CARE Rapid Gender and GBV Assessment

Borno State: Banki, Pulka and Rann

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The views in this Rapid Gender and GBV Assessment are those of the author alone and do not necessarily represent those of the CARE or its programs.

Cover page photo: Woman from Borno State.

Image: Josh Estey
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Abbreviations

ANC: Antenatal care
AOGs: Armed Opposition Groups
Children U5: Children under five years
MMC: Maiduguri Metropolitan Council
CJTF: Civilian Joint Task Force
HECADF: Health Care Development Focus Initiative
IDP: Internally Displaced Persons
IGA: Income-generating activities
GBV: Gender-based violence
GBVSWG: Gender-based violence Sub-Sector Working Group
MOWASD: Ministry of Women’s Affairs and Social Development
NGOs: Non-governmental organisations
NSCDC: Nigeria Security and Civil Defence Corps
NYCN: National Youth Council of Nigeria
PBIED: Person-borne improvised explosive device
PEP: Post-exposure prophylaxis
PNC: Postnatal care
PLW: Pregnant and lactating women
PSS: Psychosocial support
SEA: Sexual exploitation and abuse
SEMA: State Emergency Management Agency
SGBV: Sexual and gender-based violence
SPSS: Statistical Package for the Social Sciences
SRH: Sexual-and reproductive health
STI/D: Sexually transmitted infection/disease
THP: Traditional harmful practices
UNHCR: United National High Commission for Refugees
UNFPA: United Nations Population Fund
VAWG: Violence against women and girls
Introduction

The unprecedented gender and protection implications of the NE Nigeria insurgency prompted CARE International to initiate a Rapid Gender and Gender-based violence (GBV) Assessment. The assessment was undertaken in two phases: a desk review and consultation with stakeholders in March 2017 gathering relevant data of the gender and protection context in NE Nigeria (conflict and post-conflict situations), as well as information on existing legal provision and frameworks. A field assessment was conducted in January 2018, to complete the desk review and consultation with primary data from affected women and men in Borno and Yobe states.

Rapid Gender and GBV Assessment Objectives

Rapid Gender and GBV assessments provide information about the different GBV risks, needs, capacities and coping strategies of women, men, boys and girls during crisis. The analysis is built up progressively using a range of primary and secondary information to understand gender roles and power relations and implied GBV risks and how they may change during a crisis. The analysis provides practical, programming and operational recommendations to meet the different needs of women, men, boys and girls, to ensure that humanitarian actors ‘do no harm’ in their operations. **The global objective of this assessment is to improve the quality and effectiveness of CARE and partner’s response to the North East Nigeria crisis.**

• **Specific Objectives:**

1. Understand gender roles, power dynamics and social norms and practices with regard to food security and livelihoods, sexual and reproductive health (SRH) and GBV among women and men of all ages within IDP and host communities.

2. Understand the main risks of GBV for women, men, boys and girls of IDP and host communities and map GBV services providers and their capacity, including community-based GBV prevention and response systems.

3. Provide practical recommendations to CARE and other humanitarian actors to improve gender integration and quality of GBV prevention and services in the response.

The following report presents the findings and recommendations for Banki, Pulka and Rann in Bama, Gwoza and Kala Balge Local Government Areas (LGAs).

Executive Summary

Nigerian Northeast society is ruled by a pervasive patriarchal system, which grants men power and control over women and supports unequal power relationships, access and control over resources for women and men. The insurgency and its unprecedented protection implications has challenged traditional gender roles and relationships. Men have experienced their livelihood activities seriously disrupted, broken or made impossible due to insecurity; they are obliged to rely on humanitarian assistance. At the same time a significant number of women have become single heads of family due to family separation or the result of mass killings. Women therefore have been faced with filling this vacuum and provide for their family, thus expanding their decision-making power. Women’s traditional role as caregivers has also been transformed into
one of so-called ‘suicide bombers’ (50%) used by armed opposition groups (AOGs) in the Lake Chad basin conflict are female. In Borno State it is not uncommon for children to be used as Person-Borne Improvised Explosive Devices (PBIEs) and females and children represent 72% and 57% respectively of the suicide bombers forced to carry out suicide attacks perpetrated between January and July 2107.

The ongoing fighting and its continuous devastating effects on populations in the northeast range from the destruction of property to loss of precious lives and the termination of livelihoods - resulting in massive displacements. In Banki the entire population has been displaced and the provision of shelter is controlled by government/military. As displacement becomes protracted, families under the strain of prolonged uncertainty and diminishing resources, resort to negative coping mechanisms.

The prevalence of sexual and gender-based violence (SGBV) and violence against women and girls in particular (VAWG) has increased by 7.7% since the conflict began\(^1\). Furthermore, GBV has increased in severity but also new forms of GBV appear due to this conflict. The conflict and its consequences is maintaining a vicious cycle of GBV that humanitarian community should take adequate measure to break while anticipating and mitigating unintended consequences.

