



Strategy for Gender Based Violence Prevention, Mitigation and Response in the Humanitarian Context

GBV Sub Sector Working Group - Nigeria

2017

Abbreviations and Acronyms

GBV	Gender Based Violence
IDP	Internally Displaced Persons
NE	North East
THP	Traditional Harmful Practices
PSWG	Protection Sector Working Group
NDF	Nigeria Defense Forces
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
UNFPA	United Nations Population Fund
GBVSWG	Gender Based Violence Sub-Sector Working Group
FMWASD	Federal Ministry of Women Affairs and Social Development
MRM	Monitoring and Reporting Mechanisms
CRSV	Conflict Related Sexual Violence
MARA	Monitoring Analysis and Reporting Arrangements
STIs	Sexually Transmitted Infections
CP	Child Protection

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Executive Summary

The patterns and persistence of Gender Based Violence (GBV) are inter-woven into social norms and power relations. Yet GBV is not only a fundamental violation of human rights, but leaves deep scars on societies that it affects, both in terms of psychosocial trauma, community cohesion and stigmatization of survivors, and development outcomes. The threat of Gender Based Violence (GBV) amplified by the conflict in northeast Nigeria has underscored the findings by numerous scholars that throughout the world, occurrence of GBV is exacerbated when emergency hits. The humanitarian situation in the north east continues to expose communities and Internally Displaced Persons (IDPs) to major protection risks - with limited access to reproductive health and GBV prevention and response services.

This strategy describes and analyses the GBV situation in northeast Nigeria, including prevention, mitigation and response in terms of medical, case management and psychosocial support, safety and security, mental health, access to justice and rule of law (RoL) and coordination, indicating the actual needs, challenges and response. It also includes a detailed and comprehensive plan of action with activities that reflect the priorities and needs identified by the communities and GBV actors. It presents a valuable guide to critical lifesaving interventions that will ensure not only protection of women, girls, boys and men from GBV but empower them to become full functioning individuals in communities. It promotes the principle of inclusiveness and participation of affected individuals and communities to define the parameters for the framework of interventions for GBV prevention, response and mitigation.

The purpose of the development of the strategic framework is to provide guidelines and standardized approaches to GBV prevention, mitigation and response in emergency settings to reduce vulnerability of IDPs, returning refugees and host communities of the North East (NE). It will improve understanding on how to achieve improved outcomes for people living in areas affected by the crisis. The strategy responds to the overall objectives of the Nigeria Humanitarian Response Plan (HRP) and the following strategic objectives for GBV protection;

1. Increase access to a comprehensive and well-coordinated GBV response services including livelihood support for survivors.
2. Increase awareness and enhance systems for the prevention of GBV including SEA through mitigating risk factor and strengthening community protection strategies.
3. Mainstream GBV into all humanitarian response and maintain the updated comprehensive data needed to inform advocacy, planning, implementation and M&E of interventions.

Expected results include the enhanced capacity to better cope with the impacts of conflict and reduced exposure of women, girls, boys and men to violence. The strategy is also aimed at promoting accountability through strengthened coordination, community participation, access to justice, prevention and response through service provision.

INTRODUCTION

The vulnerability of women and girls to Gender Based Violence (GBV) especially sexual violence in the northeast is deeply rooted in a culture where their levels of access to power and resources, as compared to men and boys is very minimal. Practices such as polygamy, early/child, at times forced marriage, Traditional Harmful Practices (THP) such as widowhood practices, among others are common. Consequently, Gender Based Violence (GBV) has emerged as one of the major manifestations of the conflict between Boko Haram and the Federal Government of Nigeria, resulting into increased vulnerabilities of women and girls to abduction, rape, violence and exploitation.

The humanitarian situation in the northeast that started in 2009 has remained the biggest security threat in the country and has witnessed a series of developments in the past months. The fighting between Boko Haram (BH) and the government of the Federal Republic of Nigeria has had devastating effects on the population in the northeast ranging from destruction of property, loss of lives and termination of livelihoods. Raids and bombings have destroyed vital infrastructure and civilians' houses, forcing people to flee their homes and depriving them of stable, protected life and environment and access to basic services. The crisis has affected over 14.5 million people in the affected states; some two million have been displaced from their homes into other states as well as to neighbouring countries. About 54% of the Internally Displaced Persons (IDPs) are children and 52.95% are women, with the highest number of displacements in Borno (1,446,829) followed by Adamawa (163,559) and Yobe (135,442)¹.

Gender-based violence, particularly sexual violence, is a widespread and alarming element of the crisis. The BH, primarily targeting women and girls, uses sexual violence as a tactic of terror. Those living in areas where the security situation is porous are at risk of rights violations, abduction, sexual slavery, rape, torture and abuse. As displacement becomes protracted, families resort to negative coping mechanisms under the strain of prolonged uncertainty and diminishing resources. For example, women and girls are subject to increasing restrictions that, while meant to protect them, in effect reduce livelihood opportunities and undermine their already weak social position. Situations in displacement have exacerbated already high rates of intimate partner violence, HTP, sexual exploitation, harassment and early and forced marriage that existed prior to the conflict. The vulnerability of certain groups, such as female-headed households, widows, women/girls with disabilities and adolescent girls, compound the challenges they face.

