



Our Safe Spaces

**BASELINE
REPORT**

DECEMBER 2020

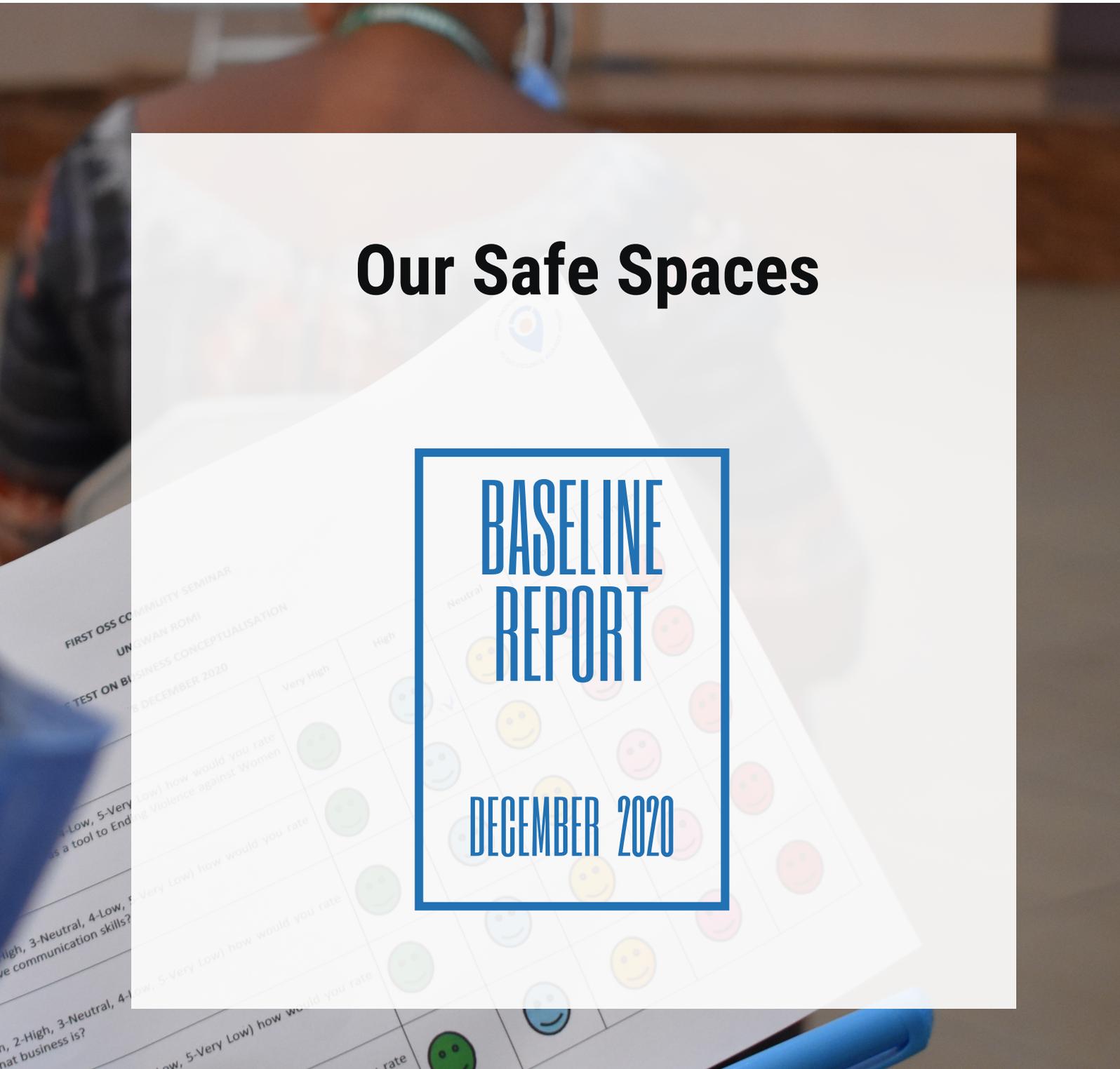




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EXECUTIVE SUMMARY

Project Name	Our Safe Spaces
Project Location	Nigeria-Kaduna State (Ungwan Dosa and Ungwan Romi)
Project Duration	3 years (December 2019 - November 2022)
Project Budget	\$209, 592
Donor	United Nation Trust Fund To End Violence Against Women
Implementing Partners	Empowering Women for Excellence Initiative (EWEI)
Project Goal	Displaced women and girls, Indigenous women and survivors of gender-based violence and sexual exploitation, due to communal conflict in Kaduna State, Nigeria are better protected from violence and exploitation, and supported to gain access to psychosocial support systems, develop reduced vulnerability and benefit from economic empowerment opportunities to facilitate normalisation of their lives.

The OSS project works with 80 Primary Beneficiaries: 30 female refugees, 20 indigenous women from minority ethnic groups and 30 women/girl survivors of GBV aged between 20 to 59 years affected by violence in the family, violence in the community and violence perpetrated/condoned by the State.

These primary beneficiaries are survivors of GBV, sexual exploitation and violent conflict from two communities (Ugwan Romi and Ungwan Dosa) in Kaduna state.

EWEI conducted a baseline study in targeted communities among 80 primary beneficiaries aimed at unearthing information tailored towards the outcome(s) indicators and will enable us track progress on the project goals.

Quantitative data collection was the chosen method and questionnaire the tool. The tool was developed based on the indicators on the Results and Resources Framework (RRF) and consultations with the technical experts for the project.

The baseline study indicates the following:

- The youngest primary beneficiary is 20 and the oldest is 70.
- All primary beneficiaries are women.
- Lowest levels of education are primary school and tertiary/higher institutions are highest level of education among primary beneficiaries.
- Only 10% (8/80) of respondents say their level of awareness of violence in their communities is low.
- 2.5% (2/80) said their level of economic empowerment is high where economic empowerment means they earn USD 40 per month maximum, less than the 2020 poverty index of USD 1.99 per day.



- Only 5% (4/80) of the primary beneficiary had very high level of knowledge about economic violence.
- 31.25% (25/80) of the OSS primary beneficiaries in their responses rated their community members' level of willingness to support the prevention of GBV and EAW as very high
- 5% (4/80) said their community members stigmatises survivors. It is noteworthy that, from the OSS primary beneficiary responses, none of the communities take GBV/VAWG as a norm.
- 28.75% (23/80) took a neutral position as to strongly agree/agree or strongly disagree/disagree that experience sharing could help to overcome the barriers preventing survivors from speaking up and seeking for help, 3.75% (3/80) disagreed while 1.25% (1/80) strongly disagreed.
- 26.25% (21/80) of OSS primary beneficiaries' responses showed they are very willing to share their experiences with the public
- None (0/80) of the primary beneficiaries (0%) said they would join the onlookers and wait until a man is done beating the wife before they will try to help the woman.
- The baseline considered a list of sixteen (16) forms of GBV from which the OSS primary beneficiaries selected the forms of violence they were conversant with in their community. Spousal abuse was well known among primary beneficiaries as 71.25% (57/80) of them selected it to be common in their community, rape/gang rape was rated second with 68.75% (55/80), and other forms of violence highly considered as forms of violence include child labour at 58.75% (47/80) and battery at 55% (44/80). Defilement of minors was 48.75% (39/80) and is said to be increasing within communities, child marriage was 47.5% (38/80), trafficking was considered by 43.75% (35/80) of the primary beneficiaries, psychological/emotional violence (eg verbal abuse) made up 40% (32/80), communal violence and economic oppression were even at 32.5% (26/80). Marital rape and unnatural relations (e.g incest, sodomy) were also even at 26.25% (21/80). 25% (20/80) considered honour killings as GBV, 23.75% (19/80) considered unwanted advances/sexual harassment as violence against women and stalking was considered to be the least form of violence against women or GBV.
- 1% (1/80) think women are perpetrators of communal violence.
- 57.5% (43/80) of respondents felt they are not likely at all to be exploited by someone.
- 8.75% (7/80) of OSS primary beneficiaries had very high level of capacity to identify behaviours that expose women and girls to exploitation



- Considering OSS primary beneficiaries' level of capacity to identify behaviors that expose women and girls to exploitation, they were asked to provide examples of those behaviors that expose women and girls to exploitation to further assess their capacity. Immorality reoccurred most with 36.25% (29/80) of them leaning in that direction, second to immorality was indecent dressing with 30% (24/80) of primary beneficiaries identifying it as a behavior that exposes women and girls to exploitation. 15% (12/80) responded infidelity was the third behavior to expose women and girls to exploitation, 7.5% (6/80) identified financial instability as one of the behaviors, prostitution stood at 6.25% (5/80) while, poor parenting and disobedience were even at 2.5% (2/80) as behaviors that exposes women and girls to exploitation.
- 66.25% (53/80) of OSS primary beneficiaries said they had never received information/support on VAWG/GBV in the last three months.
- Only 46.25% (37/80) were very likely to join a peer support network on VAWG/GBV.
- 71.25% (57/80) said there was no existing community support network(s) that address VAWG/GBV in their community, and 6.25% (5/80) didn't know if community support network existed or not in their community.
- The baseline data showed that 11.25% (9/80) of OSS primary beneficiary rate institutions (traditional leaders and security agencies) to have very high levels of willingness to support the prevention of GBV and EAW.

