Gender and GBV analysis and operational suggestions – CARE Nigeria field Assessment

Maiduguri March, 2017

Introduction

CARE international has deployed a multisector assessment team in North East Nigeria to assess the increasing humanitarian needs and inform CARE's emergency Strategy and response programming. The assessment will look at the areas of food security, Sexual and reproductive Health and Gender based violence. The gender-specific dynamics and impacts of the insurgency require a strong focus on gender mainstreaming and sexual and gender-based violence (SGBV) prevention and mitigation. Therefore a rapid gender and GBV analysis has been conducted with the global objective to improve the quality and effectiveness of CARE and partner's response in the North East Nigeria through strong integration of gender equality and GBV at all stage of the humanitarian project cycle. More specifically it aims to:

1. Understand gender roles, relationship and dynamics and social norms and practices with regard to Food Security, Nutrition, SRH and GBV within affected communities
2. Conduct a mapping of SGBV services providers and their capacity including Community based system to prevent and manage GBV
3. Based on understandings of gaps and capacities, provide practical recommendations to orient CARE's geographical and programmatic focus

This analysis aim to provide answer to the following key questions:

- What are the different Impact of the insurgency for girls, women, boys and men and what are the different needs of these groups?
- Who has access, and who has control over what resources and assistance? Who has the decision among the family and the community? How the crisis has affected this power relation, what social norms and practices affect the access and control?
- What are main GBV risks? Who is most affected and at-risk among girls, women, boys and men? What are main social, cultural norms and practices that shape GBV in the Area?
- What are main GBV services providers and actors in the ground and what is their capacity to deliver? Do GBV survivors have access to comprehensive GBV services? What are main gaps in service
- Formulate geographic and programmatic recommendations to guide CARE decision on GBV
- Develop a GAP to improve gender integration into the assistance.

Due to security reason, this analysis will be conducted in two phases: Phase one consist of a desk review and interview of relevant stakeholders and Phase 2 consist of field data collection and analysis among IDP, returnees and host communities. This report is for the phase one.

Methodology

The methodology consists of a qualitative analysis combining desk review and primary data collection to provide answer to the above questions.

- Desk review include desegregated by sex and age statistics on displaced population and their host communities, review of existing gender and GBV resources and analysis by other actors in the country and the North East States as well as ongoing Gender and GBV response activities and main geographic and programmatic gaps. See in Annex the list of resources and documents visited.

- Primary data has been collected through Interview with key stakeholders and GBV services providers including Nigerian authorities (Borno state emergency management Agency - Sema,, Ministry of Women affairs and Social Development, Health Centres, Police and Justice); UN agencies (UNFPA, UNHCR as actors but also Co-leads respectively of the Protection Working Group and the GBV SWG; IOM; UNICEF, INGOs (IRC, Action Aid, FHI-360, DRC, IMC, Mercy Corps, Oxfam, etc.), Borno Civil Society Organizations covering Gender or Women's issues (FIDA, British Council, Gender Equality Peace and Dev. Centre –GEPaDC; Health Care Development Focus; NESCOB).
  See in Annex list of people and structures met.

Finding to date

Gender equality and GBV in Nigeria before the insurgency

Nigerian society is ruled by a pervasive patriarchal system, which supports male supremacy, leading to unequal gender role relations, and grants men power and control over women in both the domestic and the public spheres. Gender-based norms also ascribe women the responsibility of carrying out tasks related to household management (i.e. domestic tasks, such as cooking, cleaning, caring for children and the elderly, etc.), which does not diminish when women engage in paid employment. This dual burden prevents women from pursuing their careers as well as attaining management and decision making positions at the same pace and rate as their male colleagues in virtually all sectors and spheres.

One direct consequence of this social arrangement is a general laissez faire attitude towards GBV and passive acceptance by some of its victims. A variety of gender based violence had been reported including domestic violence (such as wife battering, rape, and assaults), trafficking in persons, sexual violence and harassment, economic violence, violence against women and girls in conflict and post conflict situations, and harmful traditional practices against women and children (i.e. obnoxious widowhood rites, early marriages, female genital mutilations among others). According to latest figures from 2013, Nigeria has the world's highest number of child brides with 49 per cent of Nigerian women married under the age of 18[1]. One in three of all women and girls aged 15 – 24 has been a victim of violence. Experiences of physical violence since age 15 increases from 27% among women age 15-19 to 29% among women age 20-24 and then decrease to 28% among women age 25-29[2].

