



Technical Brief

MAPPING OF GENDER-BASED VIOLENCE SERVICES IN EBONYI AND SOKOTO STATES, NIGERIA

MOMENTUM Country and Global Leadership carried out a mapping of gender-based violence (GBV) services in 11 Local Government Areas (LGAs) in Sokoto and Ebonyi States. The mapping was to determine the availability of GBV prevention and response services; identify, enumerate, and map existing formal and informal survivor-centered GBV services; and assess the readiness of facilities to provide quality post-GBV services across multiple sectors such as health, justice system and legal aid, law enforcement, social support services, and temporary shelters.

Activity at a glance

Geographic focus: Ebonyi and Sokoto States, Nigeria

Sectors mapped: Health, justice system and legal aid, law enforcement, social support services, and temporary shelters

Implementation period: May–July 2021



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CONTEXT

Efforts in Nigeria to reduce GBV in all its forms are rising; however, evidence shows very few services are available for survivors of GBV, and those that are available are of low quality and not well-coordinated.¹ Hence, to expand access to quality, survivor-centered post-GBV services for both survivors and service providers, a multi-sectoral mapping and assessment of GBV services was conducted as a prerequisite for initiating a GBV response. An effective GBV response keeps community members aware of what GBV is, highlights its negative consequences and how it violates rights, lists what services are available to survivors, and describes how to access care and support services. Having up-to-date information on where and what resources are available in each target location will enable the development of a multi-sectoral referral directory for service providers and ensure that GBV survivors are linked to appropriate services.

OBJECTIVES AND APPROACH

OBJECTIVES



Identify, enumerate, and map existing survivor-centered GBV services, including formal and informal resources/services, within selected LGAs in the state.



Assess the quality, functionality, and accessibility of mapped service delivery points using Jhpiego's GBV quality assurance standards and make recommendations for quality improvement.



Determine and describe existing referral pathways between services, identify opportunities for improved coordination, and develop referral directories with detailed contact information.



Identify stakeholders' perceptions of existing facilitators and barriers to survivors seeking post-GBV care (including sociocultural/attitudinal, logistical, informational, and multi-sectoral coordination-related facilitators and barriers).



Identify capacity needs of first responders across sectors for effective response to GBV survivors.

APPROACH

The study methodology involved a combination of a desk review and cross-sectional mixed-methods surveys using facility-wide assessments, in-depth interviews, and focus group discussions to identify available GBV services for health, legal, psychosocial, safety, and economic needs of GBV survivors across multiple disciplines. A snowballing approach was used to identify where services were available across 11 LGAs in both Sokoto and Ebonyi States. This was followed by a facility-wide assessment for availability of infrastructure, quality of services, and capacity of personnel providing GBV services. All mapped facilities/organizations providing services across the 11 LGAs were surveyed.

¹ "Gender-Based Violence & Violent Extremism,' Futures Without Violence, Linking Security of Women & Security of States," 1, last modified 2017, accessed November 12, 2020, https://www.futureswithoutviolence.org/wp-content/uploads/FWV_blueprint_2-GBV-and-VE.pdf.

RESULTS AND FINDINGS

Findings show both Sokoto and Ebonyi States have very limited formal (e.g., health, law enforcement, legal aid) and informal (e.g., community leaders, community groups) services available to GBV survivors. Health services were found to be mostly available; however, the quality of available services remains very poor in both states.

Minimum criteria for GBV provision being assessed included:

- Treatment of acute injuries
- Testing and treatment for sexually transmitted infections
- Basic psychosocial support counseling
- HIV post-exposure prophylaxis
- Emergency contraception
- HIV testing counseling and linkage to care
- Referral to other services as appropriate.

In Sokoto State, 352 facilities/organizations providing services were mapped. A breakdown of services shows that 284 (80.1%) provide health care services, 43 (12.2%) provide social support services, 13 (3.7%) provide legal aid, 10 (2.8%) provide law enforcement services, one provides temporary shelter, and one provides economic empowerment support.