This report consolidates the collected data during June 2020 and will be referenced for responsive project activities.



BACKGROUND

Kaduna state has been somewhat of an epicenter inter-ethnic and inter-religious violence for more than a decade.

Located in north-central Nigeria, Kaduna state has a diverse population, and experiences constant outbreaks of violent conflict. Inter-communal conflict, including sectarian group-based polarisation, has fueled tensions and violence in recent years. Clashes between herders and farmers in certain northern states and particularly central and southern parts of Kaduna have led to hundreds of fatalities driven by [proliferation of guns, exacerbated by inter-religious tensions and climate change](#).

Women and girls are often direct targets or caught in the crossfire of the resulting violence. They also bear the brunt of economic pressures through displacement, livelihood and property destruction, or loss of household breadwinners from the violence. In their daily lives women and girls also encounter frequent interpersonal abuse and sexual violence, which is prevalent in family, community and school settings – but remains underreported.

Our Safe Spaces (OSS) is providing beneficiaries' support systems, a place to heal, receive economic support and play a leading role in the calls for change. Expected results include awareness and knowledge about the nature and impact of violence against women, the provision of professional and peer support, rehabilitation activities, and the facilitation of healing and normalisation for women survivors.

The project aims to provide beneficiaries a leading role in actions and engagement with decision makers/influencers to highlight the multi-layered losses and effects of VAWG. Project activities are being implemented in in two semi-urban communities; Kaduna North LGA (Ungwan Dosa) and Kaduna South LGA (Ungwan Romi) Kaduna state, Nigeria. OSS will run for three years benefiting 80 primary and 372 secondary beneficiaries.



DATA

Data Collection

Eight project staff were trained on data collection using Open Data Kits (Kobotoolbox and SurveyMonkey) for this project, SurveyMonkey was adopted for the input of data collected from the field.

Each staff interviewed 10 respondents (primary beneficiaries) with the structured questionnaires. The questionnaires were also interpreted into local language spoken by most beneficiaries for better comprehension and quality of data. The questions were asked out individually in a safe space to aid confidentiality in line EWEI's Data Protection Policy.

Data Processing, Analysis and Preparation of Baseline Report

Each completed questionnaire was reviewed by the project staff before clicking the submit button. The collected data were then analysed using the SurveyMonkey analysis software. The baseline report was prepared according to the results from the analysis.

Acknowledgement

The OSS tool was developed by Empowering Women for Excellence Initiative in Ungwan Dosa and Ungwan Romi communities of Kaduna State, Nigeria.

We acknowledge the support of our technical committee members made up of EVAW/G Partners and Experts who contributed to the review of the project's activities and development of baseline questionnaire.

We also appreciate the project team and the local communities for their support throughout the survey.



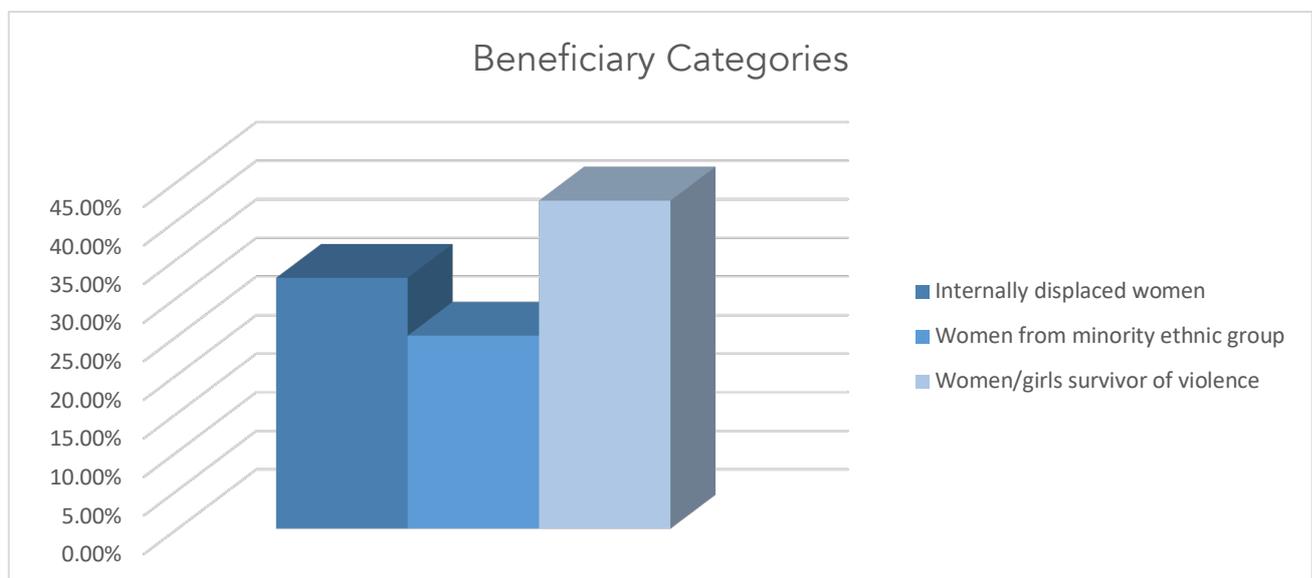
RESPONDENTS' PROFILES

Beneficiary categories

The selection matrix for the primary beneficiaries were categorised into three main categories based on the situation of the project's community. The baseline survey indicated that, 32.5% are internally displaced women from communal crisis in Southern Kaduna and natural disasters (flood), 25% are women from minority ethnic groups resident in target communities and 42.5% are made up of women/girls survivors of violence. This category of beneficiaries have women/girls who have experienced sexual violence, battery, emotional violence, intimate partner violence and domestic violence.

Beneficiary categories

Answer Choices	Responses	
Internally displaced women	32.50%	26
Women from minority ethnic group	25.00%	20
Women/girls survivor of violence	42.50%	34
	Answered	80
	Skipped	0



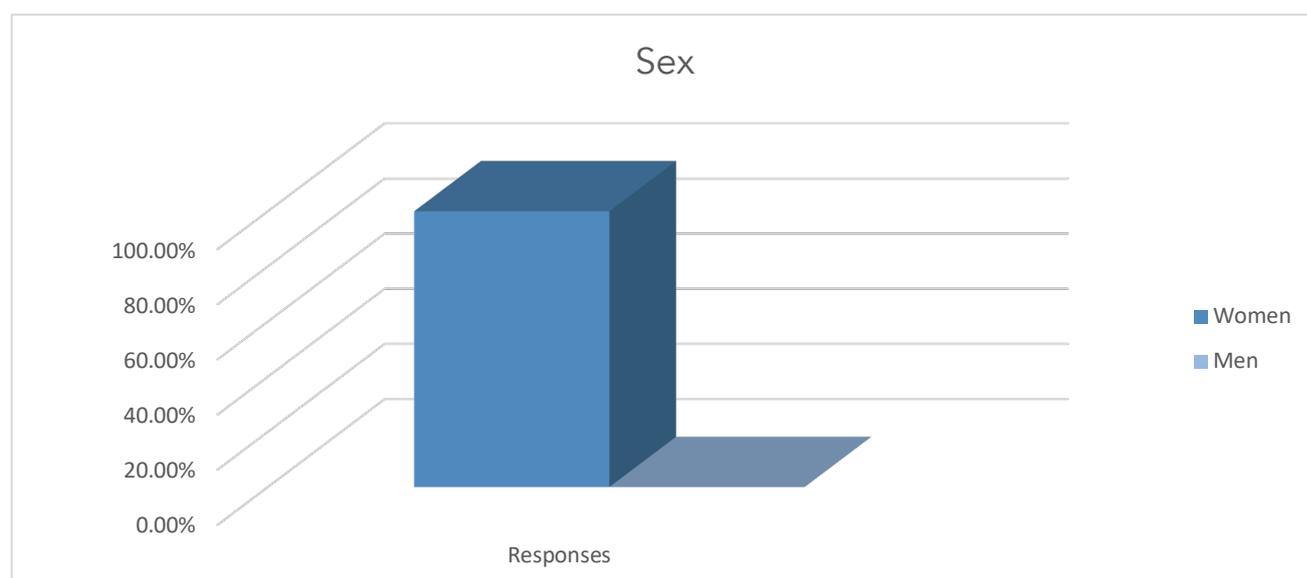


Sex

The OSS project focuses on women and girls as primary beneficiaries. From the baseline survey, 100% of the 80 beneficiaries are women and girls.