According to respondents, sexual violence happens mostly at home (22.6%), to or from wood collection outside the camp/community (21.1%), and on the way to/from school (10.3%). Humanitarian assistance activities were also reported to be providing space for SGBV (10%). SGBV is widespread but underreported due to heavy gender norms and social stigmatisation combined with inadequate response mechanisms. Positive trends are emerging where there is ongoing response by humanitarian actors and MSW, especially in the camps where IDPs are more open to disclosing cases.

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\(^1\) Gender Based Violence Sub Sector, Humanitarian Needs Over View 2018.

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Key Findings

Changes in gender roles and relations:

- **The conflict has expanded the role and responsibilities of many women** from the status of domestic and reproductive worker to the status of head of and main decision-maker of the family.
- **Men and women both control resources in the family but, since the conflict, an increasing number of women have become head of their family** or are recipients of humanitarian assistance, while men (in Banki for example) have lost control over assets.
- IDP men in camps are much more open to taking on domestic tasks including washing clothes, the collection of firewood and even cooking.
- The traditional role of women as care givers has been challenged, as many have become suicide bombers/engaged in the conflict (often against their will). Women are mistrusted and feared.
- The conflict has maintained a **vicious cycle of GBV**: breakdown of livelihoods, restriction of movement, insecurity and risk of abduction and sexual slavery, have led women, men, girls and boys to resort to negative coping mechanisms. These include sex for survival, domestic violence, exploitation and abuse, increase of child marriage as a means to protect girls, etc.

**Humanitarian assistance and Do no Harm:**

According to respondents, sexual violence is happening during the distribution of humanitarian assistance, while cash assistance that targets specifically women has led to increased domestic violence within families.

**NB:** This was not cited in CARE programming areas.
In light of the above findings, recommendations are formulated to improve mainstreaming gender and protection across all sector responses, as well as for specific gender and protection programming.

Methodology

Tools and Approaches

Rapid Gender Analysis (RGA) uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions. This Rapid Gender and GBV Analysis employed a combination of CARE’s Rapid Gender Analysis tools with the adaptation of GBV tools originally prepared by IRC, IMC and UNFPA. The methodology used was predominantly a qualitative analysis of gender and GBV issues related to the conflict and was conducted in two steps: a desk review and stakeholder consultations conducted in March 2017, followed by primary data collection conducted in January 2018. The primary data collection took place in seven (7) LGAs of Yobe (Yunusari and Yusufari), Borno (Maiduguri Metropolitan City (MMC), Jere, Kala Balge (Rann), Gwoza (Pulka) and Bama (Banki). A total of 28 IDP camps and host communities were covered in 16 Wards or Health Facility catchment areas within these LGAs. In each camp and community, the following were conducted.

- Focus Group Discussions (FGDs): Four (4) FGDs with separate groups of girls, women, boys and men except in Banki where discussions were held with mixed groups in each area.

- Individual Interviews: individual interviews were conducted with a sample of women, men, boys and girls including IDPs, members of host communities, returnees, married/single, women headed/child headed families, etc.

- Key Informant Interviews: Interviews with key informants (KII): KIIIs were conducted with women and men who have enough knowledge of the community and the main GBV issues. They included local authorities and leaders at community/camp level, including religious leaders, camp management committees, community volunteers, women leaders and GBV service providers. The assessment was led by the CARE International Gender in Emergencies Specialist and a team of 31 female and male CARE staff, community volunteers from CARE’s local partners - the National Youth Council of Nigeria (NYCN) and Health Care Development Focus Initiative (HECADF) experienced in data collection and surveys with appropriate languages skills. Four CARE staff oversaw the data collection and data analysis under the leadership of the assessment team leader. Data collected from individual interviews and the GBV service mapping was entered and processed with SPSS (Statistical Package for the Social Sciences) software by a data analyst while data from FGDs was consolidated by location and then globally through a Consolidation Workshop. The final product is includes analysis of individual, FGD and the desk review findings. Three separates reports have been produced respectively for: MMC and Jere (Borno); Banki, Pulka and Rann (Borno); and Yusufari and Yunusari (Yobe) in order to consider the specificities of each area.
Research Limitations

The research was conducted within a relatively short time relative to the scope and the complexity of the crisis and the sensitivity of the subject. There were several delays in completing the field data collection in Rann, Pulka and Banki as the sites are accessible by helicopter only: the availability of flights depended on the balance between humanitarian agencies, weather conditions, fuel availability, etc. The delays resulted in continuous planning adaptation and adjustments. Furthermore, the qualitative nature of the assessment and the sensitivity of the subject required considerable time investment in the field.

