the population aged 15–24. When only looking at the population over 15, the literacy rate stands at only 56%. Women are significantly less literate than their male counterparts. High discrepancies in literacy rates among men and women can point to inequality, where girls tend to be the first who are denied access to education, or taken out of school as their education is not prioritized.*

RESPONSE ENVIRONMENT (BASIC NEEDS)

In this session provide how are the current crisis affected the GBV needs and risks of the population. Introductory paragraph summarizing the findings below with a GBV lens. Look at the existing needs per sector and define how those things can increase the risk to GBV.

GBV does not happen in a silo and is never a standalone incident. Disasters, conflicts, pre-crisis vulnerabilities, stressed living conditions, lack of resources are all exacerbating factors for the manifestation of GBV and related negative coping mechanisms. Reduced availability and accessibility of basic services (sources of income; health facilities, food, markets etc.) as a result of the *conflict/displacement/natural disaster* increase the vulnerabilities of women and girls. Describe for all the below the availability, accessibility, quality, use, and awareness:

**Food security:** *Availability*

What is the food security situation like – how food insecure are people? Have any negative coping mechanisms resorted from being food insecure that may increase the risk of GBV (e.g. survival sex, child marriage).

*Accessibility*

Are food distributions taking place in a safe and dignified manner? Who controls the food distribution, is there risks of food diversion? Does everyone have access to food distribution points? Are food distribution points safe? What are the conditions at these points, what is the average waiting length to receive food? What’s the condition and average length do people have to wait to receive food distribution? Are there risks of sexual harassment or abuse? Are women and children safe after having received food distributions? Are there any factors would deter women and girls from traveling to the distribution points, i.e. incidents of mugging or robberies or fighting?

Who holds the food ration card and do women receive food rations from family members if the cards are not in their name? What are cultural practices? E.g. do women usually eat last and receive the last scraps or less nutritional food than others?

*For example: Prior to the displacement crisis of July 2018, 800,000 people were already severely food insecure (IPC Phase 4). Women were disproportionally affected as they lacked the ability to move around freely at markets to obtain food items; which particularly exacerbates the situation for female-headed households. This is expected to worsen within their current situation of displacement, as women are obliged to uphold the cultural norm of not being seen outside with a related male companion. In a confined camp setting, it will be difficult for women to obtain sufficient food items; female headed households.*

**Livelihoods:** Availability, accessibility, awareness, quality, use.

Has the current crisis changed anything in the livelihood status of people? Has a lack of livelihoods/income led to an increase in negative coping mechanisms (e.g. survival sex, early marriage); have those increased the risk to GBV?

Do women have access to income generating activities? What type of activities can women do? What restricts their access to other activities? What unpaid work are women and girls engaged in and does that increase the risk to GBV?

**Water, Sanitation, and Hygiene:** *Availability:* Is there sufficient water and what coping mechanisms are associated with a lack of water and how does that impact women/increase the risk to GBV?

*Accessibility:* Where are water sources located? If women and girls are responsible for fetching water, does that increase their risk to GBV? What are distances to the nearest water points and what are risks on the way there?

Is it safe for women/girls/children to access WASH facilities? Do women/girls get harassed on their way to WASH facilities? If women and girls feel unsafe accessing facilities, what are negative coping mechanisms associated with this?

*Quality:* Are facilities built as per Sphere standard, i.e. gender-segregated? Female to male ratio 3:1? Do latrines/WASH blocks have sufficient lighting and locks? Are men loitering around latrines/WASH blocks at night? Is there sufficient privacy in latrines/WASH blocks?

**Health:** What are the prevalent health issues or any epidemic in the area/communities, and what increased risk are women and girls exposed to, if any. What sexually transmitted diseases are prevalent (e.g. HIV can be transmitted in the case of rape)?

*Availability*

Are health services available and functional in the aftermath of the crisis? Are health services being provided through government or through humanitarian actors? What type of services are available, what is the service coverage and delivery modality, i.e. static facility vs. mobile, only available at district center or municipality etc? Is primary health care available? Do clinical management of rape services exist and are those up to standards? How are they arranged?

*Accessibility*

Is there safe access to health services? Are they available 24/7 or have convenient opening times? Are they expensive? Are there transport fees when accessing? What is the average travel time to a health facility? Can women/girls access services anonymously – and are they likely to do so in this context to seek help? Is there any stigma or gossip attached to seeking out health services?