Sex

Answer Choices	Responses	
Women	100.00%	80
Men	0.00%	0
Answered		80
Skipped		0

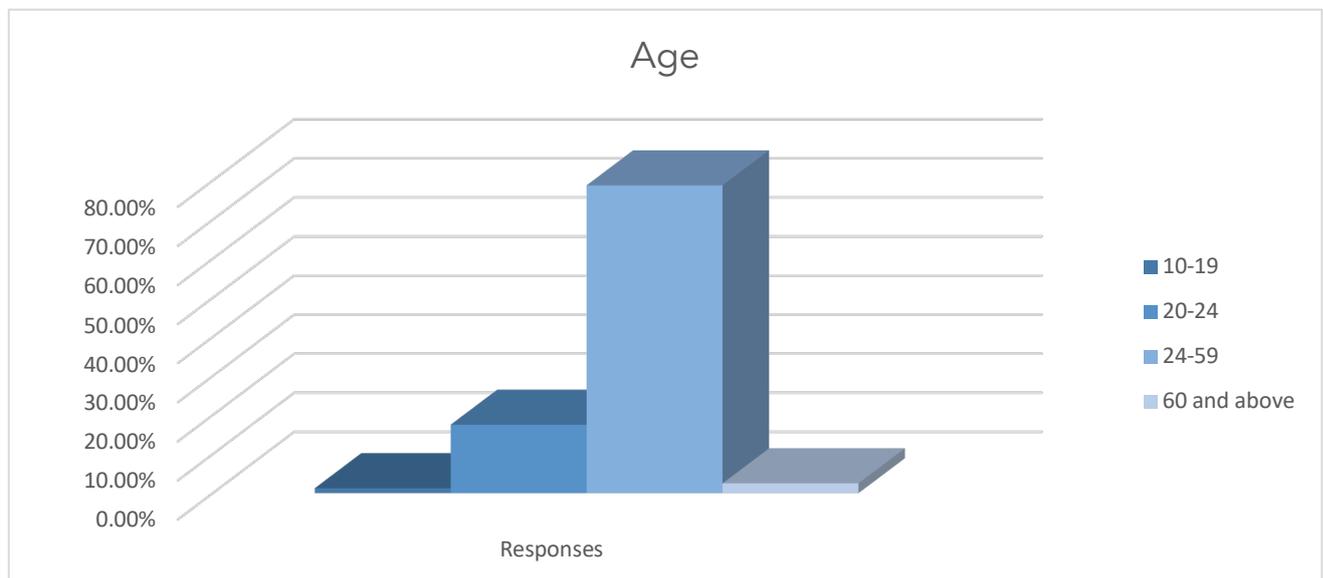


Age

The age range indicated from baseline survey shows a 1.25% of primary beneficiaries to be within the age bracket of 10 - 19 years. This age bracket wasn't part of the OSS age selection matrix for primary beneficiaries, however, further interaction with the beneficiary provided us with information that she was turning 20 in a few weeks' time as well as being survivor of violence. Young girls within the age bracket of 20 - 24 make up 17.5% of primary beneficiaries while adult women within the ages of 25 – 59 years make up 78.75% of the primary beneficiary population. 2.5% of the primary beneficiaries are elderly women who are from the minority ethnic groups including Adara, Atyap, Bajju, Burah, Bura, Fulani, Idoma, Jaba, Kagoma, Kagoro, Koro Margi, Meriyan, Okum and Yagba.

Age

Answer Choices	Responses	
10-19	1.25%	1
20-24	17.50%	14
24-59	78.75%	63
60 and above	2.50%	2
Answered		80
Skipped		0

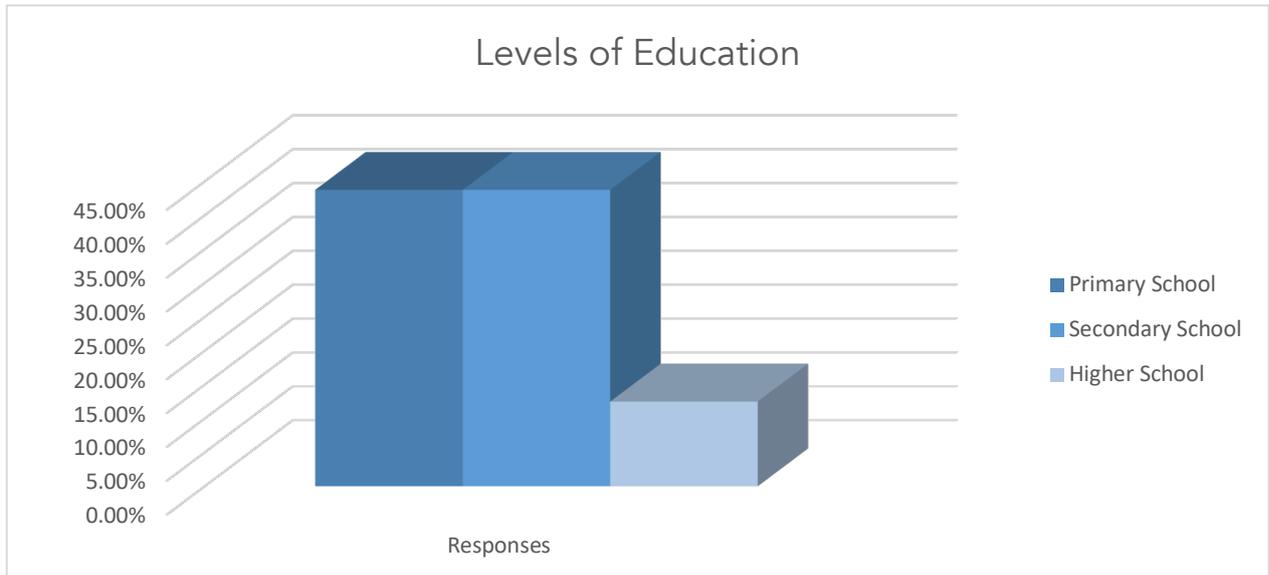


Levels of education

From the baseline survey, 12.5% of the primary beneficiaries have either attended or are currently in higher institutions, those with secondary school certificate make up 43.75%, and beneficiaries with only primary school certificate are 43.75% as well. This level of literacy informed the designs and methodology utilised during OSS seminars and other activities.

Levels of education

Answer Choices	Responses	
Primary School	43.75%	35
Secondary School	43.75%	35
Tertiary/Higher School	12.50%	10
Answered		80
Skipped		0

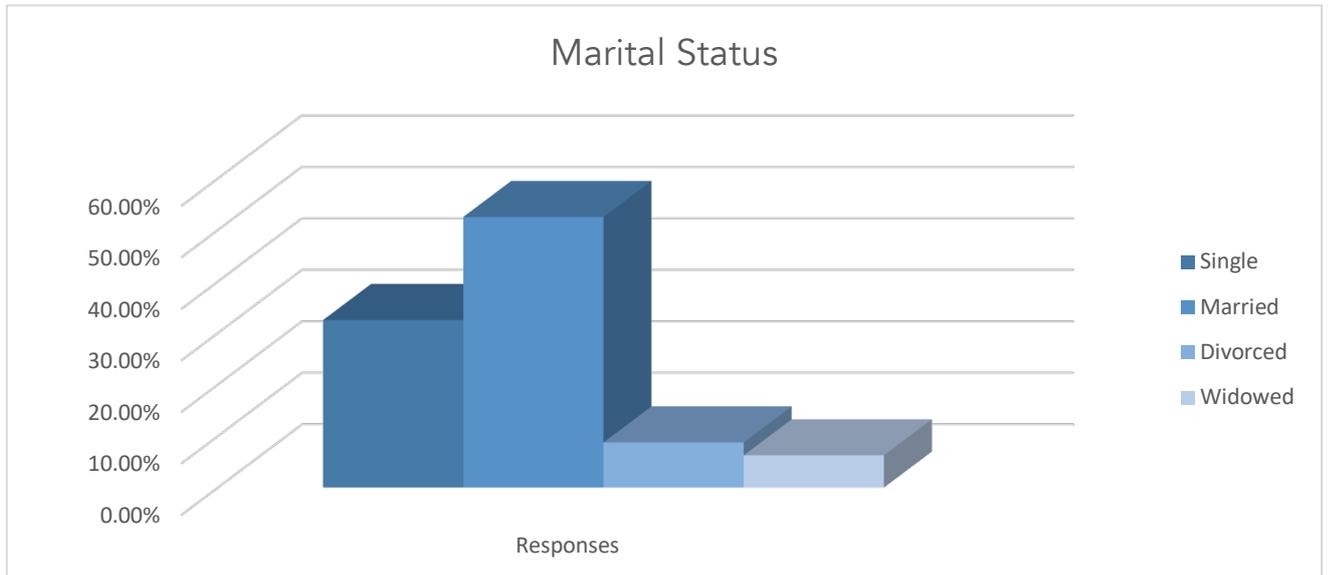


Marital status

From the baseline survey, 52.5% of OSS primary beneficiaries are married women, 32.5% are single, 8.75% are divorced and 6.25% are widowed.

Marital status

Answer Choices	Responses	
Single	32.50%	26
Married	52.50%	42
Divorced	8.75%	7
Widowed	6.25%	5
	Answered	80
	Skipped	0





LEVELS OF AWARENESS ABOUT VIOLENCE IN THEIR COMMUNITIES

The OSS primary beneficiaries level of awareness about violence in their communities was assessed and 52.5% of the primary beneficiaries attested to having a high knowledge of existing violence within their communities, 7.5% said they have very high level of awareness of violence within their communities, 30% said their level of awareness about violence in their communities was on the average while 10% of the beneficiaries said their level of awareness about violence in their communities was low.

How would you rate your level of awareness about violence in your community?

