INTERAGENCY GBV AND CHILD PROTECTION STRATEGIC DIRECTIONS

COVER PHOTO: #StepWithRefugees – Cameroonian refugees celebrate world refugee day with cultural dance in Ogoja, Cross River State, Nigeria, June 2019. ©UNHCR/Tony Aseh

Based on a comprehensive assessment in local government areas hosting Cameroonian refugees in Benue, Cross-river and Taraba states, Nigeria.

OCTOBER 2019

Acknowledgement

The process was conducted jointly by multiple partners as listed below.

Under the Leadership of line ministries	1. Ministry of Women Affairs, Cross-River State 2. Ministry of Social Welfare and Sustainable Development, Cross-River State 3. Ministry of Women Affairs, Youth and Social development, Benue State
Financial and technical contributing parties	4. UNHCR Nigeria, Sub - Office Ogoja, field office Adikpo and Field office Calabar 5. UNFPA Nigeria, Cross-River Sub-Office
Collaborating parties	6. UNICEF Nigeria, Enugu Field office 7. SEMA Benue State 8. SEMA Cross-River State 9. Women Development Office, Education department, Ogoja LGA 10. Social Welfare Office, Education department youth and social development, Kwande LGA 11. CARITAS Nigeria, Ogoja office 12. Foundation Justice Development and Peace (FJDP)

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PART 1

The GBV and Child Protection interagency comprehensive assessment

1. Background to the Assessment

1.1. Conflict and displacement[1]

The breakdown of peaceful resolution of the political conflict between the separatists groups from South West Anglophone and the Government army in the North West Regions of Cameroon had led to forced population movement from the conflict zones whereby generating waves of internally displaced person within the country and refugees that crossed the international borders into neighboring country Nigeria. The humanitarian situation in North-West and South-West (NWSW) regions of Cameroon continues to deteriorate with serious protection incidents, including excessive violence against civilian population by all parties involved in the conflict being noted. Displacement of civilians continues to increase with destruction of houses and villages by fighting parties. Impunity for crimes and acts of violence against civilians throughout the NWSW is a hallmark of the crisis.

Populations in these regions suffer from dramatic socio-economic challenges, disruption of support networks and deterioration in the living standards. More than 530,000 people have been internally displaced in the two regions, as well as in the Littoral and West Regions. Access to education is of critical concern. More than 80 per cent of schools have been closed and more than 700,000 children, representing almost 9 out of every 10 children, have been out of school for nearly three years with 80% of schools closed. 785 cases of GBV were reported in the same month (July 2019) with indications that it is on the rise.

Humanitarian access to persons in need throughout NWSW is a challenge with armed groups often blocking access as well as threatening humanitarian personnel. Thus, the conflict has generated a complex emergency situation and humanitarian crisis.

1.2. Refugees in Nigeria

As of 31st August 2019, over **42,000 persons from North-West and South-West regions of Cameroon have sought** asylum in Nigeria.

Nigeria has a conducive legal framework for refugees in Nigeria, including the inclusion in national systems, willingness to include refugees in national programmes and 2 years Temporary Protection Status using a prima facie approach.

The refugees have settled in over 42 Local Government Areas (LGAs) across five States namely, Akwa Ibom, Benue, Cross River (CRS), Rivers and Taraba States. Refugees are living in a vast geographic area, making it challenging to provide assistance and services to all.

- **51.2%** of the population lives in the Adagom (11,344) and the Okende (4,774) refugee settlements in Cross-River state and in the Anyake (5,690) refugee settlement in Benue state;
- **6%** live in urban areas (Calabar and Ikom both in Cross-River state and few in Makurdi in Benue state);
- **42.8%** live among host communities in 36 LGAs across the five states.

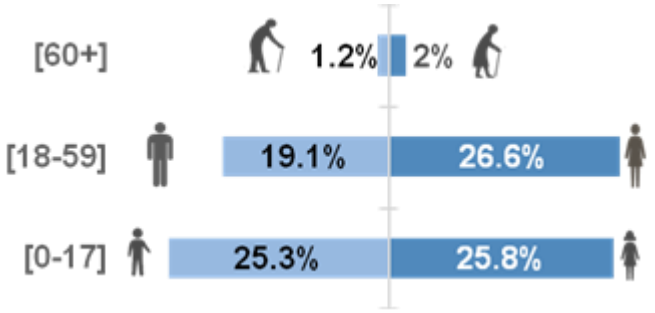
[1] ***Sources:*** *OCHA Cameroon, North-West and South-West situation reports No 7 – No 9;*

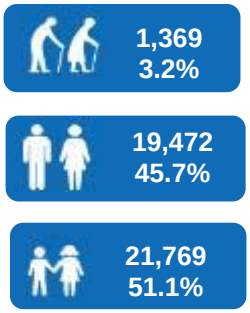
UNHCR Nigeria, monthly external updates, August 2019

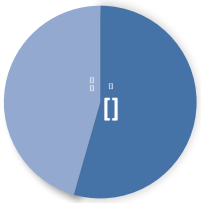
Below tables and graphics show refugee population statistics as of 31st August 2019.

