GBV/ASRH NEED ASSESSMENT REPORT IN PULKA, DIKWA JANUARY 2022
BORNO STATE-NE NIGERIA

EXCUTIVE SUMMARY

The purpose of this Gender Based violence (GBV) and Adolescent Sexual Reproductive Health (ASRH) needs assessment is to inform development of ECHO/ HIP 2022 call for proposal. It aimed at identifying key GBV and ASRH needs, gaps, accessibility risks being experienced while women and girls are seeking service i.e WASH, shelter, Health, School and gender and social constraints that need to be addressed by the project design. The assessment was conducted between 11th -15th January 2022 in Pulka and Dikwa LGAs in Borno State, NE Nigeria. The main objective of the assessment was to understand GBV and ASRH needs to inform project design and implantation phases.

Qualitative and quantitative data collection approaches were used; with quantitative data being collected using a structured questionnaire adopted from IASC GBV toolkit and qualitative data being collected using a Focus Group Discussion guide (FGD) that was also adopted from the IASC GBV toolkit. Quantitative data was collected by 1 female NCA staffs and 6(3 male and 3 female) community volunteers in Pulka, while in Dikwa, NCA engaged 6 enumerator who were supported by 2 female NCA staffs. A total of 270 respondents provided quantitative data for the survey whilst 96 refugees participated in the 17 FGDs that were conducted in the two IDP camps- Dikwa and Pulka. Quantitative data was collected using tablets that had KoBoCollect, a mobile data collection software installed in them. Data cleaning and analysis were conducted using Statistical Product and Service Solutions (SPSS) or excel sheet. In additional, observations were done in Zulum Primary Health facility in Pulka, Government Primary Health in Dikwa and in the community using and safety audit tool kit respectively.

<u>The following were the key findings from the survey:</u>

- 87% are displaced population because of the crisis
- The most significant safety and security concerns for women and girls are sexual violence 40%, experiencing violence at home 25% while 10% of respondent feel threatened when travelling outside from the Community
- 57% of respondent adolescent girls said they face fear of sexual violence the most with 12% mentioning trafficking
- Women reported the most common form of violence is domestic violence at 37% and physical violence (12%) while adolescent girls reported rape is higher 30% rape, sexual violence, and early marriage 20% each and sexual harassment 10%
- The context at which rape and sexual violence happens the most is 38% at home; 24% while going to the latrine; 14% at School; 14% when going to collect firewood while 5% when accessing other services.
- Women survivors of GBV mostly seek services to 45% community leaders, 33% NGO;14% police and CJTF and 11% family members while adolescent girls preferred seeking help from family members 67%; NGO 22% and community leaders 11%.
- Asked if there has been reported incidences of sexual abuse and exploitation, 88% of girls and women said yes.
- Some of the safety measures put in place to minimize protection risks, 67% mention presence of community safety groups; 22% said there is increased number of CJTF while 11% said there is firewood collection patrols
- 67% of women and girls' responders said there no available health services accessible all times. Regarding availability of female doctors and nurse. Mid wives at the health facility 67% said NO.
- 73% of women and girls' responders mention the main reason why they may not access health service is because of fear of being identified as survivors of GBV. And 88% of women and girls said there is no psychological and social support system for GBV survivors.
- 78% of the respondents said that there is no functional referral system between health providers and Organizations providing Psychosocial support (PSS).
- 80% of women and girls respondent are in need of skills acquisition and livelihood activities to reduce vulnerability and provide for their families.

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01. INTRODUCTION

01.1 Project overview

Norwegian Church Aid (NCA) is currently implementing integrated GBV and ASRH project activities in Pulka, Monguno though funding from MFA, UNICEF and NHF in Borno States. The project seeks Understand girls' and women's key safety and protection concerns; Understand the impact of continuous insecurity on IDP and hosting communities particularly women, girls and adolescent girls and boys and identify safety risks and threats in the physical environment and within service delivery in Pulka and Dikwa to inform designing and implementation of projects.