Answer Choices	Responses	
Very high	7.50%	6
High	52.50%	42
Medium	30.00%	24
Low	10.00%	8
None at all	0.00%	0
	Answered	80
	Skipped	0





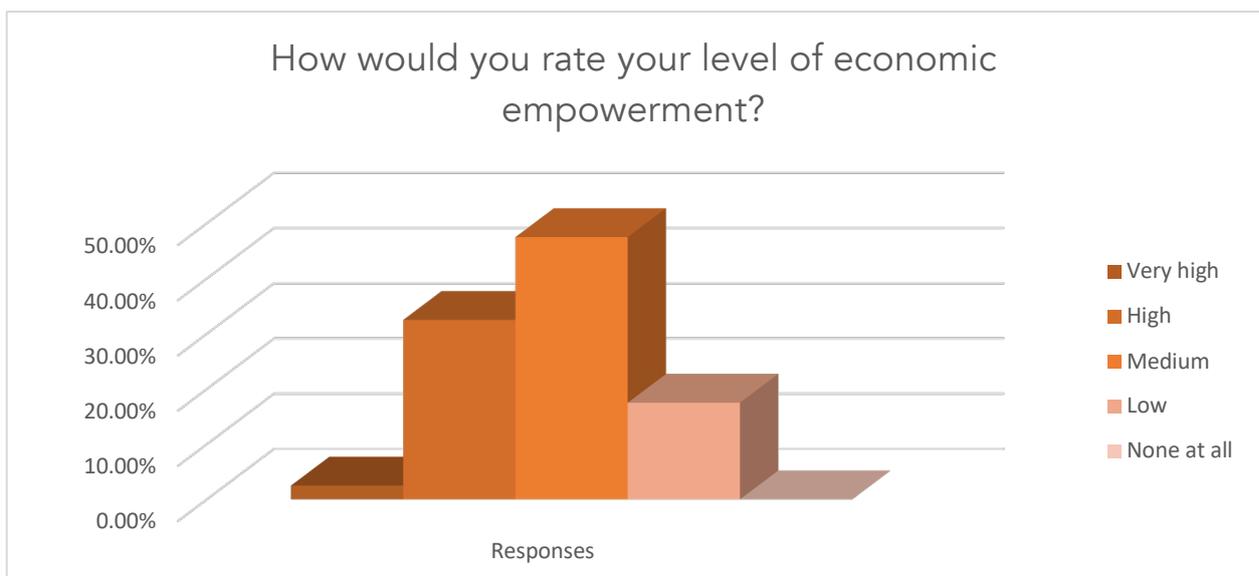
LEVELS OF ECONOMIC EMPOWERMENT

The OSS project seeks to empower and improve the beneficiaries economically, through financial literacy seminars and setting up of a cooperative for the 80 beneficiaries thus there is a need to assess their level of economic empowerment. 47.5% of the primary beneficiary felt they were at an average level of economic empowerment, 32.5% of them said their level of economic empowerment was high, 2.5% said it was very high based on their locality while, 17.5% said their economic empowerment level was low.

Economic empowerment here means they earn USD 40 maximum monthly, which translates to USD 1.33 per day, less than the 2020 poverty level.

How would you rate your level of economic empowerment?

Answer Choices	Responses	
Very high	2.50%	2
High	32.50%	26
Medium	47.50%	38
Low	17.50%	14
None at all	0.00%	0
Answered		80
Skipped		0



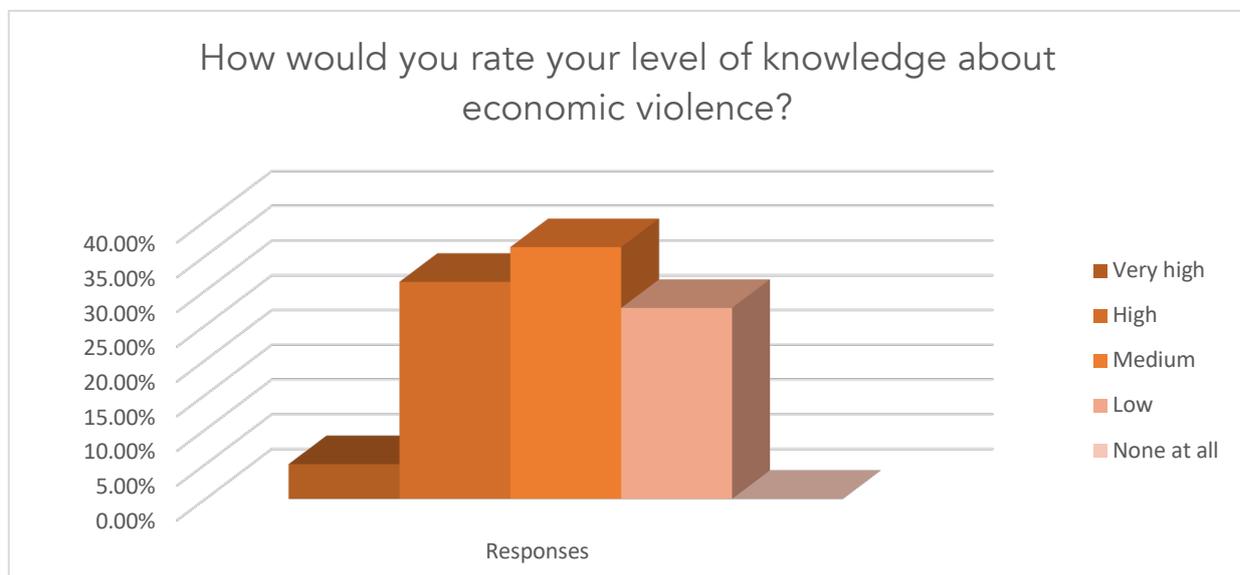


Levels of knowledge about economic violence

From the baseline survey, 27.5% of OSS primary beneficiaries had low levels knowledge about economic violence while 36.25% had average knowledge about economic violence. 31.25% of the primary beneficiaries said they had a high level of knowledge about economic violence and only 5% of the primary beneficiary had very high level of knowledge about economic violence.

How would you rate your level of knowledge about economic violence?

Answer Choices	Responses	
Very high	5.00%	4
High	31.25%	25
Medium	36.25%	29
Low	27.50%	22
None at all	0.00%	0
	Answered	80
	Skipped	0



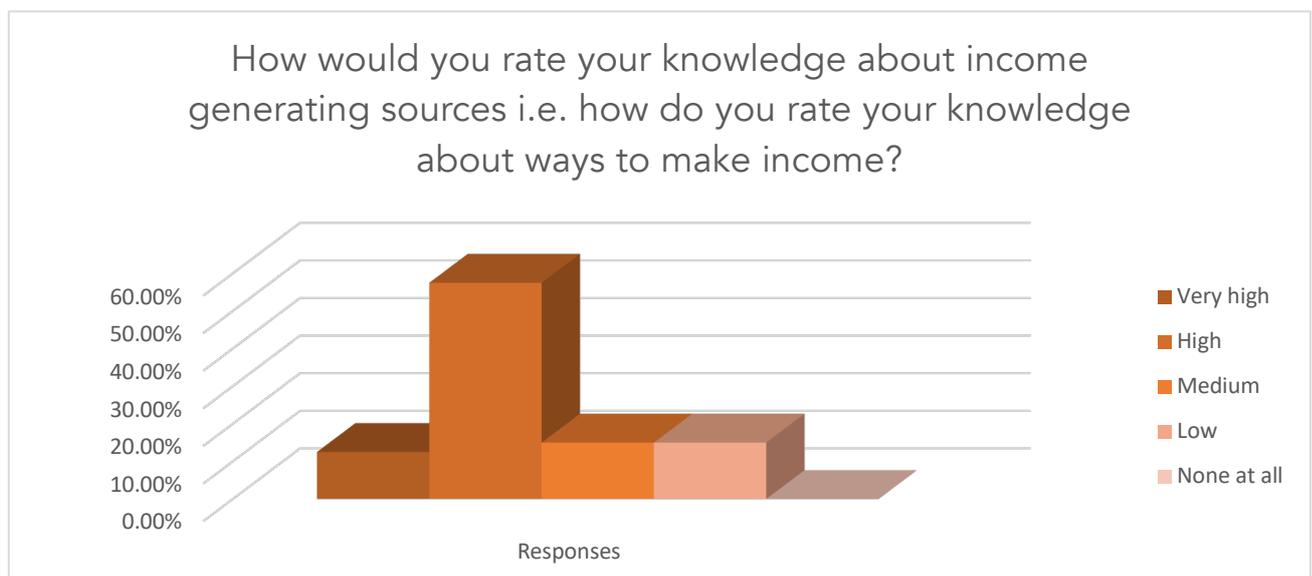


Knowledge about income generating sources

The OSS primary beneficiaries were assessed on their levels of income generating skills to inform their capacity to make turnovers once the cooperative is in place. 57.5% rated themselves high on knowledge about income generating sources while, 12.5% had very high capacity to make income. Those with average and low level of making income were 15% respectively.

How would you rate your knowledge about income generating sources i.e., how do you rate your knowledge about ways to make income?