The past two-three years have witnessed key developments in the conflict as well as the humanitarian response. Notably the sustained counter insurgency efforts by the Nigerian Defence Forces (NDF) has led to increased access to populations severely affected by the conflict while at the same time compounding further victimisation of women, girls, boys and men. This is within the backdrop that Nigeria has not experienced previous humanitarian crisis to the current scale affecting institutional capacity to respond. Thus, the prior strategies were developmental in focus, not designed to address the complexities in the conflict hence the specific needs of people at risk of GBV, especially women and girls were either neglected or not sufficiently considered across all sectors. In line with the realities of the situation in the North East of Nigeria, the humanitarian community declared level 3 and developed scale-up plans to meet the needs associated with increased access to newly liberated communities. Key to this development was the shift of operational humanitarian response coordination from Abuja to Maiduguri in Borno state.

The GBV Sub-Sector has continued to learn from past efforts and has developed this strategy for

¹ IOM and NEMA (August 2016); Displacement Tracking Matrix.

GBV prevention, mitigation and response, in line with the Protection Sector Working Group (PSWG) strategy and the Nigeria Humanitarian Response Plan (HRP). This strategy is intended to provide a framework for all actors involved in addressing GBV in the humanitarian context in northeast Nigeria, including implementing agencies (governmental and non-governmental), United Nations, donors, and the broader humanitarian community.

Strategy Development Process

The Gender Based Violence Sub-Sector Working Group (GBVSWG) on the request and guidance of the Federal Ministry of Women and Social Affairs and Development (FMWASD) developed this strategy. In 2016, a consultant engaged by the United Nations Population Fund (UNFPA) carried out extensive consultations among key stakeholders² on key areas of GBV in emergencies programming. During the development of the HNO/HRP 2016, the sector co-leads were engaged at different levels of the consultations to develop the overall humanitarian response plan for Nigeria. In October 2016, at a consultation organised by the Protection Sector Working Group (PSWG), GBV partners agreed on the key priorities and indicators for the sub sector. Another meeting was then organised with partners within the PSWG to streamline activities and target populations.

In December 2016, GBVSWG partners gathered during their annual retreat to review progress towards implementation of the 2016 response plan and discussed the key issues, needs and priority areas for intervention in 2017. This meeting brought together the key GBV sub sector partners from the affected Borno, Adamawa, Yobe, Gombe states and the counterparts in Abuja.

The interventions proposed in the GBV sub sector strategy respond to the overall objectives of the HRP 2017. This strategy is informed by the lessons learnt from the implementation of 2016 and the key developments within the context; particularly the return process, newly liberated areas and the new thinking within the humanitarian community to have integrated response supported by the humanitarian hubs. It is designed to serve as a road map on prevention, mitigation, service provision and coordination. This strategy is a live and flexible document that will be updated based on security changes, accessibility, availability of human resources and funds among others.

SITUATIONAL BACKGROUND

North Eastern Nigeria and parts of Niger, Chad and Cameroon in and around the Lake Chad Region has been marred by violent conflicts and untold human suffering. Boko Haram raids and suicide bombings targeting civilian populations have destroyed vital infrastructure, prevented people from accessing essential services and caused widespread trauma, suffering and displacement. While the Nigerian Armed Forces and community security groups made significant territorial gains in the fight against Boko Haram, there is on-going insecurity and Boko Haram continues to pose a threat in large parts of Borno, northern Adamawa and eastern Yobe. It is a situation of active conflict. In 2017, it is expected that the shifting tactics of the group and the military response will likely result in additional displacements, protection risks and abuses to civilians. The volatile security situation continues to pose serious access challenges to the humanitarian response and will prevent programme implementation if the situation deteriorates.

² They include representatives from Ministry of Women Affairs and Development at Federal and States levels, who is co-lead of the GBV sub sector working groups. Representatives from the Ministry of Health (MoH), especially the Director and project officer of the “special project for humanitarian response”, states representatives from Ministry of Justice (MoJ), Ministry of Education (MoE), representatives from National Emergency Management Agency (NEMA), State Emergency Management Agency (SEMA), Nigerian Red Cross (NRC), the GBV Working Group members in Abuja, Borno, Gombe, Yobe and Adamawa, NGOs and INGOs, Child Protection and Protection Group Coordinators, UNFPA, UNICEF, WHO, UNWOMEN, FAO, WFP, UNHCR, OCHA, IOM and donors.

The Nigeria Defence Forces (NDF) counter insurgency initiatives have made tremendous efforts in liberating areas formerly held by the Boko Haram (BH) including significant parts of the Sambisa forest. The group (BH) though fragmented remains resistant and continues to wage asymmetric attacks on soft targets across the three states of Adamawa, Borno and Yobe. Cases of suicide bombings, attacks on convoys, active shooter incidences all targeting civilian gatherings such as food distribution exercises where women and children are the majority, are undermining security and humanitarian access. Due to the strong cultural grounding in the upbringing of women and girls in the northeast, it's important to note that in such attacks, the coping capacity of women and children is greatly affected. NDF continues active fighting in the bid to root out the insurgents in the border areas with Cameroon and Chad raising access concerns for humanitarians.

