



Women and Girls Targeted by Insurgent Violence in Nigeria

© UNFPA Nigeria/Simi Vijay

Ten years have elapsed since the beginning of violent insurgent attacks in north-eastern Nigeria. This protracted crisis remains the biggest human security threat in the country. In the states of Adamawa, Borno and Yobe, an estimated 53 per cent of internally displaced persons (IDPs) are women and girls, approximately 1.8 million of whom are of reproductive age. Gender-based violence (GBV) is a defining characteristic of the ongoing conflict. UNFPA has established over 30 safe spaces for women in north-eastern Nigeria, offering mental health and psychosocial support (MHPSS), maternal health care and livelihood skills training

Continue reading >>



© UNFPA Nigeria

HUMANITARIAN SITUATION

Sexual violence used as tactic of war and terror

The prevalence of sexual abuse and exploitation among women and girls is a pervasive concern across Nigeria, especially following the mass abductions of schoolgirls in 2014 carried out by the Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (JAS), commonly known as Boko Haram. Recent reports and assessments on protection point to an increase in incidences of sexual violence, likely due to weak law enforcement measures, deeply-rooted social stigma and limited humanitarian assistance — and linked to the activities of the insurgency.

Maternal and newborn health suffering for those affected by conflict

Stress, trauma and the lack of resources available to displaced persons have taken a severe toll on maternal and newborn health. About one woman dies every 10 minutes in Nigeria from pregnancy-related complications. Of the 7.7 million affected people in north-eastern Nigeria, about 1.93 million are women and girls of childbearing age who need sexual and reproductive health services. These services include prenatal and postnatal care, emergency obstetric care for safe birth, prevention and treatment of HIV and other sexually

transmitted infections, treatment for rape and provision of psychosocial counselling.

Trauma of violence leaves both physical and mental scars

Severe MHPSS needs exist across the country, especially for survivors of the gross human rights abuses perpetrated by Boko Haram. MHPSS needs vary among survivors, but many require a combination of services such as group and individual counselling, psychoeducation or psychiatric referral for specialized needs. The provision of basic needs and services is an important first step in restoring the sense of dignity and well-being of IDPs and GBV survivors, but this is not sufficient to address the long-lasting impacts of trauma.

STRATEGIES AND INTERVENTIONS

Building capacity to restore mental health

As an organizational priority, UNFPA-supported MHPSS interventions emphasize the need to provide relevant services that respond to the acute psychological and social needs of women of reproductive age, pregnant women and youth.

Health workers and service providers require extensive training and capacity development before delivering mental health services to beneficiaries. Their training supports GBV mainstreaming priorities, as well as specialized mental health services. Specialized training sessions have enhanced knowledge and capacity development in clinical management of rape and sexual and reproductive health services.

Establishing safe spaces for women and adolescent girls

In collaboration with local host communities and the Government of Nigeria, UNFPA Nigeria has established integrated safe space centres – such as the safe space in the Madinatu camp for IDPs – where women and young people can develop healing and restorative coping mechanisms, acquire needed reproductive health services, and rebuild their lives from the trauma they have experienced. They are often referred to as “Women Friendly Spaces”.

UNFPA-supported safe spaces offer an integrated approach with maternal health care services along with livelihoods and skills acquisition activities, and activities to raise public awareness on prevention, response and mitigation of GBV. Multisectoral GBV response services, along with information on other health services and sexual health rights, are also provided.

Community counselling and outreach

The community outreach model allows for counselling services to be facilitated at Women Friendly Spaces, either in groups or one-on-one counselling. These sessions foster social cohesion and empowerment among women and girls. Further, community sensitization and mobilization have been key in GBV mitigation and prevention. This has also contributed to the use of referral services.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Nigeria, UNFPA is working to:

- Ensure MHPSS is prioritized in primary health facilities and administered by skilled health personnel
- Facilitate accessible mental health services for victims of trauma, sexual or gender-based violence and obstetric fistula
- Provide quality mental health services to those in remote communities and hard-to-reach locations



© UNFPA Nigeria

PROGRESS AND RESULTS

Significant results in challenging situations have been achieved during the 10-year period from 2009 to 2019:

- **More than 30 women and girls' safe spaces** have been established in north-eastern Nigeria. These safe spaces provide opportunities to engage in several reintegration and empowerment activities, and also to receive one-on-one or group counselling services.
- **500,000 people** have been reached through community counselling interventions supported by UNFPA.
- **400 health and social workers have been trained** on GBV and GBV service provision to ensure quality in the support provided to affected population.
- Close to **300,000 people** have been reached through information dissemination interventions, particularly regarding the current situation, relief efforts and the available services.
- Some **1 million people** have benefited from income-generating activities, including 300 girls and 230,000 women.
- **Over 1.3 million people** have benefitted from women's centres and UNFPA safe spaces. This includes those supported through case management services and those reached via the centres.
- Legal services have been provided to close to **900,000 people**.

Services provided at safe spaces in Nigeria, 2018-July 2019

| DESCRIPTION | 2018 | JAN-JULY 2019 |
|--|---------|---------------|
| Individuals reached through specialized services | — | 11,797 |
| Individuals benefiting from empowerment skills building and livelihood activities | 32,320 | 2,769 |
| Women and girls who accessed various services through engaging Women Friendly Spaces | 7,082 | 2,576 |
| Women and girls who received GBV protection items and critical materials needs | 50,874 | 10,892 |
| Community engagement outreach sensitization on principle and GBV | 701,294 | 324,000 |
| Individuals benefiting from specialized GBV response (medical and clinical care) | 133,083 | — |
| Number reached with mental health services, including Psychological First Aid | 29,320 | — |
| Total number of people reached with all services | — | 807,191 |

LESSONS AND CONCLUSIONS

The importance of partnership is one of the main lessons learned over the past decade of assistance in Nigeria. Local partnerships have helped speed-up MHPSS programme implementation. Partnership with the Government and its ministries, departments and agencies and civil society actors has facilitated information dissemination on mental health, psychosocial support counselling and GBV prevention and response in communities.

UNFPA-supported interventions have made a positive impact on the lives of hundreds of thousands of Nigerian women and girls over the last 10 years. However, the MHPSS needs of women and girls are ongoing and in some areas increasing, calling for continued investment in MHPSS for crisis-affected populations

UNFPA-supported interventions have made a positive impact on the lives of hundreds of thousands of Nigerian women and girls over the last 10 years.



30+ SAFE SPACES

have been established in north-eastern Nigeria



1 MILLION PEOPLE

have benefited from women's centres and UNFPA safe spaces

“Those who suffer most during insurgencies are women and children. We started doing psychosocial counselling to be able to give women resilience so they are able to remain strong and continue hoping they will get their beloved ones back if they have been abducted.”

Ratidzai Ndhlovu, former UNFPA Representative in Nigeria

PARTNERS AND DONORS

Partners

Action Health
International Organization for Migration
Ministry of Health and Women Affairs and Social Development
Neem Foundation
Plan International
Royal Heritage Health Foundation
World Health Organization

Donors

Central Emergency Response Fund
Global Affairs Canada
Korea International Cooperation Agency
Nigeria Humanitarian Fund (country-based pooled fund)

ACKNOWLEDGMENTS

Acknowledgments: UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Joy Michael and Chiazam Onyenso.