



CARE Rapid Gender And GBV  
Assessment in MMC and Jere  
Local Governments – Borno  
State



January 24. 2018  
Fatouma Zara Laouan



## Author

John C Smith – An organisation  
[www.anorganisation.org](http://www.anorganisation.org)

## Acknowledgements

This assessment has benefitted from the valuable contributions from CARE International colleagues, especially Siobhan Foran and Van Der Poel, Graciela

The views in this RGA are those of the author alone and do not necessarily represent those of the CARE or its programs, or the Australian Government/any other partners.

Cover page photo: Caption description to go here, caption description to go here. Caption description to go here, caption description to go here. Caption description to go here.

Image: photographer



# Contents

---

Abbreviations .....	1
Introduction.....	2
Rapid Gender and GBV Assessment Objectives .....	2
The following report present findings and recommendations for MMC and Jere local governments....	2
Executive Summary .....	2
Key findings .....	3
Methodology.....	4
Sex and Age Disaggregated Data .....	5
Findings and analysis.....	5
Gender Roles and Responsibilities.....	5
Access .....	8
Participation .....	9
Gender norms influencing gender roles, access and control over resources and participation ....	10
Gender Based Violence .....	10
Prevention and response to GBV .....	13
Gender norms and traditional practices related to SGBV.....	14
Needs and Aspirations.....	15
Conclusion .....	15
Recommendations .....	16
Gender and protection mainstreaming recommendations.....	16
Gender and protection specific programming recommendations .....	16
Annexes .....	17
Annex 1: Gender in Brief.....	17
Annex 2: Assessment team and planning.....	<b>Error! Bookmark not defined.</b>
Annex 3: Tools and Resources Used .....	17
References page.....	17

## Abbreviations

---

ANC:	Ante natal 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:	Post natal 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 gender and GBV assessment. The assessment was undertaken in two phases: a desk review and consultation with stakeholders in March 2017 to gather relevant data of the gender and protection context in NE Nigeria in 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 first assessment with primary data from affected women and men in Borno and Yobe states.

## Rapid Gender and GBV Assessment Objectives

Rapid Gender and GBV<sup>1</sup> assessments provide information about the different GBV risks, needs, capacities and coping strategies of women, men, boys and girls in a crisis. The analysis is built up progressively using a range of primary and secondary information to understand gender roles and power relations and the 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 system of prevention and response to GBV.
3. Provide practical recommendations to CARE and other humanitarian actors to improve gender integration and quality GBV preventions and services in the response.

The following report present findings and recommendations for MMC and Jere local governments.

## 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 among women and men.

The insurgency and its unprecedented protection implications challenge traditional gender roles and relationships. Men have seen their livelihood activities destroyed or made impossible due to insecurity and, as a result, they are obliged to rely on humanitarian assistance. At the same time, a significant number of women have become single head of their family due to family separation or massive killings, providing for their family and expanding their decision-making power. 65% of

---

1 CARE defines gender-based violence as a harmful act or threat based on a person’s sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres.

respondents opined that since the conflict, more women are responsible for managing the assistance they receive from NGOs, thus are increasingly having control over resources.

Women's traditional role of caregivers is challenged by the conflict, as they become massive killers. Up to 50% of recorded PBIED<sup>2</sup> attacks perpetrated by the AOGs in the Lake Chad basin from 2011-2017 are women. This conflict has deployed the most number of female bombers than any other terrorist group in history<sup>3</sup>. As a result, women are feared and suspected.

The devastating effects of the ongoing fighting on the population in the northeast range from destruction of property, loss of lives and the destruction of livelihoods. As displacement becomes protracted, many families under the strain of prolonged uncertainty and diminishing resources, resort to negative coping mechanisms.

Gender-based violence (GBV) prevalence and severity have increased since the conflict began as new forms of GBV specific to this conflict emerge. The conflict associated with massive population displacement is maintaining a vicious cycle of GBV: to cope with loss of livelihoods, movement restriction, abduction of girls for sexual slavery, women, men, boys and girls resort to negative coping mechanisms including sex for survival, domestic violence and increasing child marriage. The humanitarian community must take adequate measure to break this cycle while, at the same time, anticipate and mitigate against their consequences.

