

Engaging Civil Society Organizations to Reverse the Negative Impact of COVID-19 on Equal Access to Essential Health Services

# Quick Look at Gender-Based Violence

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## **ACKNOWLEDGEMENT**

Engaging Civil Society Organizations to reverse the negative impact of Covid-19 on equal access to essential health services was a timely project which keyed into the National strategic concepts to reduce the spread of Covid-19 pandemic and ensure that access to essential health services especially (SRH services) are maintained. Implementation of this project was made possible through funding from United Nations Population Funds (UNFPA) and the support of UNFPA Covid-19 Focal point and our UNFPA IP focal person.

Special appreciation goes to the Executive Director of Planned Parenthood Federation of Nigeria (PPFN), for his outstanding leadership and support to achieve the goal of the project.

I acknowledge the hard work, diligence and commitment of my Team in driving the project down to the grassroots and making sure that the project achieves its set objectives.

Worthy of note is the support and partnership of the State and Local Governments of Sokoto, Borno, Gombe, Kano, Kaduna, Ogun and the FCT, without whom this project would not have been possible.

I also acknowledge the efforts of the other two IPs (EVA and WHARC) in implementing the project in their focal states, as well as the great efforts of the 8 CSOs engaged by PPFN under the project to carry out community mobilization and strengthening at the grassroots.

**Mrs Nafisatu Adamu**

**Director of Programmes (PPFN)**

**March 25<sup>th</sup>, 2021**

## **ABOUT UNFPA**

The United Nations Population Fund (UNFPA), is the lead agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead health and productive lives.

## **ABOUT PPFN**

Planned Parenthood Federation of Nigeria (PPFN), is a national service provider and a leading advocate of sexual and reproductive health and rights for all in Nigeria.

We are movement of volunteers including youths (below 25 years) organized into local, state (37) and regional associations (6) and a national secretariat and leadership. Established in 1964, PPFN is a member of the International Planned Parenthood Federation (IPPF). PPFN operates in compliance to IPPF accreditation standards through the establishment of a democratic and devoted governing structure-Board of trustees, National Council (1) Regional councils (6 one for each geopolitical zone) and state assembly (36) and FCT. The youth action movement (YAM) though an integral part of the volunteer structures at all levels enjoy autonomy and representation on all policy making bodies.

PPFN envisions A Nigerian society where all individuals freely exercise their rights to and choice of quality health services. We will contribute to the achievement of this vision by championing the provision of comprehensive SRH&R information and services, in partnership with relevant stakeholders, to all people particularly vulnerable groups. Our success is hinged on our belief in doing what is right and appropriate (integrity) using new approaches (innovation) to skillfully and efficiently deliver SRH&R services (competence) by pooling a group of passionate, inspiring and committed people (volunteerism); which ensures the continued existence of both PPFN and its programs (sustainability).

The geographical spread of PPFN covers the country. Our volunteer structures comprise of not less than three local chapters per state in all 36 states and FCT.

The National Headquarters is headed by an Executive Director supported by three Directors (Program & Technical support, Finance & Operations and Advocacy Business development and external relations). The office of the Executive Director has performance monitoring unit

responsible for monitoring and evaluation and Internal unit responsible for compliance. The Internal auditor reports also to the National Executive Committee directly.

### **Our Vision**

A society where all individuals freely exercise their right to and choice of quality health services.

### **Our Mission**

To champion the provision of comprehensive SRH&R information and services, in partnership with relevant stakeholders, to all people particularly vulnerable groups

### **Our Focus:**

Given PPFN's mission as well as the goals and strategic objectives adopted, we focus on promoting integrated health services that have direct impact on poor and vulnerable groups especially women, adolescent and children. PPFN gives special attention to underserved and marginalized locations including slums and remote rural communities across Nigeria

### **Our traction:**

With over 50 years (since 1964) of providing excellent quality SRHR Services to Nigerians, PPFN is recognized as one of the largest SRHR organisation, with formally established and functioning structures.

We have established linkages and good working relations with governments and other development partners

### **What we believe in:**

*A society where all individuals freely exercise their right to and choice of quality health services*

Doing what is right and appropriate using new approaches to skillfully and efficiently deliver SRH&R services which ensures the continued existence of both PPFN and its programmes.

