



Integrated GBV prevention and response in Northeast Nigeria

ENDLINE REPORT



Executive Summary

Context

The ECHO-GBV prevention and response is an integrated GBV and livelihood project which was implemented as an entry point for CARE Nigeria into GBV-standalone initiatives. The project was funded by European Commission Civil Protection and Humanitarian Aid (ECHO) under the supervision of CARE France. The project anticipated to provide direct service to displaced vulnerable women, men, girls, and boys and vulnerable host community members in Bama and Ngala, majority of the project participants were women and girls and indirectly benefits to the larger community. The intervention was anticipated to reach a total of 7,832 project participants. The global objective of the project was to contribute to the protection of the lives of vulnerable women, men, girls, and boys most affected by the crisis in northeastern Nigeria. The specific objective of the project was to enhance the access of newly displaced, vulnerable women, men, girls, and boys to life-saving GBV prevention and response services through coordinated, principled humanitarian support and community-based prevention activities. The project had six expected results:

- R 1. GBV prevention, care, and response services available and accessible to newly displaced individuals and vulnerable host community members at risk of or affected by GBV.
- R 2. Awareness, knowledge, and application of humanitarian principles and SEA prevention and response principles improved among humanitarian actors and security forces.

An end-line study was conducted as a part of the project monitoring and evaluation strategies and framework to review its projects before, during, and after the post-implementation phase. The endline was conducted by CARE Nigeria in August 2020.

Methodology and Limitation

The methods of data collection were individual interviews with key informants, focus group discussions, and Household surveys. In total, 129% of expected respondents were reached for the household survey (1217 (614

females and 602 males) reached with 940 set as the target) and 20 key informants (8 females and 12 males) and 17 focus group discussion (64 males and 98 females) responded were reached through 3rd to 14th August 2020. In order to ensure quality and data reliability, a number of measures were taken, including the use of the consultative approach, triangulation of methods, and selection of knowledgeable informants. Quantitative data were analyzed using SPSS and excel while qualitative data was analyzed in MS word.

The study duration was affected by conflict and UN humanitarian air services (UN HAS) prioritization of services as lifesaving and others. Also, the project shared a single monitoring and evaluation staff with a second project (SAFPAC) who was in charge of training, questionnaire preparations, data analysis, and the endline narrative writeup, which is overwhelming for one person to achieve.

Key findings

Result 1: GBV prevention, care, and response services available and accessible to newly displaced individuals and vulnerable host community members at risk of or affected by GBV.

The result can be considered relevant given the level and extent of participation of women in the household was low at beginning of the project. An FGD from the baseline survey showed that men are the main decision-maker in the family, with control over properties and assets, movement of women and girls outside the house, and adding on more wives. While women control health and food utilization although still under the instruction of the husband, except if the woman is the single head of the family then the decision power is all hers.

Activities in both results have led to an increase in women's participation in the community. The project implemented activities such as case management, and psychosocial support services to the participants, overall case managing a total of 313 (308 F, 5M) cases, and providing PSS to more than 2,800 males and females in groups and 444 (335 females and 109 males) individual counseling using GATHER approach. At the baseline, the project had not started implementing its activities, but an average of 63% of the respondent from the baseline study confirmed the presence of the humanitarian organization in the location compared to 96% at the endline, a deep dive with an FGD shows that only 3 organizations provide GBV services. The project projected achieved its target of 300 case management and 300 individual PSS counseling. Compared to the baseline, the project has strengthened women's participation in decision-making and has also created a platform for women's solidarity through which economic empowerment is also a focus.

The project also strengthened the referral systems between partners and other actors (including security and government) to provide a complimentary service. Finding from the KIIs shows that the training on the referral system has been very effective and put to good use. 2,000 women and girls were also engaged in solidarity groups (80 groups for VSLA) and provided with economic empowerment to assuage from relating to negative coping mechanisms in the community.

On sexual violence, respondents mentioned there has been a change in the incident with 31% female (34% Bama and 28% Ngala) although the majority of the responses came from the male with 39% (37% Bama and 40% Ngala). The change in the incident mentioned by respondents is a decrease in cases of sexual violence with 31% female (38% Bama and 23% Ngala) and 46% (42% Bama and 50% Ngala) male respondent who agreed to a change in incidents.

Result 2: Awareness, knowledge, and application of humanitarian principles and SEA prevention and response principles improved among humanitarian actors and

security forces.

The result two can also be considered very relevant as the project team engaged other humanitarian actors (non-protection actors implementing in the project location, this includes actors responding to food insecurity, and health, national actors were also inclusive) on humanitarian principles and standards, protection from sexual exploitation, and abuse training.

The community have benefitted from skills I acquired from CARE's training through sensitization and awareness session and also through capacity building /step down training session. - **[DRC WASH Bama – Male]**

The project also engaged community structures to inform the activities of the project as a way of creating ownership in the community which also led inadvertently to the sustainability of the project, accountability systems were also established in consultation with the community. This all led to the overall relevance and effectiveness of the project.

In the FGD, participants from the various groups mentioned physical violence, domestic violence, early and forced marriage, as types of violence that the community can prevent or stop. All through the discussion, participants stated their confidence in the use of community engagement modalities (awareness and sensitization) to prevent these forms of violence/GBV.

Yes, domestic violence can be prevented by the community members. Action taken or supported to prevent violence is more of awareness raising to let them know the consequences of the violence and help or support with other business skills. Women are gathering time to time in their IGA/VSLA activities that women solidarity group in the community - **[Bama – Men ~ 22– 30]**

Sustainability

The project has contributed to set up a new income source for women and have made them economically independent, and has also made them aware and informed.

Approximately 91% of the respondent from the endline survey said their involvement in decision-making has increased in other areas. Out of the 91% of respondents, 45% (out of this, 23% are from females and 22% are from males) and 46% (out of which 22% are from females and 24% are from males) of respondent who agreed came from Bama and Ngala respectively. This means that 22 out of every 45 respondents who reported an increase in the involvement in decision-making are women.

Achievement vs indicators

INTERVENTION OBJECTIVE	INDICATORS	BASELINE VALUE	ENDLINE VALUE
To enhance the access of newly displaced, vulnerable women, men, girls, and boys to life-saving GBV	70 % of the targeted population reporting an improved feeling of safety and dignity by the end of the	0% the project did not implement any activity to measure at baseline	71% (36% F, and 35%M) ¹ of the target population reported an improved feeling of safety and dignity

¹ Figure shown has been approximated to a whole number, the actual figure is 70.8% (35.5% F and 35.3% M)

prevention and response services through coordinated, principled humanitarian support and community-based prevention activities	intervention compared to the beginning.		
	80% of beneficiaries (disaggregated by sex, age, and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, and participatory manner.	0% the project did not implement any activity to measure at baseline	100%
	# of surveyed communities that indicate a change in the incidence of sexual violence	5	5
	100% of humanitarian staff trained and who can correctly indicate the referral pathway for GBV survivors.	0	100%
Result 1: GBV prevention, care, and response services available and accessible to newly displaced individuals and vulnerable host community members at risk of or affected by GBV.	7500 Number of persons reached by the implementation of specific GBV prevention measures	0	14,473
	32 # of community members/leaders that are actively engaged in GBV protection and prevention.	0	77
	300 Number of survivors who receive an appropriate response to GBV.	0	319
Result 2: Awareness, knowledge, and application of humanitarian principles and SEA prevention and response principles improved among humanitarian actors and security forces.	25 Number of participants showing increased knowledge of the protection subject in focus	0	101
	85% of feedback/complaints received have been timely acted upon (disaggregated by sex and age).	0	95%

Conclusion and Recommendation

Conclusion

On the whole, the initiative was relevant and effective to meet key implementation and performance targets. The project did exceptionally well to target the most deprived community of the project implemented locations. As a result, there is immense progress in the project indicators during endline in comparison to baseline figures. Although gender roles have not changed much, there is some degree of change in perception towards gender roles among women and men along with enhanced understanding about gender-based violence, and increased reporting of violence cases. However, there is still a lot needs to be done to transform changed attitude to change in the behaviors and practices.

Recommendation

Continue the project with changed priorities: the COVID-19 pandemic should be assessed to ascertain any possible effect it might have caused to the sustainability of the project.

Support mechanisms to reduce barriers to GBV solution

In addition to improvement in awareness level and attitude towards GBV, there is also a need to create support mechanisms to allow women to have better access to justice. There is a need for efforts to make police, court, and other referral agency better in terms of response and free with no cost implication. The community-level reporting agency needs to have a system in place to ensure confidentiality and anonymity of the responses. In addition, there is a need to create mechanisms to financially support women to go through the legal process.

An aggressive approach to capacity building should be engaged.

The project faced a reoccurring challenge of reporting, and documentation, at all level, although the project team was trained on reporting, in a subsequent project, the project team should be engaged in a rigorous and continuous training session. This would reduce the incidence of poor data reporting..



INTRODUCTION

1.1 Purpose of this Report

This document is a report of findings of an end-line evaluation of the ECHO-GBV Project implemented in Ngala and Bama LGA of Nigeria. Data collection, analysis, and report for the end line evaluation took place in August 2020. The end line evaluation was part of the evaluation activities for the project, this is closely followed by an external final evaluation of the over project and approach.

