



GENDER BASED VIOLENCE ANNUAL REPORT – 2020

CAMEROONIAN REFUGEE SITUATION

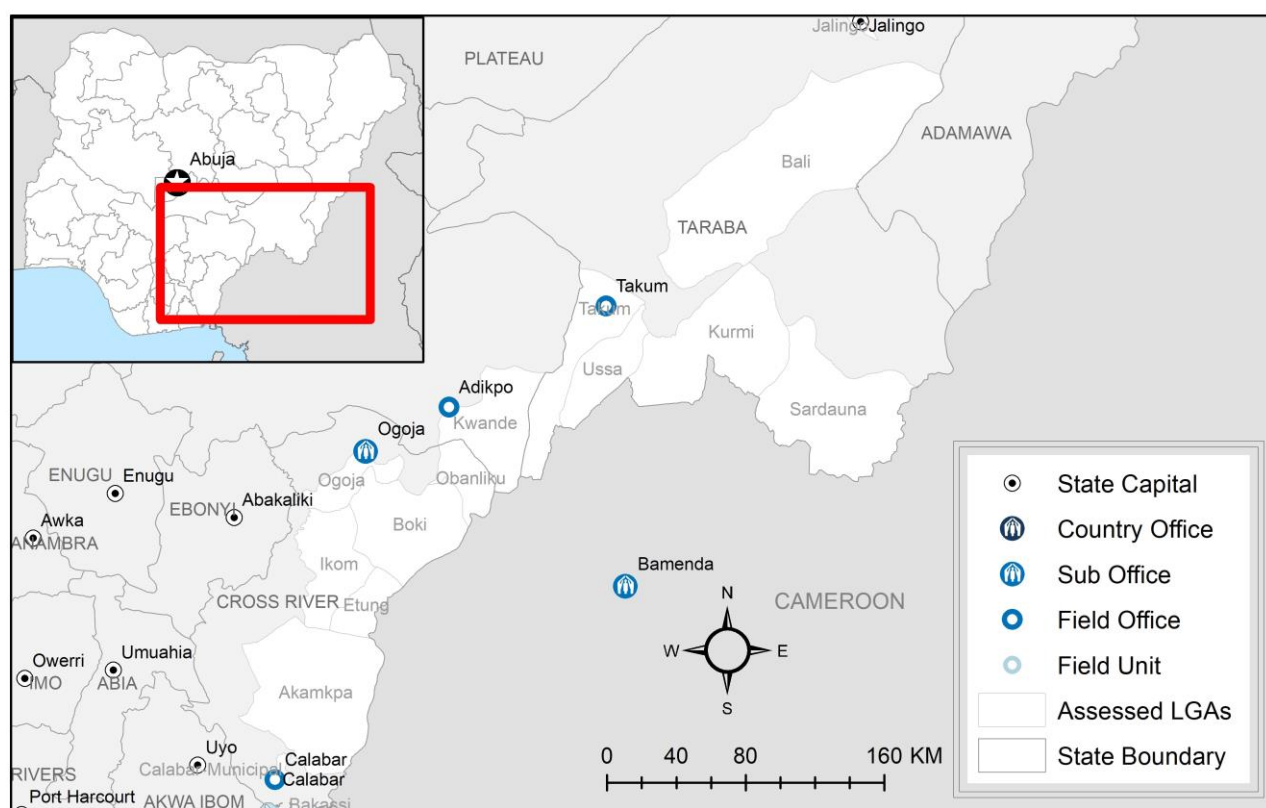
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ACRONYM | DEFINITION

FJDP	- Foundation for Justice, Development and Peace
SEMA	- State Emergency Management Agency
UNHCR	- United Nations High Commissioner for Refugees
SEA	- Sexual Exploitation and Abuse
NGO	- Non-Governmental Organization
LNGO	- Local Non-Governmental Organization
CBO	- Community Based Organization
RLO	- Refugee Led Organization
CMR	- Clinical Management of Rape
CBI	- Cash Based Intervention
IPV	- Intimate Partner Violence
GBV	- Gender Based Violence
JRS	- Jesuit Refugee Service
NRCS	- Nigeria Red Cross Society

Map Coverage



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Sources: UNHCR Nigeria, HDX, **Created:** March 2021 Email: nigabim@unhcr.org Website: <http://www.unhcr.org/>

Key Highlights

The difficult and challenging situation within the context of COVID-19 pandemic exacerbated risks to GBV among persons of concerns, with over 80% of the reported incidents directed to women. Difficult situations during lockdown, loss of casual jobs, limited socio-economic opportunities and burdened family responsibilities increased the risks of GBV among the Cameroonian Refugees across the three states of Cross River, Benue and Taraba.