The Boko Haram is targeting women and children as a war tactic, to be radicalized and used as suicide bombers. Reports indicate for instance that 43 women and girls and 4 males were used as suicide bombers from January to November 2016. The most recent security briefings have indicated a focus towards women with babies tied on their backs. This is attributed to the tendency or attitudes that such women are subjected to less or no searches at security check points. Children as young as 7 years are also targeted to access crowded areas such as food distribution exercises.

Refugee returns and population movements continue to be a huge concern, despite intensified fighting and challenges faced by agencies in trying to access some of these areas to provide humanitarian assistance. Given the fragility of the security situation, most returns are to LGA towns not to the villages resulting into cases of secondary/multiple displacements. Further due to restrictions on movement for males, many women and girls are exposed to attacks as they move out of the security perimeter within LGAs to collect firewood, water or when sent by their families to conduct 'go and see' journeys to investigate the viability of return. The ongoing return processes is not well coordinated without any proper information available to IDP communities and refugee camps in the neighbouring countries. This is causing confusion in the process and exposing women, girls and children to increased vulnerabilities to risks.

Priority Issues and Needs

Sexual Violence, Exploitation and Abuse:

Every 6 out of 10 females reported to have experienced one or more forms of gender based violence in the North East³. GBV and specifically cases of sexual violence have become the highlight of this conflict and the humanitarian situation. Prior to the crisis, GBV prevalence was 30% in the Northeast compared to 28% at the national level. Similarly, sexual violence prevalence was 16% compared to 7% nationally⁴. Sexual violence prevalence has increased by 7.7% since the insurgency began in 2009⁵. Rape, sexual violence and exploitation remain major concerns including the rape of minors. Rape for instance has accounted for 46% of violations for which survivors sought care between August and December 2016⁶. A Human Rights Watch (HRW) report released in October 2016 detailed cases of rape and sexual abuse by the military and government authorities such as camp leaders, vigilante groups, policemen and soldiers.

Sexual exploitation and abuse (SEA) has increased within the insurgency states. For instance,

³ CPRH (September, 2016); Sexual and Gender Based Violence Assessment in North East Nigeria; Ibadan, Nigeria

⁴ NDHS, 2013

⁵ CPRH (September, 2016); Sexual and Gender Based Violence Assessment in North East Nigeria; Ibadan, Nigeria

⁶ UNFPA, GBVIMS Report, June 2016. *'The data shared in this report is only from reported cases, and is in no way representative of the total incidence or prevalence of GBV in Nigeria. These statistical trends are generated exclusively by GBV service providers who use the GBV Information Management Systems (IMS) put in place in 2015 for data collection in the implementation of GBV response activities in a limited number of locations across Nigeria and with consent of survivors. The data contained here in this report should not be used for direct follow-up with survivors or organisations for additional case follow up'*.

survival/transactional sex has been reported by women/girls in many IDP camps in Borno, for variety of reasons including in exchange for food assistance and to gain freedom of movement in/out of camps⁷. The overcrowding and situations in camps and host communities' limits privacy and impairs attainment of human rights and dignity. Some women and girls are resorting to such negative coping mechanisms under the strain of prolonged uncertainty and shrinking resources. Families are utilizing negative coping marriages to access food and ensure social security and protection such as offering their daughters to be married off to older men with perceived economic capacity. There have also been increased reports of child prostitution in camps and host communities. This is coupled with a culture of silence in a society where patriarchal gender norms and social/economic inequities have worked to undermine the role of women⁸. Speaking publicly on these security and protection concerns only increases safety risks associated with reporting of incidents because women and girls fear stigmatization and retaliations.

Conflict Related Sexual Violence (CRSV):

Sexual violence is wide spread and perpetrated by Boko Haram as a tactic of war. Guided by its ideology '*Boko Haram*' in Hausa, which translates, as 'western education is sinful', the insurgent group is accused of systematically targeting women and girls believed to be under the influence of 'western' ideals and/or from minority religious groups such as Christians. These women and girls abducted by the Boko Haram are subjected to sexual slavery and undergo forced marriages to the fighters resulting into unwanted pregnancies and children born of war. "Researchers speaking to women in the north-eastern regions have uncovered a picture of violence and intimidation, with women increasingly targeted with kidnap, forced marriage and compulsory conversion to Islam" (Barkindo et al 2013:17-29). In 2012, the group threatened to retaliate arrests of members of their families by abducting the wives of top government officials. Current trends further point to a systematic strategy by Boko Haram in targeting women and children to be radicalised as suicide bombers. While no exclusive studies are available on this, reports indicate that between January to November 2016, there were 43 women as opposed to 2 male suicide bombers.

While there is some progress in reporting GBV especially sexual violence within the Monitoring and Reporting Mechanisms (MRM) on grave violations of children's rights in situations of armed conflict, there is a lack of comprehensive data on the nature of CRSV within the NE. The available findings only present a small proportion of the actual number of incidences given the prevailing culture of silence regarding sexual offences within the communities, compounded by cultural beliefs thus promoting poor reporting and help seeking behaviour. The current initiatives for documenting sexual violence are for purposes of life saving response to survivors needs as opposed to justice needs. This explains why CRSV is extremely under reported in the context of the northeast Nigeria conflict. There is an urgent need to put in place the required resources, mechanisms and framework for Monitoring Analysis and Reporting Arrangements (MARA) on CRSV.