1.2 Background

Nigeria faces multiple crises, with a protracted conflict in Borno, Adamawa, and Yobe (BAY) states, which has spread to neighboring Cameroon, Chad and Niger, intercommunal clashes in the northwest that have led to over 40,000 people crossing the border with Niger for safety, and climate shocks such as drought and floods. Nigeria also hosts about 50,000 Cameroonian refugees in the west and faces a widespread farmers' /herders crisis in its middle belt region.

According to the Global Risk Index INFORM², Nigeria, today, is amongst the countries with the highest overall projected conflict risk index and increased risk in socio-economic vulnerability, inequality, and food insecurity in 2019. After more than ten years of conflict, the humanitarian crisis in the BAY states remains one of the most severe in the world today. A total of 7.9 million people – more than one in two people in the three crisis-affected states require humanitarian assistance in 2020. The majority of the people in need are in Borno State, the epicenter of the crisis. One in four of the affected population is under 5 years of age. Women and children are the faces of the crisis. Women and children constitute 81% of the overall crisis population and

² Risk Index, 2020, available online at <https://drmkc.jrc.ec.europa.eu/inform-index>

87% of the new displacements. The gendered dimensions of displacement are having a significant impact on the status of women and girls especially within the context of mobility, fragmentation of households, demoralization, and trauma.

The crisis is predominantly a protection crisis characterized by grave violations of human rights and dignity. Protection concerns including killings and maiming, sexual violence and abuse, arbitrary arrests and detention without access to justice and legal services, physical safety and security, forced recruitment, abductions forced marriages and forced displacement remain a major concern for the physical and mental wellbeing of Internally displaced persons (IDPs), returnees and host communities in the BAY states. Since the start of the conflict in 2009, over 36,000 people have been killed in the BAY states – almost half of them civilians³. In 2019 alone, more than 473 civilians were killed and 327 were injured as a result of the ongoing military and hostile activities by NSAGs. The majority of those victims are males. Most of the killed/injured civilians were due to attacks without distinction or by collateral damage. Some 22,000 people are still missing, which is the highest number of missing persons globally, and 60 per cent of them are minors. A total of 1,947 cases of recruitment and use of children by armed groups were reported in 2018. Sexual and gender-based violence is pervasive, with 99 per cent of reported cases being against women and girls.

The past year has been characterized by waves of displacements caused by insecurity, increased attacks by non-state armed groups (NSAGs), and military operations carried out in response. Over 160,000 people have fled violent attacks or pre-emptively, resulting in a significant increase in humanitarian needs and protection risks throughout 2019. IDPs face serious risks to their safety, well-being, and basic rights. UNDSS data indicates that in 2019, there was a total of 23 attacks on IDP camps, all in Borno state. This resulted in 12 deaths, 23 injuries, and 26 abductions as well as looting of property. The civilian character of the camps is being significantly compromised with the military presence in several IDP camps, leading to increased reports of sexual exploitation and abuse and gender-based violence. Meanwhile, IDP flight especially for those who flee inaccessible areas report being held for years in hostage-like situations by NSAGs with no access to basic services and suffering abuse. Once they can escape these conditions, they are often treated with suspicion and stigma, undermining their ability to reintegrate into society⁴.

1.3 The ECHO-GBV Project

The ECHO-GBV project, titled: Integrated GBV prevention and response to the emergency needs of newly displaced women, men, girls, and boys in Borno State, North-East Nigeria is an 18 months' project, with an additional 4 months No cost extension, funded by ECHO and was implemented from November 2018 to August 2020. The project aimed to contribute to the protection of the lives of vulnerable women, men, girls, and boys most affected by the crisis in North-eastern Nigeria.

Taking into consideration the commitment made on the Inter-Agency Standing Committee IASC to end Gender-based violence, and CARE Nigeria's first GBV-standalone project, the project worked with coordination with other humanitarian actors, especially actors rendering out complementary services to CARE (referral, capacity building, sensitization, and awareness) as well as community GBV/Protection networks (GBV vigilante and champions groups).

The specific objective of the ECHO-GBV project was: to enhance the access of newly displaced, vulnerable women, men, girls, and boys to life-saving GBV prevention and response services through coordinated, principled humanitarian support and community-based prevention activities. To achieve this objective, the project had two synergistic results, they are 1. GBV prevention, care, and response services available and

³ Nigeria Security Tracker, 18 December 2019, available online at <https://www.cfr.org/nigeria>

⁴ Background information was extracted from Nigeria HNO 2020 document.

accessible to newly displaced individuals and vulnerable host community members at risk of or affected by GBV [this includes activities such as case management of survivors, psychosocial support services, provision of non-food items for vulnerable members, etc.] and 2. Awareness, knowledge, and application of humanitarian principles and SEA prevention and response principles improved among humanitarian actors and security forces. [capacity building, Feedback accountability mechanism, and response].

The project linked into the appropriate coordination bodies to ensure swift and dutiful service delivery in both project locations as well as Maiduguri the location of CARE Borno Office.

As part of the project closing-out activities, CARE Nigeria underwent an end-line survey, to evaluate the effectiveness, efficiency, impact, and sustainability of the project after 22 months of implementation.

1.4 The Endline Evaluation

The main aim of this end-line evaluation was to evaluate the project achievements, effectiveness, efficiency, impacts, and sustainability, assess trends and changes over time in participants' knowledge, attitudes, and practices (i.e. relevance) as well to document challenges, lesson learned and gaps of the project in its 22-months implementation which can be used to inform future planning and decision making.

The end-line evaluation had the following specific objectives

- Assess the actual level of achievement against each of the log frame indicators using different tools and methods including qualitative and quantitative methods against the baseline data.
- Document lessons learned and provide recommendations on how to use generated findings and knowledge in program development and improvement of existing interventions, as well as recommend on scaling-up of the project.
- Identify and document best practices, lessons learned, challenges faced by the project team, and beneficiaries, and successes realized by the project.

The evaluation assessed the activities based on the defined OECD DAC (Organization for Economic Co-operation and Development, Development Assistance Committee) criteria of impact, effectiveness, relevance, efficiency, and sustainability.

1.5 Scope of the Evaluation

This evaluation covered the entire project duration and assessed how all aspects of the project worked together and how they contributed to the expected results. Comparing results to the baseline data, the evaluation would also assess the total achievement of the project and provide an answer to the question; to what extent was the overall project goal realized. This evaluation adapted the same methodology used in the baseline study. The progress and achievement made versus the baseline study were based on the following:

- Change in the understanding, knowledge, practice, and implementation related to GBV
- Change in capacity and functions of the GBV/protection networks
- Change in number and proportion of the indicators when compared with the baseline study.

METHODOLOGY

This chapter represents the methodology used for this assessment, it includes the design, sampling strategy, and research instruments. Additional details are included in the annexes.

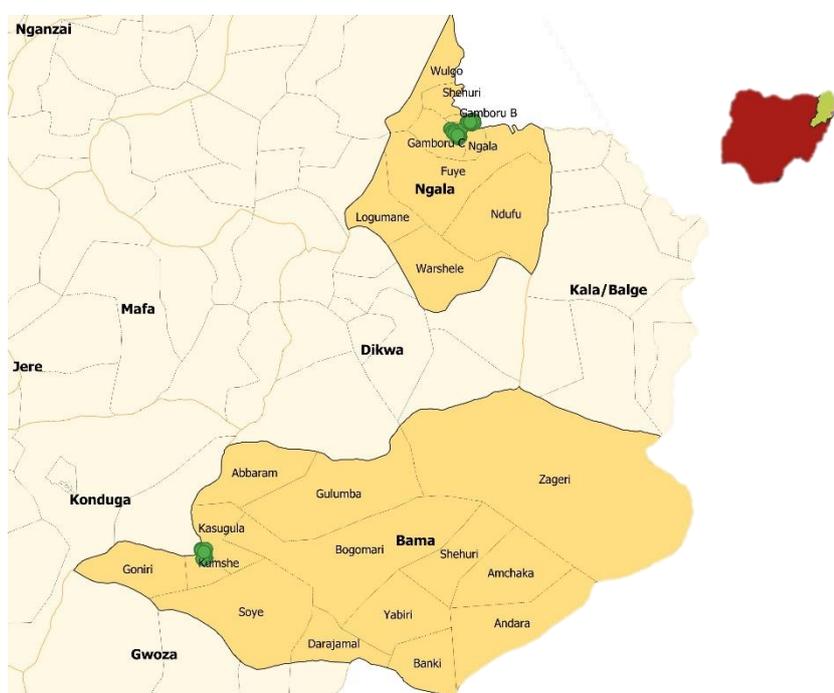
2.1 Study Design

The evaluation was primarily designed as a longitudinal study and compared changes from baseline to endline to assess how knowledge, attitude, and practice have changed amongst participants of the project. The evaluation used a mixed-method design of both qualitative and quantitative approaches.

2.2 Study Design

The end-line study covered five communities in the project implemented LGAs: Ngala, Gambaru, Arabic Camp, GSSS Camp, and Bama town.