UNHCR in coordination with the Ministry of Women Affairs, SEMA, Social Welfare Department, NCFMRI and Nigeria police force continued to strengthen the implementation of GBV prevention risks mitigation and response through various activities under its objective of ensuring risks of GBV is reduced and quality of response improved. Through the community-Based protection approach, community participation was enhanced which prompted to key deliverables during lockdown and hard to reach locations.

Key Achievements in 2020



28%
 Individuals
 Reached

Out of the total number of registered population, **28%** of individuals were reached through GBV prevention, risks mitigation and response activities across the three states of Cross River, Benue and Taraba states.

- Through a strengthened referral pathway, the multi-sectoral support services included psychosocial support, legal assistance, safety and security, capacity building and materials assistance.
- GBV activities reached out to individuals across the Local Government Areas of Ogoja, Ikom, Boki, Etung, Obanliku, Upranch, Akamkpa, Bakassi, Calabar State Capital; Kwande, Ussa, Kurmi, Sardauna, Takum, Bali and Jalingo state capital.
- **12** partners (**2** INGO, **4** NGO, **3** LNGO, **2** Government partners and **1** CBO) worked in Coordination with the Ministry of Women Affairs and Social Welfare Department in GBV activities implemented across the **3** states.
- **3** Referral pathways developed and updated on monthly basis for timely and inclusive service provision to GBV survivors and other persons at risk. This also empowered survivors to make informed decisions and choices in their lives.

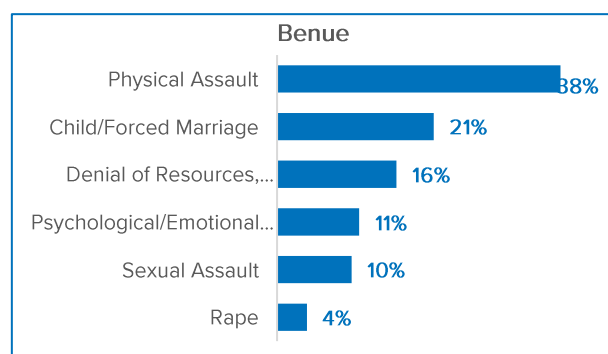
Information & Case Management and Psychosocial counseling provided

UNHCR and protection implementing partners Caritas, JRS and FJDP promoted timely and effective service delivery through Information and Case management and psychosocial support through existing tools of GBVIMS, protection monitoring, assessment, and awareness creation on referral mechanism across the three states.

Incident by State

Resource allocation, geographical terrain, security situation and accessibility of services resulted in low and high levels of incidents being reported across different states. Of the total incidents reported, **8%** were from Taraba state, **77%** from Cross River state and **15%** from Benue state.

As indicated in the chart, physical assault was the most common form of violence that occurred across the three states: with the majority of the incidents happening in the evening and nighttime between intimate

