



Gender Based Violence (GBV) Helpline Management

RAPID ASSESSMENT REPORT

Gender Based Violence Sub Sector;
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Introduction

The threat of the spread of COVID-19 to communities affected by conflict in North East Nigeria is high and heightens the already existing vulnerabilities for gender-based violence. In different parts of Nigeria including in the north east, activists and service providers are already recording increases in GBV incidents reported to them since the COVID-19 outbreak. Yet reporting and seeking services remain challenging due to the lack of available, safe, ethical and quality response services as well as fears of stigmatization, reprisal, and lack of access to appropriate information on seeking help in the context of the pandemic. The government-imposed lockdown and movement restrictions has also greatly affected access to GBV service points by both beneficiaries and service providers.

In principle, lifesaving GBV interventions should continue during this period to ensure critical GBV response services are available all the time for survivors and individuals in need. However, response modalities to COVID-19 present various levels of risks and restrictions that make some modes of GBV service delivery more possible than others. At the same time, maintaining the health and wellbeing of GBV workers is of critical concern. This therefore demands a higher level of flexibility, and a more layered approach to GBV service delivery with strategies that adapt to changes in modalities of accessing and interacting with survivors during service provision.

Remote GBV service delivery modalities provide services (predominately emotional support and case management) over a technology platform (i.e. hotline, chat, or SMS) rather than in person. Remote GBV services can be provided as a separate stand-alone intervention, in tandem with static programming to expand the geographic reach of services, and/or as part of a mobile service delivery approach to enhance continuity of GBV services¹.

Purpose and Methodology

Therefore, the GBV Sub Sector conducted this GBV helpline management assessment to understand the existing capacity for remote service provision. The Sub Sector has a responsibility to support partners and to ensure that life-saving services continue to be made available without compromising the safety of GBV service providers or survivors. The specific objectives for the assessment include the following;

1. Understand the scope and geographic reach of partners implementing helplines as part of their GBV programming
2. Establish the capacity of existing GBV helpline management systems and
3. Develop strategies to strengthen helpline management as part of remote service provision modalities being implemented in the context of the COVID-19 pandemic

The assessment targeted partners within the GBV Sub Sector in Borno, Adamawa and Yobe States. The tool was adapted from the global guidelines² and contextualised to Nigeria with a specific focus on helpline management. The questionnaire was administered through google forms to partners. Each partner with a helpline as part of their GBV programming could only fill and submit one questionnaire for their organisation. In addition, key informant interviews were conducted with critical service provision agencies such as the ‘sexual assault’ referral centres (SARC) and gender units for the law enforcement agencies (Nigeria Police Force and Nigeria Security and Civil Defence Corps) to gather additional information. Responses were consolidated by the GBV Sub Sector coordination team, who analysed the data and wrote the report.

The findings from this assessment will inform the GBV Sub Sector strategy to support partners in their commitment to undertake remote service delivery to survivors and individuals at risk of violence.

¹ Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery; IRC.

² Rapid Assessment Remote Service Mapping Template; The GBV Area of Responsibility (GBVAOR)

Key Findings from the Assessment



26
Organizations
with Helplines



20
Internet Enabled
(WhatsApp, Facebook)



8
Toll free



23
SMS Enabled

In total, twenty-six partners who responded to this assessment have helplines dedicated for their GBV programmes – six with operations in Adamawa State, seventeen in Borno State and seven in Yobe State. Of the twenty-six helplines, twenty are internet enabled to facilitate communications mainly through WhatsApp. As part of their preparedness for COVID-19, about two partners have established confidential spaces both in field locations and Maiduguri to enhance survivors and other vulnerable individuals to access services.

Only 31% i.e. eight out of twenty-six helplines are toll-free, meaning survivors or individuals in need of services do incur costs in the process of seeking these services. Some partners explain that it is possible for survivors accessing their services or community volunteers with cases to

flash/beep or send messages and the staff call back immediately, thereby transferring the cost to the partner. All the helplines operate only within official working hours, with at least two that extend their services up to 9.00pm. This means that survivors have no or minimal access to services outside official working hours and weekends.

92% of the calls (majority) to the helplines are made by family members of the survivor, while 85% of the calls are made by survivors themselves across the three states. This indicates the ability of survivors that are not able to access services directly to seek them through mobile phones.

All partners on average have capacity for providing services in three to four local languages.



