Gender-based violence situation in Damboa, Gwoza, Kukawa, and Mobbar LGAs, Borno State

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Abbreviations

IOM     International Organization for Migration
GBV     Gender-based Violence
LGA     Local Government Area
MSNA    Multisectoral Needs Assessment
NCA     Norwegian Church Aid
Executive Summary

The NCA Needs Assessment was conducted in 5 locations in 4 conflict-affected LGAs of the Borno State (Damboa, Gwoza/Pulka, Kukawa and Mobbar/Damaturu) in December 2018. Those locations had been selected based on following criteria: 1/ number of recent new arrivals (displaced or returned people), 2/ food security situation, 3/ limited access to protection (and more specifically GBV) services.

The assessment has identified severe unmet needs of the conflict-affected communities (both IDPs and host communities), especially women and girls, in all 5 assessed locations. The average size of a household was between 6.43 (Damboa) and 8.97 (Gwoza), with proportionally more female than male family members. Almost 1 in 10 households has at least one member with disability.

Main identified issues

<table>
<thead>
<tr>
<th>Protection/GBV</th>
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<tbody>
<tr>
<td>lack of acceptance of and isolation of survivors</td>
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<tr>
<td>services provision gaps in the areas of GBV response and protection services</td>
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<tr>
<td>lack of trust in the confidentiality of the system</td>
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<tr>
<td>fear of stigma for survivors and their families</td>
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<td>lack of male engagement and perceived lack of activities for men and adolescent boys</td>
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<tr>
<td>preventive mechanisms are largely linked to restriction of movement and avoidance of specific areas</td>
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Humanitarian Context of the Needs Assessment

Northeast Nigeria is one of the largest continuing humanitarian crises in the world and will continue throughout 2019 (International Crisis Group). Since the beginning of the insurgency over 20,000 civilians have lost their lives and thousands of women and girls have been abducted and forced into sexual slavery. Borno State has been particularly affected, with all 27 Local Government Areas (LGAs) under Boko Haram control at one point. According to OCHA, 1 out of the 7 million in need across Northeastern Nigeria 823,000 remained trapped in inaccessible areas and more than 300,000 reside in over-congested IDP camps.

Throughout 2018 widespread displacement had taken place and continues due to the insurgency of non-state armed organized groups (AOGs), as well as ongoing operations of Nigerian Armed Forces. 90% of all IDPs are coming from Borno State, and about 78% of IDPs are displaced within Borno State. The North-East Nigeria: Humanitarian Dashboard (January-October 2018) published on 26 December 2018 estimates the total number of IDPs at 1.8M. In November of 2018 alone, the CCCM sector registered nearly 11,500 arrivals and more than 3,000 departures. These movements occurred at locations in Monguno (2,730), Gwoza (1,592), Gombi (937), Bama (758), Askira/Uba (625) and Magumeri (536) LGAs of Adamawa and Borno states. Furthermore, in December 2018. According to IOM EDT Report No. 83, the main triggers of movements are: ongoing conflict (52%), poor living conditions (17%),

1 HNO 2019-2020
voluntary relocation (13%), flooding (7%), fear of attacks (5%), improved security (4%), farming activities (2%), and military operations (1%).

Attacks by armed groups and military restrictions also inhibit IDP self-sufficiency through farming, trade, and social networks. This results in greater dependency on humanitarian aid and assistance. Dependency on aid enables predatory and exploitative behavior by military forces and the CJTF in certain camps. Women and girls are often forced to trade sex for permission to move beyond town perimeters or the security cordon to collect firewood or carry out daily activities.

The displacement and continued movement of IDPs also creates major protection concerns including arbitrary detention, family separation and increased gender-based violence. The restrictions on freedom of movement imposed on IDPs and host communities of garrison towns in LGAs also place people at risk of exploitation and abuse and increased GBV committed by the armed forces that are in place to protect the people. The 2016 and 2017 reports on sexual abuse and exploitation, reflect an increase of rape of women and girls by Nigerian security forces and government officials. According to a UNFPA report, six out of ten women had experienced one or more forms of GBV. This is further intensified by the large number of women and girl-headed households, estimated at 30% with higher numbers in some of the most affected areas like Bama (54%), Kaga (44%) and Gwoza (43%). Traditional cultural beliefs and practices further exacerbate the protection and GBV issues which are underreported and considered as “family affairs.” In response to the increased needs of new arrivals and access to information, the GBV sub-sector finalized and shared the operational framework and guidelines for interventions in reception centers (RCs) and transit facilities. However, lack of informational materials in the right language and format create barriers to life saving services. Speakers of marginalized languages are less able to receive and comprehend information directly, communicate their needs in order to access services and hold service providers accountable. Lack of literacy and poor access to technology compound the information gap for vulnerable people, in northeast Nigeria.