Figure 1 - ECHO-GBV LGAs



2.3 Sampling

Purposive sampling technique was used where participants were purposively selected (focusing only on project targeted location in Bama and Ngala) because the project was not implemented in all of Bama and Ngala LGAs. Five communities were purposively selected (Arabic Camp, ISS camp, Ngala and Bama town, GSSSS camp in Ngala and Bama respectively). The selection of respondents after the purposive sampling was through stratification and random sampling where households were put in strata of age groups. Later random sampling was applied (See Table 1 below).

Stratified random sampling is the technique of breaking the population of interest into groups [in this case, the project participant for this project will be broken down by sex and age group (5-18; 19-49 and Greater than 50 years) and then selecting a random sample from within each of these groups. Breaking the population

up into stratum helps ensure a representative mix from all groups and ensures that enough sample is allocated to all groups. The sample size for the quantitative evaluation will be determined based on expected change among respondents from the project implementation on the project participants which is 7894. Using the standard sample size formula at a 95% Confidence Interval and a 3% margin of error. We set our probability of observing the desired change to be 50% to give a maximum sample size of 940. Out of the 940 sample size, 1217, 25% more was reached.

Table 1 - Sample size for Bama and Ngala

COMMUNITY	ESTIMATE POPULATION	WEIGHT	SAMPLE SIZE	ACTUAL REACH	WEIGHT
Male 5 -18	395	5%	47	3	0%
Male 19-49	1184	15%	141	532	44%
Male >50	395	5%	47	67	6%
Female 5 -18	1578	20%	188	24	2%
Female 19-49	3947	50%	470	545	45%
Female >50	395	5%	47	45	4%
Male 5 -18	395	5%	47	3	0%

2.4 Data Collection

A structured questionnaire and interview guides were developed to collect data, primarily from the identified target group. All tools used for data collection are included in the annexes. Data collection lasted for 6-days per location. **Bama – 3rd to 8th and Ngala – 9th to 14th August.** The structured questionnaire was collected using mobile devices and kobo collect platform, while the interviews were done conventionally, using paper and pen.

Figure 2 - Summary of Study Methods



2.4.1 Structured Questionnaire

This survey was conducted to collect information from the ECHO-GBV project participants at the community level. It includes a mix of participants from all age groups and sex. The structured questionnaire used for this survey included a mix of knowledge, attitude, and practice questions as well as questions to assess the impact made on the indicators.

Due to the complexity and time, it would take to ask the entire questions, the questionnaire was split into two, separating the project indicator measurement questions to a second tool and the KAP as the first.

2.4.2 Key informant Interviews

This interview was conducted with people who are in a position to give more detailed information about the project and its achievements. In both locations (Bama and Ngala), the key informant was, SEMA⁵, Intersos, IOM⁶ for camp coordination information and impact of CARE's intervention on the knowledge and attitude in the camp amongst men and women at large, also Intersos, DRC, FHI, and WFP as humanitarian actors whose capacity was built by CARE. In addition, there were women leaders and religious leaders who serves as the point of reference for complaints and reports of the incidence of GBV and lastly GBV/protection networks; these are community members/leaders engaged by the project to carry out project activities.

2.4.3 Focus Group Discussions

The FGD guide was developed to aid participants to express themselves and provide insight into the project's activities and achievements. The respondent of the FGDs were project participants grouped by age and sex.

COMMUNITY	ESTIMATE POPULATION	WEIGHT	SAMPLE SIZE
KII	Bama – 17 Ngala - 17	34	Camp representatives - 6 Religious leaders and Women leaders – 4 NGOs – 8 Community GBV/Protection networks (GBV champions, vigilantes) – 8
FGD	Bama – 16 Ngala – 16	32	Women – 8 Men – 8 Boys – 8 Girls – 8
KAP survey	Bama – 470 Ngala - 470	940	Refer to table 1 above
Indicator measurement questions	Bama – 470 Ngala - 470	940	Refer to table 1 above

2.4.4 Data Processing and Analysis

Data collected on kobo collect was stored on a server which was downloaded into excel format for processing, data was later transferred to SPSS for further processing, structuring, and analysis. Power BI was seldom used for visualization of the qualitative aspect of the structured questionnaire.

Interviews were transferred from raw paper format to a matrix format using MS Word.

⁵ State Emergency Management Agency.

⁶ International Organization for Migration

2.4.5 Ethical Consideration

To reduce the various risks that could be faced by staff and communities during the study process the following consideration were made.

Use of PPE: All data collectors were provided with face masks (disposable) for the duration of the study to protect both the enumerators from possible infection from the community members and also protect the community members from the enumerators. During the training of the questionnaire to be administered, COVID-19 infection, prevention and control was integrated to inform enumerators of the risk with COVID-19.

Primary data collection was done using tablets preinstalled with kobotool box for the quantitative questionnaire, while paper forms were administered for the qualitative questionnaires. For qualitative survey, especially the focus groups, the enumerators were instructed to engage a maximum of 10 in a discussion, this served a dual purpose, first it reduced the risk to infection as the group were able to abide by social distancing measures and secondly with a smaller group, the facilitators were able to engage every member in the discussion. The “do-no-harm” approach was prioritized during the data collection process.

Informed consent: participants as customary, consents were solicited before any questionnaire was administered, Data protection, confidentiality, and security of the respondents were ensured by using informed consent practices. All staff involved in the data collection had informed knowledge about the prevention of sexual exploitation and abuse and access to accountability mechanisms and referral pathways.

Findings

This section presents the findings from the endline evaluation along with the following themes: Knowledge, Attitude, Behavior and Practice towards GBV; project effectiveness (implementation success of the proposed activities); efficiency, impact, and sustainability.

3.1 Demographic information of Respondents

3.1.1 Background information of the Respondents

The study was concluded in the GSSS camp and Bama town in Bama and Gambaru A, Ngala, and Arabic in Ngala LGA. In the study, female respondents were slightly higher than male respondents with a commutative total of 50.5% female to 49.5% male. In Bama, females made up 52% of the respondents while males were 48%, while in Ngala, male respondents made up the highest with 51% and females were 49%. The difference in participation of female to male respondents in both LGAs was as because in Ngala, during the interview, more men were reach as women now go to farm in this raining season and this is due to having high number of women headed house hold. Overall, Bama had more respondents than Bama.

Table 2 - Summary of Respondents

LGA of survey	Sex of respondent	n of respondents	% of respondents
Bama	Female	317	26.05%
	Male	297	24.40%
Bama Total		614	50.45%
Ngala	Female	297	24.40%
	I don't know	1	0.08%
	Male	305	25.06%
Ngala Total		603	49.55%
Grand Total		1217	100.00%

In another view, the respondent was analyzed by marital status and status in the household. 14% of females and 18% of male respondents were heads of households in Bama, while 15% female and 21% male were also heads of their households in Ngala. Out of the 15% female-heads of households in Bama, 4% were married as against 15% of their male counterparts, the same trend can be seen in Ngala with 7% married female to 16% married male respondents. Additionally, Bama had more participation from married females that were not heading their household, this can be noted by a striking 12%, while the opposite can be seen for male respondents in Bama.

Table 3 - Summary of respondents by Marital Status and Household Status

LGA/Sex of respondents	Marital Status	No	Yes	Grand Total
Bama		18.82%	31.64%	50.45%
	Female	12.74%	13.31%	26.05%
	Divorced	0.33%	1.81%	2.14%
	Married	11.26%	3.86%	15.12%
	Separated	0.08%	3.29%	3.37%
	Single	1.07%	0.90%	1.97%
	Widowed	0.00%	3.45%	3.45%
Male		6.08%	18.32%	24.40%
	Married	0.82%	14.30%	15.12%
	Separated	0.08%	0.49%	0.58%
	Single	5.18%	3.53%	8.71%
Ngala		13.06%	36.48%	49.55%
Female		7.97%	16.43%	24.40%

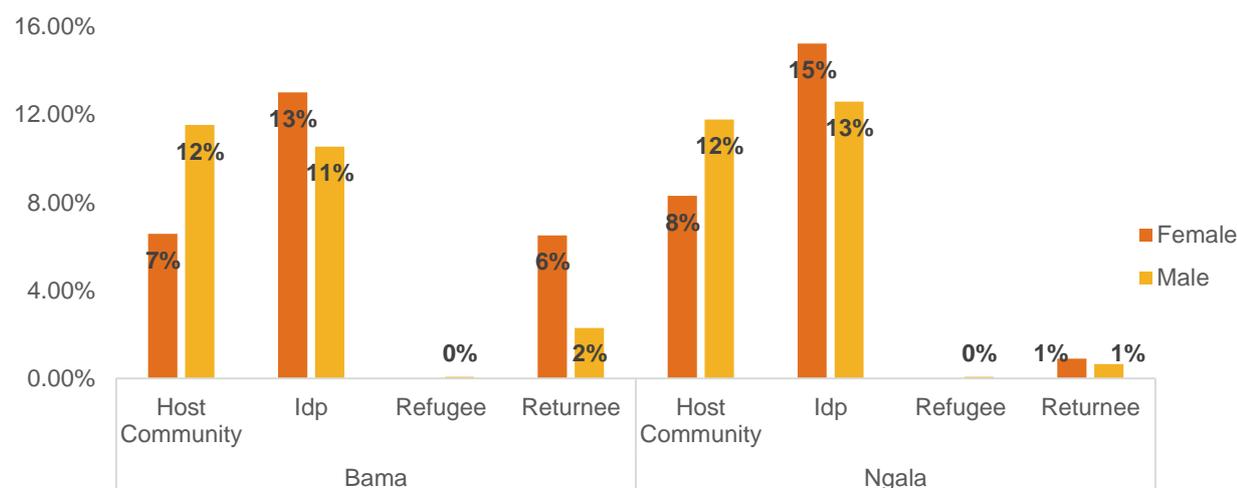
	Divorced	0.08%	1.73%	1.81%
	Married	7.31%	8.22%	15.53%
	Separated	0.00%	0.16%	0.16%
	Single	0.58%	2.22%	2.79%
	Widowed	0.00%	4.11%	4.11%
I don't know		0.00%	0.08%	0.08%
	Married	0.00%	0.08%	0.08%
Male		5.09%	19.97%	25.06%
	Divorced	0.00%	0.08%	0.08%
	Married	0.33%	15.86%	16.19%
	Single	4.77%	3.86%	8.63%
	Widowed	0.00%	0.16%	0.16%
Grand Total		32%	68%	100%