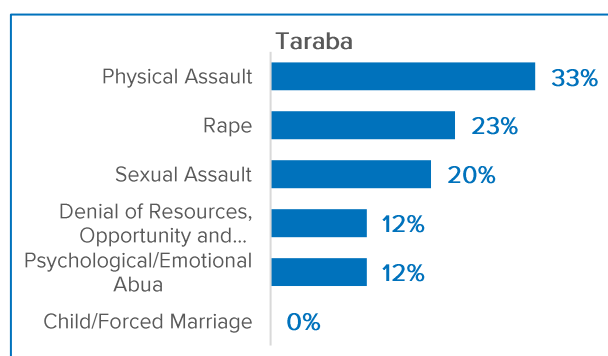
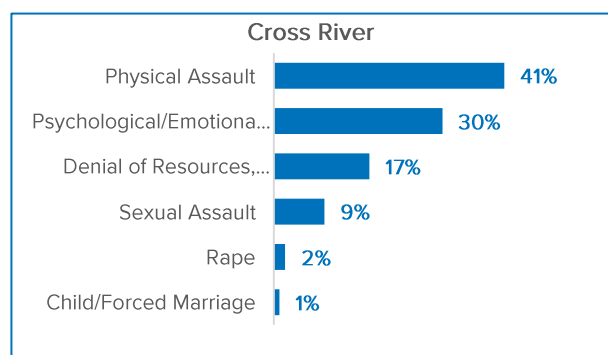


partners taking place at perpetrator's home or survivor's residence. These acts led to increased emotional abuse. This further contributed to denial of resources at the household level leading to increased household burden and economic constraints among many survivors.

Incidences of sexual violence related to rape and sexual assault were directed towards women and children including persons with disabilities.

Intimate Partner Violence

44% of the incidents reported were Intimate partner violence related and perpetrated by a former or current partner who are cohabiting or married couples in the same household. Lockdown during COVID-19 pandemic contributed to increased incidents of IPV/DV. This was further worsened by socio-economic constraints coupled with burdened household responsibilities, limited livelihoods opportunities and delayed service provision including outrage over increase of food prices in the market that forced many families to quarrel over priority needs. It was further escalated by poor communication skills and power imbalances at home on sharing responsibilities and denial of resources including family bills.



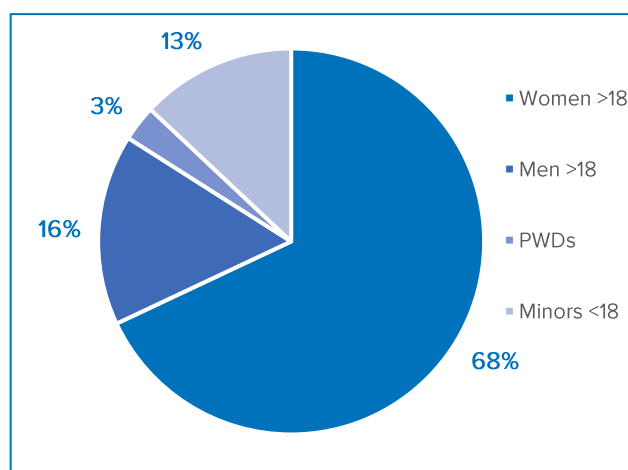
Survivor's Characteristics

The highest number of incidents happened within the settlement locations (84%) with only 16% reported within the host community locations. This was mainly

characterized by increased level of awareness and ease of access of partner staff into the settlements. Limited and hard to reach host community contributed to the low level of incidents being reported from the host community locations. From the reported incidents, female survivors recorded the highest number of incidents at 84%. As indicated in the chart, adults were the majority with (68%). Adult male 16% and children under the age of 18 documented at (13%). Other cases were reported by survivors with disabilities (3%). Women, children and PWDs recorded the highest percentage of physical, sexual assault and rape related incidents. The socio-economic constraints and lack of family support system contributed to child / forced marriage among adolescent girls. However, due to lockdown and nature of vulnerability, the majority of cases went underreported in the community.