Sexual Violence Against women and Girls in particular is underreported in Nigeria partly due to the high incidence of secondary victimization, which occurs when victims/survivors are stigmatized by the general public due to underlying socio cultural perceptions.

Enablers: National and state levels gender and GBV policies and strategies

Nigeria is a signatory to a number of international and regional conventions which promote the development and well-being of all citizens. These are complimented by several national and state

[1] British Council Nigeria 2012 Gender Report,
[2] *NDHS survey, 2013*

levels policies, strategies and guidelines which recognize and address gender inequality across different sectors and thematic areas. These include the following:

The National Gender Policy. aims at ensuring that all citizens can live an existence free of physical, sexual and emotional abuse, with access to property rights, and to all of the medical, educational and judicial systems that are in place in the society. The national gender policy pursues 35% affirmative action in favour of women in political representation in both elective and appointive posts at all levels by 2015 (objective 5). This policy is followed by a National Gender Policy Strategic framework (Implementation plan) 2008 – 2013.

A Gender policy for the Nigeria Police Force: aiming to enhance the capacity of the Police Officers to better handle gender based violence with a high level of professionalism. Establishment of gender desks and family support units in area commands and divisional police stations across the country (EFFAH – CHUKUMA, 2013)
National guidelines and referral standards on GBV in Nigeria: Its purpose is to provide general direction and facilitate coherence within the GBV 4 intervention and clarify existing GBV referral pathways by provide a directory of service providers who can be contacted in cases where GBV has occurred.

A National Strategy to end child marriage, developed by the Federal Ministry of Women Affairs and Social Development in line with the SDG target goal calling for the elimination of all forms of harmful practices, including child marriage. Practical action include, a nation-wide Campaign to End Child Marriage was conducted in Nov 2016 to raise awareness about and address the harmful impact of child marriage

National and State Action Plans on United Nations Security Council Resolution (UNSCR) (2013) with the aim to prevent and protect women from violence including SGBV. Borno State has developed its state Action Plan launched March 16.

Despite the above policies and efforts, Nigerian law is infused with discriminatory practices against women, including an implied legal backing to the assault of a wife in Section 55 of the penal code, and, in Section 6 of the criminal code, a lack of legal recognition for rape within marriage.

Gendered impact of the insurgency in NE Nigeria

The insurgency and related military's counter-insurgency in Nigeria's northeast have resulted in a severe humanitarian crisis with serious protection and GBV concerns with massive violations of human rights and international humanitarian law.
These include abduction, indiscriminate killing, recruitment of children by both Boko Haram and security forces, arbitrary detention of suspected BH members, and sexual violence and abuse.
More than 20,000 people have been killed and 4,000 women and girls abducted since the conflict began eight years ago3.
Because of their traditional role as care givers, women were not initially considered a threat, female followers and forced conscripts are being transformed as suicide bombers; this has challenged women roles and brings upon suspicions and mistrust toward women.

[3] (OCHA 13/01/2017). 13/01/2017; (UNICEF 15/1/2017; MSF 31/11/2016

Families and communities are torn apart, driving them to live into camps and already vulnerable host communities.

1.6 million People remain internally displaced and the number of people, up 55% is women and children. Separated from husbands and sons either conscripted or killed by Boko Haram or detained by the security forces, many of these women are now responsible for providing for and protecting their family without the means to do so. As a result, vvulnerable women and me, resort to negative coping strategies like transactional sex, increase of child bride, use of illicit drugs, etc.

Gender based violence: stigma and victimisation will have long lasting impact on released IDP women and their children

Due to underlying socio cultural perceptions, Women and girls known or suspected to have been associated with Boko Haram either abductee, slave, wife , voluntarily or by force, are stigmatised and victimised by association with the group. This stigma is amplified if their children are fathered by Boko Haram members, even if the pregnancy was against their will. These children are perceived as a security threat by their family and the community. It is frequently believed that they will grow up to be just like their fathers. These women are often referred to as "Boko Haram wives", "Sambisa women", "Boko Haram blood" and "Annoba"[4] (meaning 'epidemics') while their children are seen as having "bad blood". These IDP women, girls and their children are often excluded from mainstream society, impacting their social, political and economic prospects and, more broadly, society's cohesion and stability5, thus put a significant barrier to their reintegration into community life.

