Gender Based Violence (GBV) Monthly Report MAY 2017

Gender Based Violence Sub-sector
WORKING GROUP
NIGERIA

In the reporting period, GBV partners:

- Responded to 125 new incidents of GBV and 275 reported in previous months including rape, denial of resources, emotional violence and physical violence including domestic violence. Out of the 125 new incidents responded to, 35 were involving children under 18years. 81 previously reported cases undergoing case management were closed and some 68 successful referrals were facilitated for specialized services.
- Reached over 7,000 individuals with community education and awareness on GBV
- Distributed 37 dignity kits for vulnerable women and girls
- Registered 169 vulnerable women and girls for skills acquisition and livelihood empowerment programme
- Establishing two new women friendly safe spaces in Ngala and Dikwa. Established a GBV SWG taskforce Clinical Management of Rape (CMR) working closely with the Reproductive Health Sub Sector Working Group (RHSWG)
- Developed and shared harmonised GBV referral tools
- Held 3 monthly Coordination meetings in Borno, Adamawa and Yobe; field coordination meetings in Dikwa, Ngala, Konduga, Mafa and key locations in MMC and Jere facilitated by IRC, FHI360 and IMC.

The following partners submitted reports in MAY 2017;

Bi-weekly updates: FHI360, IMC, IOM, IRC, MdM, NHRC, UN Women, SCI, UNFPA
Monthly 5Ws: FHI360, MdM, IMC, IRC, UNFPA.

Introduction

Extreme levels of violence and destruction have characterized the on going insurgency in North East Nigeria. The conflict between the government of the Federal Republic of Nigeria and the Boko Haram group has widely affected the population in the states of Borno, Adamawa, Yobe, Gombe, Bauchi and Taraba. As the conflict intensified, women, girls and children have disproportionately been affected and the prevalence of gender-based violence has drastically increased. Reports indicate that over 40% of the health care infrastructure has been destroyed by the conflict raising serious reproductive and other health concerns for women and girls. The humanitarian needs for life saving Gender Based Violence (GBV) and Sexual and Reproductive Health (SRH) interventions are identified as needing urgent attention and prioritization beyond what the current response is able to meet.

Borno, Adamawa and Yobe, the most affected states are located in the Lake Chad basin that is experiencing environmental changes and looming famine thereby leaving 1.4million people struggling with food insecurity. In Borno, as the rainy season approaches, there is looming situation of floods that threatens to cut off some Local Government Areas (LGAs) from accessing humanitarian assistance. This is in addition to disease outbreaks such as measles, meningitis, lasser fever and the potential for cholera outbreak during the rainy season as well as other crisis triggers such as the fire outbreaks in Konduga that affected thousands of people. Women and girls pay the heaviest price during such crisis situations as their coping capacity is over stretched in a context where the conflict has weakened and eroded the protection systems leading to their increased vulnerability to abuse and violence. The potential to minimise the risks of and vulnerability to GBV and Sexual Exploitation and Abuse (SEA) and provide quality multi sector care for survivors is critical.

Situational Overview

The release of 82 Chibok girls: On 7th May 2017, as the sun was setting and the evening dawned, Nigerians especially in the northeast were graced with the news of the release of 82 former Chibok schoolgirls by the Boko Haram insurgent group. This followed a long period of negotiation between the Boko Haram militants and the government of the Federal Republic of Nigeria, also facilitated by key actors such as the ICRC. Of the 276 girls kidnapped on the night of 14–15 April 2014, 57 escaped in the immediate aftermath and 219 girls were taken as captives and went through several forms of violence including forced marriage, rape, physical and emotional violence among others. The Federal government initially secured the release of 21 former Chibok schoolgirls in October 2016 and rescued 3 others during different operations. While all the 106 returned former

Chibok schoolgirls are now receiving rehabilitation under the Federal Ministry of Women Affairs and Social Development (FMoWASD), supported by key partners like UNFPA, UNWomen and UNICEF; the GBV SWG continues to advocate for the unconditional release of thousands of women and girls that have been abducted and are still being held captive by the Boko Haram.

Population Movements: Reports of population movements due to different triggers such as military operations and spontenous refugee returns continue to raise key gender protection concerns especially for women, girls and children. On 31st May 2017 for instance, IOM, MSF and OXFAM confirmed a total of 1.083 (150 men, 224 women, 322 boys and 387 girls) new arrivals to Pulka alone. Internally Displaced Persons (IDP) camps such as Pulka, Banki and Gwoza have been overwhelmed with huge numbers of new arrivals and are at risk of over congestion. Key resources in these areas have been over stretched and IDPs lack basic necessities such as water, food and shelter among others. While some few GBV partners are working to meet the unique gender needs of the IDPs, the Inter Sector Working Group (ISWG) has estimated that about 20,000 IDPs require relocation.