The GBV and ASRH need assessment aims at understanding the critical needs for women, men, girls and boys in order to develop implementation plan to respond to the identified needs in order to improve the living conditions for IDP and hosting community in Pulka and Monguno LGAs through provision of basic services, timely and compassionate GBV case management, Psycho social support (PSS), improved mechanisms for access to services and protection from violence and exploitation with a dedicated focus on the most vulnerable. Using community-based intervention NCA address the core drivers of violence against women and the power imbalance between men and women using tested prevention manuals such as SASA! Together and Male Engaged. NCA intends to address power imbalance between men and women, which is one of the root causes of SGBV in Pulka and Monguno. This will be done through strengthening capacities of community leaders, GBV and non GBV partners, CJFT, health partners according to the outcome of the survey. Due to increase SGBV in both locations.

01.2 Objectives of the assessment

In line with the need-based approach. NCA conducted GBV And ASRH need assessment in Pulka (Damara and Transit Camp and Dikwa (1000 Camp) with the key objectives of understanding needs for women, girls, boys, and men before applying for ECHO HIP call for proposal to inform project design phase and implantation strategies before rolling out GBV and ASRH activities in the targeted communities.

The assessment also intended to address the following:

- Identify needs and gaps that can be addressed by NCA GBV and ASRH activities
- Assess entry point where women and girls report incidences of GBV and develop capacity plans to strengthened capacities of target specific groups on GBV guidelines of handling survivors of GBV and best interest of children and uphold DO NO HARM while providing services.
- Draw lessons learned that can help inform implementation of the project and,
- Make appropriate recommendations for the project implementation and for the design of the project monitoring tools.

02. METHODOLOGY

This section will give a thorough description on the GBV and ASRH need assessment methodology. It will delve into the survey design, the data collection tools, sampling and limitations of the assessment.

02.1 Data collection tools development

NCA adopted the GBV IASC toolkits that was developed by IRC but modified by NCA to fit the Borno State context. There were 2 sets of data collection tools used, namely:

i. **Structured questionnaire:** This tool was used to capture quantitative data from the targeted community.

ii. **Focus Group Discussion (FGD) Guide:** The FGD guide was used to capture qualitative data that was collected in the 2 camps, with each camp having one FGD for males and one FGD for females.

iii. **Observation:** Safety observation audit tool was used to identify available resources and services at the site, gaps in resources and services, women and girls' risks, level of safety accessing resources and services, and the community's priority of needs and recommendations

02.2 Identification of enumerators and enumerators training

In Pulka NCA worked with their community volunteers who are currently working with NCA, and

they were supported by GBV officers. In Dikwa, a total of 5(3 female and 2 male) enumerators engaged. Because NCA is not currently working in Dikwa, we coordinated with our partner currently implementing GBV and ASRH activities in Dikwa by availing their staffs to support in the survey. The fact that we were engaging enumerators with improved skills and knowledge of GBV and ASRH. NCA Manager and Officers took the enumerators and community volunteers briefly of the following topics.

- Objectives if the survey
- Ethics in data collection
- Code of conduct during data collection
- Administering the questionnaire
- Sampling participants.

02.3 Data collection process

GBV and ASRH quantitative data collection process lasted for 2 days (12 to 13 January 2022) and a total of 3 community volunteers participated in the data collection exercise in Pulka and 1 in Dikwa. To enhance the quality of data collected, the community volunteers were under the supervision of GBV Officer.

Quantitative data was collected using tablets that had KoBoCollect application (a free online mobile data collection software) installed in them.

The respondents in KII survey included community leaders, women leaders, youth leaders, teachers, police/ CJTF, person living with disability. During the data collection process, male enumerators ONLY interviewed male respondents whilst female enumerators ONLY interviewed female respondents only. The objective of this approach was to ensure that respondents feel comfortable to express their views.

Qualitative data was collected through FGDs with community members and a total of 17 FGDs were conducted in the 2 camps, 12 FGDs in Pulka and 5 FGDs in Dikwa. Each FGD was composed of 14 people. FGDs for female community members were interviewed by female staff members and FGDs for male community members were interviewed by male staff members only.