According to individual interview respondents, sexual violence happens mostly in the home (28%); when moving outside of the camp/community for wood collection (17%); on the way to/from school (17%); during the distribution of humanitarian assistance (10%). GBV is widespread but underreported because of strict gender norms, social stigmatisation and inadequate response services, which combine to make survivors decide to remain silent. Ongoing GBV interventions

### Key findings

Changes in gender role and relation:

- **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**, which often targets women directly.
- IDP men in camps are much open to do domestic tasks including washing clothes, collection of firewood and even cooking
- Traditional role of women as care givers has been challenged as they become suicide bombers, women are subjected to mistrust and fear
- The conflict has maintained a **vicious cycle of GBV**: breakdown of livelihoods, restriction of movement, insecurity and risk of abduction and sexual slavery risks, have led women, men, girls and boys to resort to **negative coping mechanisms** including 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 women increase domestic violence within families.

<sup>2</sup> PBIED: Personal borne improvise explosive devices

<sup>3</sup> 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

by humanitarian actors are showing positive results especially in camps where internally displaced persons (IDPs) are increasingly disclosing cases.

In light with the above findings, recommendations are formulated to improve mainstreaming gender and protection across all response sectors, as well as specific gender and protection programming.

## Methodology

---

Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frame, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions. This Rapid Gender and GBV Analysis uses a combination of the CARE's Rapid Gender Analysis tools with the adaptation of GBV tools originally prepared by IRC, IMC and UNFPA. The methodology for the subject analysis was predominantly qualitative analysis of gender and GBV issues related to the conflict and was conducted in two steps: a desk review and stakeholders' consultations conducted in March 2017 and the primary data collection conducted in January 2018. The primary data collection took place in seven (7) Local Government Areas (LGAs) of Yobe (Yunusari and Yusufari), and 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 in these LGAs. In each camp and community, the following activities were conducted:

- Four (4) focus group discussions with separate groups of girls, women, boys and men.
- Individual interviews with a sample of women, men, boys and girls including IDPs, members of host communities, returnees, married/single, women headed/child headed families, etc.
- Interviews with key informants (KIs): KIs were conducted with women and men who have enough knowledge of the community and the main GBV issues. They included leaders at community/camp level, such as religious leaders, camp management committees, community volunteers, respected women leaders, local authorities (Bulama and Lawan), and GBV services providers
- The assessment was led by CARE international Gender in Emergencies specialist and a team of 31 women and men CARE staff, community volunteers from CARE partners National Youth Council of Nigeria (NYCN) and Health Care Development Focus Initiative (HECADF) and temporary staff 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 mappings 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 in a consolidation workshop. The final product is combined with the individual and the desk review to draft the assessment reports. Three separates reports were produced respectively for MMC and Jere; Banki, Pulka and Rann; and Yobe in order to consider 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. Several delays in completing the field data collection in Rann, Pulka and Banki were encountered as the sites are accessible by helicopter only: the availability of flights depended on the balance between humanitarian agencies, weather conditions, etc. This resulted in delays

and continuous adaptation of the planning. 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 has seen a slight decline in 2017, as individuals return 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, IDPs represent 53.4% while returnees (IDP returnees and refugee returning mostly from Niger and Cameroon) represent 30%. 54% of the total IDP are female while children under 18 make 56% (IOM-DTM report, Round 18).

The total population in need of GBV assistance is estimated at 1.65 million based on IOM-DTM round 18 figures and the GBVIMS. The breakdown by sex and age is provided in the figure 1. While Maiduguri M.C has seen a decrease (11%) of number of IDP, about 27.4% of the total IDP population is registered in MMC and Jere. In most Maiduguri camps, an analysis indicated that, the percentage of women and children ranges from 72 per cent and 86 per cent of the total camp population<sup>4</sup>.

During this assessment, FGDs and individual discussion were conducted with 1,435 people in nine IDP camps and 19 host communities. This include 30% of men; 29% of women, boys 19% of boys and 22% of girls.