Answer Choices	Responses	
Very high	12.50%	10
High	57.50%	46
Medium	15.00%	12
Low	15.00%	12
None at all	0.00%	0
	Answered	80
	Skipped	0

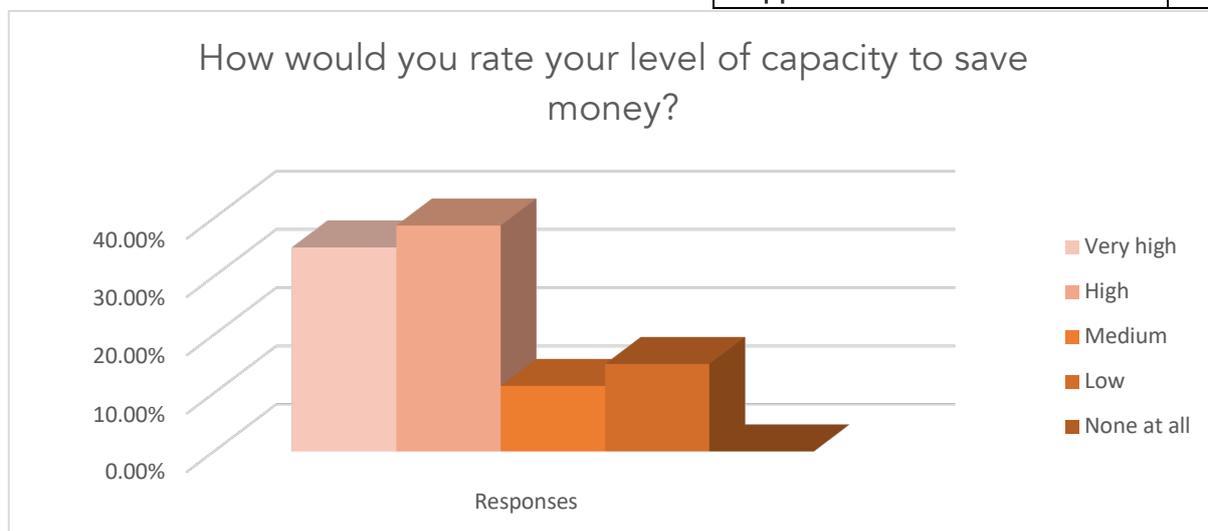


Capacity to save money

35% of OSS primary beneficiaries expressed a very high level of capacity to save money from the little they have, 38.75% said they possessed a high level of capacity to save money. These shows that with additional training on financial literacy, the beneficiaries will be able to plan and save more money for a better standard of living. While we had a greater percentage of beneficiaries with above average levels of capacity to save money, the survey also showed that 11.25% and 15% of the primary beneficiaries had medium (average) and low levels of capacity to save money respectively.

How would you rate your level of capacity to save money?

Answer Choices	Responses	
Very high	35.00%	28
High	38.75%	31
Medium	11.25%	9
Low	15.00%	12
None at all	0.00%	0
Answered		80
Skipped		0

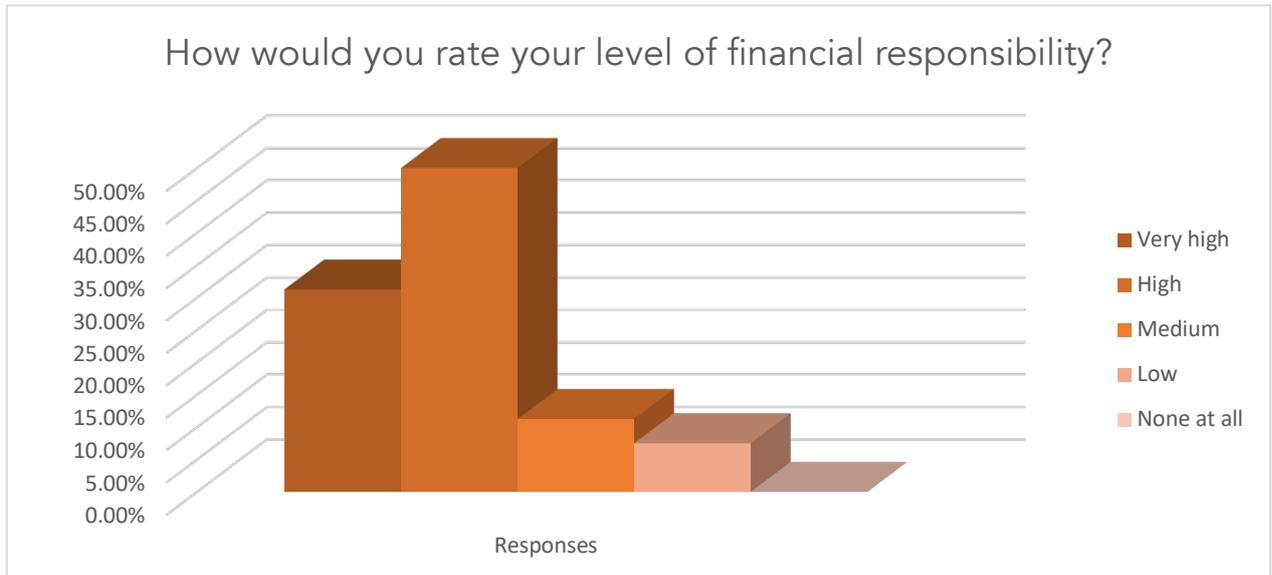


Levels of financial responsibility

The ability to be financially responsible is essential for productivity and sustenance. From the baseline survey, 31.25% of OSS primary beneficiary have very high levels of financial responsibility and 50% had high level of financial responsibility. 11.25% of the primary beneficiaries had average level of financial responsibility and 7.5% had low level of financial responsibility.

How would you rate your level of financial responsibility?

Answer Choices	Responses	
Very high	31.25%	25
High	50.00%	40
Medium	11.25%	9
Low	7.50%	6
None at all	0.00%	0
Answered		80
Skipped		0

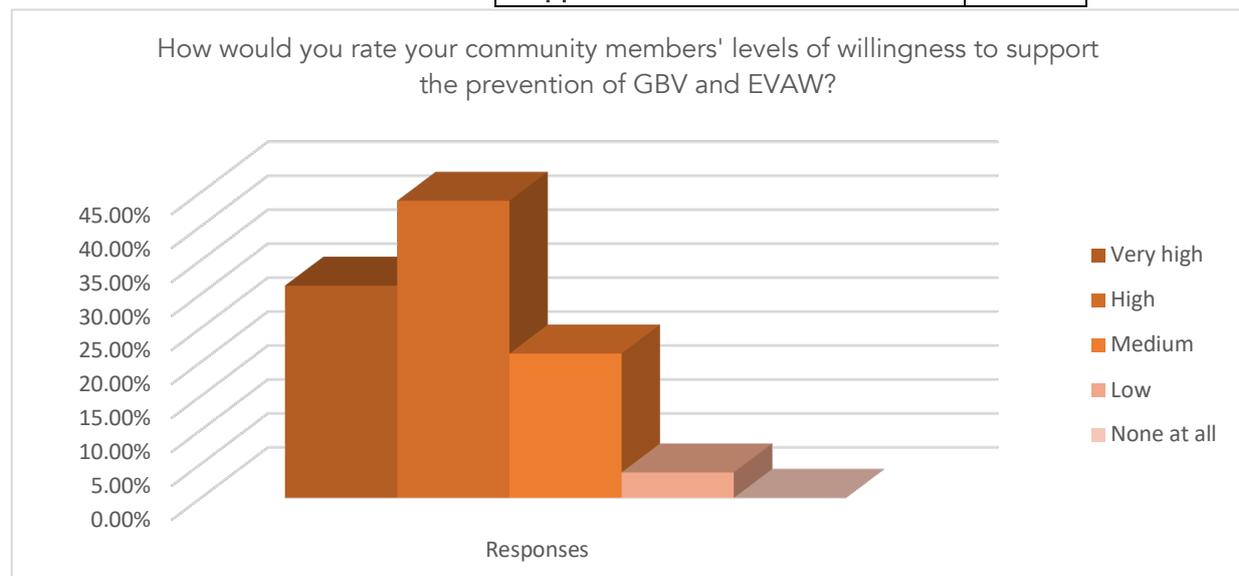


COMMUNITY MEMBERS' LEVEL OF WILLINGNESS TO SUPPORT THE PREVENTION OF GBV AND EVAW

31.25% of the OSS primary beneficiaries in their responses rated their community members' level of willingness to support the prevention of GBV and EVAW as very high, 43.75% rated their community members to have high level of willingness to support the prevention of GBV and EVAW.

How would you rate your community members' levels of willingness to support the prevention of GBV and EVAW?