Re-integration of Women and Girls Formerly Associated with the Boko Haram

Women and girls who were abducted/kidnapped by the Boko Haram insurgent group but subsequently gained their freedom, at times with children or pregnant are exposed to Sexually Transmitted Infections (STIs) and HIV. Some survivor accounts indicate that after rescue, the security personnel often subject these young women to further sexual abuse during the process of screening. Yet they face a real risk not only of rejection and stigmatisation but also violence in some communities, as they (communities) are likely to perceive that they may have been radicalized, even after being screened by the Nigerian military.

⁷ HRW Report, October 2016

⁸ Gender National Policy Nigeria 2007

In some communities, they also believe that children born of Boko Haram parentage may have inherited genetic components that are likely to manifest violent behaviour in the future. It is even more difficult for boys to be reintegrated within the society, as they are perceived to be prone to violent behaviour. The rejection from the communities could exacerbate their poverty situation, criminality and future radicalization. A recent IRC assessment for instance reveals cases of stigma, isolation and violations of freedom of movement for formerly abducted young women, limiting their access to humanitarian services and participation in community events⁹.

Domestic Violence, forced/early marriage and other forms of GBV

One in four ever-married women have reported having experienced at least one type of domestic violence such as physical, emotional or sexual violence by their husband or partner. Despite the high level of underreported cases in 2013, 30% of women in the six states of the northern region reported to have experienced sexual abuse and gender-based violence. Several other assessments conducted highlight the alarming and worrisome vulnerabilities of females especially girls and young women to heightened risk of GBV¹⁰ such as early marriage, child labour which also affect boys but to a lesser extent. Domestic violence, specifically intimate partner violence accounted for 44%, being the highest among circumstances surrounding incidents of GBV, an indication that safety and security of women and girls is a concern even in environments that are ideally meant for their protection.

The conflict has further increased the level of threat, both real and perceived, to women and girls while simultaneously deepening men's social protection roles. This combination has contributed to marriage being a means to protect young girls and women, increasing rates of forced and child marriage. Child marriage is likewise being used to cope with diminishing resources, especially in prolonged displacement, through reducing the household size and gaining monetary compensation from the groom. Even prior to the onset of the recent conflict, child marriage was a risk for girls. The security concerns have exposed adolescent girls to multiple forms of violence and they have limited support systems and access to information and services. For example, child survivors represented 43% of the reported GBV cases from August to December 2016, demonstrating the need for GBV and Child Protection (CP) actors to work together to respond to and prevent various forms of GBV experienced by girls and boys, including harassment, sexual abuse, child marriage.

The conflict induced change in gendered roles has created female headed households with the primary responsibility of ensuring family economic survival, hence women have had to take on extra roles which traditionally were not theirs in the face of the conflict. Experiences from the field point to the new concept of missing men that is becoming a huge concern. In areas like Bama for instance, the absence of males of reproductive age is very visible as men are either abducted and recruited by BH, or they have died or are in detention. Coupled with this phenomenon is the increasing trends of female survivors of rape, early marriage e.t.c who struggle to have a basic living. Data from the GBVIMS August to December 2016 report shows 15% of cases survivors sought help for was in relation to denial of resources.

Access to Justice: Unfavourable Legal Environment for Litigation of GBV Cases

In all the stages of consultations for this strategy, challenges with access to justice came out strongly and impunity as a critical barrier to justice for women and girls who experience GBV was widely

⁹ IRC, September 2016 (See: <https://www.humanitarianresponse.info/en/operations/nigeria/assessment/nigeria-konduga-irc-womens-protection-and-empowerment-rapid-assessment>)

¹⁰ OXFAM Assessment Report (October 2016); Integrated Rapid Needs Assessment Report; Damboa, Borno State, Nigeria. UNHCR (November, 2016); Vulnerability Screening Report, Round III; Newly Accessible Sites in Borno, Nigeria. PSWG (December, 2016); Participatory Protection Assessment Report; Adamawa State, Nigeria.

discussed. The legal regime in Nigeria is a mix of common law, sharia law and customary law. States have a level of autonomy that, legislations passed at federal government level can only be applicable in states after a process of ratification/domestication. Although the 1999 Constitution of Nigeria prohibits discrimination on the grounds of sex, customary and religious practices continue to restrict women's rights. Also, the contradictory provisions of existing laws worsen the situation of women and girls in terms of harmonized interpretation and application. While reporting is already low as survivors and families are silenced by shame and fear of reprisal by the perpetrators; the contradictory provisions in the tripartite levels of legislations have huge implications in relation to protection and redress for GBV survivors.