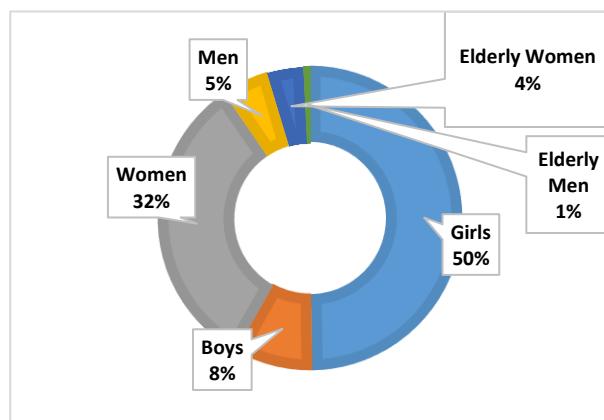


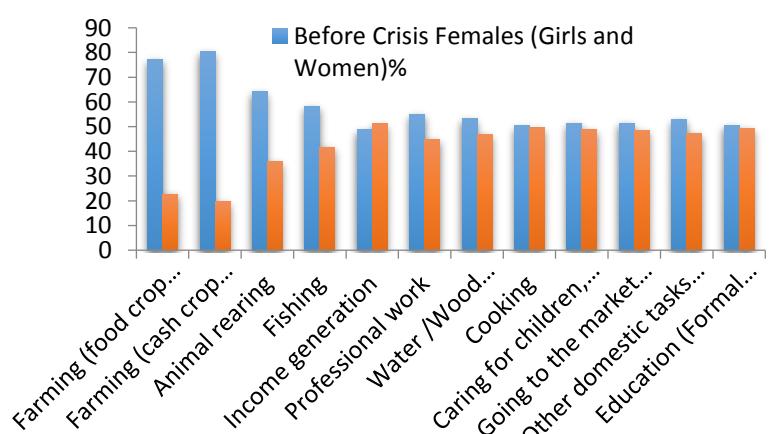
Figure 1: Population in need of GBV assistance in 2018

## Findings and analysis

### Gender Roles and Responsibilities

#### Division of domestic labour

Domestic work is dominantly a role of women and girls both in host communities and in camps. Women, with the support of girls, cook, clean, take care of children, the elderly and sick persons, and collect firewood and water. Men, as the head of the family, are the main family breadwinners, and do productive tasks (food production, livestock rearing, trade, etc.). Men do not do any domestic activities except caring for elderly and sick persons, especially when it involves intensive care at



<sup>4</sup> UN Women: humanitarian action in North-East Nigeria, A gender analysis, January 2017

hospital as, in general, men take care of men and women take care of women and children. Boys help their father in their productive tasks but also undertake some domestic tasks, including washing, and water and wood collection. Girls and boys go to school (Islamic and formal) while women also practise Islamic education at home. See Fig 2 and 3

The insurgency has brought the following changes in gender roles:

- Women's traditional role as caregivers has been challenged by the conflict. The most stark example of this is their involvement in suicide attacks. Between 2011 and 2017, women and girls were involved in up to 50% of recorded PBIED<sup>5</sup> attacks perpetrated by AOGs in the Lake Chad Basin. This conflict has deployed the most number of female bombers than any other terrorist group in history<sup>6</sup>. As a result, women are often feared and suspected.
- Some displaced men in camps are now fulfilling more domestic tasks including washing clothes, collection of firewood and even cooking. Firewood collection has become men and boys' tasks because of insecurity (see figures 2 and 3). Girls and boys have abandoned schools to flee with their parents.
- Many women have become the single head of their family where their husband have been killed, kidnapped by AOGs or detained by military. On average, 30 per cent of households are headed by women, with higher rate in some locations (e.g., 54 per cent in Bama, 44 per cent in Kaga and 43 per cent in Gwoza<sup>7</sup>. As head of their household, women undertake both domestic and productive tasks normally covered by men.

### Earning income

Men, women, boys and girls earn income through different scales and types of businesses. Usually, men practise trade and business activities at market places, including cross-border trade with neighbouring countries (i.e. Niger, Chad and Cameroon). Women develop small income-generating activities (knitting cape, sewing, food processing, hair dressing, henna, etc.). To a limited extent, women practise larger scale business activities such as selling clothes, food stock, etc. Whatever business activities women are engage in, it is mostly at home, as married women do not usually frequent market especially in communities like Gamboru, unless under exceptional circumstances. Only single women, widows or married women from vulnerable and poor families practice business activities outside of the home because it is not positively perceived by the community to see women doing business in the street or at market place. Girls are involved in income-generating activities most of the time in charge of marketing their mother's business through hawking; this street marketing of the product is clearly reported in