Sex and Age Disaggregated Data

Overall, the number of IDPs across the northeast experienced a slight decline in 2017, as individuals returned to their place of origin. However, over 1.7 million people remain displaced and the majority of IDPs are located within Borno state. Among these displaced population, 53.4% are IDPs, while returnees (IDP returnees and refugee returning mostly from Niger and Cameroon) represent 30%. The total population in need of GBV assistance in 2018 is estimated at 1.65 million based on IOMDTM round 18 figures and the GBVIMS. The breakdown by sex and age is provided in the Figure 1.

Kala Balge, Gwoza and Bama LGAs cover only 9% of the total IDP population, but these LGAs were severely affected by the insurgency and population displacement. During this assessment, FGDs and individual discussions were conducted with a total of 1,435 people in nine IDP camps and 19 host communities. 30% were men, 29% women, 19% boys and 22% girls.
Findings and Analysis

Gender Roles and Responsibilities

Division of labour

Before the insurgency, women practised predominantly domestic work, small animal rearing at home and farming. Men were rearing animals (mostly goat and sheep in Pulka and Banki and Cows in Rann), farming, and small business to cover their family needs. Men were not performing domestic activities apart from fetching firewood and water for their family consumption or to sell. Boys and girls used to help their fathers and mothers in their respective tasks and go to school.

With the insurgency, livelihood activities have stopped as farm and pasturelands are no more accessible. Men and women are displaced and either in IDP camps or in host communities; they are unable to participate in their normal livelihoods for fear of attacks and general insecurity. Men and boys spend much of their time idly hanging outside all day or playing games, while women continue fulfilling their domestic tasks with the support of their daughters at home.

Furthermore, the insurgency has brought the following changes in gender roles:

- Women’s traditional role as caregivers is challenged by the conflict, as they become so-called ‘suicide bombers’ – often against their will. Women and girls make up to 50% of recorded PBIED attacks perpetrated by the AOGs in the Lake Chad basin from 2011-2017. This conflict has deployed the most number of female bombers than any other terrorist group in history\(^2\). As a result, women are feared and suspected.

- Displaced men in camps feel desperate from being unable to produce and provide for their family; some are now more keen to fulfil domestic tasks like firewood and water collection alongside boys and women.

- Disruption of education of formal and Islamic education for girls and boys due to lack of teachers (Pulka) and classrooms (Rann).

- Women take on more responsibilities, as many women become widows due to conflict, thus playing both their traditional role as caregivers and also assuming the traditional role of father or breadwinner for their children. Some activities like rearing animals including the cattle (near to houses and within communities) are also taken on by women and girls as men and boys cannot access pasturelands.

See Figures 2 and 3.

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\(^2\) Jason Warner & Hilary Matfess (2017): Exploding Stereotypes: The Unexpected Operational and Demographic Characteristics of Boko Haram’s Suicide Bombers, Combating Terrorism Center at West Point.
Earning income

Men as the main provider for their families, earn revenue by trading around food staples and animals, other business at local markets and cross border with Cameroon and Chad; men also engage in professional and casual work. Women earn income through small income generating activities like selling food items and milk but also through petty trade including cross border business with Cameroon and Chad (buying fish, soap, incense, fabrics (wrappers/lafaya), clothes, etc.

Boys and girls help their fathers and mothers respectively in their businesses with girls mostly hawking to sell their mothers products and boys accompany their father and brothers at the market or do professional works.

The insurgency has significantly reduced these economic activities due to destruction of assets and resources by insurgents, displacement, attacks and abduction in the bush and restriction of movement by security forces. Some men practice small business activities when they have the opportunity in their host community or in the camps. In general, they serve as small retailers or helpers without dedicated capital to invest - as is the situation in Banki camp where most of the shops belong to businessmen coming from Maiduguri to sell and then return back. Most women in host communities engage in small income generation (knitting caps, making mats, sewing, etc.). Whether they have the opportunity to earn income or not, displaced women and men and their host community are relying mainly on humanitarian assistance to meet their basic needs.

Decision-making within the household

Men are usually the main decision-maker in the family, they have last say on all decisions regarding property and asset management, movement of women and girls outside the house, additional wives, etc. Women are consulted while taking the above decisions but are mostly involved in decision-making regarding health and education fees, marriage of daughters and sons and the utilisation of food. Women decide on their own personal resources (animal, income, cash for tchefane\(^3\), kitchen and household

\(^3\) Tchefane: hausa word used for the cash for daily food basket provisions.
equipment, etc.). Women who are heads of households have decision-making power on all aspects of their family, but in most cases they will consult other men (brother, father, sons, etc.).

Due to the insurgency and related consequences, men have less decision-making power because they have limited economic and productive capacity (loss of assets and resources, restriction of movement, insecurity, etc.). In Banki for example, men don’t have control over their properties and land, as they are currently under military control.