Sexual violence and the crime of rape is dealt with under the Penal Code, yet the definition of rape is not comprehensive and other failings exist with evidential and procedural requirements for successful litigation. Other sections of the law make it legally permissible for a man to use 'corrective' violence against his wife while marital rape is not recognised. The rules of evidence in relation to sexual violence can worsen the trauma of GBV survivors. For instance, Article 138 (3) of the Evidence Act places the burden of proof exclusively on the survivors not the perpetrators, as it requires for the survivors to prove beyond reasonable doubt that they did not give consent. There is need therefore to learn from global developments that is changing the burden of proof from the victim to the perpetrator.

Another challenging condition for prosecution of rape is requirement of medical evidence of penetration and injury yet per forensic experts, not all rapes show medical evidences of injury. Even so in areas where the conflict has destroyed the healthcare infrastructure, there is virtually no provision for basic healthcare, and even less so for this type of forensic medical evidence gathering. Some survivors of domestic violence have in many occasions experienced denial of medical attention because of the requirement of police report or police presence before any treatment is administered. Although this provision of the Law has been overturned by events, most recently by a policy directive requiring medical personnel to prioritise the saving of lives, the practice has not stopped. From an evidential standpoint, the failings of the law make successful prosecutions difficult even where a survivor of GBV has taken the case to court.

As one of the priorities, the GBV working group intends to accelerate advocacy for the development of a legal repertoire of all laws regarding women's human rights, for the enactment of GBV legislations in states with humanitarian emergencies at government level but also to inform communities and individuals about laws and rights and provide follow up legal assistance support.

Past and on going humanitarian response to GBV in the northeast

Prevention and Response: The GBV sub-sector is encouraging integrated approaches in meeting survivor needs in the northeast. Women and adolescent girl's centres for instance have been constructed within proposed humanitarian hubs including safe spaces, maternal health and reproductive health centres. One such hub has been completed in Muna Garage by UNFPA. Part of this integrated response includes provision of comprehensive response to GBV survivors through clinical management of rape services, case management and psychosocial support services. Procurement and distribution of dignity kits (including reusable pads, culturally acceptable clothing) to women and girls and provision of skills acquisition/ skills building and livelihood support initiatives including start up grants to vulnerable women and adolescent girls from Borno, Adamawa and Yobe states. Key partners operate functional female friendly safe spaces for women and girls in Borno, Yobe and Adamawa.

Communication, community outreach, dialogues with local and traditional leaders on GBV prevention & mitigation has been responsible for the increase in reporting of GBV cases and improving the help seeking behaviour especially for child survivors. Partners within the sector have also supported capacity enhancement of frontline service providers to deliver lifesaving and effective response to address the needs of GBV survivors in areas such as Clinical Management of Rape (CMR), Minimum Initial Service Package (MISP) and Mental Health & Psychosocial Support (MHPSS) among others. Procurement and distribution of emergency reproductive health kits, delivery kits, rape treatment kits including post exposure prophylaxis and provision of cold chain equipment to health care facilities have been central to the response too.

Coordination: Since April 2015, the GBVSWG is a functional component of the Protection Sector Working Group (PSWG) – Coordinating a comprehensive multi-sector approach to GBV prevention and response. UNFPA leads and coordinates the GBV and sexual and reproductive health sub sectors in Borno, Adamawa, Yobe, Gombe and at national level. The Federal Ministry of Women Affairs and Social Development (FMWASD) and the respective line ministries at state levels, chair the GBVSWG in Nigeria. Efforts have been made to strengthen coordination of multi sectorial response to the needs of GBV survivors through periodic mapping of facilities and services, establishing referral pathways and Standard Operating Procedures. The GBVIMS is functional and currently being rolled out to timely data collection, review and analysis, communication and information sharing of critical GBV response information.

Prevention of Sexual Exploitation and Abuse (PSEA): Given the increasing reports on sexual exploitation and abuse within affected communities, the sub sector, developed and disseminated an advocacy note with recommendations to relevant sectors on steps to mitigate SEA. An action plan on PSEA was developed and activated within the sector, prioritised within the Protection Sector focusing multi sectorial and multi agency implementation. Progress has been made in the following areas; Advocacy campaigns with the various sectors; Information Education and Communication (Campaigns) materials on PSEA and mainstreaming documents for sectors as well as IDPs and host communities. Revision of existing complaints and feedback mechanism has been undertaken and capacity building initiatives for the military and other security personnel, and humanitarian actors. A PSEA task force/network consisting of agency and sector focal persons is being established.

All in all, the humanitarian needs for life saving GBV and sexual and reproductive health interventions are identified as needing urgent attention and prioritization beyond what the current response can meet. The potential to minimise the risks of and vulnerability to GBV/SEA and provide quality multi sector care for survivors is critical. While commendable progress has been made within the sector, the context of response is still largely in emergency mode and the current operational capacity is half the required capacity for effective response. There are still challenges/major gaps in service delivery, for instance, in Borno, Adamawa and Yobe, states most affected by the conflict there is no safe shelter facility to provide remedial care for survivors. The situation is fluid and constantly evolving hence the need for continuous reflection and strengthening coordinated response. The sub sector's priority is to scale up the current response and lobby to meet key gaps in service provision.