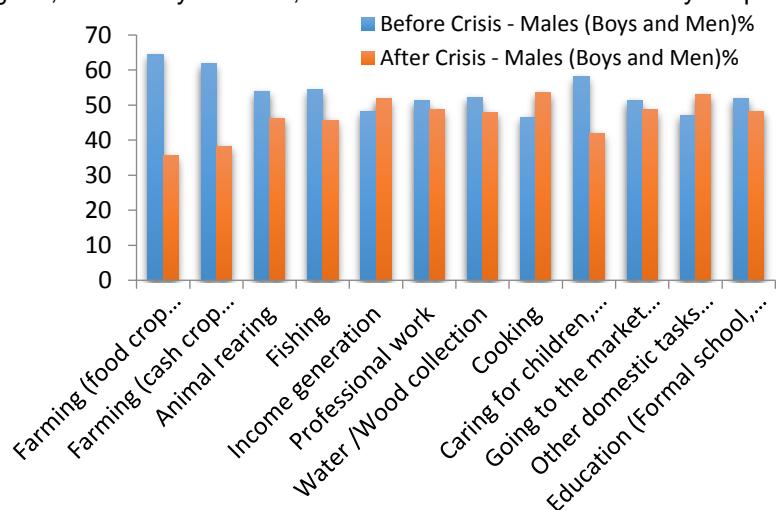


Figure 2: Roles and responsibilities of men and boys

<sup>5</sup> PBIED: Personal borne improvise explosive devices

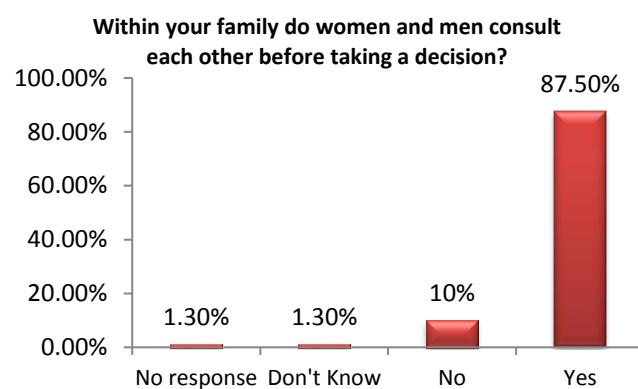
<sup>6</sup> Jason Warner & Hilary Matfess (2017): Exploding Stereotypes: The Unexpected Operational and Demographic Characteristics of Boko Haram's Suicide Bombers, Combating Terrorism Center at West Point

<sup>7</sup> REACH assessment, October 2017

Bulabulin, Gamboru, Dusuman and Abbaganaram. Boys are not reported to be practising income-generating activities except in vulnerable families where boys can be involved in hawking.

Since the insurgency, men and women in IDP camps and host communities do not practise business or income generation as before due to loss of resources and asset, displacement, restriction of movement and insecurity. Most business activities were broken down because markets and shops were looted and/or burnt by the AOGs. On the other hand, the insurgency led to an increase of women's involvement in income generation, as many women, in the absence of men, have become the family breadwinner. Also, it is not unusual to see young IDP boys of Musari camp and surrounding communities doing petty trade (selling oranges, etc.) around Muna Garage where they are exposed to bomb blast.

### **Decision making within the household**



Within the family, men take decisions on assets and resources and on women and girls' movement outside of the family compound. Although men have the final decision on other strategic decisions, women have significant influence on men in their households. CARE's RGA found that 87.5% of respondents reported that women are involved in decision making in the family. Women take decision on less strategic matters, such as day-to-day cash expenditure, children's education, family events (wedding or naming ceremonies), etc.

Women single head of family take all of the decisions related to their family.

Women single head of family take all of the decisions related to their family.

Boys and girls do not take part in family decision-making except for decisions regarding them directly such as wedding, choice of wife/ husband, etc. According to girls and boys, even if they are consulted, parents have the final decision in the choice of their daughters' /sons' husband /wife (e.g. girls/boys should marry within the same tribe, within extended family/relatives, etc.) Parents usually decide on when their daughter/son will marry and/or to withdraw their daughter from school without consulting her.

With the increasing number of men absent from families, the conflict has expanded women's decision-making power within households.

### **Control of resources**

In general, men have the full control over productive resources and assets of the family (land, livestock, cash income, etc.). Women can be consulted in strategic decisions regarding family resources but in limited way - mostly old women or wives within monogamous families or for the share of inheritance. Women have full control of their own resources, mostly cash income, small animals, etc.

With the conflict, men's decision-making power regarding resources has drastically reduced as family resources are either out of their control (land, rivers,) destroyed or depleted. At the same time, women's decision-making power has expanded as now they take decisions on how to utilise humanitarian assistance and as head of families, they have full control over their family resources. In the RGA, 65% of respondents opined that more women are responsible for managing the food aid the family receives.

### **Livelihoods**

Farming, livestock rearing, fishing and trade were the key livelihood activities in MMC and Jere. These activities are undertaken by men and boys. Women and girls practise some small level cash and food production (mostly vegetable, some cash grain), and home level income-generating activities.