Some released wives and children of BH members are hold in a holding centre for extended periods of time under heavy guard, limited movement and regarded as security threats. The fear that they may have been radicalised persists within communities, bringing about further stigmatisation.

In general violence against women and girls (VAWG) in particular is underreported partly due to the high incidence of secondary victimization, which occurs when victims/survivors are stigmatized by the general public due to underlying socio cultural perceptions.

Gender and GBV response and gap analysis in Borno and Yobe States

26 actors are operating in the NE in the protection sector with respectively Borno (21); Adamaoua (12) and Yobe (10). Among these actors, 13 actors are delivering specific GBV interventions. According the GBVSW[6], the following have been achieved in 2016[7]:

- **337,342** various form of **GBV services**: prevention, response services, psychosocial support and medical services.

[4] UN Women, Jan, 2017: HUMANITARIAN ACTION IN NORTH-EAST NIGERIA -A GENDER ANALYSIS TO INFORM UN WOMEN HUMANITARIAN PROGRAMME

[5] "Bad Blood: Perceptions of children born of conflict-related sexual violence and women and girls associated with Boko Haram in northeast Nigeria", International Alert and UNICEF Nigeria, February 2016

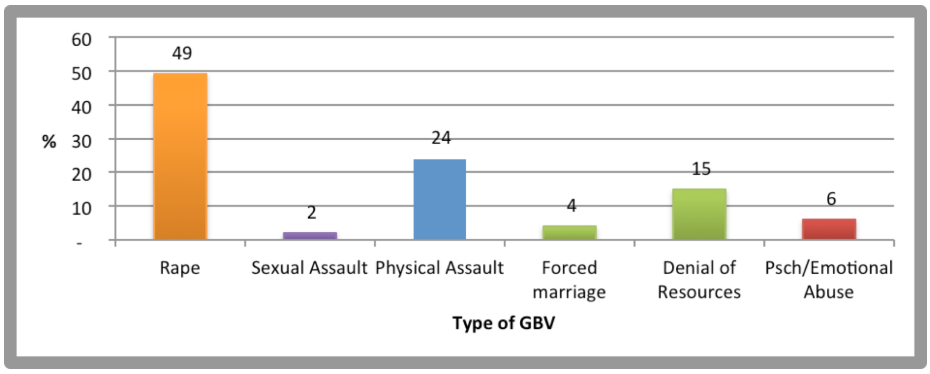
[6] Gender Based Violence Sub Working Group (GBVSWG) - GBV Overview in the North-East Region - January 2017

7 GBVSWG meeting, March 2, 2017

- **66,632** persons sensitized on **key GBV** and **RH topics** through trained **community sensitizers** in Borno, Adamawa, Yobe and Gombe
- **24,860 dignity kits** have been provided to **vulnerable women and girls**.
- **5,698** women and girls provided with for **skills acquisition** and **livelihood** support.
- **128 PSS counsellors** provide services in IDP camps and host communites across Borno, Adamawa and Yobe States.
- **20 safe spaces** for women and girls and **1 male youth friendly space** established and supported in Borno (8), Adamawa (5) and Yobe (3) providing youth friendly services including the livelihood services.

The existence of functional and dynamic GBV sub-sectors working groups (in 05 States) and a functional GBV harmonize data collection (GBVIMS) system compose some enabling factors to improve the GBV response effectiveness.

According to this information system, from April to Dec 2016, a total of 2,394 GBV incidents were reported and received specialized care; 99% of them were from females; 57% were adults and 43% from children (0-11:19% & 12-17:23%). Main type of VBG reported are respectively rape (49%); Physical Assault (24%); Denial of resources (15%); Psycho/emotional abuse (6%), forced marriage (4%) and sexual assault (2%)[8].



The Humanitarian Response Plan for 2017 plans to reach 1 M individual with GBV assistance: 0.2M Returnees; 0.4 M: Host Communities and 0.4: IDP. This is broken down as 87% Female 0and 13% Male - 54% Children; 43% Adult and 3% Elderly. The total funding requirement is $ 11.2 M[9].