THE 2017 GBV PREVENTION AND RESPONSE STRATEGY

The current situation in northeast Nigeria is highly complex, with many drivers and dynamics contributing to an alarming increase in protection concerns, including gender based violence. Addressing GBV, sexual violence, in the current context is a lifesaving priority. Yet the sub sector is underfunded, and simultaneously nurturing the development of its members while preventing and

responding to GBV. Thus, the GBV Sub-sector will focus its efforts on key strategic areas of intervention that will maximise impact.

Strategic Objectives

- 1) Increase access to a comprehensive and well-coordinated GBV response services including livelihood support for survivors.
- 2) Increase awareness and enhance systems for the prevention of GBV including SEA through mitigating risk factor and strengthening community protection strategies.
- 3) Mainstream GBV into all humanitarian response and maintain the updated comprehensive data needed to inform advocacy, planning, implementation and M&E of interventions.

Expected Outcomes

- Improved access to critical material assistance to women and girls vulnerable to GBV
- Improved access and utilisation of lifesaving health care services for GBV survivors including clinical management of rape/sexual violence/assault
- Care for the overall wellbeing of survivors and individuals vulnerable to violence enhanced through critical psychological first aid, case management and other MHPSS services
- Enhanced safety and protection of vulnerable women, girls, men and boys to prevent exposure to violence and ensuring access to dignified response services
- Mechanisms for access to justice for survivors of and individuals at risk of violence strengthened
- Improved resilience, self-reliance and (individual and household) livelihoods for survivors and individuals vulnerable to violence
- Strengthened capacity of frontline workers and key stakeholders facilitate life saving GBV response, prevention and risk mitigation
- Enhanced knowledge and awareness of communities and partners (NGOs, military, civilians) on GBV protection policies, procedures and accountability
- Strengthened Community based protection systems to enhance accountability and respond to GBV cases within conflict affected communities
- Strengthened framework for the PSEA at agency levels including inter-agency community based complaints and feedback mechanisms to address, track and report cases of SEA
- Improved national capacity to uphold and adhere to international standards and GBV protocols
- Strengthened framework for coordination of multi-sectoral GBV response and prevention

Geographical Coverage of GBV Programming and Coordination

The Humanitarian Response Plan (HRP) for northeast Nigeria has prioritised the most affected states of Borno, Adamawa and Yobe (commonly referred to as the BAY states). The GBV strategy will in addition to the BAY states cover Gombe and Bauchi states, which still host IDP populations and continue to deal with the brunt of the conflict. Hence while operational focus for the strategy is Borno, Adamawa and Yobe, some focus will remain on Gombe and Bauchi states with strategic focus on Abuja FCT. This strategy does not prioritize specific geographic areas, given the fluid conflict dynamics and the widespread nature of GBV affecting all parts of the states mentioned, instead, interventions will be prioritized based on the scale of identified needs.

In line with the HRP and the Protection Sector Working Group's approach, the GBV Sub-sector strategy emphasizes the need to provide services to IDPs as well as non-camp/host communities and difficult-to-access locations. Nearly 80% of displaced live within host communities, in urban and rural areas. This has created a strain on local resources and exacerbated social tensions, especially where the ethnic and/or religious demographics have changed. Some populations are living in inaccessible areas under Boko Haram control. Engaging in GBV prevention and response activities in

these areas is difficult, and possibly life threatening, but as accessibility improves and returns increase, these communities will require GBV protection support.

UNFPA will remain the secretariat co-leading the GBVSWG with the FMWASD (including its line ministries at state level) and coordinating the implementation of the strategy. The GBV sub sector has stepped down the coordination of GBV response at field levels to enhance timely and appropriate response. Partners volunteer as Field-level Focal Points (FFPs) to coordinate response and establish location based GBV referral mechanisms. As this approach, has been successfully piloted in Dikwa and Ngala, it will be rolled out to other locations in Borno, Adamawa and Yobe. Partners responsible for a specific location will be supported by the GBVSWG coordination team to take lead in mapping of services and facilities to develop a directory for the location; facilitate development of referral pathways and coordinate activities. These will be the focal persons for these specific locations.

Guiding Principles for all GBV Interventions:

The foundation of the GBV Strategy lies in service provision for GBV survivors across affected states of northeast Nigeria. The GBV Sub-sector aims to ensure services are accessible, prompt, confidential and appropriate to survivor needs, wishes and decisions, and available in locations where there is need. Caring for survivors of GBV means comprehensively and systematically addressing the various needs of a survivor, which may span different sectors of assistance. Thus, a multi-sectoral model should be used to ensure holistic interventions that involve inter-agency collaboration and coordination across key sectors, including (but not limited to) psychosocial, health, legal/justice and security. The GBV Sub-sector strategy complements and reflects the endorsed GBV Standard Operating Procedures (SOPs) developed for Nigeria, which further detail individual organizations' roles, responsibilities and procedures regarding GBV prevention and response.

All elements of GBV prevention, response, coordination and advocacy should adhere to, at a minimum, the following guiding principles:

Survivor-centred approach: A survivor-centred approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centred approach is based on the following guiding principles

- **Safety:** The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors.
- **Confidentiality:** People have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality ensures the survivors, witnesses and information sources are protected, and informed consent is obtained before action is taken.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor, and be guided by the best interests of the child.
- **Non-discrimination:** Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

Rights-based approach: A rights-based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone, regardless of their gender, age, ethnicity or religion, has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

Community-based approach: A community-based approach ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of

humanitarian assistance. This approach involves direct consultations with women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions and build on existing community-based protection mechanisms.