02.4 Data cleaning, analysis and report writing

The completed questionnaires were electronically uploaded in the Statistical Product and Service Solutions (SPSS) version 21. Data verification and cleaning were performed in SPSS in two stages: firstly, using physical assessment of data entries to correct data collection errors; and secondly using logic to clean field and data collection errors. Data were processed and analysed in SPSS with the results and frequencies being exported to MS Excel for tabular and graphical presentation.

Report writing was done in MS Word by the GBV manager.

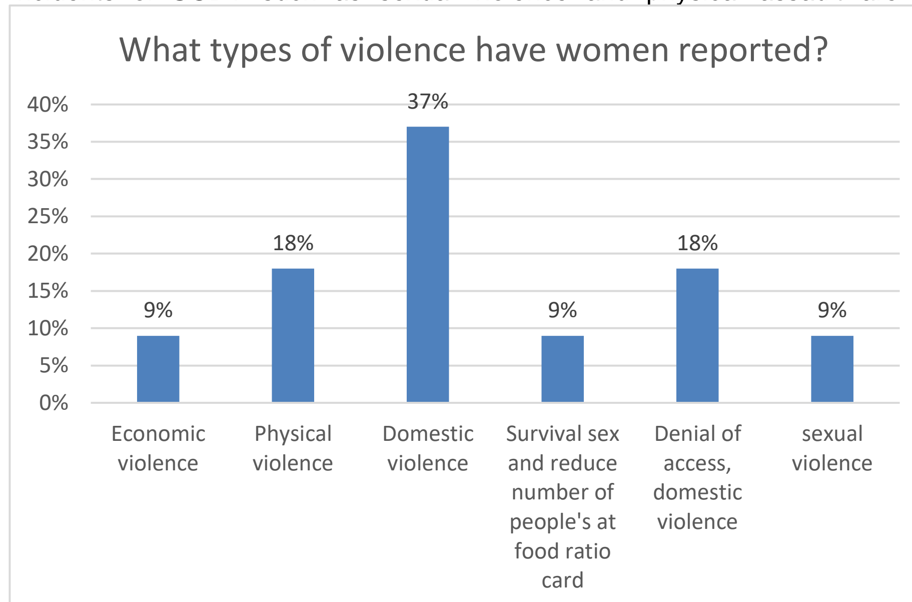
03. SURVEY RESULTS AND ANALYSIS

This section will present the main findings from GBV and ASRH needs assessment survey with both quantitative and qualitative analysis.

03.1 PROTECTION

03.1.1 Gender Based Violence (GBV)

Incidents of SGBV such as sexual violence and physical assault are high yet under reported. More predominantly domestic violence cases are high and mostly it increases after food distribution. Some women reported constant conflict and violence between husband and wives because of lack of livelihood and husband forcefully selling food ration (cooking oil and bean) for alcohol and drug consumption while others support their illicit girlfriends leaving the wife and children to suffer until next food distribution which has also reduced. Due to insufficient food provided, some married women also elope with businessmen where they exchange their body for money, to enable them to provide for their children. The leaders also reported that these cases are many and very complex to handle that even after mediation the fighting between couples continues. The community also report such cases to Civilian Joint Task Force (CJTF) for mediation, but the women mentioned that the CJTF, always support the women and in circumstance where the men is held responsible, the CJTF, seriously physically torture the men perpetrator posing additional risks to the woman who have support.



The shelter provided is small, forcing family households to share sleeping spaces with adolescent children and adults; inability to satisfy each other conjugal rights is prompting men to seek relationships with other women and girls who can sexually satisfy their need. Polygamy, alcoholism, and drug use was mentioned in all Camps as a major contributing factor of violence against women and girls. Women and children suffer from assaults and neglect from men who have more than one wife and are addicted into drugs and alcohol.