Answer Choices	Responses	
Very high	31.25%	25
High	43.75%	35
Medium	21.25%	17
Low	3.75%	3
None at all	0.00%	0
Answered		80
Skipped		0

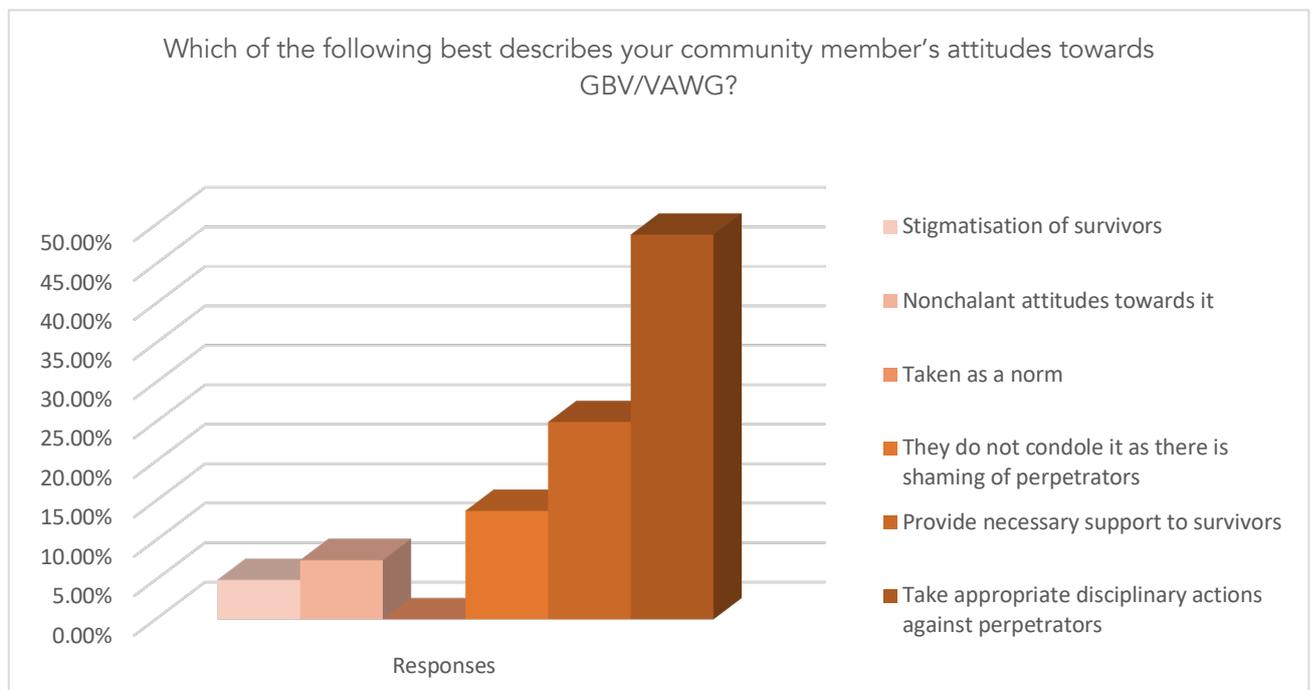


Community members attitudes towards GBV/VAWG

From the baseline survey, 48.75% of OSS primary beneficiary described their community member's attitudes towards GBV/VAWG as "taking appropriate disciplinary actions against perpetrators, 25% said their community members provide necessary support to survivors, 13.75% said their community members do not condole GBV/VAWG because, they shame perpetrators, 7.5% believes their community members have nonchalant attitudes towards GBV/VAWG and 5% said their community members stigmatises survivors. It is noteworthy that, from the OSS primary beneficiary responses, none of the communities take GBV/VAWG as a norm.

Which of the following best describes your community member’s attitudes towards GBV/VAWG?

Answer Choices	Responses	
Stigmatisation of survivors	5.00%	4
Nonchalant attitudes towards it	7.50%	6
Taken as a norm	0.00%	0
They do not condole it as there is shaming of perpetrators	13.75%	11
Provide necessary support to survivors	25.00%	20
Take appropriate disciplinary actions against perpetrators	48.75%	39
	Answered	80
	Skipped	0



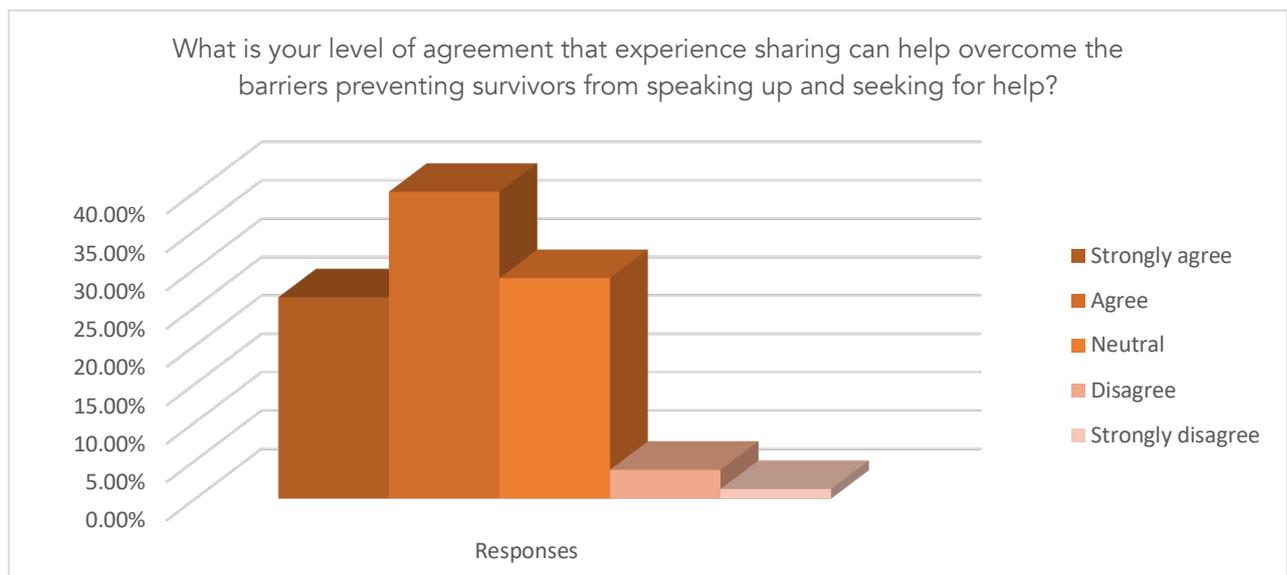
Levels of agreement that experience sharing can help overcome the barriers preventing survivors from speaking up and seeking for help

26.25% of OSS primary beneficiaries strongly agreed that experience sharing was key to breaking the barriers preventing survivors to speak up and seek for help, 40% of them agreed. 28.75% took a neutral position as to strongly agree/agree or strongly disagree/disagree that experience sharing could help to overcome the barriers preventing survivors from speaking up and seeking for help, 3.75% disagreed while 1.25% strongly disagreed.



What is your level of agreement that experience sharing can help overcome the barriers preventing survivors from speaking up and seeking for help?

Answer Choices	Responses	
Strongly agree	26.25%	21
Agree	40.00%	32
Neutral	28.75%	23
Disagree	3.75%	3
Strongly disagree	1.25%	1
Answered		80
Skipped		0

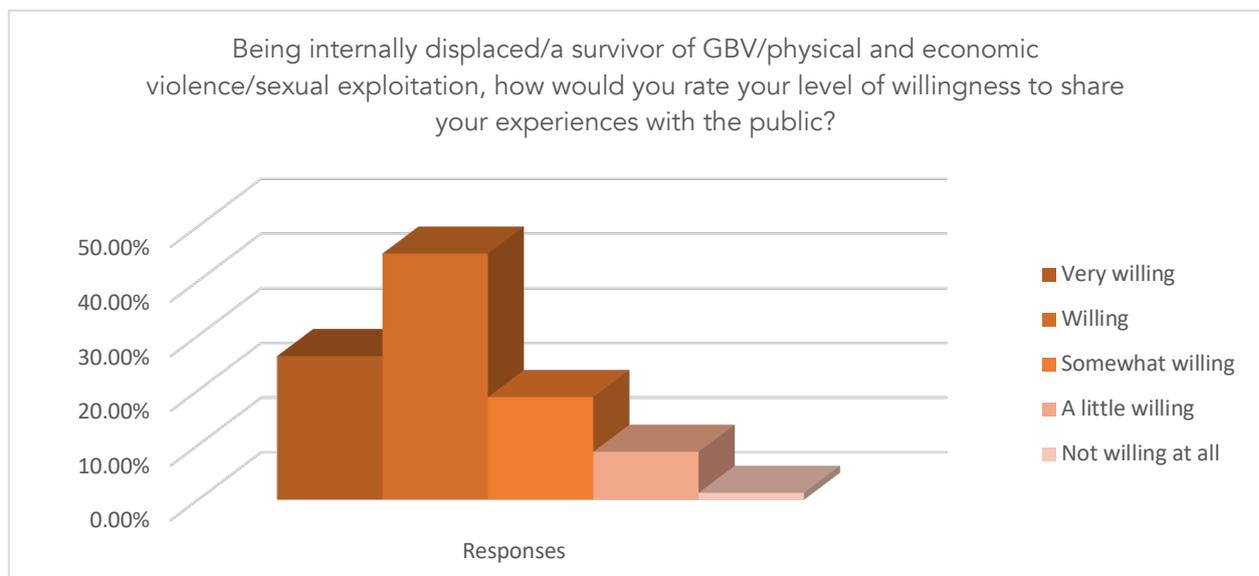


Levels of willingness to share experiences with the public

26.25% of OSS primary beneficiaries’ responses showed they are very willing to share their experiences with the public, 45% said they are willing to share their experiences with the public, 18.75% were somewhat willing to share their experiences, 8.75% were just a little willing and 1.25% were not willing at all. The OSS primary beneficiary willingness to share their experiences with the public through storytelling was included as one of the activities for Outcome 1 of the OSS project to build the confidence of primary beneficiaries in sharing their stories.

Being internally displaced/a survivor of GBV/physical and economic violence/sexual exploitation, how would you rate your level of willingness to share your experiences with the public?