Main programmatic gaps include the following:

- Most of these actors are concentrated in accessible areas in Maiduguri and LGA headquarters (Jere, Munguno, Konduga, Goza. (Borno), Damaturu (Yobe) and Gombe (Adamaoua)
- limited information is available on needs of host communities, and IDPs living in host communities
- GBV cases is underreported due to lack of safe reporting systems, stigma and fear of further victimization, reporting and Health seeking among women that experienced sexual violence is therefore low
- Lack of partner delivering a comprehensive GBV package led to gaps on specific services including: Livelihood, Safe House/Shelter services (most demanded services but un available)
- Free access to medical and health services by survivors

[8] GBV-IMS report Dec 2016 – Presentation at the GBVSWG meeting, March 2 2017.
[9] Nigeria HRP, 2017

- Written SGBV treatment protocol, rape treatment kit and post-exposure prophylaxis in health facilities
- SGBV awareness among armed forces and other security outfits
- Community based committees dedicated to surveillance and prevention of SGBVs
- Stakeholders engagement into a comprehensive action plan for SGBV prevention including legal service
- Limited information of standalone gender interventions: Capacity building, awareness rising for behavioral change, rigid gender norm transformation, engaging men, etc.

Operational recommendations

- **Approach**es

The programmatic approach could consist of:

a. Filling in programmatic gaps in camps and host communities in partnership and/or synergy with existing actors : Livelihood support, Health care and safe shelter for GBV survivors appear as main gap in Maiduguri MMC and Jere

b. Deliver full GBV service package in new cleared areas and host communities and areas of in host and secondary displacement areas. This package consists of a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence. It includes prevention, psycho social support, case management services, safe spaces and safe shelter, livelihoods support and health care.

The interventions approach

GBV is a widespread international public health and human rights issue. During armed conflict and its related population displacement such as the case in NE Nigeria, affected population, especially women and girls experience multiple forms of violence. Because of the immediate and potentially life-threatening health consequences, coupled with the feasibility of preventing these consequences through medical care, addressing sexual violence is a priority in humanitarian settings, but additional forms of violence—including intimate partner violence and other forms of family violence, transactional sex, forced/early marriage, female genital mutilation/cutting, female infanticide and trafficking—should also be considered in GBV prevention and mitigation efforts according to the trends of violence and needs of affected populations identified in a given setting. (See Annex 6 for key GBV concepts definitions.)

Gender-based violence (GBV) programming is highlighted in CARE 2020 Program Strategy at two levels: as part of CARE's mandatory approaches across all programming, which include fighting gender inequality and GBV, and strengthening women's voice; Secondly the strategy articulates "the right to a life free from violence" as among the 4 outcomes against which CARE will measure its work and be held accountable. CARE has developed a GBV Strategy (2015) to inform its programming, this intervention approach will therefore align with this strategy and the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015). CARE GBV put emphasis on GBV focused programming as well as integration of GBV across CARE's work.

Comprehensive GBV interventions package include the following:

- **Medical Aid** (Including Post exposure Prophylaxis – PEP): immediate and free health care provision for victims of GBV includes confidential HIV screening, prophylactic treatment, complimentary emotional and medical support including mental healthcare. Sexual assault health care is time sensitive especially for prophylactic treatment, for pregnancy, STDs and STIs, including HIV-PEP (if within 72 hours of sexual assault); refer survivor to family planning

clinic or any available reproductive health unit where the sexual assault has exceeded a 72 hour period - **Link with SRH and supporting costs for other healthcare services (basic and specialised care incl. social, mental, obstetric surgery[10])**