Until 31 December 2018, the HRP 2018 has been funded up to 66.6%, with only 18.5% of the protection funding needs in the HRP have been met. Between January-November 2018, the Protection sector reached 2,435,451 individuals (90% of the 2.7 million individuals targeted in the 2018 HRP). However, only approx. 19% of GBV survivors have benefited from specialized multisectoral assistance, and only 34% of the target has been reached with GBV/SEA sensitization, prevention and reporting messages.

In 2018, the GBV sub-sector identified the following key gaps: (i) improvement in the quality of service provision, (ii) capacity building for field staff and (iii) improvement in field oversight. Gaps include: referrals for specialized services (30% coverage), provision of specialized multi-sectoral services to GBV survivors (14% coverage), sensitization on GBV/SEA principles, and prevention and reporting (22% coverage). The InterAction Protection Analysis (September 2018) recommended to UN agencies and INGOs; a) to invest in the prevention of gender-based violence, b) to develop targeted GBV specific, prevention strategies; including the necessary roles and contributions from various actors, c) to put in place competencies and mechanisms to prevent and respond to sexual exploitation, abuse, and harassment by and of humanitarian personnel.

An assessment conducted by the Protection Sector in newly accessed areas in December 2018 recommended for accessible LGAs: "Psychosocial response is needed urgently to address effects of serious human rights violations in particular for IDPs especially women and children who have witnessed murder, been subjected to forced abductions, sexual abuse, forced marriages, forced religious conversions and participation in insurgency activities". Agencies including Refugee International, Amnesty International, Human Rights Watch, UNICEF and others have noted the specific targeting of women and girls, the horrors they experience under Boko Haram, and the dire need for specialized services for them. And yet, as International Alert reports in “Bad Blood,” there has
been minimal effort to identify and address women and girls’ needs, much less target them as priority beneficiaries for any programming.

The opening of LGAs in Borno State presents an opportunity to address these grave humanitarian needs. Yet, as the scale-up begins to address the malnutrition crisis, the initial plight women and girls remains largely neglected. International Alert highlighted the “Dearth of information on what and how humanitarian assistance is serving the very specific needs of these women and girls”.

**Objective and Methodology of the Needs Assessment**

NCA conducted NA in December 2018 in 5 locations of 4 LGA in Borno State (Damboa, Gwoza/Pulka, Mobbar (Damasak) and Kukawa).\(^2\) See map as Annex 1a.

The main objectives of the presented NA have been to:

- understand the concerns and needs of women and girls as well as men and boys related to protection and more specifically to gender-based violence (GBV);
- assess the availability and accessibility of protection/GBV prevention, mitigation and response services to the conflict affected populations;
- identify and understand existing community-based mechanisms to prevent, mitigate and respond to GBV/Protection issues;
- formulate evidence-based recommendations to NCA as well as other protection/GBV actors in Borno State to provide appropriate and adequate protection/GBV prevention, mitigation and response services for women and girls and other vulnerable individuals including boys and men;
- understand the prioritized needs of IDPs per household and gender per LGA;

**Methodology**

The data have been collected and analyzed through mixed approach of qualitative and quantitative data collection as appropriate for each sector.

The assessment team followed Minimum standards on Preparedness and Assessment (Standard #13) focusing on discussions with women, men and adolescents of both sexes, to gather accurate information on several issues:

- Specific protection risks they face;
- Underlying causes of those risks;
- Capacities of women, girls, boys and men; and
- Proposed solutions to addressing their needs.

The data collection was conducted through:

- Structured Key Informant Interviews with 25 GBV actors in place (using questionnaires with multiple responses and option "other – please explain", see Annex 3;
• Focus Group Discussions (4 per community) with a group of women (19-45 years), a group of adolescent girls (14-18 years), a group of men (19-45 years) and a group of adolescent boys (14-18 years) in Kanuri, Hausa and Shuwa Arab using “Key Informant Interviews” (see Annex 3); and
• Service Mapping and Actor Mapping (see results in Annex 1)

The data triangulation was conducted through:

• Observation;
• Desk review of recent reports (DMT, Protection sector reports, REACH MSNA); and
• Data collected through current project evaluations.