The insurgency has brought changes in these livelihoods activities: farming, livestock rearing and fishing are no more possible or are limited because of displacement and insecurity. Men and women have lost their animals, farmlands, assets, jobs and income-earning activities and, as a result, they are

unable to cover their needs and rely on humanitarian assistance. With limited options to develop alternative livelihood strategies, women and men, in desperate need, practice negative coping strategies, including begging, transactional sex/'survival sex', and thus are subjected to a very 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 the head of the family. Women will ask their husband permission to go out of the house even for health-related issues or to pay a visit to their own family. In the assessed areas, women do not usually frequent markets 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 business outside of the family compound because they do not have any alternative options. The community perceives negatively a married woman doing business in the street or at market places.

With the insurgency, women and girls have more freedom of movement outside the home, especially those IDPs living in camps. However, movement outside communities/camp is limited not only for women but also for men and boys. This include movement outside camp of community to collect firewood by women and girls; IDP movement outside camps as it is controlled and limited by security forces; all activities requiring movement outside community are limited and risky (farming, animal grazing, cross border trade or trade between markets etc..).

### Access to services and resources

Services?	Access to these services
Food/Nutrition	Women and men in formal IDP camps have better access to food assistance - While food assistance is intended for all family members, women are often targeted for cash assistance. Pregnant and lactating women and children under five years (U5) are targeted for specific nutrition services. Access to food and nutrition assistance is limited and irregular for IDP women and men living in informal camps and host communities as to compare to those in formal camps. Therefore, food remain the first priority need as majority of IDP are living in host community – See needs and aspirations section.
Livelihoods including cash credit	Before the insurgency, women, men boys and girls had different levels of access to livelihood activities (farm and cash credit). Men and boys had more access to cash income than women and girls. The insurgency has limited access to productive activities (farm, livestock, fishing). However, IDP women have now more access to outdoor business as well as to training and cash assistance, but still they need more support. Men in camps and host communities have limited access to job or casual work opportunities
Education	Before the conflict, boys and girls had access to Islamic and formal schools but boys have more access than girls. Girls do not normally access secondary education, as they drop out to get married. The insurgency and subsequent population displacement has resulted in the absence of schools for both boys and girls. Although schools have resumed in camps and many areas of Maiduguri and Jere, many children in host communities' cannot return because most parents do not have the financial capacity to support the registration fees;

	as confirmed by 73% of displaced persons residing with host communities <sup>8</sup> . Boys from female-headed families have now to work to provide for the family in the absence of fathers.
NFI Distributions	Women and girls from formal IDP camps have reported having access to NFI including blankets, mat, kitchen kits and personal items including clothing, hygiene and dignity kits. Access to those materials is non-existent or limited in informal IDP camp and host community.
Health Services including sexual and reproductive health	Health services are accessible in camps 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. Due to poor understanding and misconception, reproductive health service is seen as women affairs and are mostly perceived as limited to ANC and PNC. Access to family planning is still an issue both for women and men, (see section on social norms). Women have reported having better access to delivery kit
Shelter	IDP in formal camps and host communities have better access to shelter than those living in informal settlements. 88% of IDPs in Borno are residing in host communities in rented or allocated houses by families and friends. Both IDP in camps and host communities complain of overcrowding and not enough space and privacy at home. Access to shelter material (tarpaulins, timber/woods is needed in 88 per cent of all IDPs but it was needed most in Yobe (93 per cent), followed by Borno (90 per cent),
Water /Hygiene/Sanitation	All group of women, men, boys and girls in both IDP and host communities report having access to water. Women of reproductive age have reported having improved access to personal hygiene needs. However, access to hygiene and sanitation is much limited in host communities due to overcrowding and poor infrastructures.

## Participation

### Participation in decision making at community level

Traditional authorities (Bulama, Lawan), community leaders (Ward Development Committees), religious leaders and elders take the main decisions in communities regarding community life. Men can take part to these decisions, whereas women generally do not except for some specific issues regarding them, for which women leaders are involved. 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 at political leadership positions in Nigeria<sup>9</sup>.