Answer Choices	Responses	
Very willing	26.25%	21
Willing	45.00%	36
Somewhat willing	18.75%	15
A little willing	8.75%	7
Not willing at all	1.25%	1
	Answered	80
	Skipped	0



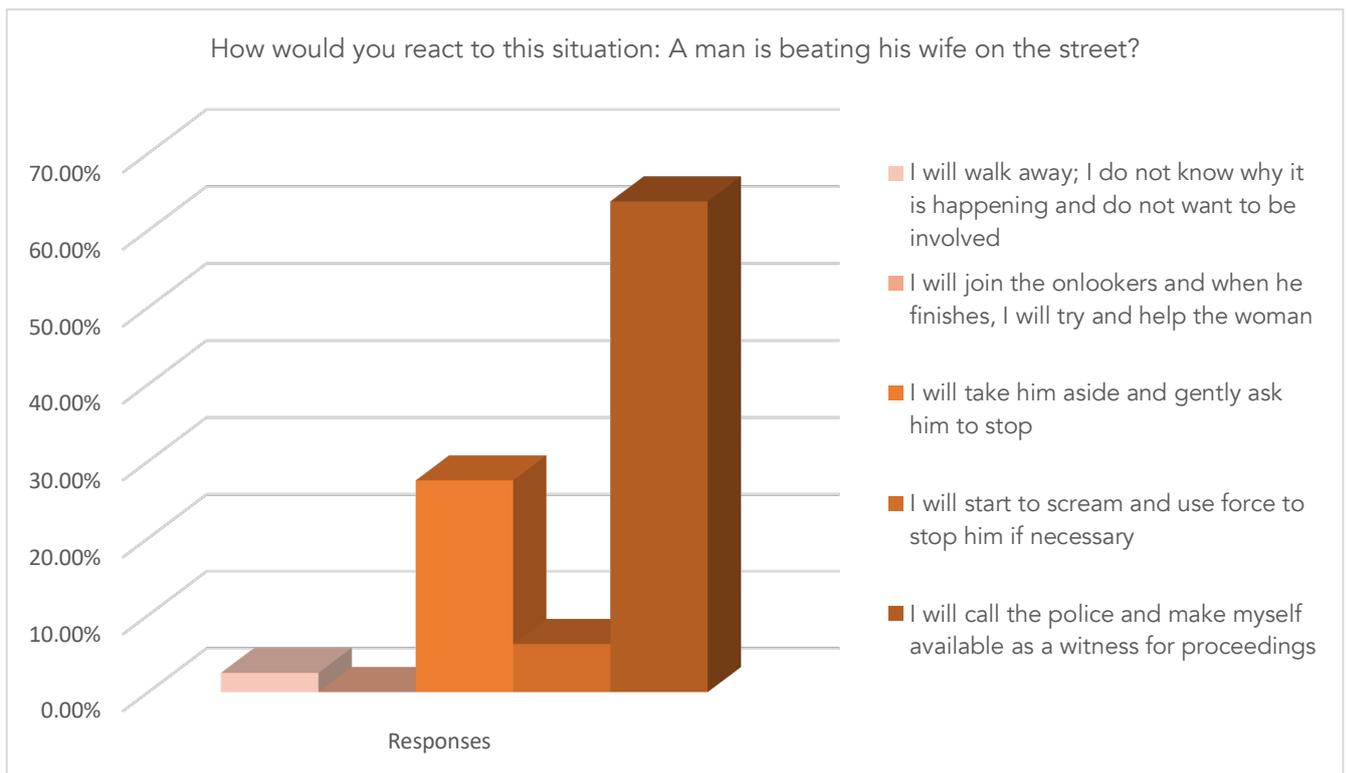
Reaction to a man beating his wife on the street

63% of OSS primary beneficiaries said they will call the police and will be available as witness for proceedings, 6.25% said they will scream and use force to stop him if necessary, 27.5% said they will take him aside and gently stop him, 2.5% said they will walk away because, they don't know why it's happening and don't want to be involved. None of the primary beneficiaries (0%) responded to joining the onlookers and waiting until the man is done beating the wife before they will try to help the woman.



How would you react to this situation: A man is beating his wife on the street?

Answer Choices	Responses	
I will walk away; I do not know why it is happening and do not want to be involved	2.50%	2
I will join the onlookers and when he finishes, I will try and help the woman	0.00%	0
I will take him aside and gently ask him to stop	27.50%	22
I will start to scream and use force to stop him if necessary	6.25%	5
I will call the police and make myself available as a witness for proceedings	63.75%	51
	Answered	80
	Skipped	0



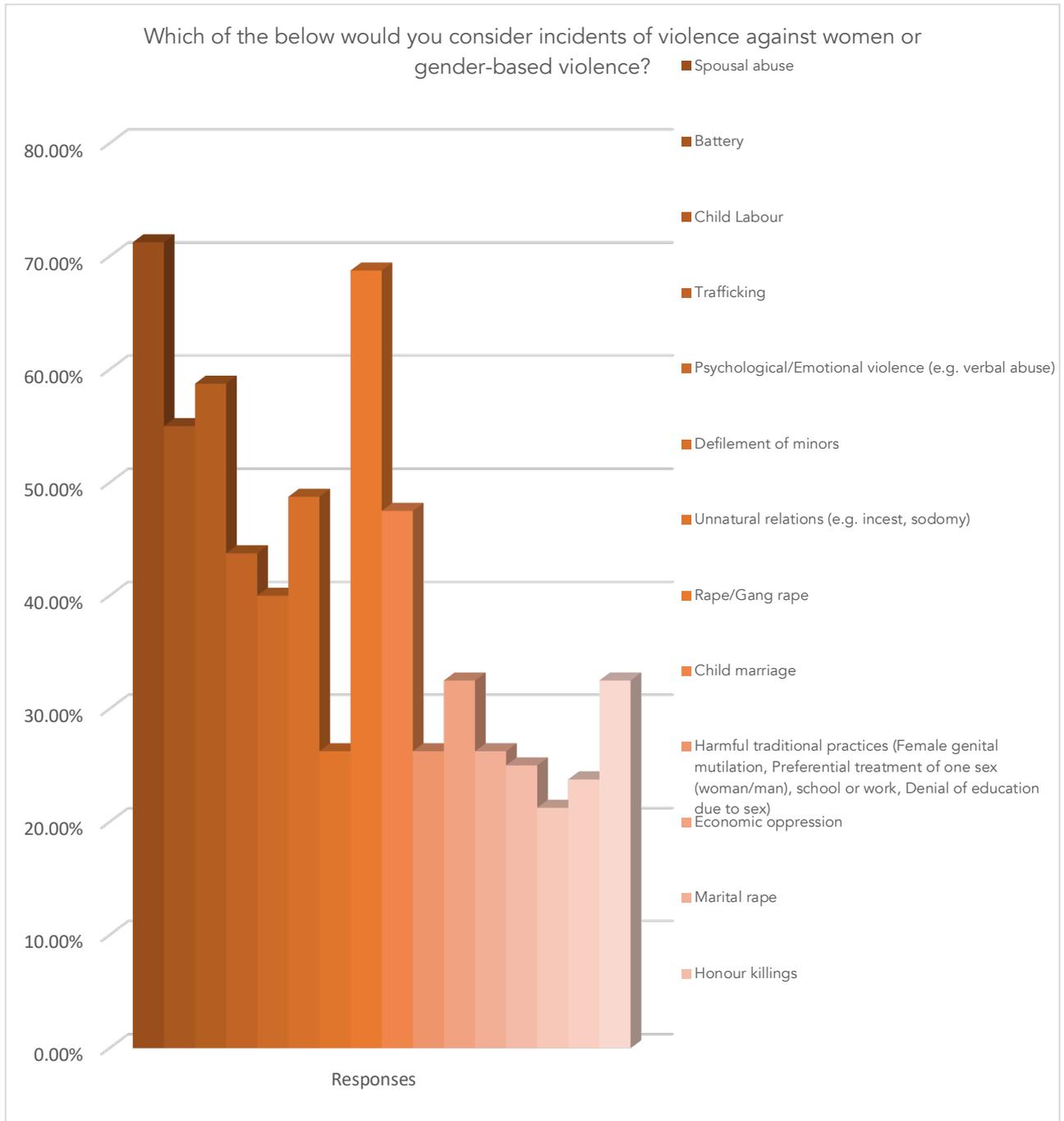


INCIDENTS OF VIOLENCE AGAINST WOMEN OR GENDER-BASED VIOLENCE

The baseline survey considered a list of sixteen (16) forms of GBV from which the OSS primary beneficiaries selected the forms of violence they were conversant with in their community. Spousal abuse was well known among primary beneficiaries as 71.25% of them selected it to be common in their community, rape/gang rape was rated second with 68.75%, and other forms of violence highly considered as forms of violence include child labour at 58.75% and battery at 55%. Defilement of minors was 48.75% and is said to be increasing within communities, child marriage was 47.5%, trafficking was considered by 43.75% of the primary beneficiaries, psychological/emotional violence (e.g verbal abuse) made up 40%, communal violence and economic oppression were even at 32.5%. Marital rape and unnatural relations (e.g incest, sodomy) were also even at 26.25%. 25% considered honour killings as GBV, 23.75% considered unwanted advances/sexual harassment as violence against women and stalking was considered to be the least form of violence against women or GBV.