Limitations and shortcomings of the present report
The methodology and the actual realization of the NA have suffered from several limitations and shortcomings, mainly related to lack of access and limited time for the assessment. Specifically:

• The NA was conducted within the secure parameter of the garrison towns of the targeted LGAs, in both IDP and host communities. Albeit the data had been collected on random basis, the scope of the assessment did not allow to focus on identification of needs in hard-to-reach areas.
• The Protection/GBV component lacks representation of elderly population. Even though elderly participants were not purposely excluded from participation on the assessment, none of the participants were over 45 years old.
• The Protection/GBV component lacks interest in participation from the male population. Certain participants did not want to stay throughout the whole activity “without incentives”, some of them claiming that “GBV is a women-only issue”.

NCA, however, consider the collected quality data sufficient for analysis.

Accessibility and Locations
All assessed LGAs have been affected by the ongoing insurgency since 2012 with regular attacks and isolated bombings and which have recently been brought under control by the Nigerian Security Forces. Military checkpoints and bases have been established at various points in the LGAs, however security for the residents of these communities, as well as for communities throughout LGAs, remains a challenge.

Damboa is the only LGA currently accessible by road, all the other locations are only accessible through UNHAS flights which had negative impact on the planning and timeline of the assessment.

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3 In this case, “accessibility” does not refer only to physical accessibility but to accessibility for the assessment teams of partner organizations with respect of the relevant Security Protocols.
Protection and Gender-based violence

Protection is concerned with the safety, dignity and rights of people affected by disaster or armed conflict. It is concerned with the way these rights should inform humanitarian practice from a protection perspective and, specifically, the way agencies can avoid exposing the affected population to further harm and how they can help people to achieve greater safety and security.

Core humanitarian protection concerns in this context are freedom from violence and from coercion of various kinds and freedom from deliberate deprivation of the means of survival with dignity.

These concerns give rise to Four Basic Protection Principles that inform all humanitarian action:

1. Avoid exposing people to further harm as a result of your actions
2. Ensure people’s access to impartial assistance – in proportion to need and without discrimination
3. Protect people from physical and psychological harm arising from violence and coercion
4. Assist people to claim their rights, access available remedies and recover from the effects of abuse

In the context of humanitarian response, these four Principles reflect the more severe threats that people commonly face in times of conflict or disaster.

Protection and GBV concerns of the affected populations were access through FGDs (GBV: Types and patterns of violence, help-seeking behaviour, protection/GBV mainstreaming) and through KIIs (availability and accessibility of services, barriers). While some of the issues were raised both by FGDs participants (community) and KIIs participants (service providers), it is clear that certain crucial issues (male participation, stigma, fear, lack of support from families) are more of a concern in the communities while not that much mentioned by the service providers. This in itself might constitute an issue and an obstacle to accessibility of GBV services.

Gender-based violence: types and patterns of violence

The occurring types of GBV, patterns of violence, vulnerabilities and capacities were discussed within gender and age separated focus group discussion in all areas. For confidentiality reasons, only the general and coded information is presented. Certain quotes occurring often within one or several groups across the LGAs are highlighted.

The assessment has uncovered that in terms of GBV, community members mainly refer to violence against women, and girls who are perceived as more vulnerable and more exposed to both physical and psychosocial trauma. This, however, also means that men and adolescent boys are less interested and less likely to participate on GBV activities, unless incentivised and in some cases perceive GBV programing (e.g. existence of WGSS) as biased against them.

SEXUAL VIOLENCE, HARASSMENT, AND STIGMA ASSOCIATED WITH ABDUCTIONS

Key finding identified in all the LGAs where the FGD was conducted show that adolescent girls are the most insecure groups in the communities as a result of the following:

- Kidnapping/Abductions;
- Rape;
- Harassment (of all sorts); and
- Forced marriage.
When discussing concerns around the crisis, **abductions of women and girls** was raised in all but one FGD adolescent groups, two women groups (Pulka and Kukawa) brought the topic as well. Adolescent groups further explicitly stated there was "**forced marriage**" in Damboa, Mobbar and Kukawa. Another group specifically named the **abductions of young girls** as the primary concern from the crisis.