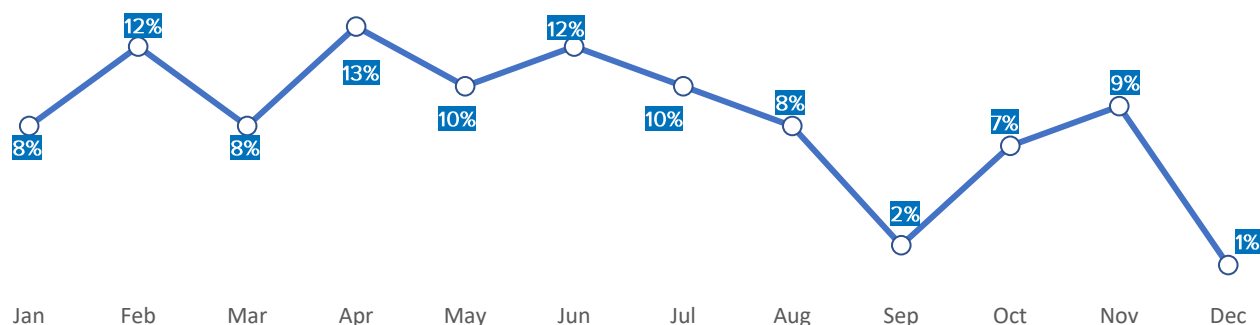
Perpetrator information

97% of the reported cases are perpetrated by males and a person well known to the survivors and between 26-40 years of age. 3% were perpetrated by females who were also close relatives and persons well known



to the survivors. Incidents of child survivors were mainly perpetrators by individuals well known to them including close family friends. Incidents of rape occurred by known and unknown individuals to survivors.

GBV trend (January – December)



From the trend analysis, a high number of incidents were reported in February, April and June. Attributed by lockdown and physical presence of caseworkers and availability of services in the community. Furthermore, when the lockdown was lifted in September, freedom of movement was encountered, tension and threats within homes and in the community reduced leading to low number of reported incidents. Increased incidents of psychological and emotional abuse were however experienced by survivors in October and November due to delay in service provision including Cash assistance that responds to their basic supporting needs.

Addressing Survival / Transactional Sex

Madam, I am a widow, I have 8 children in my house. 5 girls and 3 boys. How do you expect me to feed them, cloth them, buy books for them? This man is one of my daughters boyfriend. He comes with shopping and food on weekly basis. He even pays my rent. I just agree for my daughter to continue with him...

As resources continue to dwindle, the level of vulnerability increases especially among women and adolescent girls. Efforts to mitigate these risks are a challenge due to limited socio-economic support. Survival sex as a means to providing for basic needs have become inevitable for some persons especially for the purpose of supporting families. As the burden of family responsibilities increase, coupled with lack of financial support to most female-headed households, exposure to risks become more inevitable. UNHCR and its implementing partners continue to address these through its mitigative measures of livelihoods interventions, provision of shelter, material assistance, WASH, education, and CBI. However, despite these efforts limited livelihood opportunities and access to other basic needs in the host community locations have further increased the risks of exploitation among

men, women, boys, and girls.

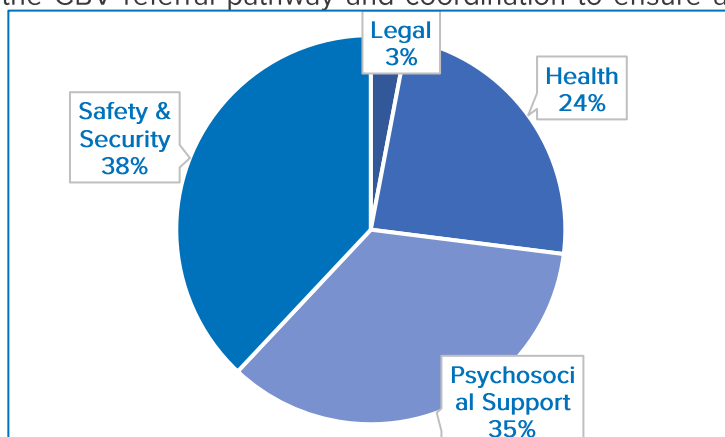
Multi-Sectoral Response Services

Under lockdown and other physical distancing measures to curb the spread of the virus, multi-sectoral support assistance was a challenge. Women, men, boys, and girls were confined in their homes, with very limited access to service provision, especially within the host community locations. Also, rising insecurities, stress levels, strains on economic resources and isolation from support networks further contributed to the increased risks of GBV during COVID-19 that further needed immediate response.

Despite the constraints in follow-up, timely service delivery to remote service provision and limited staff because of physical distancing reaching and supporting populations of concern remained a concern. UNHCR however adopted best practices of establishing effective communication with community structures and refugee led organization to ensure timely service delivery to survivors. On the same note,

improved access to these services was ensured by introducing and strengthening strategies such as direct phone calls, emails, hotline numbers, complaint boxes and face to face on emergency cases.