Heavy Rains & Sand Storms: Heavy rains and sandstorms in the month of MAY completely destroyed 294 emergency shelters, 27 Makeshift shelters and partially damaged 241 emergency shelters in 20 IDP sites. The damages affected a total of 3,429 individuals across eight IDP sites in Jere, five IDP sites in Kaga, three IDP sites in Konduga and four IDP sites in Maiduguri. Among the facilities destroyed include women and adolescent girls safe spaces and Reproductive Health including family planning facilities.

Key Developments

Tremendous developments have been registered within the GBV sub sector during this reporting period - the month of MAY 2017.

Scale-up of GBV Services: In order to improve the coverage GBV response services, some key GBV partners have made tremendous efforts to scale up to areas of need. MdM with support from USAID/OFDA is scaling up GBV services in informal IDP sites of EL Maskin, Garba Buzu and Karwamela within MMC/Jere through its comprehensive package - primary health care, SRH, Nutrition, GBV and specialized mental health components. Specifically the GBV prevention and response program emphasizes on CMR through trainings of health staff as well as ensuring the availability of necessary medications for survivors of sexual violence, individual counselling and case management services to survivors of GBV. FHI360 is establishing 2 safe spaces in Dikwa and Ngala, expanding service delivery in Dikwa to cover areas of Agric IDP camp. A temporary shelter is currently being used a safe space covering Agric Camp, sholda settlement and 20 housing. Preliminary results from on going consultations reveals that women and adolescent girls would like to engage in storytelling/folklore, music, dance and drama activities within the safe space. While UNFPA during the reporting period is expanding services to hot spot areas such as Pulka, Banki, Gwoza and others. IOM and FIDA are collaborating to facilitate access to justice with the objective of creating awareness to the IDPs on their rights and ways of obtaining redress where rights have been violated in 5 IDP camps in Maiduguri i.e 250 Housing Estate (Dalori II), FTC (Dalori I), Teachers village, Gubio Road camp, Farm Centre, and Bakasi camp.

Gender mainstreaming: During the reporting period, IOM organised a series of gender mainstreaming activities targeting its CCCM, shelter/site planning and MHPSS programmes with the aim of reducing GBV in camp and camp like situations. Training workshops and field activities were organised for site planning staff within IOM as well as key shelter/site planning partners. Action plans have been developed with key recommendations for the CCCM, Shelter and site planning teams, also discussed with the GBV sub sector partners. Similar workshops were also organised for the MHPSS teams while orientation for CCCM field teams have also incorporated sessions of basic understanding on GBV as well as GBV referral mechanisms. The key recommendation from the GBVSWG is to harmonise the observational safety mapping exercise done by the Shelter/site planning team with the more qualitative safety audits done by the GBV partners.

PSEA In-Country Network: A 3days Focal Points (FP) training was organised from 9th to 11th May 2017. 22 participants attended it from UN (UNFPA, UNHCR, UNICEF, IOM, OCHA and FAO), INGOs (DRC, IMC, OXFAM, IRC, ACF, Plan International, CRS, NRC, Mercy Corps, SCI and PUI) and representative from National Union of

Teachers (NUT). The PSEA In Country Network (ICN) secretariat has developed a joint inter-agency tool to facilitate safe and ethical reporting of allegations and is working closely with the office of the Deputy Humanitarian Coordinator (DHC) to develop reporting and feedback mechanisms at agency and inter agency levels. UNICEF during the reporting period conducted an in-house training on PSEA for all its field staff focusing sharing knowledge on understanding their central role in maintaining an environment free from SEA as well the existing reporting, referral and feedback procedures. The PSEA core team that supports the agency Focal Points is currently comprised of UNFPA – also coordinating the ICN, UNHCR, UNICEF and IOM.

CMR Task force: Partners have often discussed challenges with Clinical Management of Rape/sexual assault (CMR) services ranging from supplies to facilities, existing capacity to administer the protocol, awareness of existing services among others. The GBVSWG during the MAY monthly meeting established a CMR task force that will be working closely with the coordinator Reproductive Health Sub Sector Working Group (RHSWG) to address these challenges. Key members of this taskforce include partners that provide health care/medical services in response to GBV including IMC, MdM, MSF, UNICEF, PUI, FHI360, UNFPA, IRC among others.