These survivors of abductions in most cases if not all are faced with:
- Stigmatization from disbelief;
- Rejection and abuse from their immediate families and the community;
- Little or no access to health and psychosocial support services; and
- Lack of knowledge about the proper reporting channels and mechanisms.

Respondents did not bring up sexual violence directly but when asked about how someone is treated after being away for few days, respondents brought up the shame the female will bring on the family because of rape and abduction.

The aforementioned lead to:
- Fear;
- Self-Blame;
- Further abuses like domestic violence and denial of resources.

The survivors rather than reporting incidences of violence, keep to themselves which causes more harm and leads them to negative coping mechanisms like:
- Drugs;
- Prostitution (mostly in terms of survivor sex).

In addition to the risk of abduction and sexual assault, adolescent girls may not be provided with services to recover and thrive. When a girl is known to be a survivor, she is often kept in the home in order to prevent the family from feeling shame.

In all the LGAs adolescent girls face risks which have been exacerbated by, but not caused by, the current crisis. In the community, adolescent girls also face forced marriage and sexual violence, including rape. Once a girl becomes betrothed, it is expected that she remains indoors until marriage. The reverse is not true for men who are engaged.

**DOMESTIC VIOLENCE AND INTIMATE PARTNER VIOLENCE**

Domestic violence was mentioned as a serious concern in all FGDs. Women mostly suffer from verbal and physical assaults (beating) from their spouses or partners. Men have lost their means of livelihood due to one reason or the other, hence cannot provide food and other materials to cater for the welfare of their family and often react violently to their wives, demand to provide for food or other necessities. Marriage quarrels and inter-partner violence were repeatedly mentioned.
Majority of FGDs respondents identified adolescent girls as the group most at risk of domestic violence, facing issues such as beating, insults or harassment in the home by family and/or partners. Men, adolescent boys, security forces and AOGs within the LGAs especially in places that are dark and lack proper lighting were mentioned as the perpetrators of such violence.4

Help-seeking behaviours and Barriers

FGDs uncovered several key barriers to access specialised services, including lack of services to access, fear of the community’s reaction, fear of disbelief, shame, and lack of confidentiality. On the other hand, the respondents also identified opportunities and community-level capacities to mitigate or respond to GBV, such as reporting to the community leaders or seeking help within family members. Humanitarian actors have been mentioned (and trusted) in places with available GBV services (e.g. WGSS).

THE DISTINCT PLIGHT OF SEXUAL VIOLENCE

Community leaders were identified as possible support mechanism to use if there is any violence against women. Several adult females expressed the community leader as a resource. However, once that violence is being described as “rape or sexual violence”, the support system is not functioning. Further to add to the barriers, participants noted that if a young girl does report any sort of violence to the community leaders, she is likely to be ignored. This clearly indicates that while physical violence against women is being addressed by the traditional leaders, sexual violence and any type of violence against girls remain taboo.

On the community and family level, there is a noted difference in support and coping mechanisms between a female who is perceived as a victim of physical violence and a female who is perceived to have experienced sexual violence. When asked about general violence, FGDs respondents noted that “you will take care of her” and often claimed the community leadership as support structure. In Kukawa, the Civilian Joint Taskforce (CJTF) was mentioned as a referral point. Adolescent girls in Damboa and Mobbar noted they can seek help from their parents in case of physical violence, however, not in case of sexual nature of violence.

The number one coping mechanism to address sexual violence identified by female groups regardless their age described was not to tell anyone. One male group also identified staying quiet as a form of resiliency. The other mechanism was to stay away from the area where the incident may have occurred. Adolescent boys in Pulka suggested places non-accessible to men, especially men from outside of community among possible solutions.

4 Violence from SF and AOGs have been mentioned together with domestic violence. In certain groups, “domestic violence” and “violence against women” were often put together as one issue.
LACK OF ACCESSIBLE AND AVAILABLE SERVICES FOR WOMEN AND GIRLS

Lack of accessible and available services for GBV survivors were reported across all FGDs. In Damboa and Gwoza, respondents acknowledged presence of GBV service providers are in camps [in Gwoza 20 Housing Camp and GGSS Camp, in Damboa Aburi Camp, Damboa Central Camp and Housari Camp]. In Kukawa, Mobbar and Pulka, the FGDs participants were not able to identify any service providers.