*Awareness*  
Do women and girls have knowledge on sexual and reproductive health? What is the age of reproduction? Do women and girls know about anticonception and do they have the power to make their own decisions on this?

*Quality*

Is there trained CMR staff? Enough female staff? Is the facility sensitive to age and sex, so that adolescents, children, both male and female can receive care? Do they discriminate based on ethnicity? Are there sufficient post rape kits and PEP? Is there privacy and private space to treat patients?

*Use*

Are there any social norms or customs that deter women and girls from accessing health services (e.g. stigmatization)? Do women and girls need male head of the household permission to seek health services?

*For example: In Baladayas in Libya, 55% of hospitals were assessed as fully operational, 39% partially operational and 6% were inoperational. Public health centers and clinics were fully operational in 55% of municipalities, 33% were partially operational with 12% inoperational (22 municipalities). Private health centers and clinics illustrated 68% fully were at full operational capacity, 29% partially operational with 3% classified as inoperational facilities (16 municipalities) as of August 2018 (DTM 23/08/2018).*

*However, even with operational health facilities, women and girls are required to ask permission from their husbands or male relatives in order to visit health clinics and therefore experience constraints in going. Given that much of GBV also occurs within the family home, women are unlikely to receive such permission. In addition, women’s health is unlikely to be prioritized as a household expensive given that men largely control the resources. Further evidence from surveys and FGDs suggest that women tend not to access health services for seeking help for GBV or reproductive health out of fear for stigma, gossip, or a lack of confidentiality at the services (UNFPA 2017). The lack of accessing services, especially for survivors of rape means clinical management of rape is unlikely to take place, and also heightens the risk of the spread of sexually transmitted diseases.*

**Shelter:** Is shelter available? What are the conditions of the shelter and do these conditions increase the risk of GBV? Are shelters private (e.g. with lockable doors/windows)? Is there sufficient lighting around houses? Do women and girls report feeling safe in their shelters?

Accessibility: Are shelter distributions accessible, also for female headed households?

Quality: Can shelter upgrades be done, also by female headed households?

Is there enough privacy within the household? Are there privacy partitions? Sufficient space for people? If many people share the same room, does that increase the risk of GBV? How many families share a shelter? Are strangers sharing shelters?

**CCCM:** Is there enough space for people? If not what effect does that have? Are there enough safe and accessible pathways in the camp? Are there enough services and if not what effect does that have on GBV? Is there enough lighting in camp sites, if not what effect does that have? How is the site/camp designed, and is the design not increasing risk of GBV (e.g. schools not next to markets, no latrines near large clusters of trees or on outskirts of camp, etc.)? Are there understandable signs in the site that indicate where people need to go?

Do camp managers know about referral pathways for GBV and has this been shared with all actors on site/camp?

How are governance structures set up? Are women equally represented in governance structures? Do women participate in any form of committee? How does that affect the life of women in a site?

How is safety and security arranged in a site/camp/settlement? Is there police or community patrolling? Is there sufficient oversight? How is safety for women ensured?

**Education:** *Availability:* Are there sufficient educational facilities available? Is education available for children of all ages? If education is not available, what are increased GBV risks for children out of school?

*Accessibility:* How far are schools and are there any financial fees that parents need to cover? Transport fees? Specific documentation required? Are there any social norms that prevent children (e.g. adolescent girls) to attend school? Possibility to attend school for young mothers? Any other chores or labor children need to do that prevents them to attend school?

*Quality:* Sufficient trained teachers, enough female staff? WASH facilities are gender-segregated and if not how does that impact girls? Sufficient attention to hygiene practices (e.g. menstruation) to ensure girls attend? Classes gender segregated if necessary?

**Protection:** access to legal services, documentation, general protection risk related to access to services

**Child protection:** child headed households. Separated/unaccompanied children? Do child friendly spaces exist? Children left unattended and associated risks? Child recruitment into armed groups and associated GBV risks? Are boys/girls engaged in child labour and what are the associated gbv risks? Child marriage occurrence? What are specific needs for adolescent girls, boys, younger girls/boys?