81%
Have both male
and female staff
callers can
request to
speak with

1 - 7
Staff members
available to respond
to call

77%
Helpline
managers
trained
to handle
reports
of GBV

In terms of staff capacity, all partners report to have between one to seven staff available to receive and respond to calls. At least 50% have 2 staff, while 27% have only one staff. None of the partners have staff on rotation and this could explain why the call services are not available beyond working hours. Both

male and female staff are available to respond to calls and at least for 81% of the helplines, persons who call are able to request specifically for a male or female to speak with. This is important to facilitate appropriate and ethical processes for handling disclosures for GBV incidents.

While most partners have their GBV staff responsible for receiving and responding to calls, they do not have specific training on

81%

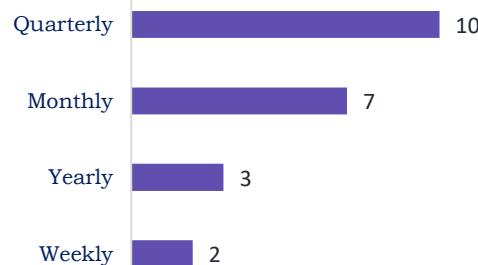
Have referral directory/pathway with specific contacts/focal points for those services outside of your organization

62%

Have protocols for management of GBV or other protection-related calls and data

helpline management and some key thematic areas of GBV response.

Frequency of External Referral Pathway Updates



All partners report that the helplines are dedicated to their services such as GBV case management, psychosocial support, legal counselling, reporting sexual exploitation and abuse or safe guarding issues among others. Hence these telephone numbers are primarily meant to facilitate access to their own service provision. Partners providing services in more than one sector have mechanisms in which they facilitate referrals to other sectors within the same organisation.

While 81% of the respondents mentioned having mechanisms in place to facilitate external referrals, these seem not be well structured. Only 38.5% mentioned that these external referral directories are updated quarterly and only 28% update them monthly. GBV survivors require multiple services to facilitate comprehensive response, and therefore it's critical that partners with GBV helplines are always aware of available services through updating the referral directories.

In 62% of the responses, partners indicated that they have protocols for management of GBV or other protection-related calls and data in place. However, when asked to list them, majority of partners mentioned they operate GBV helplines using the GBV guiding principles and Standard Operating

Procedures (SOPs) for GBV response and prevention, while others referred to GBV Sub Sector guidelines on GBV service provision in the context of COVID-19. Some partners implement classic GBV case management protocols including but not limited to ensuring calls are received and responded to in a confidential manner, checking to ensure perceived and physical safety is in place, and other mechanisms to facilitate dignified treatment of the survivor.

No partner made reference to specific protocols or Standard Operational Procedures (SOPs) developed to facilitate remote service provision and/or GBV helplines. This is irrespective of whether the helplines were specifically for reporting sexual exploitation and abuse and other safeguarding issues or for all forms of gender based violence.

It is critical that helplines are managed by persons trained on telephone etiquette as well as basics in GBV response. This is because, the survivors do not have the opportunity to build trust with the service provider as is the case during face to face dialogue. Hence, it's important for the helpline managers to ensure the survivor or complainant feels comfortable reporting or talking about a personal problem over the phone or on-line.

Protocols are a requirement for the establishment of safety and ethical operations for GBV helplines. At a minimum, protocols should include policies and guidance on: ensuring confidentiality; how the calls are answered by the staff (e.g. introductory statements, key messages that should be shared from the beginning of the call on confidentiality, consent and safety; how the calls should be closed (e.g. what

information and key messages should be shared when a call is ending); how to respond to survivors in immediate danger; how to respond to callers with suicidal ideation; how to handle prank callers, abuse and harassment on the hotline; and when staff should engage a supervisor for support. Lastly, on how to proceed in individual case management for hotlines providing more than referrals.³

Conclusion and Recommendations

GBV helplines as discussed in the first section provide remote means for survivors to access services confidentially, and as such they are an important entry point for case management psychosocial support and can be used as part of a mobile response particularly for places that remain inaccessible even for a mobile team. This assessment has demonstrated the importance of existing infrastructure to provide remote services for GBV survivors. For instance, when there was eminent lockdown measures or restrictions of movement imposed by government as part of the COVID-19 response strategies, partners that had already started implementing some forms of GBV helplines were able to adapt to provision of remote services. Although these measures still need to be strengthened to enable service provision following ethical requirements. In addition, the situation has also underscored the need for the required foundational infrastructure to provide remote services and connect other partners.