In Damboa and Kukawa, respondents stated that if girl survivors are known they are referred to CJTF and/or military. Whilst the majority of FGDs participants were aware of the existence of a local clinic and stated they would take someone to the clinic for a sickness or pregnancy, it was not mentioned as a possible referral pathway for sexual violence. Furthermore, women reported not seeking help at the clinic due to being in line, early clinic closures, or a long queue.

FEAR OF REJECTION, LACK OF CONFIDENTIALITY, SELF-BLAME, DISBELIEF AS BARRIERS

All FGDs noted fear of rejection and shame on the family if a female family member is a survivor. In terms of shame and rejection, most responses were around how sexual violence impacts the community and family. However, when discussing how sexual violence impacts the survivor, FGDs noted blame can often be placed on the survivor and she is made to feel as though it is her own fault. This varies on the circumstances around the sexual violence or rape as is related to some of the suggested prevention measures (e.g. not go out, avoid places, avoid men). One group did note that the survivor sometimes may shame herself for what had happened. Furthermore, women and girls expressed concerns related to confidentiality of services. Majority of female respondents shared that if services were accessed or confided in someone they knew; people or service providers would not keep the information to themselves and expose the survivors to shame and stigma. Female and male participants of all ages also pointed out widespread disbelief if a survivor discloses a case of violence, or even sexual violence.

VIOLENCE AGAINST MEN AND ADOLESCENT BOYS

All men and adolescent boys reported to have known someone (a woman, a man, a girl or a boy) who had been a victim of violence. Albeit most of the groups referred to violence against women and girls, certain groups also mentioned violence and protection concerns related to men and boys, especially:
- Forced movement restrictions, including physical inaccessibility due to presence of landmines (Pulka, Gwoza) and restrictions due to lack of documentation/curfew
- Beating and abuse by security forces, police, law enforcement agencies and community members
- Tribal and intercommunity violence
- Lack of services and livelihood opportunities, forced labour
- Violent disputes over assistance, including perceived unfairness in aid distribution and lack of proper communication causing clashes between beneficiaries reported in all 5 locations

Sexual violence against men and adolescent boys was not mentioned but is likely underreported given the stigma related to sexual violence in general.

**GBV and protection mainstreaming**

Participants disclosed activities not directly related to protection or GBV issues and expressed concerns related to safety and security, mainly of women and girls who are traditionally responsible for household chores and thus more exposed to safety and security risks. Two mostly cited risky activities were:

- **Firewood Collection**
  
  Half of FGDs expressed firewood as an issue since it may have to be collected near areas perceived as insecure locations. FGDs expressed fear of going far or towards an area to collect firewood. While there are still some secure places to collect firewood, over time women will have to go further and further out to collect firewood.

- **Access and use of WASH facilities**
  
  Certain respondents in Pulka and Damboa noted tension over a borehole/water source. Participants of one FGD noted fights and harassment when trying to access water in a host community.

**Key Informant Interviews: Service mapping – Protection and GBV**

NCA assessment team conducted 27 KII with protection and GBV service providers (8 in Kukawa, 4 in Mobbar, 2 in Damboa, 5 in Gwoza and 8 in Pulka), 25 of them were completed entirely.

**SERVICES SAFELY AVAILABLE TO ADULT WOMEN IN CAMPS**
Across all 5 locations, the highest availability of services for women are food and NFIs, while education and MHM/dignity kits are the lowest.

Women-friendly spaces are accessible to 48% of women, which corresponds to only two out of the 5 locations having GBV actor in place.

SERVICES SAFELY AVAILABLE TO CHILDREN AND ADOLESCENT GIRLS IN CAMPS
The perceived availability of services for adolescent girls is significantly lower. Food distribution remains the highest, while both MHM/Dignity kits and education decreases by 2 percentage points. Access to NFI is lower by almost 30 percentage points. Access to WGFS is slightly lower but corresponding the availability of services.

PERCEIVED REASONS WHY GIRLS AND WOMEN ARE UNABLE TO ACCESS SERVICES

Three in four respondents said that Lack of awareness about the services prevents women from accessing services, followed by priority being given to men/boys (40%) and girls/women not being allowed to access the service sites.