- **Psychosocial support**: provision of immediate emergency psycho social support, identification and addressing psychosocial needs; listening and counseling services to survivors and related families; referral of severely affected cases through established and specialised support services (mental heal; training programmes for social workers, community volunteers and women, etc..: Service to be provided by skilled Social work and staff, trained community volunteers composed of women and men.
- **Support access to Legal aid:** CARE will provide information and counseling on legal services available and with the survivor consent, refer to dedicated actors facilitating and supporting the legal services: Nigerian Bar Association (NBA), the International Federation of Women Lawyers (FIDA), UNHCR[11], Police Gender Desk,)
- **Safe Shelter**: This consists of building shelter to temporary host GBV survivors that request or which situation requires them to be removed temporary from the environment where they are subjected to further violence.
- **Safe Spaces**: includes setting up women friendly spaces where women gather and feel safe to do peer support or collective activities: support, discussion, skill trainings, etc..
- **SGBV Awareness raising**: sensitization on GBV risks, main type of GBV, GBV prevent and mitigation measures, roles of actors including community, addressing stigma and under reporting issues, GBV available services, etc..)
- **Livelihood Activities for Women and girls**: skills and material support for income generation and reduce vulnerability and improve the socio economic reintegration and empowerment of survivors. **Link with Food security**
- **Case management**: it is the process to assess, plan, implement the appropriate services to meet survivors' needs in a multi-sectorial and collaborative way. It include active case identification, provision of direct support and care for vulnerable at-risk women and girls, assessing needs and plan and implement the necessary supports with other actors, it also include the closure of cases **– Link with food security for relevant arrangement to cover immediate food and nutrition needs**
- **Conduct GBV Safety Audits**: to monitor, assess and take corrective measures and learn. This is recommended activity across all the sectors (**Food security, SRH)**

The main approach to implement the above interventions is described as follow:

1. Meaningful participation of community through community based systems through

- **Participatory analysis of GBV** of risks, community GBV prevention and response mechanisms, identification of gaps and definition of action plan to address those gaps.
- **Implement the community GBV action Plan for the prevention and response of GBV**: for GBV prevention, CARE will draw and adapt learning from best practices: for examples the Social Analysis and Action (SAA) and the engaging men and boys approach for the identification and structured activities for critical self-reflection on social structures, social norms, gender stereotypes, relations and rights;
  While we aim strong community role on the of the prevention of GBV, the community-based response component will consist of capacity building of volunteers for active identification of cases, referrals and awareness raising to address stigma and harmful traditional practices, …

[10] The Government (FMWASD) runs a 136 bed shelter for abused women in Lagos state Government
11 Legal clinic /mobile court is being authorised by the Attorney General/Commissioner of Justice of Borno authorized to be establishment in collaboration with NBA - Nigeria -NE: humanitarian emergency Situation Report No. 7, 15 March 2017

2. **Reducing vulnerability/livelihood and socio economic empowerment**: This will be done by mobilizing and strengthening marginalized and vulnerable groups to come together for building context-appropriate livelihood skills and gaining access to income/savings to strengthen members' self-esteem and self-care; access to capital and economic options. Targeting all vulnerable at-risk women and girls alongside GBV survivors is shown as best practice to ensure anonyma and reduce stigmatisation of GBV survivors.
3. **Partnership with local actors: including civil Society and women rights organizations** to deliver the assistance but also build alliances and linkages to multiply influence of GBV discourse as well as engage opinion leaders as spokespeople and allies for change .CARE have been in touch with potential civil Society organisations including the Gender Equality Peace and Development Centre, the Health Care Development Focus, the International Federation of Women Lawyer
4. **Coordination with other actors** and services providers for referral
5. **Technical oversight, quality insurance and alignment with standards and principles by CARE**: GBV and Gender specialist, a Psychologist and social workers to provide oversight and technical support, monitoring and guidance

The above will be implemented in line with the **survivor-centred approach and the GBV standards, guidelines and principles as well protocols** as defined within the GBV sub working group. For more details on GBV intervention framework, principles and key definitions, see annexes 4-6.

- **Geographic areas**: the table below provide an analysis of potential geographic areas based on access, security, needs, logistic, synergy and availability of funding.