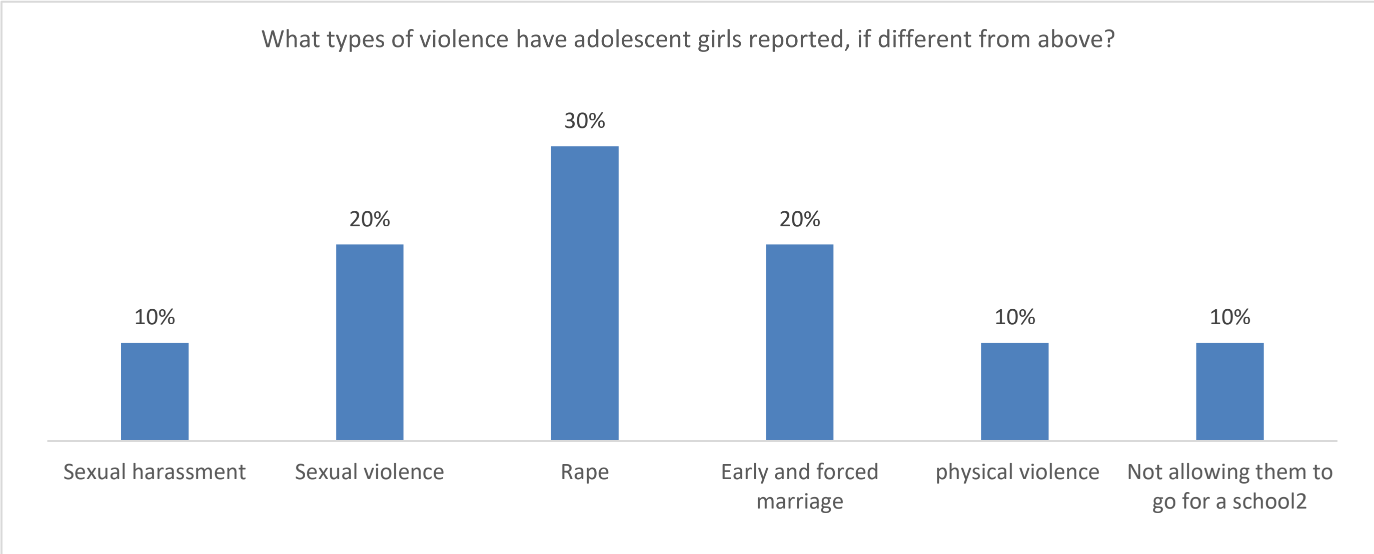
Female headed households were identified to be more at risks, because they don't not have husband to provide for them. The military and CJTF gave a directive that only men and boys are allowed to go to the bush for firewood collection, these have forced FHH to engage in transaction sex to provide for their children. Because the entire community knows that they are FHH, they are targeted and rape at night while going to the latrine or queueing at the water taps due to low water pressure.

It was noted that there is increase exploitation and abuse of women and girls because of increased vulnerability forcing married women and FHH to engage in sexual intimate relationships with men to provide for their families. Incidents of such has made FHH and women getting pregnant, yet their husband died or in prison this also increase violence with in- laws.