### **Organizational Strength**

- ✓ PPFN operates in 36 states and the National Head Office in the FCT
- ✓ PPFN operates through the National Head office and six regional offices patterned after the 6-geopolitical zones of the country. activities at states are coordinated by the regional offices
- ✓ PPFN provides services through 245 clinics under her Cluster model initiative, 332 PPMVs under the Integrat-E project, 22 WISH sites, 200 DMPA-SC project site as a provider for SRH service provision
- ✓ PPFN contributes an average of 40% to IPPF global results annually

## **PPFN Cluster Plus Model**

PPFN'S current service delivery is the Cluster Plus Model initiative with the primary aim of addressing SRHR along a continuum of needs.

- The model is built on engagement in small, geographic areas wherein community members, private sector providers and public health sector work as partners in identifying communities needs and meeting those needs through quality, accessible services.
- Cluster plus organizes a cluster radius that offer standardized, integrated, SRH services to communities in their area. Clustering facilities in this way guarantee quality of care and strengthen health systems, particularly for commodities security.
- Cluster plus model is an integrated, comprehensive approach to fulfilling individuals SRHR and exponentially increasing access to family planning services, particularly for the vulnerable populations.

PPFN takes pride in its good working relationship maintained with development partners and at all levels of government.

In recent years UNFPA has supported PPFN on/through several interventions; including this project **“Engaging Civil Society Organizations to reverse the negative impact of COVID-19 on equal access to essential health services”**.

## INTRODUCTION TO GENDER AND GENDER BASED VIOLENCE

**Gender** refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

Gender is hierarchical and produces inequalities that intersect with other social and economic inequalities. Gender interacts with but is different from sex, which refers to the different biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive organs.

### Getting Better at Gender

- Gender is taught and learnt from birth
- Gender does not = women only
- Gender gives rise to gender roles
- Different gender roles have different gender needs: practical and strategic
- Power is at the heart of gender inequality



**Gender-Based Violence (GBV)** refers to physical, mental or social abuse (including sexual violence) that is attempted or threatened, with some type of force directed against a person because of his/her gender and expectations of his/her role in a society or cultural context. (UN, 2015)

- It is largely due to the subordinate status or particular vulnerability in society of groups of women, gender minorities and sometimes men.
- It is largely perpetrated against women, girls and gender minorities but can be perpetrated against men and boys

## Persons at Risk of GBV

- When sources of vulnerability—such as age, disability, sexual orientation, religion, ethnicity, emergency situations etc.—intersect with gender-based discrimination, the likelihood of women’s and girls’ exposure to GBV can escalate.

### Some at risk groups

- Adolescent girls
- Children/minors
- Elderly women
- Woman and child heads of households
- Lesbian, gay, bisexual, transgender and intersex (LGBTI), persons with different sexual orientation.

## Women, Girls and GBV

While we must analyze different gender vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance.

- Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life—all as a result of socially determined gender roles and relations.
- Gender-based violence against women and girls occurs in the context of this imbalance.
- **Global trends:**
  - **35% of women** worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner at some point (UN Women, 2020)
  - **70%** of women have experienced physical and/or sexual violence from an intimate partner in their lifetime.
  - **31%** of girls in Nigeria experienced rape & physical assault as their first sexual encounter
  - **1 in 4** females in Nigeria have experienced sexual violence in their childhood (UNICEF,2015)



## FORMS OF VIOLENCE AGAINST WOMEN



## DOMESTIC VIOLENCE

Domestic violence in its physical, emotional and psychological contexts constitutes torture of women, an attack on their integrity and a grand design to undermine their humanity. Traditionally, domestic violence is committed against females. Common forms of violence against women in Nigeria are rape, acid attacks, molestation, wife beating, and corporal punishment.

Some of the reasons that were given for physical abuse include their husbands being drunk, financial issues, and the rejection of a partner's sexual advances.