SOCIALCULTURAL AND RELIGIOUS ENVIRONMENT

Describe how the community environment can impact the status of women and girls, their rights and freedom. Start by finding data on:

**GBV perception:** List any quantitative or qualitative information on how GBV may be perceived in the community. Think of the following questions: What are general perceptions on GBV in the community? Do people think GBV is an issue? What is seen or described as GBV? Is GBV normalized? Is it acceptable or normal for husbands to beat their wives or exude other forms of power over their wives? What statements are made about women and girls in general?

Can GBV as a topic be discussed? If it is sensitive, how can GBV be discussed? If GBV is not discussable, how does this impact women and girls? Do people believe GBV is a family affair and should only be dealt with privately? Do people think women’s bodies or behavior should be monitored and observed?

What are attitudes towards GBV survivors? Does the community think it is wrong for women and girls to speak out publicly on topics of GBV? Are there any community-based protection systems? Are there community-based women support groups?

*For example: In 2009 an estimated 70% of perpetrators of GBV against their partners never faced charges. The reasons for this included that the survivor has to deal with the case alone or through the family (47%), the act was not considered serious (15%), the act was considered a private issue (9%), or the survivor feared retaliation and reprisal (11%) (*[*UNIFEM 2009*](https://www.un.org/ruleoflaw/files/violence_against_women_mozambique%5b1%5d.pdf)*). This indicates that in Mozambique, GBV is being normalized, and a GBV case is considered a family or private affair without much institutional and systematic support.*

**Religious and legal practices:** Describe any practices in the community that may impact GBV. The religious and legal practices in the community may differ from those at a state level.

*For example: Though polygamy is not legalized in Mozambique’s Family Law (2004), it is still practiced. In these cases, the husband is only legally married to the first wife, but has multiple relationships outside the marriage. Polygyny is often recommended when the first wife is infertile – but is generally common in the patrilineal cultures (*[*Arnaldo 2003*](http://www.bioline.org.br/pdf?ep04008)*). In the same law, the age for marriage is set at 18, yet at community level it is common for girls to get married much younger.*

**Gender roles:** What roles are typically ascribed to men and women? How does this positively or negatively affect women? How does this impact the GBV situation?

*Division of labor:* What are typical divisions of labor between men and women? Are women allowed to work, generally? What type of (paid or unpaid) jobs are women doing? Are any (paid or unpaid) jobs associated with risks of GBV such as fetching water, collecting firewood, etc.? What is the impact of the crisis on the division of labour – has it changed or is it the same? What is the impact of the current crisis on women and girls’ safety in doing these jobs?

*Household decision-making:* To what extent do people think women should be engaged in household decision-making? How much are women involved in decision-making at a household level? Are there areas where women have more influence in decision-making (e.g. raising children)? Where is decision-making for women lacking or not possible?

To what extent do women have a say in finances at a household level? Are women able to have any money and decide on expenditures? How is the household financial expenditure usually structured, distributed and prioritized?

*Women in education:* What does the community think about girls accessing education? Are any negative things associated with girls/women pursuing an education? What are some of the barriers for girls to access education?

*Participation:* To what extent are women and girls allowed to participate in the public sphere? Are women and girls seen in high public positions, such as in government, the legal system, etc.? Are they seen in community structures such as community decision making bodies? What is the perception of women and girls who are publicly participating?

*Freedom of movement:* To what extent are women and girls allowed to move around freely? To what extent do women and girls require permission from a male relative to navigate their daily lives? Are there any other restrictions (e.g. clothing) that apply to women and girls when being seen in public?

Pay attention to do people generally have access to services? Do women and girls in particular have access to services (including food distributions, water points, clothing/NFI distribution, health/reproductive health services, latrines, wash facilities). Same for female headed households? Why not?

Are any cultural norms (e.g. upholding purdah) influencing women and adolescent girls’ ability to move around freely? What other factors are limiting movement? Are any physical constraints (e.g. hilly, dangerous terrain, war zone, flooded area) prohibiting free movement? Check points?

**Traditional marriage practices:** List any traditional marriage practices that are common at the community level and may impact GBV. For example, think about

*Dowry:* Is dowry being paid? Does that influence parents’ decisions on marrying off their daughters at a younger age? How does that contribute to gender inequality? Are women integrated into the husband’s family and is that associated with dowry? What decision-making power does she get in that family/who decides over her?