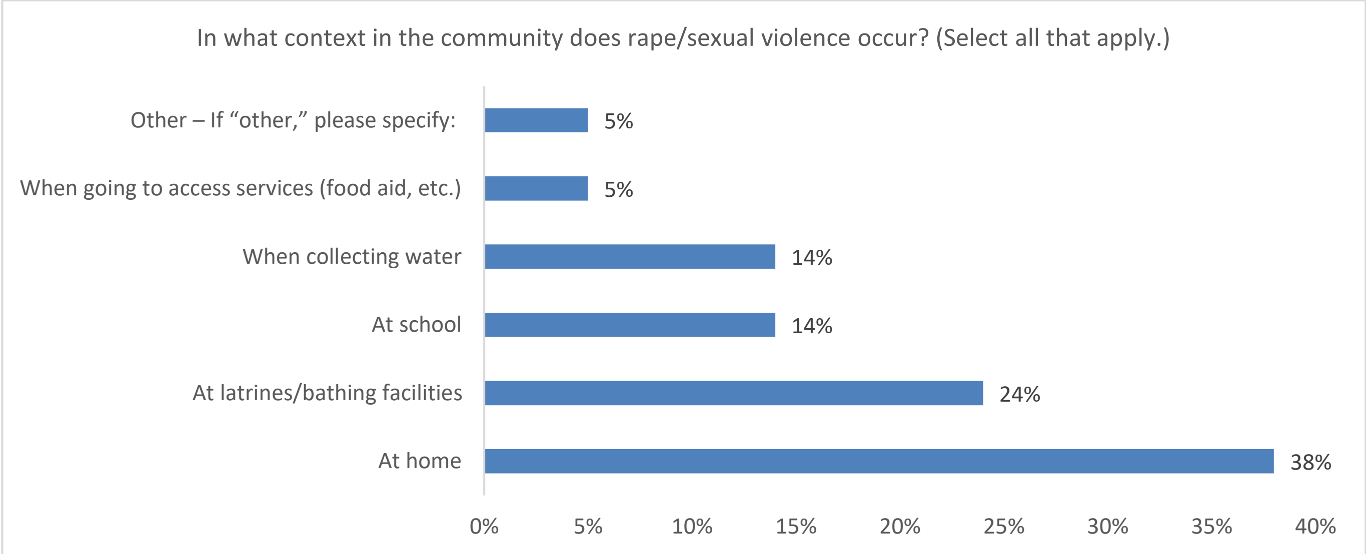
Cases of rape, FGM and child marriage are rampant but are underreported because of fear. Some women said that incidences of early pregnancy amongst girls are increasing because girls are not attending Schools and they are idle at home. Because of the poverty at family level, adolescent girls are lacking critical needs such as wrapper (clothes), shoes and sanitary towels hence they are lured into sexual relationships thinking they would get money to buy the necessities. Survivor's fear reporting such incidents because the perpetrators are well respected, and increased survivors blaming which imposes more fear and discrimination.

03.1.2 Child protection

Adolescent girls reported an increase GBV cases as per below table. There are increased under reporting of cases of GBV at the community level. Both FGD and KII mentioned that there are increased adolescent girls' pregnancies, while FGD discussions with girls, the girls confided that most of the rape cases happens at night with unknown people and because of fear and lack of awareness on important of reporting, they keep quiet. the impact of rape, they get pregnant. In circumstance where the perpetrator is known, the family forces the girl to be married to the man who have raped her. It was reported that young girls engage into sexual relationships in exchange of money to buy clothes, sanitary wear and necessity resulting to peer pressure and self-identification.



Majority of GBV cases happens in the different context as listed below in the table.



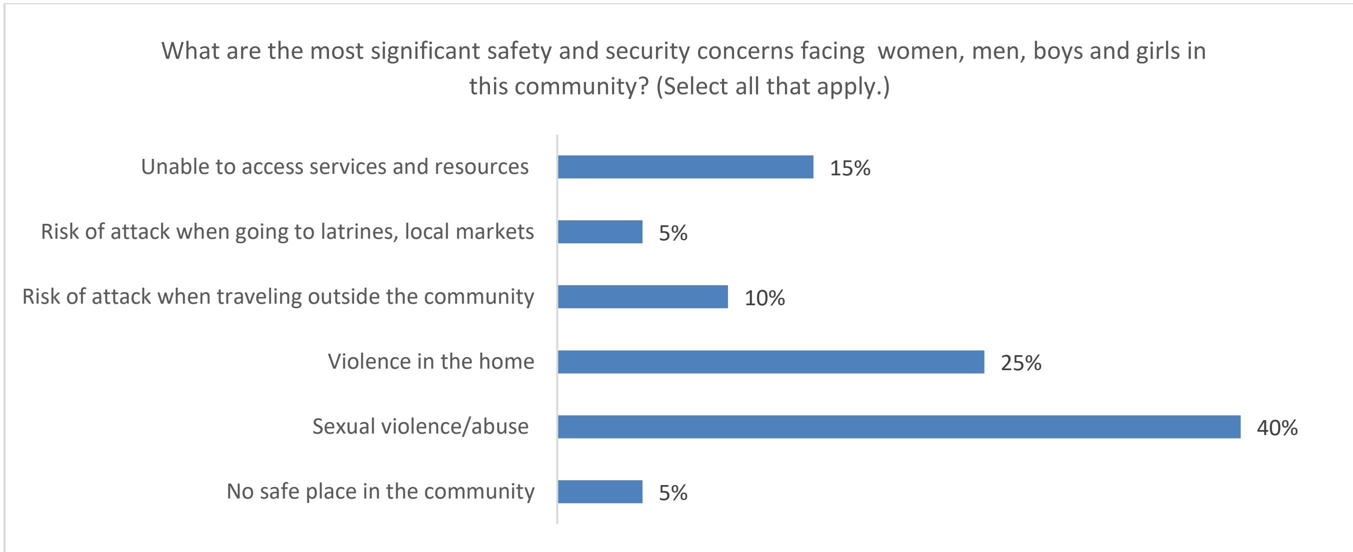
Women and girls reported being afraid accessing the communal latrines at night because all community members also access such facilities and women and girls said they lack lights or torches for safety. FGD and KII noted, that in Pulka, Damara and Transit women and girls wake up at 3 am to queue their jerrican at the water taps, this have exposed them to more risks. The latrines are communally used. Women and girls are targeted at night when going to the latrine and rape or sexually assaulted. Un accompanied girls and female headed households are targeted because of their increased vulnerability.