These services were further strengthened by the GBV referral pathway and coordination to ensure all survivors have timely, safe, and adequate access to quality service provision. From January to December, 3% of the survivors were referred for legal assistance; 24% received health assistance, 35% psychosocial support and 38% receiving safety and security support services.



- Legal Assistance Provided:** 3% of the incidents received legal assistance. UNHCR in coordination with Nigeria Police Force, social welfare department and Legal Officers from protection partners Caritas, FJDP and JRS enhanced its referrals for survivors. However, the socio-cultural norms and use of traditional systems in resolving cases continued to be a challenge that led to underreporting of cases. Similarly, the pandemic situation further led to underreporting and delayed access to legal assistance. As a result of the Covid-19 lockdown civil services and assistance came to a half right from the onset of the pandemic. Despite the existing challenges, UNHCR in coordination with NPF, protection partners and legal systems continue to build capacity of law enforcers. On a similar note, 7 Gender Reporting Desks have been established at the police stations across the three states for enhanced referral and ensuring that police replicate gender and trauma sensitive approaches when dealing with GBV survivors.
- Clinical Management of rape:** Out of the 24% of survivors who received health assistance, only 2% were referred for CMR support services. In coordination with health partners FHI360 and NRCS, it was noted that during this reporting period challenges related to CMR resulted from the ongoing pandemic, lockdown which limited support services led to underreporting/delayed reporting of sexual violence incidents after 72 hours. Socio-cultural norms continue to be a great barrier in addressing sexual violence in the community which further negatively impacted by influence from the traditional leaders in perpetuating wrong practices. In addition to this, medical referral for legal assistance became a challenge due to impunity enjoyed by perpetrators implicated in abusing survivors of rape. As a result of these actions, UNHCR and Health partners continue to create awareness on GBV response mechanisms, legal reforms and strengthening the police departments through training and ongoing advocacy visits.

Challenges

Despite the efforts by agencies to strengthen the response through different interventions of psychosocial support, case management and multi-sectoral response, mental health and psychosocial needs remain to be a major threat to persons of concerns and more so to survivors of GBV. These have further led to increased incidents of mental health. Some factors that continues to contribute to low level of psychosocial care include;

- Limited technical MHPSS expertise among UNHCR, other agencies, NGOs and governmental structures which calls for an integrated approach of MHPSS services into general health care.

- Lack of community-based intervention on psychosocial support in need of continued awareness. This includes disseminating knowledge on MHPSS, prevention and response, referral mechanisms and family support systems.
- Constraints and limited socio-economic resources and livelihoods opportunities increasing risks to negative coping mechanisms and vulnerability particularly among women and adolescent girls.
- Owing to pandemic, multi-sectoral assistance to survivors was not fully met due to partner budget realignment. Additionally, lockdown of government institutions including judiciary at the Local level led to delays in supporting referral for legal assistance. On health, covid-19 measures were put across in most hospitals with limitations on case by case referrals.

Mainstreaming Gender and GBV Across Sectors

GBV mainstreaming across other sectors was enhanced to form a basis of a promising trend in strengthening multi-sectoral support assistance. **5%** of the survivors documented and at risks of IPV were empowered through livelihoods interventions that aimed at restoring their psychosocial wellbeing and enhancing their safety and security.

1% were supported with shelter needs, while **94%** of the referred incidents were supported with household basic needs of mosquito nets, blanket, mats, jerrican solar lanterns and kitchen set.

However, access to regular GBV services was hard, assistance related to mainly livelihoods and shelter was affected due to limited presence of staff in the field to monitor the progress of support extended to survivors.

Women Empowerment through Livelihoods support: UNHCR, government and its implementing partners employed a range of approaches in their efforts to engage community's empowerment processes. A review of these approaches provided important insights and highlights opportunities for strengthening GBV mainstreaming and influencing positive change among the vulnerable groups.

"Like in this COVID-19 time, I have just been doing nothing in the house but quarreling with my husband over small matter. I was tired, But since I started my business away from home, things have changed, I can bring home a bag of gari and we eat, he even calls me sometimes saying he has missed me already and I should go home early"... FGD session with women.