Focus group discussion had equal sessions but more female to male participation in the group. FGD had (64) male and (98) females. KII on the other hand, had more male participation than women, 8 females, and 12 males.

3.1.2 Settlement Situation and Pattern for Respondents

Communities in this location have adopted various forms of settlement due to the protracted crisis in the Northeast.

Chart 1 - Settlement in the Surveyed location



In Ngala and Bama, the community members are mostly settled in organized camps, as can be seen by 15% and 13% females in Ngala and Bama, as well as 13% and 11% male in Ngala and Bama in chart 1 above. This is closely followed by host communities, which hold the dual purpose of settlement for both community members and IDPs. A separate finding shows that IDPs have more than 10 persons living in a camp, with 3% female and 4% male respondent in Bama and 4% female and .4% male in Ngala living in overcrowded camps. Overcrowding in the camp settlements tends to lead to lack of privacy between parents which in turns results in, to some extent violence within the camp, for instance, forced marriage and child abuse⁷.

3.2 Knowledge of GBV

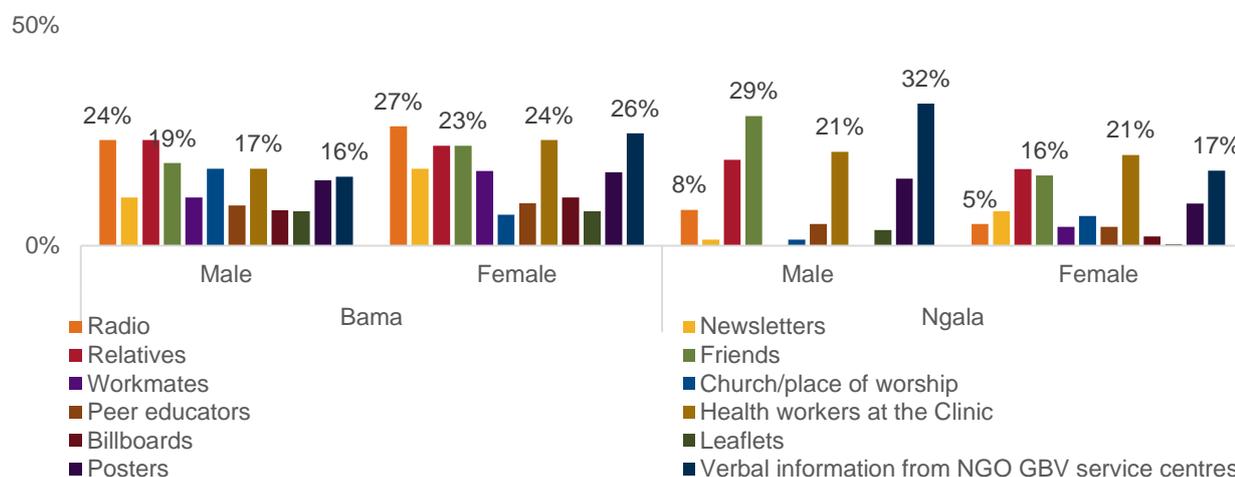
3.2.1 Knowledge and Sources of Information about GBV

⁷ This conclusion is by no way linked to this study but a study on SII GiE

represents 55% of the total survey mentioned “yes” that GBV is common in the community. 36% (23% in Bama (11% female and 12% male) and 13% in Ngala (8% female and 5% male)) mentioned “no”.

Majority of the respondents gets their information from mass awareness and door to door activities, this can be seen by the 49 % respondent in Ngala (32% male and 17% female) while in Bama it is radio programs with 51% (27% female and 24% male).

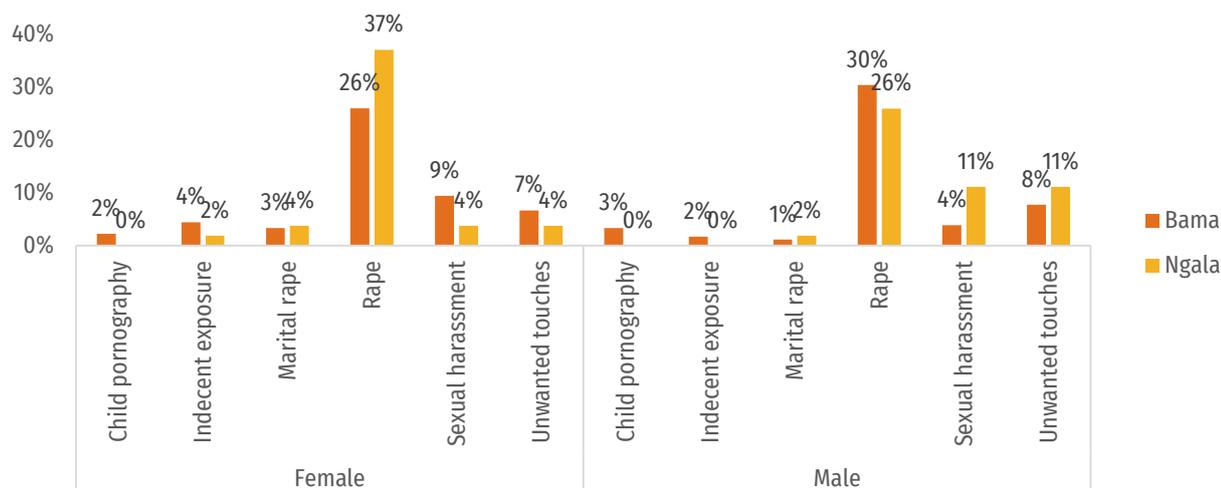
Chart 2 - Sources of Information for GBV



3.2.2 GBV Experienced in The Project Location

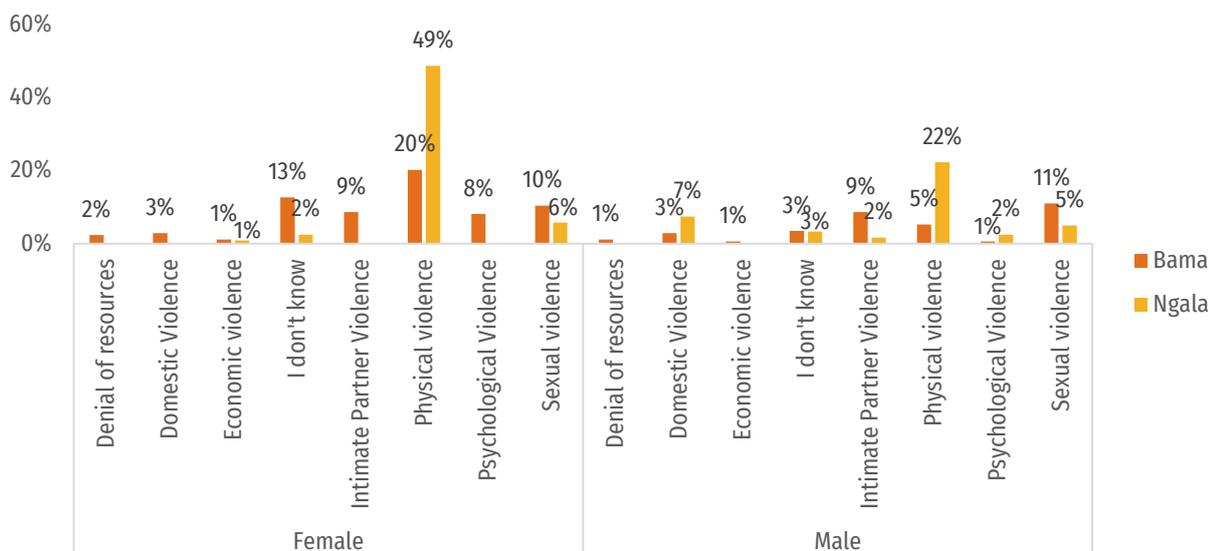
In both locations, 35% of the respondents reported experiencing GBV (either personally or knowing someone who has) in the past 3 months. Of those, 19% (22% Bama and 15% Ngala) were female and 17% (18% Bama and 16% Ngala) was male. On another note, 10% (15% Bama and 4% Ngala) female and 9% (14% Bama and 4% Ngala) male reported having experienced or know someone how has experienced sexual abuse in the past 3 months. Respondent mentioned rape 58%, unwanted touches 14%, Child pornography 4%, Indecent exposure 5%, Marital rape 5%, and Sexual harassment 14%, as the types of sexual violence encountered.