Women have more decision-making power since the insurgency when they have become heads of households (widows, separated family), and they are mostly entitled to humanitarian assistance, where women take over with some small IGA.

**Control of resources**

As head of family, men usually have access and control to family resources including land, livestock, cash credit, small trade, healthcare, etc., while women have access to these resources but do not have control over them. Boys and girls are entitled to their parents’ resources and assets. They therefore have access to them but do not have control over them until they reach maturity.

The insurgency has disturbed access and control over resources for all, including men who traditionally controlled them. Assets and resources (livestock, shops) were looted or destroyed by insurgents, farmlands and pasturelands are are no more accessible due to risk of attacks, security measures and displacement. Basic services were destroyed like health facilities, schools. Women and men have access to humanitarian assistance; food, cash, NFI, health, SRH, shelter. Despite support from humanitarian agencies in terms of school materials and classrooms, boys and girls do not resume school due to the lack of teachers. One other significant change by the insurgency in Banki is that all families are living in camp or camp like conditions; all land and properties are controlled and managed by the military who allocate these (tent and houses) according to IDP needs. When the military liberated Banki town, they took temporary control of all land and properties and organised the allocation of shelter to both IDPs and returnees without any consideration of ownership. The only resources that women and men own is the remaining livestock they were able to recover and the assistance they have been provided.

**Livelihoods**

Farming, livestock rearing, fishing and cross border trade were the main livelihood activities in Rann, Pulka and Banki. These activities are male dominated although women and girls practice some small level cash and food production (mostly vegetables and some cash grains) and home level income generating activities. Indeed, the agricultural workforce in Nigeria is 66% male and 34% female. Trading and sales are the most common activities among the non-farm rural jobs (19%) where women have greater involvement in these activities than men. Women were active in small income generation but also in cross border trade with the neighbouring countries of Cameroon and Chad.

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The insurgency has significantly disturbed livelihoods activities; farming, livestock rearing and trade are no longer possible or are extremely limited within communities or nearby surroundings because of the risk of attack and security measures. Men and women have lost their animals, farmlands, assets, jobs and income earning activities. As a result, they are unable to cover their needs and continue to rely on humanitarian assistance. Some young men are now investing in informal street restaurants. With limited options to develop alternative livelihood strategies, women and men, out of desperation, are resorting to negative coping mechanisms including begging and sex for survival. Thus they are subject to high risk of exploitation and abuse.

Access

Mobility analysis

Traditionally the movement of women, girls and children outside the family is controlled by men - as head of the family. Women will ask husbands for permission to leave the house, even for health related issues or for paying a visit to their own family. In the assessed areas, women indicated that they don’t usually frequent markets to sell or supply except in some communities like Gamboru or under exceptional circumstances. Only single women, widows, elder women or married women from vulnerable and poor families practice outdoor businesses because they don’t have alternative options. The community negatively perceives negatively a married woman doing business in the street or at the market place.

With the insurgency women and girls have more freedom of movement outside home especially those IDPs living in camps but movement outside of the community are drastically limited because of security risks and measures (curfews). IDP women, men, boys and girls living in camps do not have free movement outside the camps. Cross border trade or between markets as well as farming, animal grazing are restricted or risky. Women and girls don’t go outside the camp/or community to collect firewood.

Access to services and resources

<table>
<thead>
<tr>
<th>Services</th>
<th>Access to these services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food/Nutrition</td>
<td>Women and men have access to food assistance. Although the food assistance is intended for all family members, women are more entitled than men to cash assistance. Only women (PLW) and Children U5 are targeted by nutrition services.</td>
</tr>
<tr>
<td>Livelihoods including cash credit</td>
<td>Women, men, boys and girls have different level of access to livelihood activities (farm and cash credit). Men and boys have more access to cash income than women and girls. The insurgency has limited access to productive activities (farm, livestock, fishing) for all, but women have more access to outdoor businesses, to training and cash assistance (IDP women).</td>
</tr>
<tr>
<td>Education</td>
<td>Before the conflict, boys and girls had access to Islamic and formal schools with boys having more access than girls. Girls normally do not access higher education as they drop out to get married. Due to the insurgency and population displacement, many children have left school altogether. Although most schools have resumed, many children cannot return because most parents just don’t have the financial capacity to support the costs. Many boys</td>
</tr>
<tr>
<td>Services</td>
<td>Access to these services</td>
</tr>
<tr>
<td>------------------------------</td>
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</tr>
<tr>
<td>Access to these services</td>
<td>from female-headed families now have to work to provide for the family in the absence of fathers. Although IOM provided school buildings and UNICEF provided school bags, there are no teachers in Rann at the time of this report.</td>
</tr>
<tr>
<td>NFI Distributions</td>
<td>Women and girls reported having access to personal items including clothing, hygiene and dignity kits.</td>
</tr>
<tr>
<td>Health Services incl.</td>
<td>Health services are accessible by all in camp and host communities except in informal camps and settlements without health facilities. Women and girls are reported to have more access to reproductive health than men. Access to family planning is still an issue because of social misconceptions against it.</td>
</tr>
<tr>
<td>reproductive health</td>
<td></td>
</tr>
<tr>
<td>Water / Hygiene / Sanitation</td>
<td>Access to water is equal for all men, women, boys and girls IDP and host communities. Women of reproductive age have improved access to dignity kits.</td>
</tr>
</tbody>
</table>