By prioritizing women at risk, UNHCR recognizes that forms of violence is a burden on women and girls that affect their self-esteem, dignity, health and presents a main obstacle to socio-economic development for themselves and their families. Through Livelihoods support, UNHCR and its partner CUSO International have supported **1,817 women at risk** with life skills development on hairdressing, tailoring, barding, catering, automobile repairs, pig farming, poultry farming, fish farming and processing, goat farming and farming. Livelihoods interventions have been a source of restoring women's psychosocial wellbeing and enhancing their safety and security. For instance, women who engaged in hairdressing and tailoring mentioned of reduced stress levels since they started practicing their skills away from home. Finding spaces where they can fully interact with their fellow women has been a healing process during the pandemic.

Empowering Women through Menstrual Hygiene Management: The burdened socio-economic situation at the household level has led many women and girls in and out of settlements to prioritize other basic needs like food over sanitary towels. During Focus Group Discussions, 80% of women and 65% of girls



James Beetseh - UNHCR Assistant WASH Officer and Calvin Funthige - Sci. Field Operation Manager Handing Over the Seed Materials to Refugee Women in Adagom, Ogoja Local Government Area.

mentioned that due to lockdown, homes have faced demands on food and other household basic needs without commensurate increase in household income forcing many women to prioritize food and clothing for the family and instead use pieces of cloths during menstruation.

The emerging need called for different interventions during the implementation period. UNHCR and its WASH implementing partner Save the Children under the promotion of Menstrual Hygiene Management, trained 20 women in the production of reusable sanitary pads to ease the socio-economic burden. To ensure that the training is more effective and deliverable, women were provided with seed

materials comprising of sewing machines, Mackintosh material for water retention, thread, needle, scissors, pressing buttons, chalk, tape rule, safety Pins, course note and meter ruler as start up kits. With the provision of 50 sewing machines, women are expected to produce at least 40 pieces of re-usable pads a day from each machine which **promotes 2,000 sanitary pads in total for market production**. Livelihoods interventions remain to be a core multi-sectoral support assistance. UNHCR and partners aim at engaging more survivors of violence and other women at risk in livelihoods activities that will not only provide an opportunity for them to socialize and minimize the effects of past negative experiences but also to form strong social networks for support; improve quality of life in terms of peace in the home, access to food for their families and a renewed hope for a better future.

Promoting Education on Gender Based Violence: It should be noted, that during the pandemic period, many young boys and girls were at risk of dropping out of school, exploited, and abused. Implemented by protection partners **1,005 (561Boys: 444Girls)** between 12-17 years were engaged through mentorship sessions that promoted learning on GBV prevention and response which;

- Help schoolboys and girls understand the existing stigma associated with GBV, discrimination especially among refugee children as well as preventive measures that come by understanding their rights and seeking assistance in and out of school.
- Continues to create a platform where they can freely discuss issues that directly affect them, collectively share information on the importance of education, good hygiene practices and life's opportunities that help in addressing their needs to inform programming.
- Learn the importance of education through a protective and safe learning environment for boys and girls.

Prevention of Gender Based Violence

Under COVID-19 situation, women, men, boys, and girls have mostly been confined to their homes which has contributed to increased risks of GBV. This situation exacerbated is coupled with the practice of negative socio-cultural norms, power imbalances and gender inequalities which remain to be the root causes of GBV in most communities. As a result of these, UNHCR enabled the strategy of community-based approaches that strengthened the refugee led organization and community structures in enhancing prevention by ensuring that women, men, boys, and girls were involved in awareness campaigns, capacity

building and Focus Group Discussions (FGD) mainly implemented through two indicators as mentioned below;

Indicator 1: Number of Awareness Raising Campaigns on GBV Prevention and Response Conducted.

99 awareness sessions were conducted on GBV prevention and response; awareness on IPV, effects of violence, power dynamics and referral mechanisms in the settlements and host communities of Ogoja, Kwande, Takum, Ussa, Kurmi and Sardauna LGA with a total of **22,130 (12,636 Female: 9,494 Male)** refugees participating in the sensitization sessions. Strengthening community participation promoted the increase of awareness and knowledge on reporting. It should be noted that through these efforts, incidents of GBV dropped by **89** in 2020 as compared to the number of reported incidents in 2019.