Chart 3 - Experienced Forms of GBV (Sexual Violence) by someone you know or you



The chart below illustrates all forms of GBV.

Chart 4 - Forms of GBV witnessed in the community.



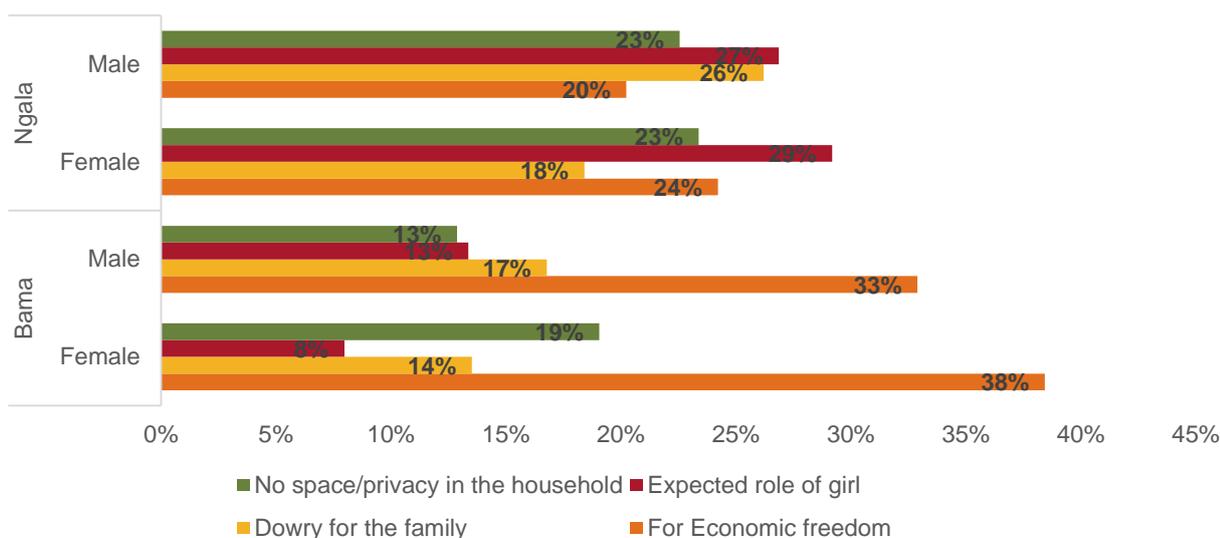
3.2.3 Factors causing and Incidence of GBV

Respondents mentioned that the insurgency has a part to play in the frequency of violence between husbands and wives 20% female and 22% male (IDP had the highest proportion with 11% female and 11% male), A striking 60% (31% female) answered the follow-up question, saying the level of violence has decreased. The agreement shows that although the insurgency has affected the frequency of violence between husbands and wives, the level is very low.

On sexual violence, respondents mentioned there has been a change in the incident with 31% female (34% Bama and 28% Ngala) although the majority of the responses came from the male with 39% (37% Bama and 40% Ngala). The change in the incident mentioned by respondents is a decrease in cases of sexual violence with 31% female (38% Bama and 23% Ngala) and 46% (42% Bama and 50% Ngala) male respondent who agreed to a change in incidents.

Factors causing early marriage include economic freedom 71% (33% male and 38% female) in Bama and expected role of a girl child 56% (27% male and 29% female), other results can be seen in the chart below.

Chart 5 - Factors of Early Marriage



Limitation

There was no question in the survey to solicit information on the factors causing of GBV in general, the question targeted early marriage, forced marriage, and sexual violence in specific. The qualitative survey had

a question on this aspect and a further solicitation on actions to support the prevention of this violence.

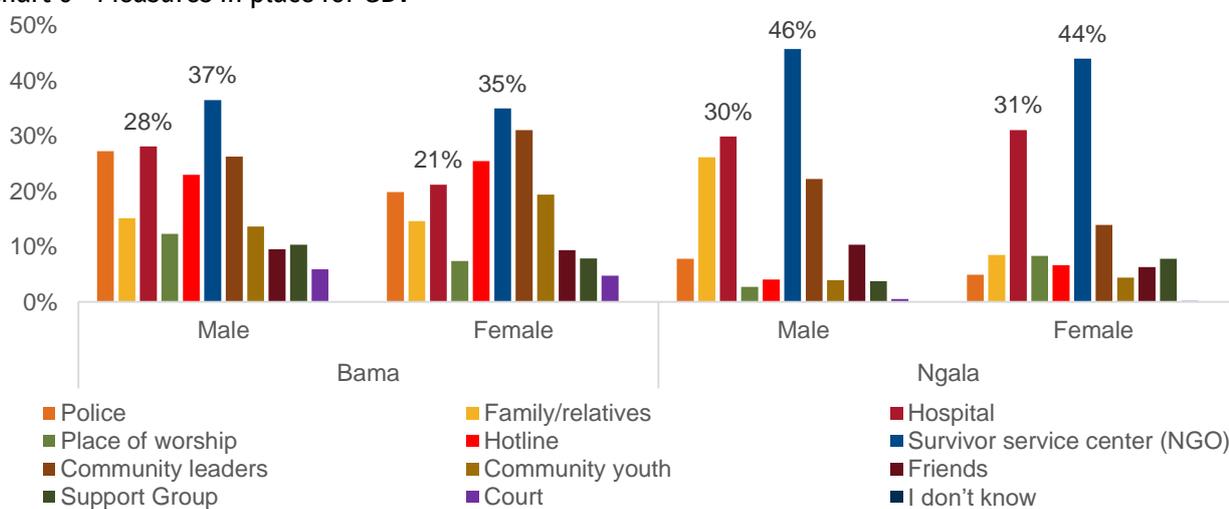
In the FGD, participants from the various groups mentioned physical violence, domestic violence, early and forced marriage, as types of violence that the community can prevent or stop. All through the discussion, participants stated their confidence in the use of community engagement modalities (awareness and sensitization) to prevent these forms of violence/GBV.

Yes, domestic violence can be prevented by the community members. Action taken or supported to prevent violence is more of awareness raising to let them know the consequences of the violence and help or support with other business skills. Women are gathering time to time in their IGAV/SLA activities that women solidarity group in the community - **[Bama – Men ~ 22– 30]**

3.3 Practices towards GBV

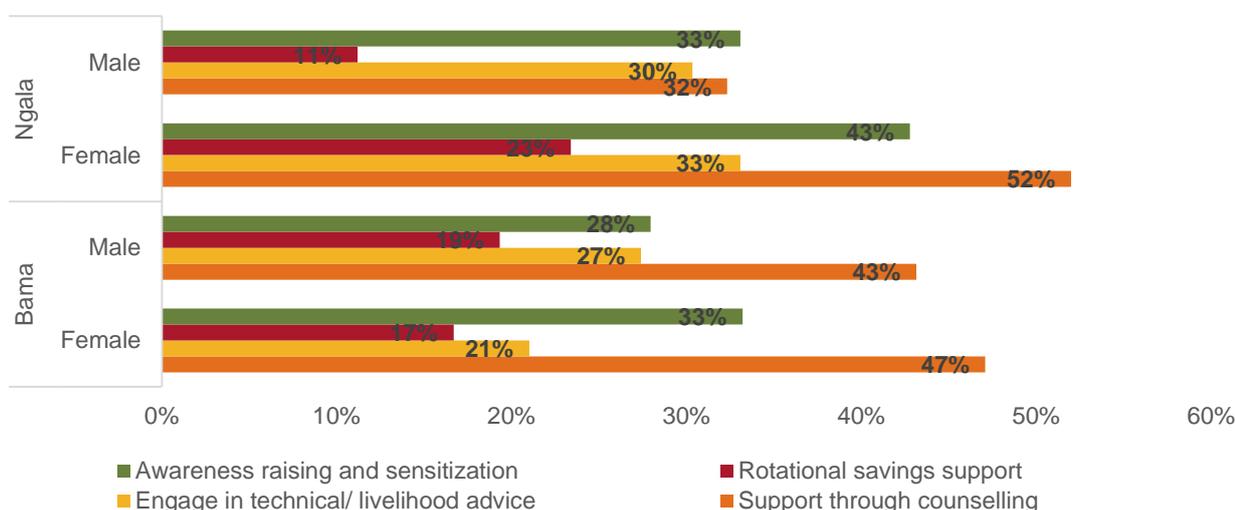
According to respondents, services centers of NGO are the major place of service for survivors of GBV. This is closely followed by hospitals and then community leaders who also play a vital role in information sharing about the location of services.