Humanitarian principles: The humanitarian principles of humanity, impartiality, independence and neutrality should underpin the implementation of the GBV strategy and are essential to maintaining access to affected populations and ensuring an effective humanitarian response.

‘Do no harm’ approach: A ‘do no harm’ approach involves taking all measures necessary to avoid exposing people to further harm because of the actions of humanitarian actors

KEY PRIORITIES

Strategic Objective 1: Increase access to a comprehensive and well-coordinated GBV response services including livelihood support for survivors.

1. **Provision of material assistance:** an individual form of assistance that aims at supporting vulnerable women and girls unable to access services, the assistance is called material support because it refers only to items and cash. These include;
 - Emergency material support (women and girls): These include shelter & materials - cooking stoves, firewood, mats, household & cooking utensils, Blankets, mattress and cash assistance
 - Dignity kits distribution: These include dignity kits, sanitary towels (disposable and re-washable), hygiene kits, slippers, culturally appropriate clothing (adults and children), buckets, water bottles, breastfeeding kits, kits for teenage girls, Post delivery kits (for mother and baby), clean delivery kits
 - Re-integration/Re-insertion package: Provided to vulnerable women and girls to facilitate re-integration and rehabilitation
2. **Provision of health care and medical services to GBV survivors:** Provision of clinical management of rape for survivors of GBV. This includes all the medical assessments and investigations, treatment, provision of PEP, emergency contraception and antibiotics for STI treatment. It also includes all other response medical services provided for GBV survivors and vulnerable women, men, girls and boys.
 - Primary health care (both in and out patient)
 - Procurement and distribution of PEP kits - Kit3 (It should include PEP, emergency contraception and antibiotics for STI treatment) and necessary equipment
 - Provision of rape treatment/clinical management of rape/sexual assault
 - PMCT
 - Ambulance services
 - Reproductive and maternal health - Obstetrics and gynaecology
 - Medical referrals and rehabilitation including fistula repairs
 - Medical mobile outreach
 - Post treatment care and support including rehabilitation
3. **Provision of case management support for GBV survivors:** GBV Case Management is a collaborative, multi-sectoral process which assesses, plans, implements, coordinates, monitors and evaluates available resources, options and services to meet an individual survivor’s needs and to promote quality, effective outcomes. It is useful for survivors with complex needs who access services from a range of service providers.
4. **Provision of mental health and psychosocial support to GBV survivors and vulnerable women, men, girls and boys:**

- **Mental Health and Psychosocial support** (GBV survivors, vulnerable women, men, girls and boys): Services and assistance aimed at addressing the harmful emotional, psychological and social effects of gender based violence
 - **Counselling** refers to level 3 of the MHPSS Guidelines. It is face-to-face communication through a dynamic process of interaction between two or more people during which the counsellor, who has received professional training, helps the client to identify and process symptoms s/he is experiencing and to take decisions to help alleviate her/his suffering. It involves active listening to people talking about their problems; giving them comfort in an atmosphere of empathy and helping them to work out what to do about their problems, with a focus on empowerment of the client
 - **Psychosocial and recreational activities:** Community self-help and resilience strategies to support survivors and those vulnerable to GBV, such as through women's groups/recreational activities. This includes Level 2 MHPSS support and aims at activating and rebuilding social networks.
5. **Provision of safety and security services to GBV survivors and women, men, boys and girls at risk of violence:** Service and/or a place (either formal or informal) where women and girls feel physically and emotionally safe. "Safe" in this context refers to the absence of trauma, excessive stress, violence (or fear of violence) or abuse. Women and Girls Safe Space (WGSS) is a space where women and girls feel comfortable to come and to express themselves without fear of judgment or harm, where they can build their social networks, receive support from their peers and have fun. WGSS also provide a place where women can access confidential services, discuss issues and concerns with other women and professional staff. Safe spaces also provide an entry point for women and girls to access referrals to other safe and non-stigmatizing GBV response services.
6. **Provision of legal aid services to survivors of GBV and women, men boys and girls at risk of violence: Legal services:** Provision of services to GBV survivors, coordinating, advocating and facilitating access for GBV survivors to justice and legal aid services that are provided by actors/agencies with expertise in this area. Legal services are an essential part of the survivor-centred approach and should be part of a safe, non-stigmatizing multi-sector response to GBV. Legal aid services staffed by appropriately trained personnel should be accessible to GBV survivors and integrated into the general GBV referral system. Survivors should not accrue any legal costs or costs related to transportation and accommodation to access legal services.

Strategic Objective 2: Increase awareness and enhance systems for the prevention of GBV including SEA through mitigating risk factor and strengthening community protection strategies.