### **Early and Forced Marriage**

Early marriage is the act of giving out a female child for marriage at a very tender age, mostly when the girl knows nothing about her rights. In Nigeria and indeed some parts of Africa, early marriage comes in the form of child betrothal, this involves marrying out a girl child before the age of 18. While forced marriage on the other hand is simply marrying out a girl against her wish, it could also be referred to as induced marriage. In some cases the girls are withdrawn from school or even denied access to education. There are cases in which parents have forced their grown daughters into marriages against their wishes either due to cultural, social, economic or political reasons

### **Female Genital Mutilation (FGM)**

FGM is broad term applied to a range of practices involving the removal of all or parts of the clitoris and other external genitalia. In its most severe form it is known as “infibulation” in which both the clitoris and both labia are removed and the two sides of the vulva are sown together leaving only a small opening to allow urine and menstrual period to pass. The mutilation is usually carried out in three stages, for instance,

- a) The removal of the clitoris alone (hood);
- b) The removal of the clitoris and labia (minora);
- c) The whole removal of the clitoris (is labia minora and labia majora), and also the stitching together of the vulva opening to its barest minimum.

Usually, these mutilations are executed with blunt and nonsterile instruments in very unhygienic circumstances. The mystical reasons behind the harmful practice are that it prevents promiscuity in women, it controls female sexuality and to preserve the virginity of young girls until marriage. However, studies have shown that there is no truth in these myths, but rather a gross violation of women’s human rights to dignity of persons as contained in section 34 of the 1999 constitution.

## **SEXUAL HARRASMENT AND RAPE**

Rape and sexual assault is another form of violence against women. It is done through direct violence and forceful sexual intercourse. It can occur between/among both Intimate and Non-Intimate partners.

## **SEXUAL EXPLOITATION AND SEXUAL ABUSE (SEA)**

**Sexual exploitation:** Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

**Sexual abuse:** Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**SEA** also includes sexual relations with a child, in any context, defined as a human being below the age of 18 years.

### **ACTS OF SEXUAL EXPLOITATION AND ABUSE INCLUDE:**

- Sexual assault.
- Demanding sex in any context or making sex a condition for assistance.
- Forcing sex or someone to have sex with anyone.
- Forcing a person to engage in prostitution or pornography.
- Unwanted touching of a sexual nature.
- Refusing to use safe sex practices.

NB This is not an exhaustive list. Other types of sexually exploitive or sexually abusive behavior may be grounds for administrative action, disciplinary measures, and criminal proceedings.

## **“THE SHADOW PANDEMIC”: COVID-19 AND RISE IN GBV**

- Nigeria witnessed/documentated an upsurge in cases during Nation-wide lockdowns in 2020.
- GBV is rooted in gender and power inequalities that exist outside of conflict or disaster.
- However, there are particular ways that GBV can manifest in an emergency context or lockdowns.
- Efforts to reduce GBV in emergencies must therefore *address the immediate needs of affected populations AND promote long-term social and cultural change toward gender equality*

## **GBV AND HUMANITARIAN OR CONFLICT SITUATIONS**

### **New Threats/Forms of GBV Related To Conflict or Lockdowns**

- Increased vulnerability and dependence
- Lack of privacy/overcrowding and lack of safe access to basic needs
- Separation from family members; lack of documentation; registration discrimination
- Break down of protective social mechanisms and norms regulating behaviour
- Always assume that GBV is occurring.
- Obtaining prevalence data is not a priority at the onset of an emergency
- Because of under-reporting and the risks associated with obtaining data, the priority is to establish prevention and response measures as soon as possible. Should these be here or elsewhere?

### **Impact of GBV on Individuals and Communities**

- GBV seriously impacts survivors' immediate sexual, physical and psychological health, and contributes to greater risk of future health problems.
- Possible sexual health effects include unwanted pregnancies, complications from unsafe abortions, female sexual arousal disorder or male impotence, and sexually transmitted infections, including HIV.
- Possible physical health effects of GBV include injuries that can cause both acute and chronic illness, impacting neurological, gastrointestinal, muscular, urinary, and reproductive systems.
- These effects can render the survivor unable to complete otherwise manageable physical and mental labour.
- Possible mental health problems include depression, anxiety, harmful alcohol and drug use, post-traumatic stress disorder and suicidality.