Only one (0.4%) health facility out of the 352 assessed met all the minimum criteria, while 78 (22.2%) met four of the seven criteria. This shows that 273 (77.5%), which is significant, did not meet the specific criteria for GBV service provision. Only 32 (9.1%) of the facilities reported that they are well equipped to provide quality survivor centered post-GBV services. About 68 (19.3%) have the funds required to provide quality GBV services, while standard operating procedures, protocols, and policies for GBV service provision were available in 50.0% of the facilities mapped, and only 84 (23.9%) have protocol/policies in place for managing children.

SUMMARY OF FACILITIES ASSESSED DISAGGREGATED BY SERVICES ACROSS LGAS IN SOKOTO STATE

LGA	Health	Law enforcement	Legal aid	Social support	Temporary shelter	Economic empowerment/livelihood
Binji	12	0	1	3	0	0
Bodinga	30	1	3	2	0	0
Dange Shuni	34	0	0	3	0	0
Gada	28	1	1	2	0	0
Gwadabawa	34	0	1	3	0	0
Illela	41	1	2	2	0	0
Kebbe	14	2	0	2	0	0
Kware	20	0	1	6	0	0
Shagari	23	1	0	7	0	1
Sokoto South	26	2	4	7	1	0
Wamako	22	2	0	6	0	0
Total	284	10	13	43	1	1

Almost all the law enforcement and psychosocial support services mapped do not demand payment for services. Most GBV services provided at the health facilities are supposed to be free of charge; however, it was found that GBV survivors had to pay for services received at about one-third (89) of these facilities.

The most common form of GBV addressed in Sokoto, based on the findings, is intimate partner violence (IPV), followed by physical assault and sexual violence.

Form of GBV addressed across sectors by the facilities/organizations in Sokoto (N = 352)	Number of facilities	Percentage
IPV	218	61.9%
Physical assault	214	60.8%
Sexual violence (rape, sexual assault)	151	42.9%
Early marriage	118	33.5%
Violence against children (including physical or sexual abuse of children)	104	29.5%
Early childbearing	99	28.1%
None	37	10.5%
Female genital mutilation	36	10.2%

In Ebonyi State, 509 unique sites providing services were mapped where some provide multiple services. A breakdown of services provided shows that 443 (87.0%) provide health services, 31 (6.1%) provide social support services, 20 (3.9%) provide law enforcement services, 15 (2.9%) provide legal aid services, while temporary shelter and economic empowerment services were available at 1 (0.2%) and 4 (0.75%) sites, respectively. In terms of minimum criteria for GBV service provision at health facilities, only 12 (2.7%) health facilities met all the minimum criteria for GBV service provision. A total of 121 health facilities (27.3%) had a score of four and above, out of the seven criteria. Hence, there is a significant gap of 322 (72.6%) that needs to be covered.

On the quality, functionality, and accessibility of mapped services, 18 (3.5%) reported that they are well equipped and can provide quality services. Others self-reported gaps in areas such as equipment in 412 (80.9%), staffing in 362 (71.1%), trained/qualified personnel in 216 (42.4%), and space in 147 (28.8%). Interestingly, only 25 (4.9%) identified funding as a need.

Furthermore, only about a quarter of facilities/organizations mapped have the standard policies, protocols, and operating procedures for service provision.

In terms of payment, while psychosocial support services and law enforcement were reportedly provided for free in most cases, health services are only free in 279 (62.9%) of the facilities providing such services. Services requiring payment by the client within the remaining 164 (37%) include treatment of acute injuries and basic health needs.

Lastly, the most common form of GBV addressed in Ebonyi, based on the findings, is physical assault, followed by IPV and sexual violence.