Chart 6 - Measures in place for GBV



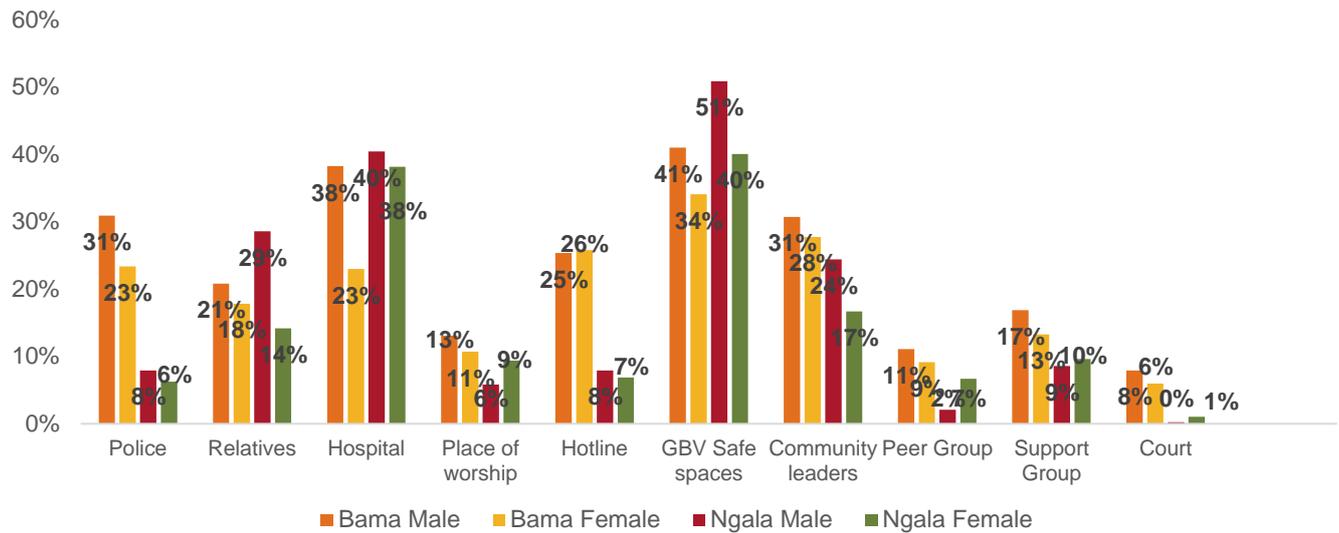
In another question, respondents were asked are you aware of the existence of community support networks that address GBV? 77% (40% female and 37% male) confirm they know about the community network for GBV while 23% did not know. Respondents who confirmed knowledge of GBV community networks were asked how do these networks address GBV.

Chart 7 - Community Network Approach to GBV



The table below shows that when GBV occurs, majority of respondents, of a multiple response question, either go to a GBV safe space (83%) or hospitals (70%) for help, others go to community leaders (50%) or relatives (41%). The response to the question is in line with the response to chart 6 above on measure for GBV. At baseline (29%) do not seek for help, (20%) go to community leaders, 20% go to hospitals for help, 16% go to relatives for help, 6% go to police for help, 8% go to NGO complaint mechanisms for help, and 1% go to the safe space for help. Compared to the baseline that shows the majority not seeking for help, the endline shows a change in GBV response.

Chart 8 - Help Survivors of GBV look for



3.4 Project Relevance

3.4.1 The Extent to which the stated problem was addresses

The global objective of the project was to contribute to the protection of the lives of vulnerable women, men, girls, and boys most affected by the crisis in North-eastern Nigeria. And its specific objective is to enhance the access of newly displaced, vulnerable women, men, girls, and boys to life-saving GBV prevention and response services through coordinated, principled humanitarian support and community-based prevention activities.

3.4.2 The Consistency in proposed Activities/Interventions

The proposed interventions/activities were categorized under two results; they are:

1. **Result 1: GBV prevention, care, and response services available and accessible to newly displaced individuals and vulnerable host community members at risk of or affected by GBV:** community members and leaders were engaged as protection committees using a consultative process. 2 Safe spaces were established, and provided 319 (314 females and 5 males) case management services using inter-agency standing committee guidelines and reported to the GBVIMS, participants were also provided with psychological support and counseling reaching 2,960 (1,783 females and 1,177 males), the project also adopted and utilized social analysis and actions (SAA) to understand the causes of gender-based violence. Also, the project is linked to existing referral pathways and in some parts updated and shared referral pathways to complementary organizations. The project also established VSLA groups and women solidarity groups that were equipped with livelihood support.

Yes, of course we are treated with respect, they greeted us, welcome us with smile on their faces, and gives us mat to sit- **[Bama – Girls ~ 14 – 18]**

Yes, they treat us with respect, talk to us in a polite manner, spread mat for us and provide water for us to drink- **[Bama – Women ~ 30 – 50]**

2. **Awareness, knowledge and application of humanitarian principles and SEA prevention and response principles improved among humanitarian actors and security forces:** in the results, humanitarian organizations, security forces and protection committees were trained on humanitarian principles and standards, protection from harassment, sexual exploitation and abuse PHSEA, and others. Accountability systems which include hotlines, placement of suggestion boxes at strategic location and complaint desk were established all in through the consultation of the community.

in the KII, respondent expressed their appreciation for the training done by the project team. All participants interviewed mentioned that the training was important to them and it has made them more aware of GBV and PSEA.

I learned how to referred GBV survivors. - **[CJTF Bama – Male]**

Respondents also applied what have learned from the ECHO-funded trainings in their everyday lives. This shows that the training has a major impact and is relevant to the context and resident at large.

I have applied what I have learnt by telling my friends and family and community what I have learnt e.g. effect of female genital mutilation, effect of rape and the effect of early marriage. - **[Ngala Vigilante – Female]**

I learned not to force someone to do things by force because of my position. I stopped it because it is also GBV and against the persons will. - **[Bama Police – Male]**

It was believed that these interventions would lead to a positive change and achievement of the objectives of the project. Respondents from the KII also shared that the community has benefitted from the trainings as it has led to the reduction of violence in the community.

The community has benefitted a lot through this training. Before the community don't know much about gender-based violence, they don't even know where to take their problem to but now they know what gender-based violence is and where to take their problem to. They were also able to stop so many things like early marriage, force marriage and female genital mutilation. - **[Ngala Vigilante - Female]**

More needs to be done: the final recommendations from KII participants mentioned increasing skill acquisitions (mainly hand work or artisanship), participants believe an increase in skill acquisition would lead to a further decrease on violence (especially transaction sex).

A second recommendation was to include adolescent group who were seen to be left behind and needs to be more involved as they are also victims of violence.

The GBV actors are trying, they need to involve adolescent girls and boys in the awareness and sensitization, engage them very well because they are perpetrators/victims. - **[Bama Police - Male]**

Increase of skill acquisition (hand work). - **[Ngala Vigilante - Female]**

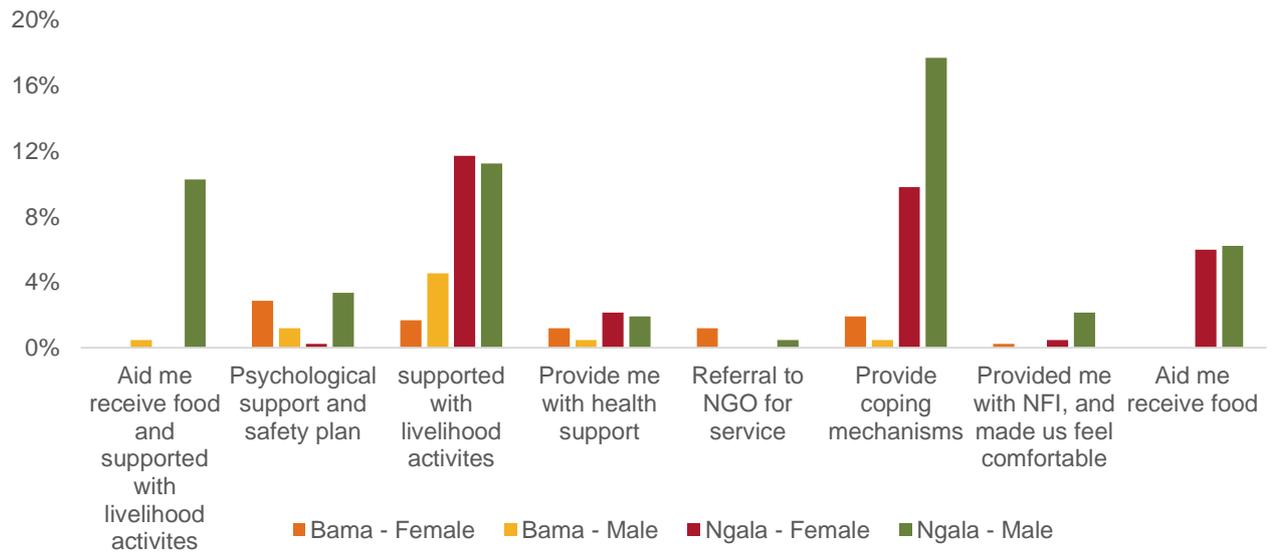
Yes of course humanitarian actors need to provide a vocational training, and finance support, we think there are key point to be supported on the prevention on GBV - **[Ngala Custom - Male]**

3.4.3 Implementation of Project Intervention

Respondents were asked the scale the relevance of the project from the design down to the closing stage, 84% said it was very relevant [39% in Bama (22% female and 17% male) and 45% in Ngala (22% female and 23% male)], only 4% of respondents said that the project was not relevant, this implies that the project was relevant. The findings also showed that 94% of respondents said that the services provided to cope up with their challenges were helpful, that is 67% very helpful, 22% helpful, 5% helpful to a certain extent respectively on average. Only 1% said that these services were not helpful, the other 4% responded with "no answer".