# CONSENT



Freely Given  
Reversible  
Informed  
Enthusiastic  
Specific

 Planned Parenthood\*

**INFORMED CONSENT: At the core of any form of coercion, abuse, or violence lies the lack of consent**

- When considering whether an act is perpetrated against a person's will, it is important to consider the issue of consent.
- Informed consent is voluntarily and freely given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action.
- In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action.
- They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e. being persuaded based on force or threats).
- Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse.
- There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities

## **THE LAW AND GENDER BASED VIOLENCE**

### **PROTECTION FROM SEXUAL EXPLOITATION AND SEXUAL ABUSE (PSEA)**

- Special Measures for Protection from Sexual Exploitation and Sexual Abuse’ (PSEA) include preventing incidents of sexual exploitation and abuse committed by United Nations, NGO, and inter-governmental organization (IGO) personnel against the affected population; setting up confidential reporting mechanisms; and taking safe and ethical action as quickly as possible when incidents do occur.
- PSEA is an important aspect of preventing GBV and PSEA efforts should therefore link to GBV expertise and programming—especially to ensure survivors’ rights and other guiding principles are respected.

Under the 1999 Nigerian constitution, chapter IV titled “Fundamental Rights”, the constitution provides from section 33–43, eleven fundamental rights of Nigerians. These rights according to sectional provisions include:

- i. Section 33 – Right to life
- ii. Section 34 – Right to dignity of human person
- iii. Section 35 – Right to personal liberty
- iv. Section 36 – Right to fair hearing
- v. Section 37 – Right to private and family life.
- vi. Section 38 – Right to freedom of thought, conscience and religion
- vii. Section 39 – Right to freedom of expression and the press
- viii. Section 40 – Right to peaceful assembly
- ix. Section 41 – Right to freedom of movement
- x. Section 42 – Right to freedom from discrimination
- xi. Section 43 – Right to acquire immovable property anywhere in Nigeria.



## VIOLENCE AGAINST PERSONS PROHIBITION



Violence Against Persons (Prohibition) Act  
2015

A Simplified version

An **Act** to eliminate violence in private and public life, prohibit all forms of violence against persons and to provide maximum protection and effective remedies for victims and punishment of offenders; and for related matters.

The Act provides general protections against offences including infliction of physical injury, coercion, offensive conduct, willfully placing a person in fear of physical injury, willfully making false statements against another person, damage to property with intent to cause distress, and deprivation of personal liberty. The Act also provides protections against offences that affect women disproportionately, including a prohibition of female genital mutilation; forceful ejection from home; forced financial dependence or economic abuse; forced isolation; emotional, verbal and psychological abuse; harmful widowhood practices; and spousal battery, among others. Notably, the Act defines the offense of rape in Section 1(1) without an exception for marital rape, which had not traditionally been recognized as an offense (note that the Penal Code Act of 1960 does include an exception for marital rape). The Act provides a procedure for injured parties to apply for a protection order and empowers the High Court of the Federal Capital Territory with jurisdiction to hear and grant applications brought under the Act. As stated in Section 47, the Act is a product of federal legislation enacted in regard to criminal law, a residual matter over which the states have exclusive legislative power pursuant to the Nigerian Constitution. Thus, the VAPP Act applies only to the Federal Capital Territory and state that have adopted it.



## **PREVENTION & RISK MITIGATION**

Prevention = Taking action to stop the prevalence of GBV

- Scaling up activities that promote gender equality
- Working with communities to address practices that contribute to GBV

Risk Mitigation = reducing the risk of exposure to GBV

- Creating awareness on GBV
- Empowering vulnerable groups
- Ensuring sufficient lighting and security patrols are in place when establishing displacement camps
- Placing locks on the inside of latrines

### **Role of health-care providers**

- Health providers and health systems have a critical role in supporting women, minimizing the impact of violence and preventing violence

### **Why health systems?**

- Women and girls experiencing violence are more likely to use health services
- Health-care providers are often women's first point of professional contact
- All women are likely to seek health services at some point in their lives
- Identify violence
- Empathic response
- Clinical care
- Referrals as needed



- Documentation
- Medico-legal evidence
- Advocacy as community role models

Providers are **NOT** responsible for

- Solving violence-related issues
- Addressing all violence-related needs
- Addressing all aspects of treatment, care & support in one consultation

### **Management of GBV**

- Conducting GBV-specific assessments.
- Ensuring appropriate services are in place for survivors.
- Developing referral systems and pathways.
- Providing case management for GBV survivors.
- Developing trainings for sector actors on gender, GBV, women’s/human rights, and how to respectfully and supportively engage with survivors.
- In settings where the GBV coordination mechanism is not active, sector coordinators and sector actors should seek support from local actors with GBV-related expertise (e.g. social workers, women’s groups, protection officers, child protection specialists, etc).