1.3. Refugee population statistics [2]

State	Female	Male	Total	%
Akwa Ibom	293	236	**529**	**1.2%**
Benue	3,340	2,789	**6,129**	**14.4%**
Cross River	16,554	13,809	**30,363**	**71.3%**
Rivers	2	1	**3**	**0.0%**
Taraba	3,008	2,578	**5,586**	**13.1%**
Grand Total	***23,197***	***19,413***	***42,610***	***100.0%***







Education: School-Age Children

Age	Female	Male	Total
3-5 years	2,211	2,180	4,391
6-11 years	4,023	3,929	7,952
12-17 years	2,834	2,646	5,480
Grand Total	**9,068**	**8,755**	**17,823**

Gender	0-4 years	5-11 years	12-17 years	18-59 years	60 + years	Grand Total
Female	3,389	4,782	2,834	11,345	847	**23,197**
Male	3,463	4,655	2,646	8,127	522	**19,413**
Grand Total	**6,852**	**9,437**	**5,480**	**19,472**	**1,369**	***42,610***
%	***16.1%***	***22.1%***	***12.9%***	***45.7%***	***3.2%***	***100.0%***

Reproductive health:

Female (13-49 years)	
12,676	**29.7%**

[2] *UNHCR registration database as of 31st August 2019*

1.4. The assessment

UNHCR Protection officer discusses with refugees in Etung, Cross River State, Nigeria, April 2019. ©UNHCR/Tony Aseh

At the onset of the influx, rapid needs assessments were conducted which provided a basis to develop protection activities including GBV and Child protection. However, since early 2018, the Cameroonian refugee population in the settlements and out of settlements has increased from 8,000 to over 42,000 refugees. This situation prompted an increase of humanitarian sectors providing services in the hosting areas.

On 26 March 2019, UNHCR launched a Supplementary Appeal for the Cameroon situation for USD27.3 Million in new requirements for refugees in Nigeria, while reiterating already established overall requirements totaling USD44.6M for the response in 2019. This budget has been funded at 55% as of August. UNHCR implements its GBV and CP activities through partners, specifically, CARITAS in Cross-River state and FJDP in Benue state under the leadership of the State Emergency Management agency (SEMA), line ministries (Women Affairs, Youth and Social development) and local government authorities. Other humanitarian actors including UN sister agency UNFPA provide support in various sectors especially health sector and material. However, **GBV and child protection sectors are critically underfunded representing less than 2% of UNHCR total budget for refugee response in Nigeria and punctual support from other humanitarian actors.** There is an urgent need to improve and upscale the interventions.

The goal of the Assessment was to have an updated analysis of GBV and child protection risks in and out of the settlements and existing response/prevention mechanisms. The results of the assessment were envisioned to a) improve the quality of a multi-sectoral response to GBV incidents; b) improve assistance and services to children at risk b) improve the GBV and child protection prevention and mitigation interventions by raising funds and strengthening partnerships, c) support refugee communities' integration into existing local structures and community-based interventions;

2. Methodology of the assessment

2.1. Data collection

The Assessment was conducted from July through August 2019 and covered a desk research **as well as 3 weeks of data collection** in the field.

Through the desk review, documents related to 3 relevant assessments were reviewed:

- 1 joint multi-sector rapid needs assessment conducted in 4 LGAs (Akamkpa, Obanliku, Etung and Ikom) in Feb 2018;
- 1 rapid GBV Field assessment in Benue and Cross River States by UNFPA in Dec 2018;
- 1 Participatory Assessment conducted only in the 3 settlements (including Calabar Municipal LGA) in Nov 2018.

In addition, the team reviewed national documents such as Gender policy, Cross-River (2019 and End-violence against children (2018??), Benue state.

The assessment was conducted using international standard SGBV tested qualitative data collection tools, and the qualitative method adopted including direct observation, and focus group discussions. Purposive sampling was used to select respondents.

Data was collected using teams composed of both males and females. Confidentiality, safety and ethical standards were followed.

Looking at the population's geographic distribution, selected locations hosted more than 500 refugees.

FGD at a glance	
# Total of participants	614
# participants in Benue state	112
# participants in Cross-River	502
% female respondent	53%
% male respondent	47%
% of children	Out of the 614 person interviewed, 10 % were children
# of LGAs covered	12 LGAs hosting at least 500 refugees

Settlements areas:

- Benue state (Anyake refugee settlement);
- Cross-River (Adagom and Okende refugee settlements);

Host communities (i.e Out of settlement areas):

- Taraba state (Sardauna and Takum LGAs),
- Cross-River (Akamkpa, Boki, Bakassi, Obanliku, Etung, Ikom, Calabar LGAs);
- Benue (Kwande LGA)

4 teams conducted the data collection:

1. **Adikpo team** covering Anyake refugee settlement and Kwande LGA in Benue state;
2. **Calabar team** covering Calabar, Akamkpa, and Bakassi, LGAs in Cross-River state.
3. **Ogoja team** covering Okende and Adagom refugee settlements as well as Boki, Etung, Ikom, LGAs in Cross-River state. Due to to accessibility and security constraints, the team was not able to cover Obanliku LGA in Cross-River state as refugees living in remote areas.
4. **Taraba team** covering Sardauna and Takum LGAs in Taraba state. Also due to accessibility and security constraints, this was conducted by a separate mission of UNHCR senior protection Officers (SGBV)

UNHCR Representative to Nigeria and ECOWAS in a focused group discussion with Cameroonian refugee women in Ikom, Cross River State, Nigeria, May 2019. ©UNHCR/Tony Aseh

The data collectors' team followed the guidance below in preparation for the assessment:

- Teams informed and sought permission from community leaders and local authorities (or SEMA in a refugee settlement) prior to the start of the assessment.
- If needed, an interpreter was identified PRIOR to the start of the assessment. This was someone who is well-liked in the community (e.g. Mid-wife, nurse, social worker, community health worker) and is comfortable talking about GBV.
- Consent from participants whether adults or children was obtained before proceeding. In addition, for children their parents/caregivers were informed, and consent obtained.
- Each team had information on the referral pathway specific to that area to share with participants in focus group discussions. It would have been unethical for members to ask questions about GBV without having this information readily available.