**Participation**

**Participation in decision-making at community level**

At community level traditional authorities (Bulama, Lawan) and other community leaders (religious) took all decisions regarding community life before the conflict. Men take part in these decisions, whereas women generally do not except for issues regarding women specifically, for which women leaders are involved. With the insurgency, the decision is still taken by the Bulama, Lawan, and Aja; with added influence from the military, police, CJTF, and local vigilante, especially in locations managed by security forces.

Generally women’s leadership is very limited or non-existent at the community level, as community rarely perceive women’s leadership beyond issues within women’s sphere. This translates into the low representation of women in political leadership positions in Nigeria.

However, there are women groups who hold regular meetings and mainly encourage women to keep their homes and the camps clean. Respondents reported the existence of various community-based organisations including: Association of Business Men and Women, Bulama Forum, Rann Youth Organization, Women-to-Women groups, etc. Many of these groups are active and hold monthly meetings. In general, most groups meet every month and conduct activities such as informing each other on security and welfare issues. Most of the groups are male dominated although some women community leaders can become members and represent women’s voices from their respective communities. Women-to-Women, as its name suggests, is a female association.

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5 Chitra Nagarajan (June 2017): Gender Assessment of Northeast Nigeria, conducted for Managing Conflict in North East Nigeria (MCN).
Gender norms influencing gender roles, access and control over resources and participation

The NE Nigeria society is highly patriarchal, where men dominate all spheres of women’s lives. Women are in a subordinate position to men, and male children are preferred over female children with young boys normally seen as being the ‘second in command’ after his father and who can overrule adult women. The influence of the mother and the father is important in the perpetuation of this patriarchy: mother provides the role model for daughters, while the father teaches sons what it means to ‘be a man’. Boys are perceived as full members of the family because they will stay within the family, thus deserve more investment and more responsibilities. Girls are seen as non-permanent members of the family who will be married and, therefore, join another family; thus deserving less investment in terms of education. Patriarchy is the main foundation of the inequality between gender roles and relationships, access and control over resources and life opportunities.

It is normal practice for a father to keep his male child informed of all his property (land, assets). However, it is not positively perceived that a husband informs his wife of his wealth, as often she is one of up to four wives and can potentially leave the family anytime when she is divorced. In general, the wife/wives discover their husband’s properties or debt when he dies. This is an additional reason explaining the low status of women, as well as her access /control over resources.

Women and girls most often accept their lower status and related inequality while men and boys are empowered and assume responsibility as sole breadwinner within the family; in charge of covering all family members’ needs.

Social practices and norms influencing equal access to services are generally a mix of misconception of religion and selfishness of men, as seen in the following examples:

• Only men can give out a daughter in marriage: even in the absence of the father, a mother cannot give out her daughter in marriage – she has to refer to men or even a younger sister to give out her daughter in marriage.
• A girl will not take over her father’s wealth because she has half of her brother’s entitlement of inheritance, and there is fear that the properties and assets will be controlled by another family (her potential husband) when she gets married.
• Family planning is against religion as “every child is from God”, therefore many women don’t want family planning. This explains why before the conflict women did not usually use reproductive health services except for ANC and PNC.

There is also high stigma toward adult women and adolescent girl SGBV survivors and their children born out of wedlock. The former is deemed to be responsible for the violence perpetrated to them, therefore face stigma, rejection and exclusion. Children born outside wedlock are not welcomed as they represent a shame to the families; they are named “fatherless” or “bad egg” (bad seeds). Unfortunately, cases like these have increased in Banki and Pulka due to the high practice of sex for survival among women and adolescent girls; the high number of pregnant women and girls liberated from insurgents or other women falling pregnant while their husbands are away for long periods. FGM is therefore seen as a measure to prevent adolescent girls from practising such negative practices.
The above social practices, misconceptions and related social stigma are heavy barriers that need to be shifted in order to ensure equal access to basic services including SGBV services and enjoyment of basic human rights for men, women, and children.