Forms of GBV addressed by the facilities/organizations in Ebonyi (N=509)	Number of facilities	Percentage
Physical assault	235	46.2%
IPV	216	42.4%
Sexual violence (rape, sexual assault)	207	40.7%
Violence against children (including physical or sexual abuse of children)	154	30.3%
Early childbearing	127	24.9%
Female genital mutilation	119	23.4%
Early marriage	82	16.1%

SUMMARY OF FACILITIES ASSESSED DISAGGREGATED BY SERVICES ACROSS LGAS IN EBONYI STATE

LGA	Health	Law enforcement	Legal aid	Social support	Temporary shelter	Economic empowerment/livelihood
Abakaliki	54	3	0	5	0	0
Afikpo North	31	3	1	2	0	0
Afikpo South (Edda)	30	1	0	2	0	0
Ebonyi	34	6	10	5	1	4
Ezza North	32	1	1	3	0	0
Ezza South	40	0	1	3	0	0
Ikwo	49	0	0	2	0	0
Ivo	24	2	0	3	0	0
Izzi	60	1	1	2	0	0
Ohaozara	41	1	0	1	0	0
Onicha	48	2	1	3	0	0
Total	443	20	15	31	1	4

RECOMMENDATIONS AND ACTIONS TAKEN

Based on the findings of the mapping exercise, it is apparent that significant gaps exist in terms of availability, quality, and functionality of services across the two states, including the capacity of health care providers to offer survivor-centered quality services. The following are key recommendations:

- BUDGET AND INFRASTRUCTURE:** Advocate with the state government to empower and support the coordinating ministry—Ministry of Women Affairs in Ebonyi and Sokoto—through increased budgetary allocations and release of funds. The government should also map out budgets for the state GBV Multi-Sectoral Taskforce to respond to GBV issues. In addition, engagements should include advocacy for provision of basic infrastructures for health facilities such as private spaces for consultation and examination where provider cannot be heard or seen, consumables; establishment and maintenance of safe homes/temporary shelters; child protection and economic empowerment support services. Efforts should be made to identify other sources of funding for GBV service provision through stakeholder engagement to provide support in terms of quality post-GBV care whenever and wherever GBV is reported.

So far, MOMENTUM Country and Global Leadership has engaged with the government through line ministries such as health and women affairs – to advocate for budgetary provision for GBV programming in the states including running costs for the GBV multi-sectoral taskforces, health facility consumables, capacity building of other sites not supported by MOMENTUM amongst others. These efforts have yielded some key results such as the setup of a fully equipped temporary shelter in Ebonyi which was done by the Ministry of Women Affairs with support from MOMENTUM. Also, to ensure improved GBV data reporting, MOMENTUM equipped the GBV situation rooms in Sokoto and Ebonyi with laptops, routers, tables, and chairs. The project also supported training of community-based organizations to report data to the national GBV dashboard through the situation rooms. In terms of resource mobilization, Ebonyi State now has a budget set up for LGA level taskforces across all 22 supported LGAs as well as development of the referral directories. GBV action plans have also been completed in Ebonyi and are currently in-use while that of Ebonyi is being finalized.

- **SOPS, POLICIES AND PROTOCOL:** Support the development of standard operating procedures, referral mechanisms, and protocols to respond to GBV cases using a survivor-centered approach. National/state guidelines for GBV service provision, harmonized GBV indicators, and tools to capture the work done should be established to guide service provision.

At the national level, MOMENTUM supported the national adaptation of the WHO clinical guidelines on health care for women subjected to IPV for country wide use in 2022. The adapted guidelines (National guideline in healthcare for those who have experienced GBV: A clinical handbook and training curriculum for healthcare providers) have been used to train health providers in Sokoto and Ebonyi State and development of national health sector response GBV action plan and dissemination. Tool harmonization efforts to ensure one standardized reporting tool for GBV are also ongoing with close collaboration between ministry of health and women affairs. Expansion of the GBV health information system indicator disaggregates to capture forms in the national reporting system is also ongoing and MOMENTUM is contributing to these efforts.

- **CAPACITY BUILDING:** Train health care workers on the methods of identifying GBV cases, provision of first-line support, and the minimum package of post-GBV care services for survivors. Capacity-building efforts should cut across the various sectors.

So far, MOMENTUM has trained service providers across 238 health facilities in Sokoto and Ebonyi. Multi-sectoral taskforce members, including law enforcement, legal aid, psychosocial support, temporary shelter, etc. have also been trained on GBV response including established mechanisms for reporting incidences of sexual abuse and exploitation and clarification of their roles and obligations.

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