Participants were also asked how the project help to cope with their situation, majority of the respondents in Ngala 28% (10% female and 18% male) mentioned it provided a coping mechanism system, this could be through the livelihood support the project was integrated into or the counseling sessions that were open to all groups. In Bama, 7% (2% female and 5% males) agreed that the project supported with livelihood activities which aided the family, it is surprising to note that even though the livelihood assistance of the project was only tailored to female participants, male respondents were the majority for this response showing the usability of the components at household-level and its impact, in Ngala 23% (12% female and 11% male) respondent to this with a close margin between male and female respondents. The chart below shows a comprehensive response.

Chart 9 - Coping Situation for Respondents



3.5 Project Effectiveness

In exploring the extent to which the project has achieved its outputs and targets, it is clear that the project achieved its results, which was found to translate to the objective of the project to enhance the access of newly displaced, vulnerable women, men, girls, and boys to life-saving GBV prevention and response services through coordinated, principled humanitarian support and community-based prevention activities.

3.5.1 Achievement versus project indicators

Intervention objective	Indicators	Baseline value	Midline value	Endline value	Remarks
To enhance the access of newly displaced, vulnerable women, men, girls, and boys to life-saving GBV prevention and response services through coordinated, principled humanitarian support and community-based prevention activities	70 % of the targeted population reporting an improved feeling of safety and dignity by the end of the intervention compared to the beginning.	0% the project did not implement any activity to measure at baseline	92%	71% (36% F, and 35%M) ⁹ of the target population reported an improved feeling of safety and dignity	
	80% of beneficiaries (disaggregated by sex, age, and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, and participatory manner.	0% the project did not implement any activity to measure at baseline	88%	100%	The baseline data collected data using a different strategy, albeit since the project had not started implementing at the baseline, thus the outcome for this indicator was zero (0). At the endline, the team had become proficient using the echo protection mainstream tool to assess the outcome of this indicator.
	# of surveyed communities that indicate a change in the incidence of sexual violence	5	5	5	At baseline, 5 communities indicated an incident of sexual violence, at midline the community was equivalent to the baseline, as such the project team included a prevalence rate to assess the change in incidence in the locations where the project implement its activities. The result shows that while 5 communities

⁹ Figure shown has been approximated to a whole number, the actual figure is 70.8% (35.5% F and 35.3% M)

					indicated an incident of sexual violence, at midline 70% of the respondent also felt sexual violence in this 5 location has decreased. At the endline, 77% (31% F, 46% M) of respondents mentioned that there has been a decrease in the incidence of sexual violence.
	100% of humanitarian staff trained and who can correctly indicate the referral pathway for GBV survivors.	0	100%	100%	All 40 (24 F and 16 M) Staff trained on GBV, Case management, and GBV referral pathway were participants who had not received the training in the past and as such, have shown an increased knowledge on the protection focus and can indicate the referral pathway effectively. Follow-ups to these training are being conducted through spot checks and monitoring likewise refresher training will be conducted in the coming months. This could be seen from the training report, and the outcome of the post-test compared to the pre-test.
Result 1: GBV prevention, care, and response services available and accessible to newly displaced individuals and vulnerable host community members at risk of or affected by GBV.	7500 Number of persons reached by the implementation of specific GBV prevention measures	0	6,487	14,473	The project engaged GBV vigilantes who were tasked with creating a door to door awareness, the project also carried out mass awareness-raising reaching 5,045 (3,410 F and 1,635 M) . In total 14,473 (7621 F, 6852 M) were reached. To avoid double-counting, the project did not count community members reached with mass awareness as it was assumed that they were also reached through the door to door awareness.
	32 # of community members/leaders that are actively engaged in GBV protection and prevention.	0	78	77	32 champions and 45 volunteers continue to be engaged as GBV protection committee, rendering GBV prevention activities in the community.
	300 Number of survivors who receive an appropriate response to GBV.	0	191	319	319 (314 F, 5M) received survivors centered GBV case management services using IASC guidelines. The indicator was achieved as case

					management is meant to be rendered as the needs arise, the project team did not stop rendering services once the target was reached but continue to render services till the closing month.
Result 2: Awareness, knowledge, and application of humanitarian principles and SEA prevention and response principles improved among humanitarian actors and security forces.	25 Number of participants showing increased knowledge of the protection subject in focus	0	65	101	Security actors were trained on humanitarian standards, principle and standard and PSEA. The KII aspect of the study shows that there has been an increase in the knowledge of protection
	85% of feedback/complaints received have been timely acted upon (disaggregated by sex and age).	0	65%	95%	<p>The project established a complaint tracker to coordinate the response of complaints with ease as well as for record purposes.</p> <p>A total of 281 complaints were recorded. Majority of the complaints were outside the scope of the project but 95% were attended to in a timely manner. (within two weeks)</p> <p>Complaints were majorly out of the project's scope (i.e. out of the activities implemented by the projects or control) nonetheless, the project referred those complaints to the appropriate organization and engaged in immense follow-up with the organization, which ultimately led to the resolution of the complaint.</p> <p>At the endline, the complaint tracker was reviewed¹⁰</p>

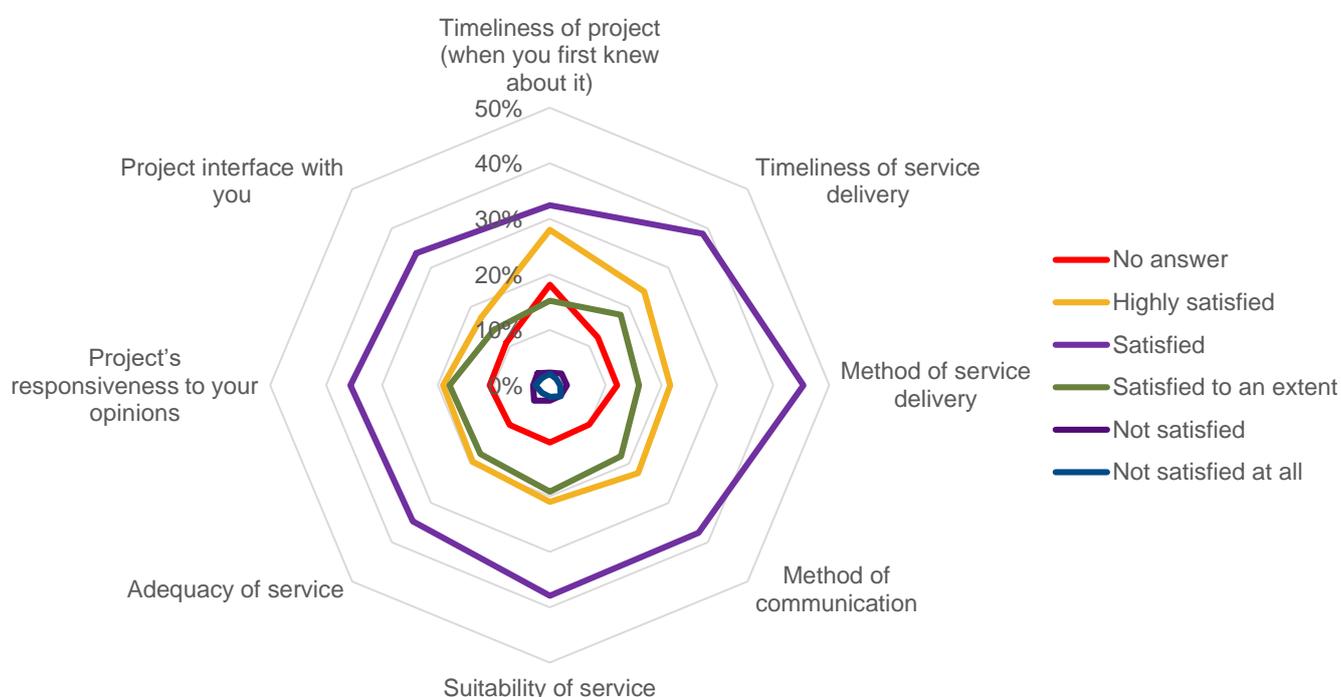
¹⁰ Reviewed here means the re-categorization of complaints out of scope as resolved even though they usually take more than two weeks, as they are out of the projects control.

90% [44% in Bama (23% female and 21% males) and 46% in Ngala (19% female and 27% males)] of respondents agreed that the project explained the participants' selection criteria, while 92% [45 in Bama (23% female and 22% male) and 47 in Ngala (19% female and 28% males)] agreed that the selection criteria were fair and transparent.