GBV partners training: In collaboration with UNHCR, the GBV Sub sector-working group organised training for partners in Adamawa state on GBV in emergencies programming and coordination. The 2days training brought together about 25 representatives from international but mostly national organisations including the relevant directorates within the State Ministry of Women Affairs and Social Development (SMoWASD) and UN partners in protection. Key areas discussed include understanding the nature of GBV and vulnerabilities of especially women, girls and children in the context of Adamawa. The key components of the Standard Operating Procedures (SoPs) and guiding principles of working with GBV survivors including child survivors were discussed as well as reporting requirements for the sub sector. Some key challenges discussed include the lack of proper coordination in management of individual cases as well as competition for the 'spot light' among partners. It was agreed that UNFPA as the coordination secretariat organises case conferences on need basis among key case management organisations. Partners also identified areas of support and capacity building to enhance their response. Although there exists operational challenges and there is need to update the GBV service partners' directory, it was refreshing to establish that the referral pathway for Adamawa is working quite well with key partners involved.

Field level Coordination: GBV partners FHI360, IRC and IMC, who are also key case management organisations continued to organise field level coordination meetings within key stakeholders in GBV response in areas where they provide services. In Ngala, partners developed the draft field level GBV referral pathway, while in Dikwa the process has been started. In MMC and Jere communities where IMC operates, stakeholders meetings have been organised to raise awareness on the importance of developing a GBV referral pathway with the involvement of all stakeholders. Partners reported that 80% of the cases they responded to during this reporting period were made possible due to shared knowledge on the GBV referral mechanisms and they were able to coordinate effectively with other sectors such as food security to ensure access to food for vulnerable women, girls and children. In Gombe state, UNFPA facilitated a one and half days workshop that led to development of GBV RP for Gombe state following a mapping exercise that involved the key partners.

Inter – Agency Contingency planning: As the rainy season approaches, potential flooding would only deepen the humanitarian crisis leaving an additional130,000 in need of humanitarian support. Access to populations who are already critically food insecure would become more difficult while the spread of disease and destruction of shelters could increase. From 9th to 11th May 2017, the OHCT organised an inter agency/sector Emergency Response and Preparedness (ERP) workshop in Maiduguri where the GBVSWG was represented by UNFPA and DRC. The 3days discussions and analysis on possible scenarios and what needs to be done in order to respond by different actors culminated into a joint Inter Agency Contingency Plan with sector operational/delivery plans.

GBV Information Management Systems: UNFPA has taken some tremendous steps towards improving the operationalization of the GBVIMS especially in the most affected northeast states. A series of teleconference meetings have taken place during this reporting period with the GBVIMS technical team at the head quarters. UNFPA also continued with the monitoring and supervisory visits where they reviewed the programmatic and technical issues

experienced by the Data Gathering Organizations (DGOs) related to the monthly collection, computation and reporting of GBVIMS data, understanding their challenges and provided on-the-job coaching and mentoring to enhance their work output. A report from this field assessment has been shared and efforts are on going to address some of the key challenges identified including revision of the tools. GBVIMS training was also conducted targeting Psychosocial Support counsellors and case management workers from Borno, Adamawa, and Yobe. Following the setting up of the GBVIMS Technical Working Group (TWG) to provide a forum for key partners to meet regularly and deliberate on the functionality of the GBVIMS in relation to data collection, analysis and reporting; plans are underway to move the TWG to Maiduguri-the operational humanitarian response hub for the most affected states and to establish a GBVIMS user's forum for northeast Nigeria.

Safety audits: GBV partners MdM and IMC have conducted safety audits within communities in MMC and Jere where there interventions are on going to identify key security risks and factors for women, girls and children. The results and recommendations from these safety audits will be shared and discussed with sector partners as well as key stakeholders and sectors.

Women, peace and security: UNICEF in collaboration with women peace and security network and the Ministry of Women's Affairs and Social Development has organised a series of activities to popularise the action plans for the implementation of UNSCR 1325. Focus group discussions (FGDs) took place, engaging 25 women and 20 girls in Bakassi IDP camp and Medinatu host communities, promoting their participation in peace building, including assisting reintegration of conflict-affected girls and women to their communities. Other workshops were also organised with traditional and religious leaders to discuss women's peace and security concerns as well as their central role in peace building.

Challenges/Gaps/Needs Reported by Partners

Need to improve coordination with non-GBV actors in food and NFI sub sectors to ensure new arrival survivors have access to shelter, food and NFI.

There is need for additional dignity kits especially for new arrivals.

Need for emergency/contingency supply for Post Exposure Prophylaxis in the health facilities as well as consistent supplies to facilities. In some communities, the facilities with existing CMR services are very far making effective referrals challenging.

Existing gaps in terms of support of GBV survivor's especially for pregnant women and/or mothers who have newly delivered is access to food and milk for the new-borns.

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