**Gender-based violence**

Gender-based violence (GBV) is pervasive in NE Nigeria society, which supports male supremacy and grants men power and control over women in both the domestic and the public spheres. The insurgency and its unprecedented protection implications have seen an increase of GBV in term of occurrence and severity but also with new forms of GBV. SGBV prevalence has increased by 7.7% since the conflict began⁶. The conflict has also maintained a vicious cycle of GBV as women, men, girls and boys in dire situations resort to negative coping mechanisms including ‘survival sex’/transactional sex and child early forced marriage, as a reaction to the destruction or severe disruption to livelihoods. Other prevalent forms of GBV include, sexual exploitation and abuse related to restrictions of movement in and out of IDP camps, and the increased risk of abduction and sexual slavery due to insecurity. Despite the underreporting issues, respondents reported that the following forms of violence are now widespread: risk of attack when travelling outside the community, kidnapping and abduction by insurgents, sexual harassment/rape, sex for survival, denial of resources, FGM, physical violence among IDPs, domestic violence etc.

**Sex for survival**

Sex for survival existed before the insurgency as vulnerable women used to cross the border to practice sex for survival in Chad and Cameroon where they are not known. This is mostly the case in Rann and Banki that are border cities split between Nigeria and Cameroon. The insurgency has seen an increase in this practice by women, girls and also young men both from IDPs and host communities in desperation to cover their needs and those of their families. They become vulnerable and easily abused sometimes by those in charge of their protection and or other influential individuals. There are thousands like this such as a young widow and mother of 7 children in an IDP camp who reported that *she got one bag of sorghum in exchange for sex with a man.*

**Early and forced marriage**

In Nigeria, child marriage is widespread; girls are married at adolescent age and sometimes before their body is fully developed for sexual and reproductive roles. The country has one of the world’s highest number of child brides with 49% of Nigerian women married under the age of 18⁷. Child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. Early marriage was explained by the society as a measure to protect girls from dishonouring themselves and their families by having sex before marriage; girls can be married even without their consent. In the assessed areas, boys can also be married early, around 18 years or before. Boys are married most of time with a girl chosen by their parents, in order to “make them “become responsible”, especially in cases where the boys are engaged in bad behaviours. Another reason for child marriage is that parents take it as a pride to have grandsons before they die. Young men

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adopt a strategy called Padgal, which consists of kidnapping the girls in partnership with their friends and releasing her after few weeks – parents are then obliged to organise the marriage as they consider that the girl is no more a virgin.

With the insurgency, early and forced marriages have increased among girls and boys because parents want to protect their girls from abduction by the insurgents by organising the marriage frequently within the extended family. A salient example is the story of a boy married to his girl cousin to avoid Boko Haram from abducting her, but this led to domestic violence between the young couple.

**Drug abuse** is frequent among men, boys and even women, this include Tramadol, Codeine, Indian hemp, etc. which leads to addiction and related health risks. Main reasons reported for men and boys is unemployment and probably due to trauma or violence. While women use these drugs to be energised to perform physically demanding tasks and for sexual performance.

**Kidnapping/Abduction by insurgents:** Recently reported insurgent attack on a camp with the abduction of men and women.

**Risks of attack when moving within the community and camp** especially at night time (women and girls) and for men and boys outside the community by insurgents. To prevent this risk, collective firewood gathering is organised under the escort of security forces.

**Physical violence:** Physical violence is normal and frequently practiced in Shua and Kanuri ethnic groups in Banki, Pulka and Rann. Women, men, as well as girls and boys usually carry a knife attached to their bodies at all times to be prepared in case of frequent conflicts. Source of violence can be due to ethnicity, competing for resources or even jealousy and can result in serious injury. The insurgency has brought new forms of physical violence including massive killing by suicide bombers and targeted killings mostly of men by the insurgents. At the beginning of the insurgency, the spectacular application of sharia law resulted in using physical violence as a means for judgement for a man whose hands were cut off and put in hot oil by the insurgent for stealing food.

**Domestic violence** is widely reported by men and women in the assessed areas. Women report being beaten by their husbands due to disagreements around a second wife or when they refuse to cook, or to have sex, etc. While men report being psychologically abused by their wives for the same reasons as above; men further report cases of violence between co wives concerning resource sharing that involve use of knives and can lead to injuries.

**Sexual harassment/rape**

Girls and women IDPs are at increasing risk due to the insurgency coming from different locations and communities and having to share collective shelters, toilets and washing areas in camps and in host communities. CARE’s assessment found that 60% of
respondents indicated they were aware of cases of rape, mostly against girls. According to respondents, sexual violence occurs mostly at home (22.6%), at the toilet or latrines (21.8%), while travelling outside of the camp/community for wood collection (21%), at the water point (11.9%) and on way to/from schools (15%). Most reported cases are those that resulted in death, serious injuries or pregnancy.