To enhance prevention in the community, **4,594** IEC visibility materials of T-shirts, Banners, stickers were developed and distributed for continued information and knowledge on GBV.

Community Participation in GBV Prevention Activities



FGD Session with PWD, Adagom Settlement, Cross River State

UNHCR and protection partners used the AGDM approach to conduct **25 FGDs to 778 (30 adult Male, 31 boys; 30 PWD) and 183 (78 Female: 68 Girls: 37 PWD)** members who reside in the same community to share their experiences on different forms of violence and prevention and response measure undertaken by them in the community. Key topics for discussion were related to safety and security risks during COVID-19 pandemic including different forms of GBV and related challenges in reporting. The sessions created a platform to better understand how community members are feeling, the opinions they have and how best implementing partners can actively coordinate to ensure quality and dignified service provision to all persons of concerns through existing referral pathways.

- **Engaging men and boys: 564** members of the community participated in dialogue forums. Through the discussions, the existing power imbalances, and abuse of positions of power among men were discussed as the root cause of violence at homes. Boys, on the other hand, mentioned denial of resources as a root cause of IPV. Other contributing factors that arose among men and boys were lack of livelihoods support, low level of economic status and not appreciating women's roles in the community with reasons of cultural influence and poor conflict management skills. Through the session, awareness was built from their experiences on how best they can resolve their conflicts at home. Participation among men and boys resulted in sharing common issues and how best they can be addressed by identifying barriers to positive change and uncovering innovative ideas in preventing violence. UNHCR and partners will continue to engage more men and boys in dialogue forums to enhance knowledge on responding to GBV despite the existing challenges of cultural norms and gender inequalities for continued support in playing an active role in the prevention and elimination of gender-based violence.
- Through these approaches, there has been a gradual level of GBV knowledge and awareness on where to report and refer the cases. Increased participation among women and girls in activities that

directly concern their security in the community has been a promising practice that aims at tackling all forms of violence.

Indicator 2: Number of community-based committees/group working on GBV prevention and response

Since the beginning of the pandemic, UNHCR in coordination with government partners SEMA, Ministry of Women Affairs, Social Welfare Department, and protection partners, greatly valued the efforts put by



Meeting with Community Leaders In Kurmi, Taraba State

community structures that comprises **20 community structures** comprising **764 (338 Male: 426 Female)** across the three states of Taraba, Cross River and Benue states. Their involvement through monthly meetings and dialogue forums in the community strengthened collaboration with partners and refugee led CBO through referral of cases, conducting door to door awareness on service provision, follow up and giving feedback and offering psychosocial support at the family level. Their work was also very instrumental in hard to reach locations within the host communities. Engaging community structures during the pandemic has proven to be a shift in focus on how the capacity of persons of concerns and its hosting communities are driven into being

agents of change in their protective environment. This aims at improving strategies that recognize the available resources and its rightsholders working towards sustainability.

Prevention of Sexual Exploitation and Abuse

The Ogoja sub-office continues with the effort towards zero tolerance to SEA in the Cameroonian refugee situation. As at December 2020, **240 (136 Male; 104 Female)** government and partner staff and 42 supporting staff had been trained on Prevention of Sexual Exploitation and Abuse. Accountability efforts at the Sub Office was further enhanced through setting up of community feedback mechanisms of complaint boxes, encouraging the enrollment of learning platforms for partner staff on learn and connect and developing Standard Operating Procedures for Prevention of Sexual Exploitation and Abuse and Community Based Complaint and Feedback Mechanisms to strengthen operational accountability.

SPEAK UP!: To further enhance accountability and ensure a safe working environment among staff, the sub office took the initiative of facilitating the speak up! session to its own staff with an aim of ensuring staff undertake full responsibility in disclosing and reporting acts of misconduct within working environment; ensure colleagues are empowered to understand the importance of safe reporting mechanism in an ethical and protective manner.