2.2. Assessment Tools

The following table provides a breakdown of the methods, tools and sources of information. The tools were initially adapted by UNFPA Nigeria in March 2018 from UNICEF's GBV in Emergencies Program Resource Pack, UNFPA GBV in Emergencies Minimum Standards, IRC Assessment tools, modified and contextualized for the GBV Sub Sector Working Group in Nigeria.

UNHCR Sub– Office made further changes in July 2019 to adapt it to refugee's situation in the Southern part of Nigeria and capture the GBV as well as child protection risks. UNHCR adapted it adding elements from the child protection rapid assessment toolkit by Global Protection Cluster child protection.

Data collection methods	Tools/ Responsible/ Timeline	Sources of information
Service mapping to ascertain what services are available	▪ GBV Service Mapping Tool (see annex)	Service providers from health, Ministry of women affairs, local authorities, law enforcement and justice systems -Referral directory for Cross-River state
Focus group discussions with community members **(host and refugees)** to learn about service access	▪ Focus Group Discussion tool for adult and Focus Group Discussion tool for children (see annex)	Community members **(host and refugees):** children and adult. Men, women, boys and girls.

In Taraba state, the methodology used was mainly focus group discussions (FGDs) with refugees divided by gender in each location. Key informant interviews (KIIs) were further conducted with refugee leaders, local authorities, key informants from education and health sectors, immigration, UNHCR's government counterpart SEMA and UNHCR health partner staff. Where accessibility allowed, the mission visited specific places such as schools and a local "reception centre".

2.3. Data analysis

Qualitative data collected from various sources was separated and analysed in accordance with age, gender and locations on a daily basis to limit errors. Adopting content analysis focused on thematic indicators and issues. The recurring themes generated from descriptive forms in the FGDs, identified repeating concerns and explored differences in explanatory frameworks used by various actors. The research used data triangulation to confirm and complement the findings identified through FGDs.

Codification and categorisation was conducted in order to prioritise the information to be extracted and attempts were made by the team to focus on main dilemmas relating to SGBV and CP. A computerized method (Excel) was used to separate each data element collected, compiled, aggregated, and analysed.

The qualitative data analysis team developed a data analysis plan which ensured that all the data collected was effectively analysed and also developed information management requirements. Qualitative data analysis quality assurance was conducted in two stages with field data collectors as well as triangulating information with other key stakeholders that were involved in the assessment.

2.4. Ethical concerns

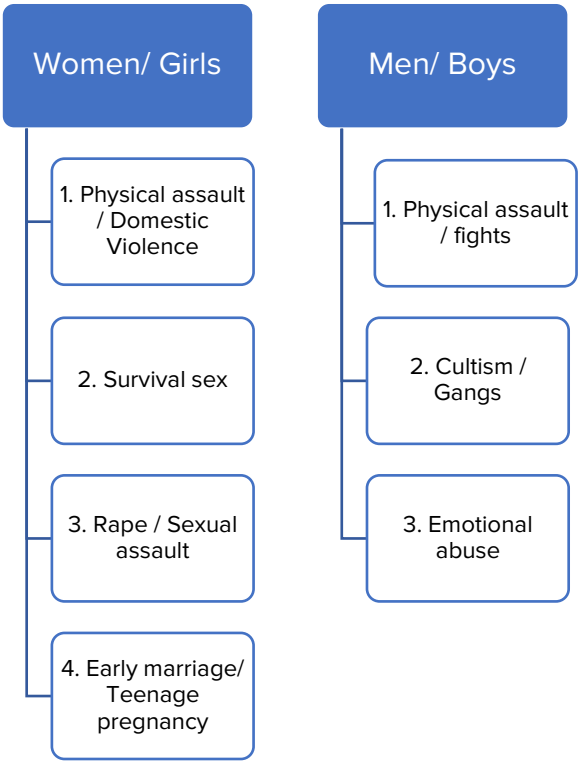
Due to the sensitive nature of the vulnerable population, the interviewers were screened and trained. Informed consent was duly obtained from each respondent following a careful explanation of the processes. The respondent was informed of their right not to participate or withdraw at any time during the process of participating in the sessions. Ethical approval was also obtained from the National health research and Ethics committee.

Ms. Rebecca Otor, a Cameroonian refugee, is a traditional midwife. She has delivered over 100 babies by refugee women since she arrived in Adagom, Ogoja, Cross River State, Nigeria, September 2019. ©UNHCR/Tony Aseh

3. Main findings

3.1. Most mentioned type of GBV

3.1.1. Cross-River and Benue state



The assessment showed **Similar General safety and GBV concerns** across locations. **Host communities and refugees mentioned similar GBV risks**. Acts are perpetrated by refugees and host communities' members. Only in settlements was SEA reported as a possibility.

The graphic above shows the most commonly mentioned type of GBV by refugee communities per gender, based on FGDs. The stigma of discussing physical assaults seemed to be the weakest. However, the methodology used with fictional stories seemed to have allowed FGD participants to discuss other types of GBV especially sexual assault/ rape.

Women and men mentioned being aware of sexual assault/ rape cases that happened in Cameroon as well as in Nigeria. Large majority of FGD participants agreed that survival sex is the most commonly occurring type of GBV in the settlements, host communities and urban settings. Women and girls seemed to be at heightened risks especially in host communities. Risks for those living in the host communities and urban areas were exacerbated by poverty & poor living conditions. Refugees living in host communities appeared extremely vulnerable with little to no assistance.