THE MOST SIGNIFICANT SAFETY AND SECURITY CONCERNS FOR ADULT WOMEN
Forced marriage and risk of attack while travelling alone were identified as the highest safety and security risks (78% of respondents), followed by sexual violence/abuse and inability to access services and resources. On the other hand, attacks while using local markets/hygiene facilities was identified by only 2 respondents (in comparison with latrines being identified as unsafe by the communities).

THE MOST SIGNIFICANT SAFETY AND SECURITY CONCERNS FOR CHILD AND ADOLESCENT GIRLS

As well as for adult women, forced marriage was reported as the highest safety and security concern (87%), followed by sexual violence and abuse (78%), domestic violence (61%). Only 17% of respondents considered latrines or local markets as unsafe for girls.
On additional question regarding the occurrence of sexual violence against women and girls, 86% of respondents replied “home” while 57% replied “latrines/bathing facilities”.

PROBLEMS REPORTED BY WOMEN AND ADOLESCENT GIRLS SURVIVORS OF SEXUAL VIOLENCE/RAPE

In line with the findings of the FGDs, most of services providers reported psychological issues (70%), rejection by family and/or community (70 and 65%) as major issues reported by survivors. Followed by unwanted pregnancies (65%), health problems and unsafe abortions.
Recommendations

The NCA assessment teams formulated following recommendations for NCA, as well as for other stakeholders.

For humanitarian actors, including NCA:

Protection/GBV Programming

- Life-saving GBV services for women and girls need to be set-up/reinforced in all 5 locations immediately;
- Provision of age-appropriate emotional support groups to women and girls to build networks and heal from trauma is crucial for GBV and protection programming;
- Engagement of men and boys in community outreach and information campaigns on GBV consequences, and how to safely access services in a dignified way will encourage the help-seeking behaviors of women and girls;
- Implement programming to address the specific needs of adolescent girls, especially in terms of access to services, but at the same time enhance programming targeting men and adolescent boys who feel “left out of services”;
- Work towards decreasing stigma of GBV survivors within the families and communities;

For all stakeholders and service providers, including humanitarian actors:

- Ensure accessibility of services to all, regardless age and gender;
- Ensure gender and age sensitivity of crucial services (e.g. WASH, NFI) and constantly evaluate risks from protection and gender and age perspective;
- Engage with SF and CJTF regarding protection and GBV issues and coordinate with all actors, including Ministry of Women’s Affairs and Social Development;
- Increase communication about available services;
- Develop available, accessible and confidential feedback mechanisms and engage into deeper dialogue with the affected populations, ensure that complaints are being addressed.
Annexes

Annex 1: Actors working in the IDP camp and host community in all the LGAs

The following actors are providing services in the IDP camp and host community in Kukawa

- PUI: Health
- ACTED: Food distribution
- TDH: Child protection
- Intersos: Protection
- ACF: Food security
- Solidarites International: WASH

The following actors are providing services in the IDP camp and host community in Mobbar

- Plan International: GBV
- CHAD International: PSS, FTR
- ACTION Initiative for Peace and Development (AIPD): Legal services
- Fhi360: Protection, Wash, Health
- ACF: Wash, Food security
- Intersos: Protection, CCCM, FSL

The following actors are providing services in the IDP camp and host community in Damboa

- Mercy Corps: Protection, Food security
- CHAD International: Child Protection
- IMC: GBV, WASH, Food security
- MDM: Health, Mental health

The following actors are providing services in the IDP camp and host community in Gwoza

- IRC: GBV, WASH, RH, HEALTH
- MSF: Health
- UNHCR: Protection
- Care International: Food security
The following actors are providing services in the IDP camp and host community in Pulka:

- IOM: CCCM, PSS
- SWNI/WFP: Food security
- GISCOR/UNHCR: Protection
- PLAN/GZDI: Protection
- UNICEF: Health, WASH
- MSF: Health
- DRC: Protection

### Annex 2: Estimated Population figures

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<th>LGAs</th>
<th>Household</th>
<th>Individual</th>
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<td>Kukawa</td>
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### Annex 3: Sexual Violence Assessment - Key Informant Interviews

This KII is **only to be used with service providers and/or staff working on GBV**, it is **not** to be used for interviews of beneficiaries/population groups.

This guide is divided into:

- General Information;
- Access to Basic Services;
- **Security and Safety of Women and Girls**;
- Health Response to GBV; and
- Psychosocial Response to GBV.

If General Information, Access to Basic Services, Health Response to GBV and Psychosocial Response to GBV are known, then delete these sections, and focus on **Security and Safety of Women and Girls**.