	Areas	Access-Security	Needs	Easy start	Synergy/ Complementarity	Funding availability
1	Maiduguri MMC and Jere (Borno)	Accessible by road- High risk of bomb blast – Possible risk of mine /UXO outside the city Fear of attack and safety in some communities eg Wadiya (Jere) and Sulemenci (MMC)	Important # of benef.130 K in need of FS (up 30k HH) 10 actors (3 UN – 4 INGO IRC-DRC-IMC-WINN -3 local NGOs –GEaPDC, FIDA & NBA Most concentrate in camps Gap are significant in host communities but also in camps (Medical Aid, livelihood, legal, shelter, safe spaces	Easy - No heavy logistic, Interagency Warehouse available (PU) Benef targeting with DTM In camp some benef of SGBV and SRH already identified	Fill gaps on GBV services: livelihood support, Clinical care and safe shelter for GBV survivors Enhance referral to legal services	?? UNFPA (stock) FAO (livelihood) WFP (some host communities) CARE own resources
	Damassak: (Mobbar LGA) (Borno) 13 Wards	By road (MSF, ICRC)- via Gubio Helicopter Some area cleared from mines and UXO, IED Police and authorities resumed presence	Return area; 10100 HH (65000 indiv) Return continues- female 70% of returnees. Domestic violence due to lack of opportunities Loss of livestock (only 20% of HH own livestock compare to 80% before) Actors: Only MSF and ICRC Only food distribution and basic health (MSF?)	No easy Require security assessment Require Logistics++ Security assessment++	Comprehensive assistance on FS-SRH and GBV Synergy with Niger/LCB Strategy – accessible from Walada Distance to Diffa	WFP/FAO Look for cross border programming Potential to attract new funding
	Kala Balge LGA 10 Wards incl Rann Border with Cameroon/Chad? (Borno)	By Helicopter. Maiduguri Ngala (50mn) and Ngala – Rann (10 mn) Arm escort for road movement No motorised transport from Ngala to Rann. Security situation calme but impredictable Continued presence of arm groups fighting among them LGA authorities and Police not resume in Jan NG mobile network down	Return area –huge needs in all sectors (IDPs, returnees and host communities) - 35000 indiv (DTM) Influx on new IDP from Bama Loss of livestock (only 20% of HH own livestock compare to 90% before) Absence of adult men in Rann – Many Women headed HH Actors: ICRC/NRCS (jan).	Require Logistics++ Security assessment++	Comprehensive assistance on FS-SRH and GBV Synergy with Chad/LCB strategy	WFP/FAO Look for cross border programming Potential to attract new funding?

	Areas	Access-Security	Needs	Easy start	Synergy/ Complementarity	Funding availability
		– but Cameroonians works				
	Pulka (Goza LGA) Border with Cameroon (Borno)	Access by Helicopter Host Safe access to the LGA centre, outside and host communities not safe	Return areas mostly forced by Cameroonians army – serious protection issues Gap are significant In camps and in host communities- multiple displacement from Goza to Magumery Actor: IOM in camp for SGBV - Oxfam	Require Logistics++ Security assessment++	border with Cameroon	
	Damboa, Bank (Bama (Borno)					
	Damaturu (Yobe)	By road - Secured	Actors: DRC, MSF, IRD. NRC, UNFPA			
	Yusufari (10 wards) (Yobe)	not attacked during the insurgency in the north east rigorous security checks and 6:00 PM curfew Accessible by road But challenges to access remote rural areas (sandy dune terrain)-Worst during the rainy season. Most rural areas could only be accessed on stronger vehicles which are limited in the LGA	population of 111,086 people 152,988 people in 2016 Only 996 IDP (DTM), 3,000 according to local authorities Needs: Food Security, Health, WASH, Education and Youth Empowerment/employment Women in greater vulnerability due to chronic deprivation, social practices and lack of community awareness – GBV cases are underreported Actors: WFP		Opportunity for cross border with Niger.	
	Bursari, Nguru	No information yet	No information yet	No information yet	No information yet	No information yet

Annexes

Annex 1: Other Gender resources developed

- Nigeria Gender in Brief, 2017
- Practical guidance for gender integration into Food security and Nutrition, SRH and GBV program cycle
- Nigeria Draft Gender Action Plan (soon)

Annex 2: References

1. March 2017: Borno State Action Plan (BoSAP) for the implementation of the UNR 1325
2. OCHA sitreps and 3W GBVSWG
3. GBV Overview in the North-East Region - January 2017: https://www.humanitarianresponse.info/system/files/documents/files/gbvss_nigeria_gbv_overview_north_east_january_2017_1.pdf
4. ACAPS: Protection in the Northeast, thematic report, 2017
5. ACAPS: Borno Crisis Profiles (Nov 2016) and Adamaoua crises profiles (March 2017)
6. UNFPA, 2016: Sexual and Gender Based Violence Assessment in North East Nigeria
7. UN WOMEN, Jan, 2017: Humanitarian Action in NORTH-EAST NIGERIA -A Gender Analysis to inform UN WOMEN Humanitarian Programme
8. PSWG, 2016: Participatory Protection Report Adamaoua
9. UNICEF, 2016: "Bad Blood" Alert, Perceptions of children born of conflict-related sexual violence and women and girls associated with Boko Haram in northeast Nigeria
10. IRC, Sept 2016: Women's Protection and Empowerment and Reproductive Health Rapid Assessment Reports in Konduga and Mungono (Internal)
11. National guidelines and referral standards on GBV in Nigeria
12. USAID, 2014: Nigeria Gender analysis for strategic planning