*For example: In the Far North states, parents of the bride are paid a bride price by the husband. Dowry is common practice, and under the civil code everything the wife brings with her in marriage is also the husband’s property (but not vice versa) (*[*OHCHR 2003*](http://www.omct.org/files/2004/07/2409/eng_2003_03_cameroon.pdf)*). This practice causes inequality in the marriage, where the husband can decided over the wife’s property, but she does not have that same power.*

*Polygamy:* Is it practiced? Formally or informally? What is the standing of the multiple wives? Do different wives have different responsibilities and can they be negatively impacted by this? *E.g. the second wife is seen as less important and will receive less food due to food insecurity*.

*Early marriage:* Is it common for girls to get married at a very young age, officially or unofficially? Why is this done (e.g. negative coping mechanism, common cultural practice, etc) and what impact does this have on GBV?

*Perception and practice of divorce:* What is the perception of divorce in the community? Are women equally allowed to divorce and what is their standing in the community after? If divorce is not allowed but women are left – what is their standing and what support can they draw upon?

TYPES OF GBV

Introductory paragraph documenting specific GBV types and GBV protection needs. I.e. from humanitarian profile, how many female headed households, child headed households, elderly headed households, etc. Are any disproportionally affected?

**Gender based violence:** #of people estimated in need of GBV Protection. If available, use figures of GBVIMS to analyze patterns, illustrate narrative with quantitative data. **Do not use the number of incidents, rather use percentages (e.g. 40% of reported cases in July were cases of rape)**. **Do not make comparative analysis based on number of incidents. Always specify that incidents do not mean prevalence, and that prevalence rates for GBV cannot be given**.

Describe this is as best as possible for all types of GBV (rape, sexual assault, psychological/physical abuse, denial of resources) from qualitative reports on GBV. Are there qualitative reports that point out incidents of GBV? What types of GBV are coming up from qualitative data? Who appear to be the perpetrators, who are the survivors?

**Rape:** Also include qualitative information

**Sexual assault:** Also include qualitative information

**Physical assault:** Also include qualitative information

**Forced marriage:** Also include qualitative information

**Denial of resources/opportunities/services:** Also include qualitative information

**Psychological/emotional abuse:** Also include qualitative information

If available, can any other analysis be done to say something on these types of GBV, whether these constitute any of the following: intimate partner violence, child sexual abuse, early or forced marriage, sexual exploitation and transactional sex, What other analysis can be done to say something on: intimate partner violence, child sexual abuse, early or forced marriage, sexual exploitation and transactional sex, sexual slavery, abductions and trafficking, harmful traditional practices.

*For example: The extent of sexual violence in the Libyan conflict is unknown. In a 2017 survey, respondents indicated thinking sexual violence was the least common form of GBV (UNFPA 2017). Qualitative data however suggests that sexual violence is widespread: women, girls, boys, and men are sexually assaulted and raped. Especially women and girls suffer from rape as it has long been used as a weapon of war. Given that a woman’s honor is held in high regard within families and even whole communities, rape is used to shame entire communities. Women and girls are subject to sexual violence, including rape, in numerous instances.*

* ***Detention centers:*** *Held in precarious conditions, migrants and refugees including women and girls are often in unsafe environments where they suffer ill treatment. Women and girls who end up in cells have reported being taken out of their cells by authorities, to be raped by multiple perpetrators or sexually assaulted. In addition, some detention centers do not separate male, female, or child prisoners, which leads to women, girls, and boys further being exposed to GBV risks. Women and girls who are not separated from men in detention centers reportedly further suffer from acts of GBV, including strip searches in front of men at the hands of largely male guards. Staff in detention centers is largely male, exposing women and girls further to risk of GBV. This includes mutilation of genitals and rape. Sexual violence is also used as a form of torture against male prisoners. Male detainees have described being sodomized as well as forced to rape female prisoners (*[*Sayed 2014*](https://ihrp.law.utoronto.ca/utfl_file/count/media/Final%20Background%20Memo%20for%20Libya%20Syria%20Conference_updated%20January%2019.pdf)*;* [*Report of the Secretary General on Conflict-Related Sexual Violence 23/03/2018*](https://reliefweb.int/sites/reliefweb.int/files/resources/N1808325-1.pdf)*;* [*GDP 08/2018*](https://reliefweb.int/sites/reliefweb.int/files/resources/GDP-Immigration-Detention-Libya.pdf)*).*
* *Rape and sexual violence perpetrated against women and girls for speaking out against armed groups including the LNA, or for advocating for women and girls’ rights.*
* *Rape and sexual violence perpetrated against women and girls who are in captivity of Islamist groups.*
* *Children in camps without parental supervision who are more prone to sexual exploitation and violence at the hands of male relatives or neighbors (UNFPA 2017).*