**Denial of access to resources and opportunities**

Although girls are admitted to school, they are denied access to further education as they are often forced to drop out of school as they are married at young age. One more reason is that parents prefer to invest in boys’ education, because they are regarded as full members of the family unlike girls who will be given away in marriage.

**Traditional harmful practices**

This includes female genital mutilation (FGM) mostly practiced by the Shuwa community. According to UNICEF\(^8\), 25% of Nigerian women between 15 and 49 years have undergone FGM/Cutting. FGM types I and II are more prominent in the South while type III is more prominent in the North of the country\(^9\). Women also report being subjected to some widowhood rites such as levirate, a practice that requires widows to marry the brother of their deceased husbands.

**Lack of privacy and safety at home and in community /camp**

IDPs in camps and staying with host families reported not having enough privacy as many family members share the same tent or shelter. 34.5% of individual respondents say that there is no safe space where women or girl survivors of GBV can feel safe to congregate and to talk to one another. For instance, most of the time, for their safety, girl survivors are sent to another location where the incident is not known about.

Safety and security challenges are higher for women and girls living in areas where the security perimeter is limited to the LGA towns. Charged with their traditional roles, women and girls who walk long distances to collect firewood and water are at risk of abduction and sexual violence thereby limiting freedom of movement, which in turn affects their livelihoods.

**Prevention and response to GBV**

**Community GBV prevention and response mechanisms**

No systematic GBV response mechanisms exist at community level within the subject areas. Rather, informal and ad hoc measures are taken on a case-by-case basis. This includes preventative measures such as restriction and close monitoring of women and girls’ movement (e.g. women and girls are no longer in charge of collecting wood outside the

\(^8\)Female genital mutilation/cutting, a Global Concern, UNICEF, New York 2016.

\(^9\)Ms. Keneema Annabel and Mr. Lukwata Deus Muwambi: FGM is one of the most important underlying causes of the lack of progress on the MDGs in sub-Saharan region. Special insight and focus on human rights and MDGs in North Eastern Uganda.
community/camp; avoiding any movements outside at night time; encouraging decent dressing for women and girls; increased awareness raising on GBV risks and impact, etc.

Response measures to survivors include health care, psychosocial support, social empathy toward survivors and their family, extraction of the survivor from the area to another location where the problem is not known, etc. If a GBV incident occurs, family members are often the first responders. The family may take the survivor to hospital for HIV treatment and pregnancy tests and for health care. The family may also support the survivor psychologically. In some cases, the family will try to hide the case from other community members and, in some cases, even help the survivor access abortion services, if she is pregnant.

When the perpetrators are identified, they may be reported to local authorities. The ‘Bulama’ will first try to settle the case traditionally, with most perpetrators going free, especially if they are influential. In general, perpetrators of male-on-male abuse are resolved this way because the perpetrators are believed to have strong influence. Other steps that the ‘Lawan’ or ‘Bulama’ can take is to ask parents of the survivor to be patient and warn the perpetrator and/or make the perpetrator pay for the health services and/or to marry the survivor. Sometimes parents skip reporting to the Bulamas and try to settle privately with the perpetrator, sometimes in the interest of the perpetrator.

Some perpetrators are taken to the Police, and from there to court and jail. However, according to respondents, in these cases, perpetrators are not properly punished as jail sentences are minimal and perpetrators are released after a short time.

**GBV prevention and response services by humanitarian actors**

In 2017, humanitarian actors reached 867,850 individuals with GBV prevention and response services representing up to 87% of the 2017 HRP target. Various interventions include distribution of dignity kits to 17,400 women and adolescent girls; psychosocial support for 239,750 persons, and skills building and basic livelihood support services for 15,450 persons (mainly women and girls). Throughout the year, an important focus was the engagement of leaders, policy makers and communities on GBV protection and the strengthening of community-based structures. In 2018, the sector is focusing on scaling up its operational footprint – both in terms of geographical coverage and in quality of interventions – in particular, more effort to train frontline workers to increase ‘protection by presence’. Further achievement can be reached and sustained through enhanced community-based mechanisms of prevention and response to GBV.

Services available for GBV survivors include health, psychosocial, and economic rehabilitation. These services are available mostly in formal IDP camps and in health facilities of host communities supported by humanitarian actors. In Banki, there is a Gender desk. Legal support is provided by police, local authorities, community volunteers (CJTF) with the support of some local NGOs such as NBA and FIDA; however prosecution is not effective.