Interview date:
Person Interviewed: ___________________
Position/Title: ___________________
County: ___________________
City/ Town: ___________________
Name of Settlement/ Village/Camp: ___________________________________________
General Information

If answers to these questions are known, then delete the General Information section.

1. Is the concerned population displaced as a result of the crisis?  Yes  No

2. If yes, what kind of community does the concerned population live in since the crisis?
   - [ ] Organized camp
   - [ ] In a host community
   - [ ] Unorganized settlement
   - [ ] Public building (school, abandoned building, etc.)
   - [ ] Returnees living in village/home of origin
   - [ ] Returnees in a secondary displacement or transit camp

3. If the population lives in an organized camp, the camp is managed by which of the following (please specify):
   - [ ] Government
   - [ ] State military
   - [ ] Community militia
   - [ ] UN agency
   - [ ] NGO
   - [ ] Private individual/organization
   - [ ] Chief or traditional authority
   - [ ] Other – If “other,” please specify: ________________________________

4. Are there reports of unaccompanied children in this community?  Yes  No

Access to Basic Services

If answers to these questions are known, then delete the Access to Basic Services section.

5. What services are safely available to adult women in the camp? If relevant, please note the organization offering these services.
   - [ ] Food aid / food distributions
   - [ ] Shelter
   - [ ] Non-food items (specify which NFIs)
   - [ ] Health care (including reproductive health)
   - [ ] Hygiene/dignity kits
   - [ ] Education
   - [ ] Women-friendly spaces
6. What services are safely available to child and adolescent girls in the camp? If relevant, please note the organization offering these services.

- [ ] Food aid / food distributions
- [ ] Shelter
- [ ] Non-food items (specify which NFIs)
- [ ] Health care (including reproductive health)
- [ ] Hygiene/dignity kits
- [ ] Education
- [ ] Women-friendly spaces
- [ ] Child-friendly spaces
- [ ] Clean water
- [ ] Latrines
- [ ] Other – If “other,” please specify: ______________________________
7. What are some reasons that girl children, adolescent girls, or adult women are unable to access some of these services?
   □ Priority is given to men/boys
   □ No female staff providing services
   □ Lack of sufficient medicines at health facilities
   □ Girls/women not permitted to access their services by their families
   □ Not safe for girls/women to travel to the service sites
   □ Locations of services are not convenient for girls/women
   □ Hours are not convenient for girls/women
   □ Lack of awareness of services
   □ Other – If “other,” please specify: ________________________________

8. Do girls and women go outside the community to earn income to meet basic needs? Yes No

9. What are women and girls doing to generate income to meet basic needs? (Select all that apply.)
   □ Begging
   □ Collecting firewood
   □ Collecting straw
   □ Having sex in exchange for money, goods or food
   □ Domestic work
   □ Trade/selling
   □ Brewing alcohol
   □ Other – If “other,” please specify: ________________________________

10. Do women and girls usually travel outside the community in groups or alone?
    □ Alone/individually
    □ In groups

Security and Safety of Women and Girls

This is the most important section of the KII guide

11. What are the most significant safety and security concerns facing adult women in this community? (Select all that apply.)
    □ No safe place in the community
    □ Sexual violence/abuse
    □ Violence in the home
    □ Risk of attack when traveling outside the community
    □ Risk of attack when going to latrines, local markets, etc. Please specify: ________________________________
    □ Being forced to marry by their families
    □ Trafficking
    □ Unable to access services and resources
    □ Don’t Know
12. What are the most significant safety and security concerns facing child and adolescent girls in this community? (Select all that apply.)
- No safe place in the community
- Sexual violence/abuse
- Violence in the home
- Risk of attack when traveling outside the community
- Risk of attack when going to latrines, local markets, etc. Please specify: _________________________
- Being forced to marry by their families
- Trafficking
- Unable to access services and resources
- Don’t Know
- Other – If “other,” please specify: _________________________

13. Has there been an increase in security concerns affecting girls and women since the emergency?
- Yes
- No

14. Has there been a noticeable increase in rape/sexual violence being reported since the emergency occurred?
- Yes
- No

15. What types of violence have women reported?

16. What types of violence have adolescent girls reported, if different from above?

17. What types of violence have girl children reported, if different from above?

18. In what context in the community does rape/sexual violence occur? (Select all that apply.)
- At home
- When girls/women are traveling to the market
- At latrines/bathing facilities
- When girls/women are collecting firewood
- At school
- When collecting water
- When going to access services (food aid, etc.)
- Don’t Know
- Other – If “other,” please specify: _________________________
19. To whom do **women** most often go for help, when they've been victims of some form of violence?