Separately, respondents were asked their role in the planning and design of the project/type of assistance, 71% mentioned they were involved in the planning of the project, 27% mentioned they were not involved 2% mentioned the project did not involve them. Out of the 71% who were involved in the design of the project, 41% [30% (13% female and 17% male) in Bama and 11% (4% female and 7% males) in Ngala] were involved through home solicitation, 35% [12% (8% female and 4% males) in Bama and 23% (19% female and 4% male) in Ngala] was at a workshop, 12% were at a gathering. **This aligns with the project's strategy, as participants were solely responsible for the design of the activities in the safe spaces as well as the location of the safe spaces.**

The table below shows a rank of satisfaction is a spider chart. Note that 2% of respondents mentioned they were not satisfied with the project process whereas the majority were satisfied and highly satisfied.

Chart 2 - Satisfaction Scale for Project Statements



From the moment respondent knew about the project to benefit from the project's range of services, respondents were highly satisfied with the interventions with 49% [23% (12% female and 11% male) in Bama and 26% (10% female and 16% males) in Ngala] and satisfied with 33% [15% (7% female and 8% males) in Bama and 17% (10% female and 7% male) in Ngala].

Community members (IDPs) became members of the project participants majorly by approaching the project activities, 48% (safe space, etc.) [23% Bama (12% female and 11% male) and 25% Ngala (14% female and 11% male)] and project approaching them 32% [17% in Bama (11% female and 10% male) and 5% female and 10% male]. Others were referred by other institutions 0.8%, referred by a community member 3%, others approached the project on their behalf 3%, and referred by project participants 8%.



Police, Immigration, Civilian JTF and vigilantes, community leaders'/women leaders Engaging securities and stakeholders to create awareness on GBV

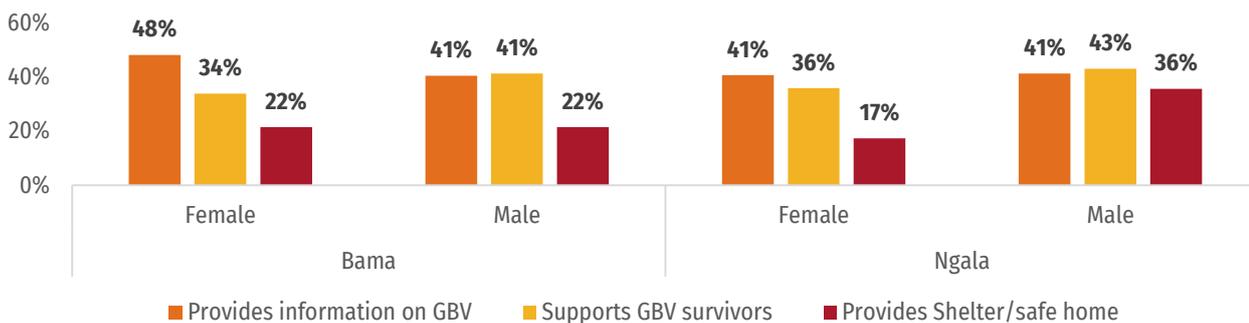
3.6 Project Efficiency

3.6.1 Overall Project Implementation

Inquiries were made on whether the intervention covered the vulnerable and needs of the community majority, 77% [30% in Bama (17% female and 13% males) and 47% in Ngala (22% female and 25% males)] respondent yes, 10% disagreed while 13% had no idea.

49% (50% Bama and 39% Ngala) females and 47% (47% Bama and 47% Ngala) males think the ECHO project has been beneficial to the community. Of the respondents who thought the project was beneficial, on a multiple response, chose that the project has majorly provided information on GBV with an average 43% followed by supported GBV survivors with 39% and lastly provided shelter/safe home for participants with 24%. A detailed chart can be seen below.

Chart 3 - Ways the ECHO project has been beneficial



Some respondents did not think the project was beneficial to the community, majority 39% of female mentioned the information is not appropriate, this was followed by 34.21% of female who mentioned that the services offered does not lead to prosecution. Male respondents also felt the information provided was not appropriate 5%. CARE staff implementing the project were informed about the prosecution outcome as it also came out at the midterm evaluation and this lead to a further awareness-raising session. But the result shows that project participants even knowing that CARE doesn't implement legal aid as part of its GBV response, still advocate for this service to be included.

3.6.2 Timeliness

The project faced some technical challenges kick-starting at the intended time, amongst its adversity was the Nigerian election, selection of the safe spaces, and renovation. Transportation of resources etc. for this reason, the project had to go through a no-cost extension from its initial 18 months of implementation to 22 months. At its completion, all activities were achieved.

Some activities included in the project were not totally analyzed for its feasibility at inception, Gender-Based Violence Information Management System (GBVIMS) seats at the center of it, the technical team did not envision the strenuous process that would be needed to achieve this, for that reason the project did not report to the GBV focal point from inception, nonetheless, case management activities went smoothly. Data for GBVIMS was entered into the database retrospectively.

3.7 Project Sustainability

Sustainability of a project is a vital consideration for long-term benefits to project participants as well as to communities in general. Sustainability analysis handled issues of whether the benefits of the projects are likely to be sustained, the extent to which the benefits of the project likely to be sustained, the likelihood of continuation and sustainability of project outcomes and benefits thereafter, the exit strategies, and approaches to phase out assistance provided by the project including contributing factors and constraints and the recommendations for similar support in future whenever necessary.

The nature of project interventions (awareness-raising and capacity building, and contribution to create and strengthen structures) enhances the chances for the project impacts to remain sustainable for some time.

The project has largely contributed to promote awareness and build capacity among local women and men to fulfill women's rights. There are also some significant changes in the perception and attitude among women and men which could sustain the effects of the project in the long run. The women's participation in decision making and especially their participation in leadership roles are likely to continue. However, in the absence of the project team, to regularly and continuously follow-up, monitor, and provide technical support, the motivation and momentum may not be the same.

The project has also contributed to set up new income sources for women and has made them economically independent, especially victims of transactional sex. As indicated in the effectiveness of the project, participants were actively involved in the design of the project activities, hence there is a sense of ownership of the activities. Income-generating activities of the project will continue as participants now finance and are involved in household decisions through this financial independence. Project participants supported through this intervention may need further consideration to recover from the possible impact of the pandemic. Sustainability thus may include an assessment on the impact of COVID-19 and possible continuation of support should we find the impact caused a loss of milestones in economic empowerment for the women.

90% [45% (23% female and 22% males) in Bama and 46% (22% female and 24% males) in Ngala] of the respondent from the endline survey said their involvement in decision-making has increased in other areas. Some of the areas mentioned are suggestions and counseling in the community, offering opinions in public meetings, and making suggestions to NGOs through complaint/feedback system.

Lesson learnt, Conclusion and Recommendation

4.0 Lesson learnt

- GBV issues are persistent issues affecting the community that need multi-sectoral response. The continued networking of community initiatives, service providers and local authorities is key for the success;
- Integrated response project should account for at least a level of effort of a technical support assistance. This would aid in the reduction of delays tied to the implementation of the component.
- Communication between CARE France and Nigeria on donor regulations should be clear so as to not provide less information/underreport on its achievements.
- Local leaders are a focus for very many interventions at the moment and may not have time for everything or everyone, hence a focus to engage adolescent group or leaders should be given a thought.

4.1 Conclusion

Overall, the initiative was relevant and partially effective to meet key implementation and performance targets. The project did exceptionally well to target the most deprived community of the project implemented locations. As a result, there is immense progress in the project indicators during end line in comparison to baseline figures.

The project managed to lead to changes in the project intervention areas and have greatly changed the gender linked perception and attitude among women as well as men. The participation of women in community level decision-making process has improved with changed perception on women's leadership among women as well as men. Although gender roles have not changed much, there is some degree of change in perception towards gender roles among women and men along with enhanced understanding about gender-based violence, and increased reporting of violence cases. The psycho-social support services are available at the community level but would require further strengthening to benefit large number of women. The livelihood support integration of the project has greatly aid women to respondent to the needs of the family, but with the ending of the project, along with its technical support, the momentum to self-sustain will gradually decrease. However, there is still a lot needs to be done to transform changed attitude to change in the behaviors and practices.

4.2 Recommendation

Continue the project with changed priorities: the COVID-19 pandemic should be assessed to ascertain any possible effect it might have caused to the sustainability of the project.

Support mechanisms to reduce barriers to GBV solution

In addition to improvement in awareness level and attitude towards GBV, there is also a need to create support mechanisms to allow women to have better access to justice. There is a need for efforts to make police, court, and other referral agency better in terms of response and free with no cost implication. The community-level reporting agency needs to have a system in place to ensure confidentiality and anonymity of the responses. In addition, there is a need to create mechanisms to financially support women to go through the legal process.

An aggressive approach to capacity building should be engaged.

The project faced a reoccurring challenge of reporting, and documentation, at all level, although the project team was trained on reporting, in a subsequent project, the project team should be engaged in a rigorous and continuous training session. This would reduce the incidence of poor data reporting.

A further assessment should be carried out

COVID-19 might have affected the gains and long term impact/sustainability of the project, the risk brought about by the pandemic is not yet known as the pandemic we still live in the crisis. The impact of COVID-19 and possible continuation and self-sustentation of the project should be assessed and adapted, sustainability thus may include an assessment on measure the level of damage made by the pandemic.



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