3.1.2. Taraba state

Five refugee women met in Takum reported rape incidents perpetrated in their villages of origin by the military. Those met in Saradauna didn't report any similar incidents. However, rape cases are underreported and are

highly culturally stigmatized with social implications against the survivor. In both locations they reported physical assault against women and children including cases of killing pregnant women by the military in Cameroun. Regarding SGBV incidents in Nigeria, respondents didn't report any rape cases but domestic violence and physical assault. From the assessment, there is a large number of women headed households. Out of all women respondents, only 5 reported to be living with their husband and getting their support. Others stated that their husbands had left to find jobs either in other locations in Nigeria (majority of respondents) or farming in Cameroon. However, they all reported that so far, their husband didn't send them money or food to support the family. A smaller proportion reported that they lost their husband.

3.2. Specific risks and concerns raised by children

Host communities and refugee children/ parents mentioned similar protection risks. Although risks for refugees seem to be exacerbated by poverty & poor living conditions.

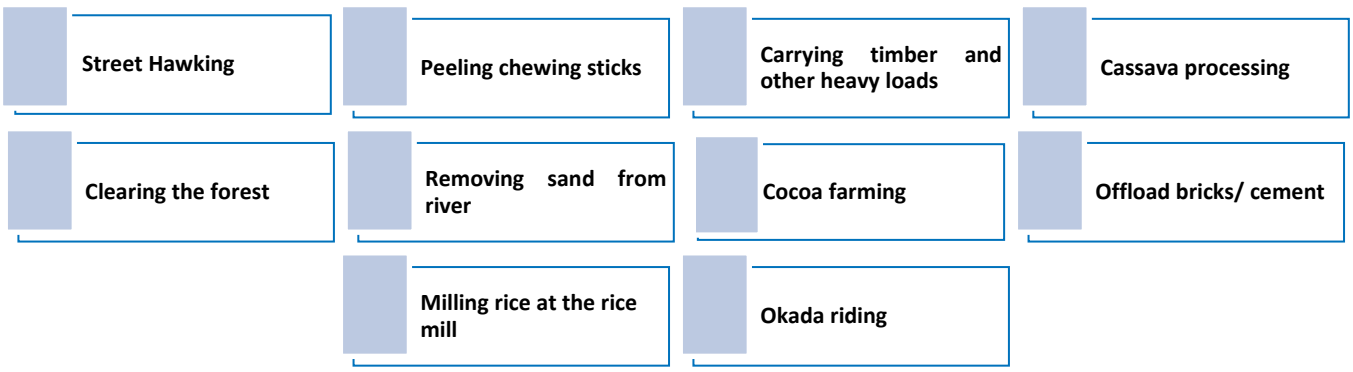
Cameroonian refugee children in their new home – a temporary hangar in Adagom, Ogoja, Cross River State, Nigeria, August 2019. ©UNHCR/Tony Aseh

The table below lists (in no order) the concerns raised by girls and boys.

Girls	Boys
•"Flogging at school" •Out-of-school to help at home •Hunger •Distressed •Teen pregnancy •Child marriage •Survivor sex (teenagers) and fear of being raped •Neglect and abuse by parents/ caregivers •Family separation •Poor living conditions •Little time to play	•Forced initiation by occultists/ gangs •"Flogging at school" •Stealing •Out-of- school to do heavy work or don't like school •Hunger •Distressed •Neglect and abuse by parents/ caregivers •Family separation •Smoking •Poor living conditions •Few recreational activities organized

3.2.1. Child labour

Child labour seems to be a major concern for children and the assessment revealed details of the types of work refugee and Nigerian children are doing. Children who participated in the FGD consider that most of the work are difficult and prevent them to go to school as well as play.



3.2.2. Education

Children in host communities were all going to school whereas the majority of refugee children who attended the FGD mentioned that they were not going to school. Reasons stated for non-attendance were: No school fees, while others lack interest in pursuing primary/secondary education as they have been out of school since the crisis started in Cameroon. Children were asked what they like about school and what they don't like.

Likes about the school:

Quality education, play field, learning materials (bks), the way they teach, some teachers are good, learning.

Dislikes about the school:

Distance, transportation, Nigerian system is different, Corporal punishment, flogging and bullying from seniors, poor infrastructure/school environment, unsafe pathways/routes to school and unfriendly teacher attitude.

3.3. Community knowledge and attitudes/perceptions on Sexual Violence incidences

All respondents were aware of what GBV is and reported it was happening. Women were more open in mentioning sexual violence. Men were defensive and found reasons why it occurred. Women and girls are "weak" and can easily be over-powered hence at risk of sexual violence." Men are not considered at risk of sexual violence "It cannot happen to men" only physical assault can happen. GBV occurring within families is often normalized and legitimized by all sides: men, women, boys and girls. Community attitudes to women who reveal GBV are harsh and tend to be slightly less harsh when it is a girl. A separate and disturbing issue is an accusation of prostitution. FGD revealed that sexual violence survivors are at times accused of prostitution by the communities and are not believed when they report an incident. Finally, the culture of silence is a big issue affecting reporting and service by child and adults survivors.