1. **Provision of vocational skills and livelihood support to women, girls and boys at risk of GBV:**
 - **Livelihood:** Comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. Programs supporting the livelihood opportunities of displaced people should seek to increase participants' self-sufficiency through improved access to resources and economic opportunities that help them sustain a dignified means of living.
 - **Vocational/skills training:** Training which aims to equip people with knowledge, know-how and/or competences required occupations or more broadly on the labour market.
2. **Organise capacity trainings and activities for GBV and non GBV actors:** Training of trainers who are available to transfer training and knowledge to other responders; Training of frontline responders; Training of any humanitarian actors responding in North East Nigeria, Training of partners who are working on GBV related activities
3. **Facilitate GBV prevention and response through awareness raising initiatives:** Awareness raising activities conducted with the affected community to increase their knowledge of GBV. Such activities must be conducted in a culturally appropriate, sensitive manner to deliver awareness

strategies that engage the community, and that challenge existing socio-cultural norms and embedded gender inequalities. The topics of such sessions (Group, Family or individual) may include one or more of the following topics: Information about GBV related services, information on GBV and health, gender equality, healthy relationships, etc Awareness raising through mass communication or pamphlet distribution is included.

4. **Facilitate community GBV protection mechanisms and systems:** Systems strengthening activities focus protection structures (community and institutional). Community-based strategies could include community watch programmes, security patrols and protection monitoring. The focus of community-based strategies should be to monitor/maintain general safety and security in affected communities. As well as provide support and referrals in the event a survivor chooses to disclose and incident of GBV. Their purpose is not to identify, investigate or verify individual cases or survivors
5. **Facilitate initiatives to support PSEA in country network and agency level activities:** These activities support PSEA in country network and agency level activities. Under the 4 pillars of protection from sexual exploitation and abuse, the PSEA network will focus on **Prevention and engagement with communities:** SEA risk assessments in Internally Displaced Persons (IDP) camps and non-camp locations, communication campaigns, compliance, e.t.c; **Response:** enhance case management and referral mechanisms internally and with humanitarians. **Coordination:** Inter-section focal points at all field levels.

Strategic Objective 3: Mainstream GBV into all humanitarian response and maintain the updated comprehensive data needed to inform advocacy, planning, implementation and M&E of interventions.

1. **Support advocacy interventions with key duty bearers/stakeholders and policy makers:** Advocacy interventions with key duty bearers/stakeholders, policy makers to foster favourable environment for GBV prevention and response. It also includes activities that empower survivors of GBV to speak on their own and on behalf of their peers. This is also a process indicator that is intended to track if/how GBV actors are utilising assessment findings and recommendations in their advocacy efforts. The quantitative data collected through this indicator should be accompanied by qualitative data on the nature and outcomes of the discussions held (increased funding, change in policy, etc.).
2. **Data & Information Management:** Assessments and other GBV IM products. Safety audits help people, women and girls specifically, to evaluate how safe a physical environment feels, and to identify changes that would make it safer for everyone who uses it. This exercise is based on observation and during a safety audit; people walk through a space, noticing what feels safe and what does not. It may also be implemented through private discussions with women. This indicator includes also observational analysis. Some key activities include Focus group discussions (FGDs) through which the perceptions of a group of people are captured, Expert group discussions through which experts in a geographic or thematic area discuss and conclude on related information, Key Informant Interviews, Reports from analysis of the data collected through the assessments.
3. **GBV response and prevention coordination:** Activities that focus on strengthening strategic and operation coordination of GBV prevention and response in the affected states
4. **Mainstreaming:** Focuses on capacity building for FPs on Gender and GBV mainstreaming

Management and Operation of the Strategy

GBV partners in the affected states are responsible for the implementation of the strategy. Partners are encouraged to ensure that all their programmes are implemented in accordance with the guiding principles and the Standard Operations Procedures (SoPs). While the FMWASD and the State Ministries of Women Affairs and Social Development (SMWASD) in all the implementing states are

responsible for GBV response and prevention activities, linkages with other ministries/sectors such as justice, health, planning are central. The GBVSWG secretariat based out of UNFPA, will be responsible for coordination of the strategy working closely with partners under the leadership of the FMWASD and SMWASD. The sub sector undertake advocacy on key GBV protection issues with the HCT and key stakeholders; facilitate coordination of GBV prevention and response, gender mainstreaming in humanitarian action and capacity building of partners on technical aspects of GBV programming.

Monitoring, Reporting, Learning and Evaluation

The GBVSWG secretariat will work closely with partners to utilise a range of monitoring tools to track implementation of the strategy. Quarterly review meetings will be utilised to reflect on implementation, identify areas of gaps and build capacity of partners on key aspects. Partners will submit periodic reports (5Ws) and updates to the secretariat for compilation of monthly reports. The secretariat will produce monthly reports that will be shared with partners and key stakeholders. Periodic evaluations will be conducted to assess the impact of interventions, the GBV trends and patterns as well as to establish beneficiary perceptions on programmes. Standard data tools will be developed and or utilised for ethical periodic data collection and analysis to guide decision making. This will include fast tracking the rolling out of the GBVIMS among others.

Annex

GBV Sub Working Group Structure

GBV Definitions and concepts

GBV Sub-sector monitoring table

Implementation Plan

Standard Operating Procedures (SOPs)

Borno

Adamawa

Yobe