However, even with these efforts, related incidents of abuse of power and sexual exploitation continue to emerge due to actions by some humanitarian staff, security and law enforcement in locations hosting POCs. Building the capacity of every humanitarian staff including its supporting staff is an ongoing process that the sub-office and its field offices continue to implement.

Working with Refugee Led Organization to end GBV in the community

The spread of the coronavirus unquestionably contributed to enhancing the self-help initiatives and efforts put by Refugee led Organizations in the limelight. The organizations took initiative in responding to shortcomings in GBV, CP, CBP, Health, Education and WASH through different innovative activities in the communities. For instance, in the Cameroon refugee situation, different Refugee Led Organizations mobilized their own resources to prevent and respond to the pandemic through awareness, distribution of hygiene kits and ensuring that school-going children are not at risk of dropping out of school by introducing home-based learning sessions.

In coordination with Implementing Partners, the RLOs played a key role in being at the forefront of COVID-19 response. With the synergy and coordination, their efforts were highly recognizable in the key areas of GBV prevention and response, Child Protection, WASH and Education to mitigate all forms of violence in the community. For instance, Great Step Initiative, refugee led CBO, referred 8 GBV incidences related to Intimate Partner Violence and sexual violence. On the same note, the CBO conducted awareness on GBV prevention and response, referral mechanisms, effects of Intimate Partner Violence and peace at home among 16,000 community members in Adagom, Adagom III, Ukende and Ogoja surrounding host communities. This enhanced the participation of men and women and further increased their presence that eventually led to their award winning as one of the RLO that strived to enhance protection among displaced persons in West Africa.



Great Step Initiative (GSI) - Refugee CBO Celebrating their UNHCR Award as one of the Selected RLO in Nigeria, 2020

Furthermore, during lockdown period, other RLO engaged more than 100 boys and girls with home-based learning sessions and continued awareness on the importance of education and keeping girls in schools. Other Refugee led initiatives comprised of environmental management and peaceful co-existence with the host community members.

Challenges

- Limited resources have constrained full support to CBOs making it difficult to support community owned initiatives.

Coordination

The sub office continues to coordinate with state and local governments on key interventions related to GBV. The Ministry of Women Affairs at the local and state levels continues to lead and chair the GBV coordination meeting with support from SEMA, the government partner for CCCM. At the multisectoral level, coordination has been enhanced with the ministry of health, Nigeria Police Force and Ministry of Education. This has immensely promoted good working relationship with the implementing partners. Joint activities achieved through these efforts were assessments, Advocacy Campaigns, Capacity building, meetings and monitoring.

Adopting Good Practices during COVID-19 Pandemic

Through a strengthened community Based Protection and multi-sectoral support system, sub office in coordination with implementing partners enhanced its protection through remote and face to face support services. Key interventions put across;

- O Developed and increased awareness on GBV and PSEA through provision and distribution of IEC materials.*
- O Enhanced engagement with refugee led CBOs and community structures of GBV support groups through sharing of leaflets and resources for continued awareness and information sharing on GBV and more so IPV related incidents.*
- O Establishment of hot line numbers, WhatsApp groups, email and available phone call lines for timely referrals and reporting of cases.*

“This COVID-19 will not stop us from helping our community, we face the same challenges and if they are not addressed by us, we will all suffer”Voice of a community leader, Ogoja Local Government, Cross River State

Recommendations based on continued gaps and challenges

- Key consideration to livelihoods and socio-economic empowerment by integrating Gender and GBV activities into long term interventions that will help address intimate partner violence, sexual exploitation, and other abuse among persons of concerns.
- GBV sector is underbudgeted. Only **28%** of the entire population has been reached. Lobbying for human, financial and material resources will be an integral measure in addressing the root causes and contributing factors to GBV in the community.
- Leverage existing LGA and humanitarian assistance to enhance social protection that will intensify attention and accountability on SEA through capacity building, strengthening of existing policies and continued monitoring process.
- Prioritize the engagement of men and boys through evidence-based community interventions that will promote the behavior change and communication at the household level and among fellow men as allies of change.

CAMEROONIAN REFUGEES SITUATION GBV REPORT

2020



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