Cameroonian refugee women waiting for cash distributions to begin in Adagom refugee settlement, Ogoja, Cross River State, Nigeria, September 2019. ©UNHCR/Tony Aseh

Community perception of (female) adult survivor

- *"Since she did not shout in means that she is lying. Women are known to scream, so the victim should shout."*
- *"It looks like an arrangement, in a rape you must shout shouting is an element of rape, if you do not shout it is not rape."*
- *"Unfaithful women looking for an affair"*
- *"Men physically assaults their wives but wives also beat up their husbands"*
- *"It would become the talk of the town"*
- *"Fingers will be pointed at her as a prostitute. They will be seen as cheap and easy to have sex with"*
- *"As a married woman, she should not have involved in such act.*
- *"She must have taken money/ gifts from the man and refused to submit"*
- *"Other will sympathize. Others will be mocking or laughing at them"*
- *"She may be lying"*

Community perception of child & teenage survivor

- *"She is unlucky girl"*
- *"Young girls are mostly at risk because they are being forced and over-powered"*
- *"Girls are easily be lured boys and men."*
- *"A bad luck girl"*
- *"Because she is dressing short dresses"*
- *"Community will think the child has been destroyed if there is penetration"*
- *"They will think she has brought bad reputation to the community, Stigma, some will think of her as a normal person, while others will stigmatize her, some will pity her."*

FGD participants responded to a question asking about the reasons why GBV occurs in their communities. Responses were similar across the locations and are summarized in the table below.

Refugees living in Calabar

"Safety is not guaranteed at night and few periods in the day. There are cases of rape, kidnapping and robbery happening in town. It can also happen to refugees"

Refugees living in host communities' locations

"Women and girls are weaker vessel and cannot defend them self";	"they approach girls with the aim of destroying her virginity"	Poverty and hunger	Boys act because of peer pressure
Girls are wearing flashy and indecent dressing	Lack of lighting and unsafe roads	Boys engaged in gangs, occultism and drug abuse	Host community herdsmen who attack people
Long distance to fetch water and firewood	Lack of livelihood opportunities for men and young men. They become distressed	"The host community does not respect refugee women, they will not give the refugee men respect"	

Refugees living in settlements

Domestic violence because of Cash Based Interventions (CBI)	Boys smoking "Indian hemp" and drinking alcohol	Occultism and witchcraft branding	Broken marriages and broken relationships leading to violence
Lack of lighting and unsafe roads	Long distance to fetch water and firewood	Idleness of young people	Lack of livelihood and further education opportunities for men and young men.

3.5. Pathways selected by GBV survivors & children at risk

The relation to perpetrator(s) does play a significant role in survivors' decisions to seek help. Women and girls do not report violence by family members, because they are ashamed, scared of repercussions or are concerned with protecting husbands or family members. GBV survivors are often afraid that if they report GBV by a family member, they will lose access to resources or will be stigmatized. When violence is perpetrated by someone outside their families, host and refugee women/girls would rarely reveal it. They are predominantly scared of stigma and shame tied to the status of GBV survivors. In the case of sexual assault of young women, the fear of forced marriage is a major factor. Regardless of locations, the most common path selected by FGDs participants was to seek protection through family or chief/ traditional leader mechanisms. In cases of domestic violence, women expressed that seeking protection within the extended family, normally, comes as a first step. If family mediation does not solve the issue, the community elders or traditional leaders can be approached. Male survivors have not been mentioned and acknowledged as existing.

Ms. Wasi Rose, a Cameroonian refugee, cooks a meal for her four children and mother in Adagom, Ogoja, Cross River State, Nigeria, September 2019. ©UNHCR/Tony Aseh

Refugee Settlements
Adagom & Okende in Cross-River ▪ Many fear to report GBV. ▪ To trusted friend and family, to CARITAS, RHEMACARE, UNHCR or SEMA. ▪ Medical services at health center, counselling by monitors and church, justice ("SEMA will judge the case") and security (Police and vigilantes will "punish the culprit").
Anyake ▪ Many fear to report GBV. ▪ Report to The Vigilante who will call SEMA if perpetrator is a refugee. ▪ Report to the Chief if the perpetrator is host community; ▪ FJDP or UNHCR take victim to health centre

Host communities & refugees living in host communities
Many are afraid to report GBV
Report case to the chief. If it surpasses the ability of the chief, it is moved to the police station.
Report to someone related to the perpetrator, to elders or to the youth council;
Health center mentioned in all locations;

Refugees in Calabar
Many fear to report GBV
Report case to religious leaders/ pastor, chief, community group or trusted family members. If survivor has security concern, the case is reported to the police (but not preferred and trusted).
Health centres mentioned by all. No other service mentioned. Some mentioned UNHCR and "government services"

3.6. Community response and support for GBV and CP

Host communities & refugees living in host communities
There are sanctions for something like this in the community, the perpetrator can be banished from the community and/or be fined (wine and money). "Domestic violence is a private matter"
Support/ counselling provided by churches, youth council and women leaders. Refugees mentioned unfair access to these services.
Forced early marriage for pregnant survivor (if not married yet)

Refugees in Calabar
Pastors and religious leaders provide advice and counselling
Many mentioned support from the community/ neighbors however "the help differs if it is a man, woman or a child"
Health centres mentioned by all. No other service mentioned

Refugee Settlements (across all settlements)
"Punishment for offenders is based on when the offence is extreme. However with the arrival of the new leaders there is plan to constitute a more consistent punishment."
"the vigilantes will beat the perpetrators"
"Visit a native doctor to find out the root cause of the act" => ***specific to Anyake settlement***
"If a girl is impregnated, the perpetrator is forced to marry or give the child to the biological father and marry her out to another man."
Community network seems weak.