The GBV Sub Sector appeals to the need to establish state level toll-free helpline infrastructure in close collaboration and engagement of the ministries of Women Affairs and Social Development as the lead. GBV Hotline/Helpline is an essential service, not only because it gives voice to survivors and individuals who are vulnerable to violence and abuse but it provides them with critical psychological first aid, psychosocial support, case management and access to safety, medical care and justice. These state level GBV helplines/hotlines should be adequately equipped with all the necessary equipment and computer based application, adequately staffed and should establish clear linkages to all other existing helplines and referral points.

Where there is government buy-in, leadership and positive engagement, a GBV helpline/hotline can potentially have great reach, covering multiple sites within the state. In addition, since partner interventions are project based, the GBV Sub Sector calls upon donor support towards establishing a system where the state level hotline/helpline infrastructure is sustainable and maintained even when partners stop getting funds.

In addition, the following recommendations target partners that are already implementing GBV helpline programming to strengthen the existing services, as well as those who are planning to establish GBV helplines to facilitate remote service provision.

- GBV Service mapping: all partners with GBV helplines should coordinate and work with the GBV Sub Sector and other humanitarian organizations to find out as much as possible about services available for survivors. This service mapping should focus on identifying

³ Checklist of Minimum Operational Requirements for Hotlines (Adapted from IRC's Guidelines for Mobile and

Remote Gender-based Service Delivery). Quoted from Rapid Assessment Remote Service Mapping Template; GBVAOR.

existing services to which survivors can be referred, what services survivors are already accessing, gaps in the quality of services, and overall barriers to access. The GBV Sub Sector has developed a tool (*Annex II*) to facilitate this process and this exercise needs to be regularly conducted to provide the most updated and reliable information to survivors on service provision.

- The GBV Sub Sector in consultation with partners should develop protocols guiding remote GBV service provision and especially for GBV helpline/hotline management. These protocols should be developed as an annex to the GBV Standard Operating Procedures for GBV prevention and response, as well as link to other protocols such as GBV case management, GBVIMS among others.
- Culturally appropriate and child friendly Information Education and Communication (IEC) materials with graphics and images and with helpline numbers should be developed by partners for community engagement.
- Training and capacity building for staff chosen to manage GBV helplines should have the following training and experience prior to being deployed for GBV helpline management: - basics on GBV response and preparedness training, GBV guiding principles, telephone etiquette, among others. While GBV helplines are not only for case management, it's important for operators to have at minimum some basic ideas of GBV Case management and Psychosocial Support, especially psychological first aid.
- It recommended for partners to have well-staffed GBV helpline staff who work on rotational basis. It is for alternate focal persons or rotation to avoid burn out of staff. This will also help staff have time for self-care accompanied by supervision sessions.
- For partners who implement a GBV helpline, it is recommended to hold a planning workshop that includes managers, proposed hotline staff, IT staff (if needed), and applicable referral pathway partners. Implementation plans should outline activities and responsibilities, hotline coverage schedule, outreach and information dissemination plans, training plans for staff and partners, and a supervision schedule.
- As much as possible, ensure the helpline is toll-free line and establish that telecommunications company(ies) in the area will support the hotline. This will ensure survivors receive services at zero cost.

Annex I: List of Partners with GBV Helplines

Adamawa State

Name of Service Provider/Organization	State	LGA	Helpline Contact Number	Local Language	Availability			
Hope and Rural Aid Foundation	Adamawa	Yola South	07068224788	Hausa; Fulfulde			***	***
Grassroots Lifesaving Outreach (LESGO)	Adamawa	Girie, Mubi North, Mubi South	07066903797	Hausa; Fulfulde; Marghi			***	***
Global Peace Development	Adamawa	Yola North	09069286389	Hausa; Fulfulde; Marghi; Bachama			***	***
Zireenza support foundation	Adamawa	Michika	09062144279	Hausa; Higgi		***	***	***
Royal Heritage Health Foundation (RHHF)	Adamawa	Mubi	08000002020	Hausa; Kanuri; Fulfulde; Shuwa; Karekare and Bolewa		***	***	***
International Rescue Committee	Adamawa	Michika Mubi	08001111222	Hausa; Kanuri; Fulfulde	9am - 5pm. Email is 24hours	***		***