During the FGD and KII, mentioned that many adolescent boys going the schools lacks the school materials such as uniform, shoes, School bags, pens, and books to facilitate their smooth education and learning. Because of continuous domestic violence at home, both the boys and girls are depressed. While adolescent boys out of Schools are highly exposed to peer pressures, substance abuse, risky sexual behaviors.

03.1.3 Safety and Security

Both in FGD and KI, the population claimed they felt safe generally, the uncertainty and fear aroused because of unpredictability of the security situation in Pulka and mainly in Dikwa. The community are aware that the Armed Organized Groups (AOGs) stays in Bushes and any time the community can be attached. This has increased fear and trauma from the community who are healing from the insurgencies.

There are increased sexual violence incidents in the community which go unreported.

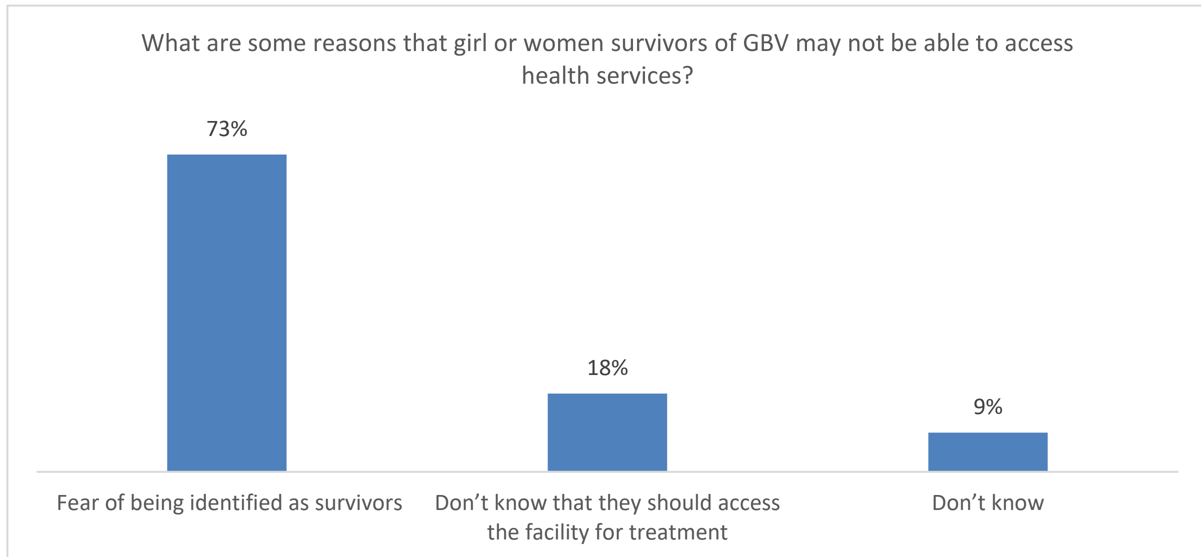


03.1.4 Accessibility of Health facilities

This section will look into the respondent's feedback on the accessibility of health facilities. The health facility checks list analysis highlighted that in Pulka, only one Health facilities are functional after MSF closures and UNICEF closed in December 2021. The health facility in Zulum centre, have inadequate CMR supplies and are not stocked with rape kit 3 kits.