4. Safety audit outcomes

Women/girls do not feel safe neither do men/boys. Host communities and refugees mentioned similar GBV risks. Across locations, there are common areas mentioned as unsafe for example fetching firewood, lack of lights at nights, shrines and traditional ritual places, areas where bad/cultist boys hangout. Below are the unsafe places identified by FGD participants per Local Government Area (LGA). Participants are mainly being quoted for accuracy purpose:

Ogoja LGA (Cross-River)

Nigerian women living in Adagom village: "**The forest;** Agbugu forest, Abonte forest, Oyel forest which is very close to the living areas. One can't go anytime during the day or at night, the place is marshy someone can easily sink in, the forest also serves as **traditional ritual places. The river side** as well is not safe because of drowning, both the forest and river side serves as hide outs for bad boys who makes the place their joint to commit crime and rape girls. Men and women, boys and girls are afraid of these places."

Refugee women living in Adagom refugee settlement: "The most dangerous places are where Cultist boys hang-out, Community 24, 12 and 33, High way junction. Beer parlours, reception area, river sides, across the swamp"

Refugee girls living in Okende refugee settlement: "The areas that are dangerous are the reception area in the evening, community 1, River between community 1&2. Boys hang-out at these places and abuse girls"

Ms. Magdalene Ochukwa, a Cameroonian refugee, and her five children stand in their shelter under construction in Okende refugee settlement, Ogoja, Cross River State, Nigeria. Her husband was killed by a stray bullet in March 2018, while they were fleeing fighting in Anglophone Cameroon, March 2019. ©UNHCR/Tony Aseh

In addition, refugee participants mentioned that at night because of **lack of lights** both of the refugee settlements are unsafe. **Fetching firewood** in the host community was also identified as unsafe. If anything happens, they seek safety at SEMA office, Caritas office, nearby bush areas or Ogoja city. FGD participants recommended that Police station should be stationed close to the settlements to secure the areas.

Kwande LGA (Benue state)

Refugee girls living in Anyake settlement "The road from Anyake refugee settlement to the road side is unsafe. Boys forcing them self on girls and attack them. When a girl refuses to accept relationship, they wait for you on the way."

FGD participant living in Ikyogen "Mountain located close by, any time is unsafe because the host community shrine is located there, and refugees were warned to stay away from that place. There is also a forest that

women are not allowed to go into. It is a community shrine, there is a well close to the shrine, when women are in their period, they do not go near it. It is unsafe all the time"

Refugees also identified the reception centre at night as there is no lighting and women and girls fear to be raped. In addition, host community warned refugee women against cutting their fire wood. They attack refugee women who go **fetching firewood**. If anything happens, they seek safety at the chief place or SEMA office.

Etung LGA (Cross-River)

Refugee women and girls living in Agbokim waterfall "The unsafe places are Abia road, **secondary school**, Kerewas (sexual abusers) vicinity, and Bunk (weed-smoking joint). There is a place called "Caraboat" boys rape peoples wife at the streams, hence it is not safe for girls to go to the river alone. At Caraboat there is no water, the two boreholes are not working, women and girls have to walk to the **stream to fetch water** which is unsafe as bad boys could sexually harass them. Sometimes young boys are forced into cultism even girls too. If you don't agree they beat you. Going alone to work in the farms is not safe neither."

Churches and the women hall are the only places identified as safe.

Ikom LGA (Cross-River)

UNHCR Senior Protection Officer (SGBV – SftS) discusses with Cameroonian refugee children in Ikom, Cross River State, Nigeria, May 2019. ©UNHCR/Tony Aseh

Refugee women living in Deeper life church "Places that are unsafe for women and girls are Bar, hotels where free girls are staying, Ogoja road, Abacha street, Obudu street and the stream. People are Smoking, there are robbery, girls dance naked, and girls can be raped in these places."

The most occurring risk mentioned in Ikom was exploitation by national employers in Ikom and at the border area as well as survival sex. Only churches are considered as safe.

Akamkpa LGA (Cross-River)

Refugee women identified the stream as an unsafe place and women being "molested" there. Girls and boys are afraid of being kidnapped or being forced to take drugs. Women and children have suggested to be relocated to refugee settlement to be safe. Men didn't report any unsafe places and stated that women are safe in their community.

Bakassi LGA (Cross-River)

At night there are *"bad boys smoking and they attack young women and girls".* Adult women mentioned Adang Street as an unsafe area as well as "places were bad boys hang-out". Girls reported not feeling safe and nobody wants to help them. There are "old men" who want to sleep with the girls. Finally, young men and boys reported being afraid of forced recruitment into cultism.

Gembu and Takum LGAs (Taraba state)

In Gembu and Takum, areas identified by women as high risks are:

- Farms. Women reported going to look for jobs in farms which are as far as 2 days walk. They have to sleep in the bush.
- Community facilities where refugees are living together. Although they expressed gratitude for the facilities that local authorities and host communities allowed them to use (schools, "reception centre" in Gembu), the places are congested and there are no proper WASH facilities
- Rented houses in Gembu or Takum towns. Women reported to be "harassed and abused" by the landlords as they struggle to pay rent (around 200 dollars per year). Majority reported having payment arrears.

Ms. Ayen Jeanette, a Cameroonian refugee mother of four children is also the guardian of her missing auntie's four-year-old daughter. She is waiting to collect cash for food assistance at Adagom refugee settlement, Ogoja, Cross River State, Nigeria, March 2019. ©UNHCR/Tony Aseh

PART 2

GBV and Child Protection

INTERAGENCY SIX STRATEGIC DIRECTIONS

5. Six strategic directions

As the resources are limited, the **six strategic directions** are designed to address the most essential of numerous gaps identified in the course of the Assessment.

Refugees are hosted in a vast geographic area across 5 states and over 40 LGAs. Regardless of the locations, refugees and host communities have reported similar types of GBV occurring in their communities. Refugees living in the host communities/urban areas being at heightened risk compared to refugees living in settlements. Therefore, all interventions in the present strategy are using **an area-based approach** as opposite to refugees-based.