During and in the aftermath of the conflict and associated displacement, women participate increasingly in decision-making mostly at the community/camp level; women leaders in IDP camps take part to the decision-making related to the camp management through various consultations (general assemblies, specific discussions, etc.) and in managing specific concerns such as women and girl survivors of GBV, separated and unaccompanied children, etc. Young men participate more on community level decisions regarding security matters (CJTF, hunting, etc.). Respondents reported the existence of various community-based organisations including Ward Development Committees, Community Youth

<sup>8</sup> IOM, DTM Round XVIII report, August 2017

<sup>9</sup> Chitra Nagarajan (June 2017): Gender Assessment of Northeast Nigeria, conducted for Managing Conflict in North East Nigeria (MCN)

Associations, 'Nakowa' Clubs, Zaman Lafiya Groups; Yan Dusa Associations, Women-to-Women groups, etc., many of which are active and hold monthly meetings. In general, the group 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 leaders can be members. Women-to-Women, as its name suggests, is a female association.

## 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. The pre-existing gender disparities ranks Nigeria 118<sup>th</sup> out of 144 countries in term of the Global Gender Gap Index<sup>10</sup>. 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 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, while girls will be married and, therefore, join another family and so deserve less investment in terms of education. Patriarchy is the main foundation of the inequality between gender roles and relationship, access and control over resources and life opportunities.

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.

Almost all the respondents (80%) indicated that, culturally, women are considered weaker than men and, therefore, that they should not be allowed to own assets. Male respondents noted that it is difficult and disempowering for them to share this role with women and, therefore, to show and maintain their power and avoid disrespect, they will not allow their wives to provide for the family. Women are seen as having more value at home undertaking domestic tasks and, therefore, have limited opportunity and exposure to community-level activities and decision-making forums.

*"Men are believed to be superior to female since they are heads of their household. Women are meant to receive instruction from them".*

*"If a man allows girls and women to carry out some business, he will be viewed as ridiculous and will be disempowered by his peers".*

Consequently, women and girls are less educated, less knowledgeable than men; they readily accept some misconceptions about gender roles and relations for granted. For example, 20% of respondents opined that for religious and other personal reasons, women should not be allowed to control assets. *"Religion is against family planning and, therefore, women should have limited access to these services".*

However, as a result of the continuing prolonged conflict and associated displacement, the absence of men from households, as well as widespread poverty in the region, which has been exacerbated by conflict and displacement, women are increasingly challenging gender inequalities. This is manifested in more investment by women in productive roles and income generation to support men and/or to provide for their needs and of their children in the absence of a man.

The insurgency and its social impact are transforming gender roles because women are increasingly filling the gap left by husbands, while some men are even keen to take on some domestic tasks.

## 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

---

<sup>10</sup> Global Gender Gap Index Report, 2016

## **Protection –**

### ***Hawking, a way for girls to market goods while also marketing themselves to men!***

Girls, mostly from the Hausa ethnic group, practice ‘hawking’, an income-generating activity common in NE Nigeria where girls go round the streets to sell products with plate on their heads. Although commonly practiced, hawking is not seen as good practice by the community because it is perceived as proof of poverty and vulnerability but also as a means for girls to advertise themselves to men. The current insurgency and related limitations of movement gives window of opportunity to positive change.

and its unprecedented protection implications have seen an increase of GBV in term of occurrence and severity but also with new forms of GBV. Sexual violence, including rape, is a defining characteristic of the ongoing conflict with 6 out of 10 women in the northeast having experienced one or more forms of GBV<sup>11</sup>. 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; child marriage as a reaction to the destruction or severe disruption to livelihoods; 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: child marriage, domestic violence, abduction and trafficking in persons, sexual violence, adding up to existing harmful traditional

practices against women and children such as FGM, levirate.

**Child marriage: “To protect our daughters, from abduction and sex slavery with AOGs, we were obliged to expedite their marriage as early as possible, sometimes without dowry”.**

Girls are mostly married at adolescent age, sometimes younger before their body is fully developed for sexual and reproductive roles. Nigeria has one of the world’s highest number of child brides with 49% of Nigerian women married under the age of 18<sup>12</sup>. According to respondents, the main reason behind child marriage include traditional beliefs and practices according to which a girl’s virgin is a matter of family honour. Parents do not want to jeopardize this honour and, as a result, marry their daughter as early as possible. Due to the conflict, some women reported that they had to take the decision to marry their daughter “for free” (i.e. without a dowry) in order to “protect their honour<sup>13</sup>” from the increasing risk of GBV by the AOGs, including abduction, sex slavery, rape, etc. Other reasons include poverty with less charge to the family and the material benefit, as men prefer to marry young girls, as they are likely to be virgin and easier to control and dominate. In all cases, the interest of the girl does not matter and is, therefore, not being assessed and considered.