GBV CONSEQUENCES

As a result of GBV, sum up what are the existing and possible consequences and what needs are present or may arise.

**Health:** Immediate health needs? Increase in mortality because of (sexual) violence? Other health complications or physical consequences for GBV survivors? Physical injuries, including broken bones?? Sexually transmitted diseases (what is the prevalence of STDs?)? Unwanted pregnancy? Unsafe abortion? Gynecological problems? Problems with pregnancy including infant/maternal death? Urinary tract infections? Fistula? Chronic pelvic or other pain? Self-harming behavior?

Need for mental health services?

*For example: The prevalence rate of HIV in the population aged 15-49 is 13.2% (15.4% in women and 10.1% in men). Sofala has a higher rate (16.3%) than other affected districts (DHS, 2015). Furthermore, women and girls are particularly affected by the epidemic because they usually lack the power to refuse unsafe sex, choose their partners or influence sexual behavior (ODI 2014). This means HIV response services for women and girls who are survivors of rape are of upmost importance, and the administering of PEP within 72 hours is critical.*

**Psychological and emotional:** Anxiety? Fear? Hopelessness? Self-blame? Loss of self-esteem? Need for psychosocial support?

**Social:** Is there a stigma for GBV survivors? Ostracization? Is there retaliation or reprisal for GBV survivors? How do all these impact the survivors’ ability to cope?

What happens to children who are born as a result of rape? Are there social repercussions for the family of the survivor?

INFORMATION GAPS AND NEEDS

List information gaps and needs. List the main information gaps and needs first. Extend list for as long as possible.

* E.g. No specific data on survival sex
* E.g. No sex and age disaggregated data (SADD)
* E.g. No data on prevalence of HIV
* E.g. No data on protection concerns at night in IDP camp X, as humanitarian actors are not allowed to be present on the ground. Though evidence suggests human trafficking takes place at night, further observation is needed to better understand the situation.

LESSONS LEARNED

Document any lessons learned from this crisis or other crises that may be relevant.

*For example:*

* *Adolescent girls are often at high risk of GBV, yet not always specifically targeted for provision of reproductive healthcare. Specific attention should be paid to adolescent girls who often do not access healthcare due to their age, lack of decision-making power, and limited access to care (UNFPA GBViE Minimum Standards 2015)*

*• The GBV prevalence rate in Sofala province is high. Strong evidence exists regarding the risks GBV poses for HIV, specifically among women, and numerous studies have highlighted the benefits of tackling GBV and HIV as twin epidemics (WHO, 2004). GBV integration into HIV prevention programmes that address social and cultural norms that support inequalities in the family, community and institutions (FHI360, 2015) should be included as a response strategy in the medium and long term.*

*• With the onset of the drought in Mozambique (2016), many families have used child marriage as a coping mechanism to raise income (through dowry) or to reduce the number of dependents per household (CARE, 3/2019). Girls are at increased risk of GBV as they are married off for dowry. As described above, many families have lost documentation as a result of the cyclone and subsequent floods. This makes it more difficult for children to attend school. In addition, many communities observed children who had to work. Being out of school exposes children to higher risks of GBV and may also contribute to more child marriage.*

LIMITATIONS

List any limitations that you encountered while searching for information/writing. These typically include: short timeframe for creating SDR therefore not all information included, not a lot of quantitative evidence, **the number of incidents does not imply prevalence and cannot be interpreted as such,** the numbers of people affected/displaced are inflated/deflated, unreliability of certain sources, methodology of assessment not suited to capture GBV protection needs, lack of Focus Group Discussion, lack of qualitative in-depth data, lack of assessments that capture the views of women and girls/use inclusive methodologies.