Nigeria has a conducive legal framework for refugees in Nigeria, including the inclusion in national systems and willingness to include refugees in national programmes. The interventions should complement and strengthen government interventions in line with **the Global Compact of Refugees (GCR), Comprehensive Refugee Response Framework (CRRF) and the Sustainable Development Goals (SDGs).**

Interventions will be designed to use innovative approaches in responding, preventing and mitigating GBV and addressing child protection issues. The implementation of the strategic directions requires **multi-sectoral collaboration** as GBV cannot be addressed or prevented without strong programming such as livelihood, education, health, etc.

- Addressing survival sex as coping mechanisms
- Advocacy/Policy implementation
- Prevention: multi-year prevention programming plan
- Response: quality service provision and case management
- Risk mitigation: GBV mainstreaming
- Protecting children

5.1. Response: quality Services provision and case management

Addressing GBV is critical based on the fundamental right of all persons to live free from all forms of gender-based violence, exploitation and abuse. All survivors of GBV including survivors have the right to immediate protection and services, which can be **life-saving interventions**.

1. Partners should reinforce rather than replace national services and collaborate with host government on expanding safe access for refugees to national services in ways equitable and comparable to what is available to citizens with similar needs.

2. Ensure quality, timely and equal access to case management systems and referrals for all sites, all survivors including men and boys. Access at a minimum, appropriate health, psychosocial, safety & security, social welfare, education, socio-economic interventions and legal support & justice.

3. Ensure that men and boy survivors are not isolated from services, or at the expense of, women and girls. Ensure that programming is complementary, not competitive.

4. Existing 2019 CP SOPs and 2019 GBV SOPs for Cross-River and for Benue States have listed service providers including officers from line ministries with whom to collaborate. Each partner in line with their own programming, should develop a support system to improve the quality of services in locations hosting refugees. Dissemination of these SOPs and referral pathways will be key. Information sharing with the communities on existing services and pathways to seek support. SOPs for Taraba state have to be developed.

5. Improve/develop two-way communication systems with the communities to inform them on services/ activities and receive feedbacks.

6. Institutional and coordination capacity strengthening to improve services is critical. Line ministries lack for example materials, equipment, buildings, stationary, transport, etc. to enable them to provide services. The support will be for a period as advocacy work is ongoing at state level to increase capacities of local services.

7. Partners to continue to provide case management services for GBV survivors and children at risk in collaboration with line ministries and national services. Capacity building for partners and government officials is a critical activity.

8. Special attention should be given to improve access to justice by working with law enforcement agencies, relevant line Ministries, lawyers' associations, Ministry of justice, etc. Identification of focal points and capacity building. This is a critical gap across locations.

9. Sexual and reproductive health services and medical services for survivors should be improved across locations. Medical staff should be trained on managing GBV cases.

10. Group counselling and psychosocial interventions have to be up scaled using community-based solutions. Key community members could be trained in Psychological First Aid (PFA).

11. Mapping and improving safe spaces and community recreational centres/activities.

12. Partners to explore **methods** below **for delivering services in host communities' areas:**

    a. The use of **mobile teams** with staff trained to give emergency psychosocial support to survivors, conduct safety audits of site, where necessary, and distribute dignity kits. Mobile teams are ready to take GBV survivors outside of the area if referral is needed.

    b. To use **volunteers from the members of local communities**. Members of local communities willing to serve as volunteers are being trained outside of hard to access areas. They come back to hard to access areas prepared to provide information and emergency psychosocial support to GBV survivors. Volunteers keep in touch with professional service providers via cell phone. Cell phones are used to monitor and supervise the operations.

    c. To **set up temporary offices** (working once a week, for example) in local facilities. Local populations are then informed about the working hours and services available for them in temporary offices.

    d. To partner with **local grass-root groups and community-based structures** (for example, local community-based women's groups, youth councils, etc.) and with **local government structures** (such as the offices of the MoWA at LGA level) to deliver emergency services in hard to reach areas.

13. Ensure survivors have **legal documentation** (specific to refugees).

14. Establish strategic partnerships with national agencies (NAPTIP) to address human/child **trafficking risks**.

15. Ensure services are inclusive for **persons living with disabilities**;

5.2. Prevention: Multi-year programming plan

Prevention aims to stop GBV from ever occurring and often addresses the root causes of SGBV, namely gender inequality and unequal power relations between individuals. **GBV is preventable**. Violence against women decreases significantly in communities where prevention programmes are implemented (for example working with men and boys, behavioural change activities, etc.).

The assessment showed that GBV is deep rooted in the communities with a perception that female adult survivors are prostitutes. There is a need to take these actions.

1. **Develop and implement a multi-year prevention plan** that addresses the root causes of GBV to bring about effective behaviour and social change in the community. Partners can contribute to the plan in their various capacities and in line with their programming.

2. **Use innovative methodologies** to unpack power, walk communities through a process of change avoiding the chronic cycle of awareness-raising, and engage a critical mass of people across all levels of society in order to create social norm change. Methodology such as ***SaSa!*** could be used.

3. Identify **potential "allies"** who can influence the communities and work with them as well as with **women and girls, men and boys, traditional and religious leaders, community leaders, youth council, women leaders and women groups**.

4. **Explore partnerships with male** community groups, youth and children's clubs, sports associations, schools, vocational institutions, microfinance clubs and other organisations.

5. **Involve male religious and traditional leaders** in processes that bring different perspectives on gender roles to their community.