- Family member
- Community leader
- Chief or traditional authority
- Police
- NGO working with women
- Any female aid worker
- UN Agency
- Friend
- Don’t Know
- Other – If “other,” please specify: ____________________________

20. What problems do women and girls report as a result of rape/sexual violence?

- Health Problems
- Pregnancy
- Unsafe abortions
- Psychological challenges
- Social challenges
- Lack of income
- Rejections by family/spouse
- Rejections by community
- Don’t Know
- Other – If “other,” please specify:

21. To whom do **child and adolescent girls** most often go for help, when they've been victims of some form of violence?

- Family member
- Community leader
- Chief or traditional authority
- Police
- NGO working with women
- Any female aid worker
- UN Agency
- Friend
- Teacher
- Don’t Know
- Other – If “other,” please specify: ____________________________

22. Do any of the following groups have access to the camp or community?

- Military
- Informal militia groups
- Police
23. Are there reports of sexual abuse or exploitation of girls and women?  
   Yes  No
   If yes, by whom?
   □ Government _________________________
   □ State military _________________________
   □ Community militia _________________________
   □ Police _________________________
   □ Peacekeepers _________________________
   □ UN agency _________________________
   □ NGOs _________________________
   □ Other _________________________

24. What safety measures have been put in place by police and/or peacekeeping forces to minimize any potential for risk to girls and women?
   □ Increase in number of police
   □ Increase in number of female police officers
   □ Police/peacekeeping patrols around the community
   □ Increase in number of female peacekeepers
   □ Community safety groups
   □ Firewood collection patrols
   □ Educating girls/women on how to report incidents
   □ Don’t know
   □ Other – If “other,” please specify: _________________________

25. Are there safe shelters or places that adult women can go to if they feel unsafe? Yes  No

26. Are there safe shelters or places that adolescent girls can go to if they feel unsafe? Yes  No

27. Are there safe shelters or places that girl children can go to if they feel unsafe? Yes  No

28. Do you have anything more to say about sexual violence or other forms of violence against women and girls in this community?

Health Response to GBV

If answers to these questions are known, then delete the Health Response to GBV section.

29. Are health services available for girls and women in the community/ camp? Yes  No

30. If yes, do girls and women have access to the health services at anytime? Yes  No
31. Are there female doctors, nurses and/or midwives at the health facilities?  Yes  No

32. What are some reasons that girl or women survivors of GBV may not be able to access health services?
- Fear of being identified as survivors
- Distance to health facility
- No female staff
- No availability of confidential treatment
- Lack of trained staff
- Don’t know that they should access the facility for treatment
- Don’t know
- Other – If “other,” please specify: ____________________________

Psychosocial Response to GBV

If answers to these questions are known, then delete the Psychosocial Response to GBV section.

33. Are there psychological and/or social support systems for adult women survivors?  Yes  No

34. If yes, what kinds of support systems are available to adult women survivors? (Select all that apply.)
- Drop-in Centers
- Peer Support groups
- Case management with individual counseling
- Skills building
- Education
- Income-generating activities/vocational training
- Mental health referrals
- Other – If “other,” please specify: ____________________________

35. Are there psychological and/or social support systems for girl-child and adolescent girl survivors?
   Yes  No

36. If yes, what kinds of support systems are available to girl-child and adolescent girl survivors? (Select all that apply.)
- Drop-in Centers
- Peer Support groups
- Case management with individual counseling
- Skills building
- Education
- Income-generating activities/vocational training
- Mental health referrals
- Other – If “other,” please specify: ____________________________
37. Is there a functional referral system between health providers and organizations providing psychological or social support? 
   Yes   No

38. Are there informal community-based networks of women?   Yes   No

39. What are some reasons that girl or women survivors of GBV may not be able to access psychosocial support services?
   - Fear of being identified as survivors
   - Distance to facility
   - No female staff
   - No availability of confidential support
   - Lack of trained staff
   - Don’t know that they should access the facility for treatment
   - Don’t know
   - Other – If “other,” please specify: ____________________________