## **Exploitation and abuse**

- Kidnapping and the abduction of girls by armed groups for forced recruitment, revenge, sex slavery and suicide attacks, etc.
- Other forms of violence include human trafficking for ransom and traditional rites, child trafficking for business, etc. Risks of attack when moving within the community and camp especially in night time (women and girls) and for men and boys outside the community by the insurgent

---

11 UNFPA, 2016

12 British Council Nigeria 2012 Gender Report,

13 CARE UK & appg, 2015: “To Protect Her Honour”: Child Marriage in Emergencies – The Fatal Confusion Between Protecting Girls and Sexual Violence

- ‘Survival sex’/transactional sex practiced by vulnerable and desperate women, girls and young men from IDP and host communities looking for money 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.

It is interesting to note that 90% of women and men respondents from both IDP and host community report feeling insecure due to the presence of security forces, as the same forces sent to protect them are in fact abusing and exploiting them. This abuse was reported by key informants, including community leaders and services providers, but not by community members themselves. While it is not clear why community members did not report such abuse and exploitation, we may surmise that it is because they are afraid to report for fear of reprisal or are not aware of the violence themselves.

### **Sexual harassment/rape**

Girls and women are at increasing risk due to the insurgency with IDPs coming from different locations and communities sharing collective shelters, toilets and washing areas in camps and in host communities. CARE’s assessment found that 60% of respondents indicated that they were aware of cases of rape, mostly against girls. According to respondents, sexual violence occurs mostly at home (28%) and while travelling outside of the camp/community for wood collection (17%), on way to/from schools (17%), and during the distribution of humanitarian assistance (10%). Most reported cases are those that resulted in death, serious injuries or pregnancy. Other cases might be unknown, possibly because the victim and anyone she/he confided in remained silent. Men and boys in Abbaganaram, Bulabulin, Gamboru reported being at high risk of sexual harassment and assault by other men. The extent of sexually assault of young boys and men is unknown, as most cases are not disclosed or are silenced before it gets to prosecution.

### **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, as family resources are limited. In some areas such as Dusuman and Gongulong (Jere), boys also do not access to school as they used to practice animal rearing.

### **Traditional harmful practices**

This includes female genital mutilation (FGM) mostly practiced by the Shuwa community. According to UNICEF<sup>14</sup>, 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<sup>15</sup> is more prominent in the North of the country<sup>16</sup>. Women in Bulabulin also report being subjected to some widowhood rites such as levirate, a practice that requires widows to marry the brother of their deceased husbands.

<sup>14</sup>Female genital mutilation/cutting, a Global Concern, UNICEF, New York 2016

<sup>15</sup> FGM: Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and a positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

<sup>16</sup> 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

## **Domestic violence**

Domestic violence was reported by respondents as being a high risk especially for women. For example, husbands often beat their wives because of the management of cash assistance, whereby women are entitled to cash assistance and are perceived as gaining more financial power and independence than their husband. Some husbands translate their frustration into domestic violence. Other examples of risk around cash assistance include conflict between young spouses and their older husbands to whom they have been forced to marry; and conflict between co-wives sharing the same compound.

Women face further psychological violence from their husband due to the risk of divorce and unequal treatment by husband's related resources sharing between co-wives and their children in polygamous families, etc.

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

IDPs in camps and in staying with host families reported not having enough privacy as many family members share the same tent or shelter. A woman returnee reported in Abbaganaram reported: "We are three co-wives in my family and when we fled Maiduguri, we lived for one year in two rooms: my husband and the children in one room and us three women in the other room."

62.5% 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 parameter 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**

### **GBV prevention and response Services by Humanitarian actors**

In 2017, the humanitarian actors have 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; PSS for 239,750 persons, and skills building and basic livelihood support services (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 will focus 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<sup>17</sup>'. Further achievement can be reached and sustained though 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. IDPs in informal camps do not have full access to these services for example Musari IDP camp or EI Miskin camp. Legal support is provided by Police, local authorities, community, volunteers (CJTF) with support of some local NGOs such as NBA, FIDA but this service is reported as being limited and not satisfactory for the complainant.

---

17 North-East humanitarian situation update, December 2017

## **Community based 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 community/camp; avoiding any movements outside at night time; stop 'hawking patrol' by local vigilantes; 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 treatment for HIV and pregnancy tests and 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; make the perpetrator pay for the health services and/or to marry the survivor. Some perpetrators are taken to Police and, from there, to court and jail. However, according to responders, in this case, perpetrators are not properly punished as jail sentences are minimal and perpetrators are released after a short time.