Borno State

Name of Service Provider/Organization	State	LGA	Helpline Contact Number	Local Language	Availability			
Royal Heritage Health Foundation (RHHF)	Borno	Maiduguri	08000002020	Hausa; Kanuri; Fulfulde; Shuwa; Karekare and Bolewa		***	***	***
International Rescue Committee	Borno	Maiduguri Konduga, Monguno Magumeri Gwoza	08001111222	Hausa; Kanuri; Fulfulde	9am - 5pm. Email is 24hours	***		***
Concern for Women and Children Development Foundation	Borno	Jere	07061223805	Hausa; Kanuri; Bura	8am - 4pm Mondays - Friday		***	
International Federation of Women Lawyers FEDERATION OF WOMEN LAWYERS (FIDA)	Borno	Maiduguri	08066101127	Hausa; Kanuri; Bura	8am - 9pm Mondays - Fridays		***	
Save the Children International	Borno	Kondunga Jere Magumeri	08065348777	Hausa			***	***
Learning Through Skills Acquisition Initiative (LETSAI)	Borno	Kondunga Jere Maiduguri	08134593569	Hausa; Kanuri; Shuwa			***	***

Name of Service Provider/Organization	State	LGA	Helpline Contact Number	Local Language	Availability			
Chabash Development and Health Initiative	Borno	Konduga Jere	09063163075	Hausa; Kanuri; Bura			***	***
Norwegian Church Aid	Borno	Maiduguri	09070787688	Hausa; Kanuri; Marghi; Shuwa	9am - 5pm		***	***
Green Concern for Development (GREENCODE)	Borno	Maiduguri	07033854498	Hausa; Kanuri	9am - 6pm, ejojosharon@gmail.com 24hours	***	***	
Grow strong foundation	Borno	Maiduguri Gwoza Bama	08034045995	Hausa; Kanuri; Fulfulde; Shuwa			***	***
SOS Children's Villages	Borno	Maiduguri Bolori 2	08127001146	Hausa; Kanuri			***	***
El-Kanemi Memorial Foundation	Borno	Maiduguri	08060262928	Hausa; Kanuri; Kanumbu				***
Bell Support Foundation	Borno	Maiduguri	07033095660	Hausa; Kanuri				***
Allamin Foundation for Peace and Development	Borno	Maiduguri	07060616795	Hausa; Kanuri	8am - 4pm	***	***	
Borno Women Development Initiative	Borno	Maiduguri Konduga Bama Gwoza Pulka	08031230399	Hausa; Kanuri; Mandara		***	***	***

Name of Service Provider/Organization	State	LGA	Helpline Contact Number	Local Language	Availability			
Street Child	Borno	Maiduguri Jere	07080611160	Hausa; Kanuri	6am - 8pm	***	***	
Gender Equality, Peace and Development Centre	Borno	Maiduguri Maisandari	08004372326	Hausa	8am - 5pm	***	***	

Yobe State

Name of Service Provider/Organization	State	LGA	Helpline Contact Number	Local Language	Availability			
White Edge Initiative	Yobe	Damaturu	07932071744	Hausa	9am - 3pm		***	***
Royal Heritage Health Foundation (RHHF)	Yobe	Potiskum	08000002020	Hausa; Kanuri; Fulfulde; Shuwa; Karekare and Bolewa		***	***	***
International Rescue Committee	Yobe	Damaturu Gujiba	08001111222	Hausa; Kanuri; Fulfulde	9am - 5pm. Email is 24hours	***		***
Ministry of Women Affairs Yobe State	Yobe	Damaturu	08125616654	Hausa			***	***
National Council of Women Societies	Yobe		08066119980	Hausa; Kanuri; Shuwa			***	***

Name of Service Provider/Organization	State	LGA	Helpline Contact Number	Local Language	Availability			
Taimako Community Development Initiative	Yobe	Damaturu	08032473668	Hausa; Kanuri; Bura			***	***
North East Youth Initiative for Development (NEYIF)	Yobe		07061261238	Hausa; Kanuri; Marghi; Shuwa	8am - 6pm		***	***

Annex II: Gender Based Violence (GBV) Service Mapping/Directory

NAME OF SERVICE PROVIDER/ORGANISATION	TYPE OF SERVICE	SPECIFIC SERVICES PROVIDED	Activity Others OR Remarks	TIME	State	LGA	Ward	Site Name	Additional Location information	TARGET GROUP	FP Name	Phone Number	Email	Alt FP Name	Alt Phone Number	Alt Email	DATE OF UPDATE