6. Explore and expand the use **of male and female outreach workers, trainers and leaders**

7. Develop **targeted common messages** on specific risks and conduct, where possible, joint **thematic awareness raising activities**. The present assessment highlighted specific types of GBV that are occurring, and risks faced by the communities. This should feed the design of the activities.

8. **Partner with local radio stations** to disseminate messages on GBV prevention.

9. Encourage youth to create/ develop **recreational and innovative activities with a protection objective** such as community theatre sport activities, debates, arts for protection, music competitions, etc. Engaging young girls in creative and innovative activities.

10. Develop **Prevention of Sexual Exploitation and Abuse (PSEA)** interventions

5.3. Risks mitigation: GBV mainstreaming

GBV mainstreaming specifically refers to integration of appropriate prevention, risk mitigation and response strategies across all areas of programming. In this section, the focus is on risk mitigation. This refers to actions that are taken in each humanitarian sector to reduce risks and exposure to GBV. **The risks of GBV can be reduced.** Communities for example are less likely to experience physical violence in settings where there is community street lighting compared to areas that are not lit at night. The assessment and safety audit identified unsafe areas as those that lacked street lighting, involved long distances to fetch water and firewood, and where the quality of shelters/ habitations was poor, etc. There is a need to act.

1. Integrate the Inter-Agency Standing Committee (IASC[3]) guidelines[4] into technical sectors work plan and strategies especially CBI, shelters, WASH, health and Energy/environment.

2. **Capacities building** of technical actors on GBV

3. Conduct **safety audits**

5.4. Addressing survival sex as coping mechanisms

Women may have fewer employment opportunities available to them, particularly if they are responsible for young children. Women and girls may be compelled to exchange sex for material goods or protection, or sell sex in order to survive. Survival sex is frequently a direct consequence of gaps in assistance, failure of registration systems or family separations. Displacement or poor living conditions can increase the pressure on women to engage in survival sex, and in turn increase HIV exposure. Many challenges remain, as women engaged in survival sex are highly stigmatized both by the police and their communities, which leaves them exposed to exploitation and unable to seek legal redress.

From the assessment, this has been mentioned as the most common GBV type across all locations and by refugees and host communities.

1. Implement strategic interventions aiming to **enhance self-reliance**, including projects to strengthen women's livelihood skills, access to financial and other work-related services, and opportunities for safe and decent employment. Empowerment of women in skills acquisition and small scale businesses.

2. Increase **education opportunities** for young girls and women. Programming for out of school teenagers

3. **Prevent delays in distribution of CBI and non-food items** that may force persons of concern to engage in harmful practices like survival sex. Ensure the provision of sanitary materials for women and girls of

[3] *Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance at global level.*

[4] *IASC guidelines on for integrating Gender-Based Violence interventions in Humanitarian Action (2015)*

reproductive age, and education for all primary school children, as part of 'non-negotiable standards of assistance'. (Specific to refugee settlements).

4. **Inform and train** staff on matters relating to survival sex to ensure that all persons should be treated with respect and without discrimination.

5. Work with communities, governments and partner staff, and strengthen capacity to build an environment free of violence and exploitation that responds effectively to **Sexual Exploitation and Abuse (SEA)** perpetrated by services providers.

5.5. Advocacy/Policy implementation

Advocacy is a technique used to influence for change. It is a deliberate action taken to influence a decision-maker with the aim of changing a certain law/policy or structure.

Partners will prioritize relationship-building with government and local authorities for influencing meaningful change, seeking improvement of national services, and raising awareness on specific risks faced by refugees.

Based on the assessment, the domains of change (not exhaustive list) are:

1. Improved access, availability and quality of services for GBV survivors and children at risk.
2. Improved collaboration with legal system and law enforcement.
3. Improved SRH and GBV health services at local level in refugee hosting areas
4. Financial provision for line ministry at state and local level to coordinate GBV and child protection mechanisms.

5.6. Protecting children

Children are vulnerable to exploitation, abuse or violence. Given their level of dependence and limited ability to protect themselves, children are at risk of being separated from their families and often require tailored interventions. Low levels of participation by children in decision-making processes may further exacerbate the risks they face. Children may even be at risk of sexual exploitation, abuse or violence by persons who care for or have unhindered access to them. Children may also be at risk of forced or early marriage or other harmful traditional practices within their own communities. Children also have their own strength and capacity to cope.

The assessment showed that children were at risk of GBV, child labour, dropping out of school and family separation. Certain specific rights and principles must be considered when working with children. These include the right to life, survival and development; non-discrimination; the best interests of the child; and the participation of children in decisions that affect their lives.

1. Promote **safe learning environments** for children. Promote the use of codes of conduct for teachers and peers, and the adoption of child friendly confidential complaint mechanisms and reporting systems to prevent and respond to GBV. Raise awareness among teachers and parents about child rights.

2. Promote access to **education as well as social welfare services** for all children.

3. Implement **child protection case management systems as per the Best Interest procedures. These procedures** are captured in the 2019 CP SOPs for Cross-River state and for Benue state.

4. Identify and support existing **child protection mechanisms**, in recognition of the critical role played by communities in protecting their children.

5. Ensure children are safe where they live, learn and play. **Child friendly spaces/ recreational activities** in the settlements and host communities should be developed.

6. Ensure children have access to **child-friendly procedures and services – including legal services**.

7. Ensure children obtain **legal documentation** such as birth certificates.

8. Children with specific needs such as **unaccompanied and separated children** receive targeted support (alternative care, family tracing services, material support, etc.).

THE GBV AND CHILD PROTECTION INTER-AGENCY STRATEGIC DIRECTIONS

October, 2019

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