While in Dikwa there is only one government Primary Health provider which operates between 8Am to 2 PM every day, there is lack of adequate supplies and lack of rape kits supplies in the health facilities.

Women and girls reported that they fear reporting GBV cases to the health facilities because, health services are not accessible coupled by lack of female doctor, nurse or mid-wive to handle their cases,



The KII also noted that there is lack of strong referral mechanism between health and Psychosocial services.

04. LESSONS LEARNED, CHALLENGES FACED, RECOMMENDATIONS AND CONCLUSION

This section of the report will draw lessons learned from the survey, challenges faced and possible recommendations for the success of the project.

04.1 Lessons learned

- Power imbalance and women and girls suffering in silence. This could be attributed to the deep-rooted patriarchal system across the two camps where even on issues affecting women, they have been socialized and accustomed to.
- In terms of gender privilege, the community prioritize educating boy child, this has exposed many girls' idleness contributing to increased unwanted pregnancy
- The community members especially women and girls are depressed due to violence and increased burden of care.

04.2 Challenges faced

- Round trip in Dikwa, could not allow us to engage many people as planned

04.3 Recommendations

The following recommendations are made in line with beneficiary targeting and project implementation:

- SGBV risks disproportionately affects women and girls in every community. To reduce impact of violence and vulnerability, it is recommended that adolescent girls and female headed household, including widows, to be prioritized in livelihood activities for empowerment, psychosocial support and creating support systems.
- There is critical need for provision of GBV and ASRH activities and setting up Women and Girls safe space to provide a space for women to seek services.

- With increase of new arrivals in Pulka due to poverty which forces dwellers from the bush to seek protection in the IDP camps, there is need for women and girls safe space to respond to immediate needs.
- Effectively engage the community leadership to ensure safety and security are heightened at the community levels and female headed households are also protected.
- Strengthening community-based structures and health service providers through trainings and meetings in providing awareness, in caring for survivors of GBV and improved services in line with GBV guiding principles.
- Humanitarian actors to provide targeted training and torches, gumboots, whistles to enable Civilian Joint Tasks Force to effective patrol at night to reduce risks and protect concerns in the community.
- Increase of SASA! Activities and male engagement across the Camps to enable the community foster change by positively sharing the power and demystifying social beliefs and norms that exacerbates violence against women and girls.
- Conduct youth and men workshop trainings on SGBV, child protection, PSEA, ASRH to increase their knowledge and understanding to enable them to form a constituent of men and boy change agents and role models who will reach out to other men and boys.
- All partners working in Pulka and Dikwa to plan for PSEA and code of conduct trainings to their respective staffs and form PSEA taskforce to support in PSEA training and awareness raising in the community.

empower them to make key decisions that will positively affect their lives and other female community members. The same can also be done for men.

- As a way of ensuring effective measurement of the SASA! activities to the community, it is recommended that indicators related to the baseline survey be developed by both the SGBV team and MEAL team. This will enable DRC to quantitatively measure how the SASA! intervention managed to impact the targeted communities.
- Since the majority of the respondents were not educated or did not complete their Primary level education implying that a significant percentage of the participants might not be able to read or write. It is therefore recommended that DRC simplifies its SASA! literature so that those struggling to read can understand the literature. Another way would be to device other approaches to reach to people e.g. awareness campaigns do not require reading but instead listening thus accommodating the less educated.

04.4 Conclusion

The GBV and ASRH needs assessment was a success and the findings from the survey can go a long way in informing the project design and implementation.

In conclusion, the report shows that the GBV and ASRH programme activities is very relevant to the needs of the Pulka and Dikwa community and the activities can go a long way in proving timely and lifesaving services to displaced communities and engaging communities and men can contribute to changing the mind sets, breaking down the deep rooted patriarchal system that disadvantages the women and girls and lastly address the power dynamics among the community members which are projected through the gender roles and responsibilities of the targeted community.