13. Women, gender equality in Nigeria: a critical analysis of socio-economic and political (gender issues); 2011: 1Dickson E. Ekpe, and All, Department of Political Science, Faculty of Law, University of Calabar, Nigeria.
14. Demographic and Health Survey, 2013
15. NPF/UNWOMEN/UNFPA, 2010: A Gender policy for the Nigeria Police Force
16. Nigeria Gender policy, 2006
17. Nigeria Gender policy implementation Plan 2008-2013

Annex 3: List of key actors (both formal and informal)

State	Structure	Name	Function	Date	Purpose	Phone	Email
Borno							
	NEMA	Mohamed Kara	Chairman	17/03/2017	Introducing CARE's letters - share views on humanitarian needs and gaps		
	SEMA	Engr. Satomi Ahmad	Executive Chairman	20/03/2017		8066726666	engrsat@yahoo.com
	IOM	VAGERY M. Dominique	DTM	17/04/2017	Data for MMC		mvagery@iom.int
GBVSWG							
	SMoWASD	Yabawa Kyari	Lead GBV Sub WG	17/03/2017	SGB interventions - 3W -Gap and sugestions	8060533344	bawaganakyari@gmail.com
	UNFPA	Sylvia Opinia	UN Co-Lead	17/03/2017		9077779557	opinia@unfpa.org
	UNHCR	Saoudatou Bah Mansare	Co lead Protection	23/03/2017	PWG meeting	8090160750	bahs@unhcr.org
	UNICEF	Mohamed Farhad	IMO - PCSWG	23/03/2017	PWG meeting	9087228630	mfarhad@unicef.org
	IRC	Sibinty Conteh	INGO Co-Lead		GBV interventions and Gap	08069759765 08185615365	sibinty.conteh@rescue.org
	Mercy Corps	Oren Jusu	Team leader	17/03/2017		9087227644	ojusu@mercycorps.org
	Borno Police	Isuku Victor	Police Public Relation Officer	20/03/2017	Introducing CARE's letter - share views on humanitarian access and GBV legal services		
	British Council	Mustapha Shettima	NSRP	23/03/2017	Gender and GBV interventions	8035306661	mustapha.shettima@ng.britishcouncil.org
	GEPaDC - Gender Equality Peace and Dev. Centre	Ann Darman Bukar		24/03/2017	GBV response & capacity	8038135686	Anndarman@yahoo.com
	GEPaDC	Hanich Hebron	Cpie Advisor				-
	Health Care Development Focus	Agnes Bashir	Director	18;20/03/17	GBV & gender interventions &edentificatio n of enumerators	8036696659	Ulibash@yahoo.com
	FIDA	Fatima Shehu	Lawer-Director	16-21/03/17	Legal services to GBV survivors	7030352119	Fatimaimam78@gmail.com
	NESCOB	Amb. Ahmed Shehu	Chairman		Facilitation	8036042363	Youthfederationforworldpeace1@gmail.com

State	Structure	Name	Function	Date	Purpose	Phone	Email
	IMC	Chizoba Unaeze	Prog Manager	Not met		70068558328	
	DRC	Fatima Abdi	Protection advisor	Not met			
	FHI-360			Not met			
	NBA			Not met			
Yobe							
PSWG	UNFPA	Danladi Idris	State Prog Analyst	Not met		8023624440	idrisa@unfpa.org
	SMWA	Mrs. RIfkatu Othman	Director	Not met		8082168828	rifkaothman@gmail.com
PSWG	SEMA	Musa Idi	Executive Director	Not met		8036002234	musaidi74@gmail.com
	NEMA	Nafuta Mahmood	Field Ops Officer	Not met		8036150427	mudafarms42@gmail.com
PSWG	DRC	Sanusi	Rep.	Not met		703364438	sanusi.gambo@drc-nigeria.org
	DRC	Folasayo Florence Mesole	Field manager	21/03/2017	GBV interventions & Gapin Yobe	8162318373	field.manager.damaturu@drc-nigeria.org
PSWG	UNHCR (SC and IM)	Gabriel Idoko	HFO	Not met		8033635685	idoko@unhcr.org
PSWG	IRC	Iman	Head of Station	Not met		8030699513	alkali.imam@rescue.org
	MSF						
	Initiaive for the dev of Needy,orphans less priviledged widow	Hadja Awa		Not met			
	Action Aid			Not met			