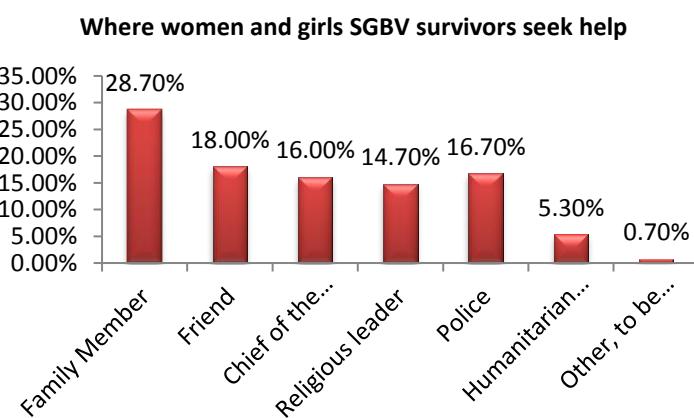
## **Gender norms and traditional practices related to SGBV**

### **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, child survivors of SGBV are dealt with empathy and care while adolescent girl or women survivors are seen as 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%

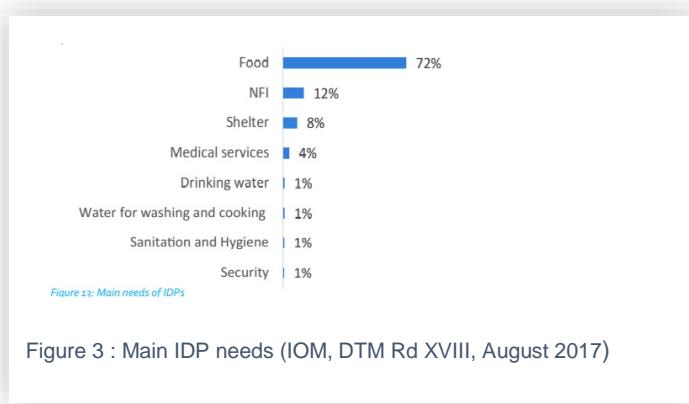


and 44% of the cases reported by adults and children respectively<sup>18</sup>. Respondents say that approximately 40% of women and girl survivors seek help from a family member or friend while 17% seek the assistance of the Police and only 5% seek help from humanitarian actors.

## Needs and Aspirations

Despite ongoing efforts of assistance by the humanitarian community, women, men, boys and girls among both the IDP and host communities require additional and more specific assistance. According to the IOM DTM Round 18 report, food remain 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, respondents answer interestingly focus on 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 campaign and *community mobilization* on GBV and more protection of women and girls such as safe space 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).



## Conclusion

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 while displaced women and men in need of basic immediate humanitarian assistance but also increasing needs of long-term and durables solutions. The below recommendations are aiming to improve the ongoing humanitarian interventions.

<sup>18</sup> GBVIMS-UNFPA, April 2017

## 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

1. Scale up comprehensive GBV prevention and responses and ensure strong linkages and coordination between Protection and other sectors;
2. Strengthen livelihoods supports to vulnerable and at risk women, girls, boys and men
3. Develop innovative GBV risk mitigation measures through economic empowerment and innovative cooking set with alternative solution for firewood
4. 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.)
5. 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
6. Reflect on good practices and lessons to addressing stigma and under reporting of GBV Cases
7. Strengthen community base mechanism of GBV prevention and response by conducting an in-depth gap analysis and develop and implement capacity building plan

8. Address issues around masculinity, gender stereotypes and GBV through community based mechanisms of self reflection and action (SAA), build on the BoSAP UNSCR 1325 and key events such as the IWD, 16 days of activism, etc.
9. 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

## Annexes

Annex 1: GBV Fact Sheet

Annex 2: Tools and Resources Used

References page

---

## CARE International Secretariat:

Chemis de Balexert 7-9  
1219 Chatelaine, Geneva  
Switzerland

Tel: +41 22 795 10 20

Fax: +41 22 795 10 29

[cisecretariat@careinternational.org](mailto:cisecretariat@careinternational.org)

[www.care-international.org](http://www.care-international.org)

## CARE Gender in Emergencies:

[emergencygender@careinternational.org](mailto:emergencygender@careinternational.org)

<http://gender.care2share.wikispaces.net/Gender+in+Emergencies>

CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water, basic healthcare and education and create opportunities for people to build a better future for themselves.

We also deliver emergency aid to survivors of natural disasters and conflict, and help people rebuild their lives.

We have 70 years' experience in successfully fighting poverty, and last year we helped change the lives of 65 million people around the world.