10 North-East humanitarian situation update, December 2017.
Gender norms and traditional practices related to SGBV

Stigma and reporting challenges

There is a high degree of stigmatisation against survivors because the society perceives Sexual violence as a shameful act that dishonours the family. In general, families consider GBV survivors as victims especially women and girls abducted by Boko Haram. However, other survivors of GBV as seen as stubborn and partially responsible. Instead of support, adolescent girls and women are most likely to be doubly victimised and highly stigmatised, criticized and rejected by the community. In addition, girl survivors, if known, will not be able to get married while married women survivors will likely be divorced. Fear of this is the main reason why survivors and their families often refuse to disclose cases unless involving flagrant consequences (health, injuries, pregnancy); even when cases are known, parents may decide to either arrange the marriage of their daughter with the perpetrator or move the survivor away to another location where she is not known. The UNFPA-managed GBVIMS for the period (April 2017) showed that there has been an increase in reporting GBV cases mostly by women. 97% of reported GBV cases for which survivors sought help in April 2017 are females, with 56% and 44% of the cases reported by adults and children respectively. Respondents say that approximately 33% of women and girl survivors seek help from a family member or friend while 30.6% seek the assistance of humanitarian actors.

Needs and Aspirations

Despite ongoing efforts of assistance by the humanitarian community, women, men, boys and girls among IDP and host communities require additional and more specific assistance. According to the IOM DTM Round 18 report, food remains the top priority need followed by NFI, shelter and medical services. Despite dire immediate basic needs, when respondents were asked about their aspirations and ideas to improve current support and assistance, their answers focused on

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GBVIMS-UNFPA, April 2017.
durable solutions in education, economic empowerment, participation to decision-making and protection as describe below:

- Training in life skills and income-generation opportunities for women and girls and create more job opportunities for boys and men.
- Women and girls’ empowerment to enhance their access to resources and their participation to decision-making.
- Public awareness campaigns and community mobilization on GBV and more protection of women and girls such as safe spaces and appropriate security measure.
- Better access to quality education for girls and boys: While access is being emphasized for both, more effort is required as both girls and boys express their ambition to attend higher level education (tertiary level).

Conclusions

The current insurgency in Northeast Nigeria and its unprecedented population displacement and gender and protection dimension has surfaced and further exacerbated the existing gender inequalities and gender based violence. Displaced women, men, boys and girls are trapped in a vicious cycle of violence including sexual and gender-based violence with related trauma and long-standing social stigma. Traditional gender roles have shifted and while displaced women and men are in need of basic immediate humanitarian assistance there is also increasing need for long-term and durable solutions. The below recommendations aim to improve ongoing humanitarian interventions.

Recommendations

Gender and protection mainstreaming recommendations

- **Develop and disseminate mainstream gender and protection tools to all response sectors:** example but not limited to the revised IASC gender handbooks and the GBV guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action.
- **Engage humanitarian actors to identify, mitigate and address 'Do no Harm' issues on gender and protection across sectorial response:** while the response is being scaled up, the need to ensure quality and accountability increase as well. A risk and do no harm analysis as well as related measure should therefore be integrated throughout all stages of the response. This will help reflect and address the relation between cash and other food assistance and domestic violence and GBV
- **Set up gender-sensitive complaint system to manage protection concerns from women, girls, boys and men equally and take corrective measures:** drawing from good practices and experiences from other CARE Countries, IOM and OCHA as well as other partners
- **Shelter package should contain alternative solution to firewood:** cash grant or voucher for cooking gas to avoid risk of attacks for women and girls
- **Immediate assistance as well as recovery and peace building effort should be aligned with the existing frameworks** including the GBV Sub Sector Strategy for GBV prevention, mitigation and response, the North-East strategy for GBV prevention,
mitigation and response, the states Action Plans for the implementation of the UNSCR 1325, etc.

**Gender and protection specific programming recommendations**

- Scale up comprehensive GBV prevention and responses and ensure strong linkages and coordination between Protection and other sectors.
- Strengthen livelihoods supports to vulnerable and at risk women, girls, boys and men
- Develop innovative GBV risk mitigation measures through economic empowerment and innovative cooking set with alternative solution for firewood.
- Conduct training for staff (UN, INGO, NNGOs, State and LGA levels civil servants on Gender and GBV including operational guidance’s and tools (IASC revised gender handbook, GBV guidelines, Gender Marker, etc.).
- Develop and implement a robust and coordinated capacity building Program for Nigerian Security forces and legal service providers on Gender and Protection – in line with Nigeria Security Forces Gender Policy.
- Reflect on good practices and lessons to addressing stigma and under reporting of GBV Cases.
- Strengthen community-based mechanisms for GBV prevention and response by conducting an in-depth gap analysis and develop and implement a capacity building plan.
- Address issues around masculinity, gender stereotypes and GBV though community-based mechanisms of self-reflection and action (e.g. with CARE’s Social Analysis and Action Approach), build on the BoSAP UNSCR 1325 and key events such the IWD, 16 Days of Activism.
- Identify and address social norms and practices that perpetuate GBV risks and inequality in access and control over resources and humanitarian services for women and girls, men and boys.
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