Annex 4 GBV intervention framework

Essential Services/Actions	Health	Justice and Policing	Socal Services
	• Identification of survivors of intimate partner violence • First line support • Care of injuries and urgent medical treatment • Sexual assault examination and care • Mental health assessment and care	• Prevention • Initial contact • Assessment/investigation • Pre-trial processes • Trial processes • Perpetrator accountability and preparations • *Post-trial processes* • Safety and protection • Assistance and support • Communication and information • Justice sector coordination	• Crisis information • Crisis counselling • Help lines • Safe accommodations (safe shelter, safe spaces) • Material and financial aid • Creation, recovery, replacement of identity documents • Legal and rights information, advice and representation, including in plural legal systems • Psycho-social support and counselling • Women-centred support. • Children's services for any child affected by violence • Community information, education and community outreach • Assistance towards economic independence, recovery and autonomy
Coordination:			

Annex 5: GBV Guiding Principles

The following principles are inextricably linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by a crisis. They serve as the foundation for all humanitarian actors when planning and implementing GBV related programming. These Principles state that:

1. GBV encompasses a wide range of human rights violations.
2. Preventing and mitigating GBV involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.
3. Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times:
    a. **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. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.
    b. **Confidentiality:** Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.
    c. **Respect:** The survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem-solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor.
    d. **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.
4. GBV-related interventions should be context-specific in order to enhance outcomes and‘ “do no harm’.
5. Participation and partnership are cornerstones of effective GBV prevention.

Annex 6 Definitions of key GBV concepts

CARE defines **gender-based violence** as: a harmful act or threat based on a person’s sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres. GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms.

GBV prevention’ generally refers to taking action to stop GBV from first occurring (e.g. scaling up activities that promote gender equality; working with communities, particularly men and boys, to address practices that contribute to GBV; etc.)
‘Mitigation’ of GBV refers to reducing the risk of exposure to GBV (e.g. ensuring that reports of ‘hot spots’ are immediately addressed through risk-reduction strategies; ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement camps; etc.). Some sectors, such as health, may undertake activities related to survivor care and assistance. For these sectors, there are recommendations related to specialized response programming.

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Survivor :A survivor is a person who has experienced gender-based violence. The terms ‘victim’ and ‘survivor’ can be used interchangeably. ‘Victim’ is a term often used in the legal and medical sectors. ‘Survivor’ is the term generally preferred in the psychological and social support sectors because it implies resiliency.

Perpetrator: Person, group or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will.

A survivor-centred approach means that the survivor’s rights, needs and wishes are prioritized when designing and developing GBV-related programming. The illustration above contrasts survivor’s rights (in the left-hand column) with the negative impacts a survivor may experience when the survivor-centred approach is not employed.

Protection from sexual exploitation and abuse (PSEA):
As highlighted in the Secretary-General’s ‘Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse’ (ST/SGB/2003/13), PSEA relates specifically to the responsibilities of international humanitarian, development and peacekeeping actors to prevent incidents of sexual exploitation and abuse committed by United Nations, NGO, and inter-governments (IGO) personnel against the affected population, to set up confidential reporting mechanisms, and to take safe and ethical action as quickly as possible when incidents do occur.

"**Women-friendly spaces**" are safe and non-stigmatizing locations where women may conduct a variety of activities, such as breastfeed their children, learn about nutrition and other issues related to well-being (e.g. women's rights, sexual and reproductive health, GBV, etc.). Ideally, these spaces also include counseling services (which may include services for GBV survivors) to help women cope with their situation and prepare them for eventual return to their communities. Women-friendly spaces may also be a venue for livelihood activities.
"**Child-friendly spaces**" offer children a safe place to play and express their feelings through games, music, and arts to help them recover from the traumatic effects of disasters.