<b>Survivor-Centered Approach</b>	<b>Non-Survivor centered approach</b>
To be treated with dignity and respect	Victim-blaming attitudes
Safety for survivor and those helped	Feeling powerless
To privacy and confidentiality	Shame and stigma
To non-discrimination	Discrimination on the basis of gender, ethnicity
To information	Being told what to do

## **Case Management**

- It is important that the space is somewhere the survivor feels comfortable and safe speaking with you. Ideally, this would be a private place where a survivor can speak one-on-one without being heard or identified.
- However, this will not be possible in some settings, particularly during acute emergencies. The most important issue to consider in determining how you will provide services is safety of the survivor, as well as the safety of staff and other community members accessing service

### **Step 1: Introduction and Engagement**

- Greet and comfort the survivor.
- Build trust and rapport.
- Assess immediate safety.
- Explain confidentiality and its limits.
- Obtain permission (informed consent) to engage the person in services

### **Step 2: Assessment**

- Provide immediate emotional support.
- Understand the survivor's situation, problems and identify immediate needs
- Give information on what they can do (link them with legal and psychological aid)
- Advise the survivor to let you take swabs for evidence
- Determine whether the survivor wants further case management services

### **Step 3: Case Action Planning**

- Develop a case plan based on assessment with the survivor.
- Obtain consent for making referrals.
- Document the plan.

### **Step 4: Implement the Case Action Plan**

- Assist and advocate for survivors to obtain quality services (health, legal & social)
- Provide direct support (if relevant).
- Lead case coordination.

### **Step 5: Case Follow-up**

- Follow up on the case and monitor progress.
- Re-assess safety and other key needs.
- Implement a revised action plan (if needed).

### **Step 6: Case Closure**

- Assess and plan for case closure

## OUR CAMPAIGN



# STOP ASKING

“What was she wearing”  
“Why did she go there”

Let's shift the blame to the perpetrators not the survivors

#StopGBV #StopAsking #SayNoToGBV



# CONSENT HAS TO BE MUTUAL

“No” is Not consent  
“I don't know” is not Consent  
I'm uncomfortable is not Consent  
“I'm not sure” is not Consent



#StopGBV #StopAsking #SayNoToGBV



# ENDING SEXUAL VIOLENCE IS A COLLECTIVE EFFORT

Things to do If you or someone you know experiences Sexual Violence

- Seek medical help immediately; Don't bathe, clean yourself, or change clothes to preserve evidence.
- Speak to someone; A trusted friend or professional
- Report to relevant bodies; Police, CSO's

#StopGBV #StopAsking #SayNoToGBV



01



# VIOLENCE AGAINST WOMEN IS OUR COMMON ENEMY

1 in 3 Women have experienced Physical or sexual violence

#StopGBV #StopAsking #SayNoToGBV





## About Us

Planned Parenthood Federation of Nigeria (PPFN), is a locally owned but globally connected volunteer based non-governmental organization, promoting integrated sexual reproductive health services and information to the vulnerable groups especially women, adolescent and children. PPFN has presence in 36 states of Nigeria and the Federal Capital Territory (FCT). With over 50 years of providing quality integrated sexual reproductive health and rights (SRHR) services. PPFN has 45 service delivery clinics and 200 partner clinics. Our mobile service delivery approach creates an avenue to take services to marginalized and hard to reach communities. PPFN envision a society where all individuals freely exercise their right to and choice of quality health services by complementing the efforts of the government in making health services accessible to all including the vulnerable groups. Promoting universal access to sexual and reproductive health services that are stigma-free, effective, and affordable for everyone including people with disabilities.

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