Which of the below would you consider incidents of violence against women or gender-based violence?

Answer Choices	Responses	
Spousal abuse	71.25%	57
Battery	55.00%	44
Child Labour	58.75%	47
Trafficking	43.75%	35
Psychological/Emotional violence (e.g. verbal abuse)	40.00%	32
Defilement of minors	48.75%	39
Unnatural relations (e.g. incest, sodomy)	26.25%	21
Rape/Gang rape	68.75%	55
Child marriage	47.50%	38
Harmful traditional practices (Female genital mutilation, Preferential treatment of one sex (woman/man), school or work, Denial of education due to sex)	26.25%	21
Economic oppression	32.50%	26
Marital rape	26.25%	21
Honour killings	25.00%	20
Stalking	21.25%	17
Unwanted advances/sexual harassment	23.75%	19
Communal violence	32.50%	26
	Answered	80
	Skipped	0



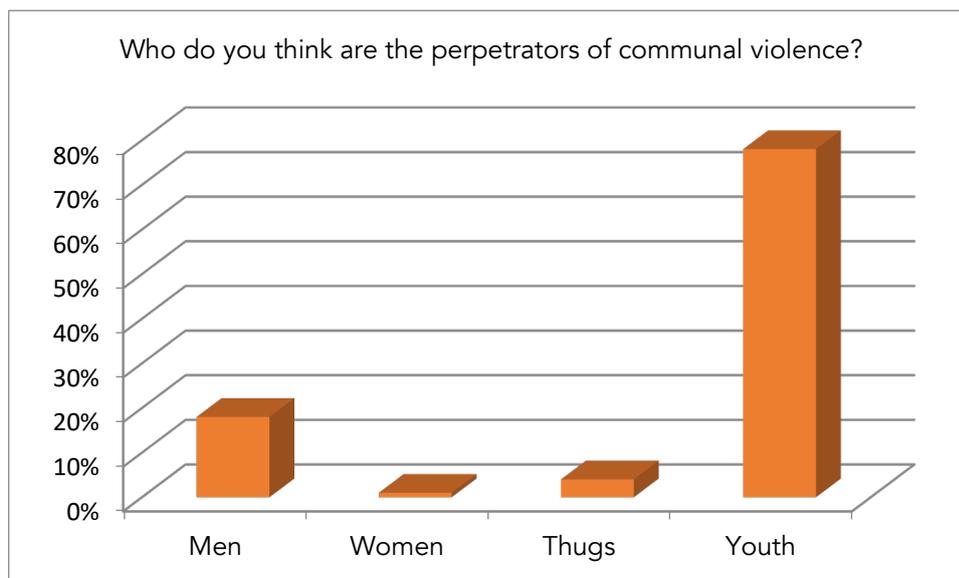


Who do you think are the perpetrators of communal violence?

From the baseline, 78% of the respondents said the youth were the perpetrators of communal violence, 18% said men are the perpetrators of communal violence, 4% said thugs and only 1% thought women are perpetrators of communal violence.

Who do you think are the perpetrators of communal violence?

Answer Choices	Responses	
Men	18%	14
Women	1%	1
Thugs	4%	3
Youth	78%	62
Answered		80
Skipped		0

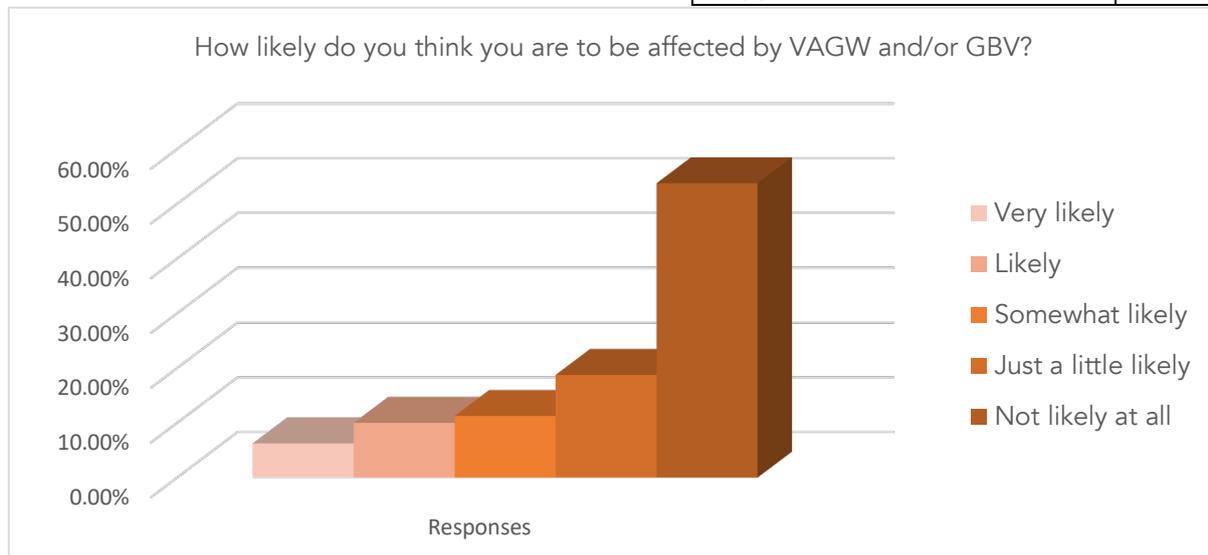


Chances to be affected by VAWG and/or GBV

The OSS primary beneficiaries were assessed based on “how likely they could be affected by VAWG or GBV?” By their level of understanding of GBV, 53.75% felt they were not likely at all to be affected by VAWG or GBV, 18.75% said they were just a little likely to be affected, and 11.25% felt they were somewhat likely. A very low percentage of them (6.25%) felt they were very likely to be affected by VAWG or GBV while, 10% said they were likely to be affected by VAWG and/or GBV.

How likely do you think you are to be affected by VAGW and/or GBV?

Answer Choices	Responses	
Very likely	6.25%	5
Likely	10.00%	8
Somewhat likely	11.25%	9
Just a little likely	18.75%	15
Not likely at all	53.75%	43
	Answered	80
	Skipped	0

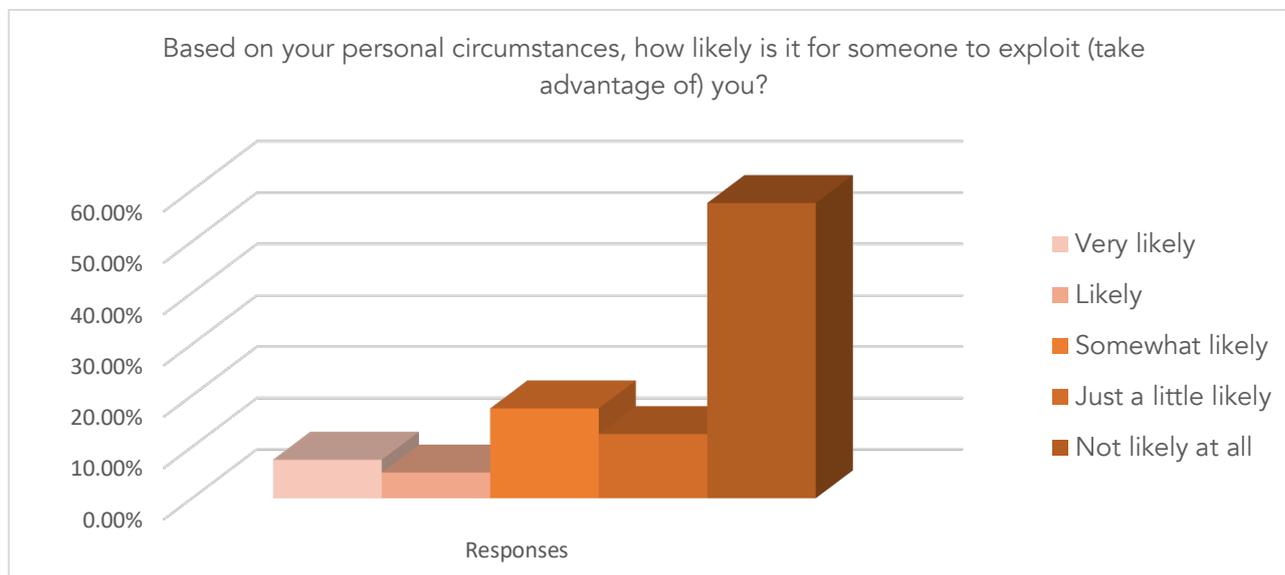


Chances for someone to exploit (take advantage of) you

Based on their personal circumstances, 7.5% of OSS primary beneficiaries felt they were very likely to be exploited by someone, 5% felt they were likely. 17.5% said they felt somewhat likely to be exploited, 12.5% felt just a little likely while 57.5% felt they are not likely at all to be exploited by someone.

Based on your personal circumstances, how likely is it for someone to (Exploit) take advantage of you?

Answer Choices	Responses	
Very likely	7.50%	6
Likely	5.00%	4
Somewhat likely	17.50%	14
Just a little likely	12.50%	10
Not likely at all	57.50%	46
	Answered	80
	Skipped	0

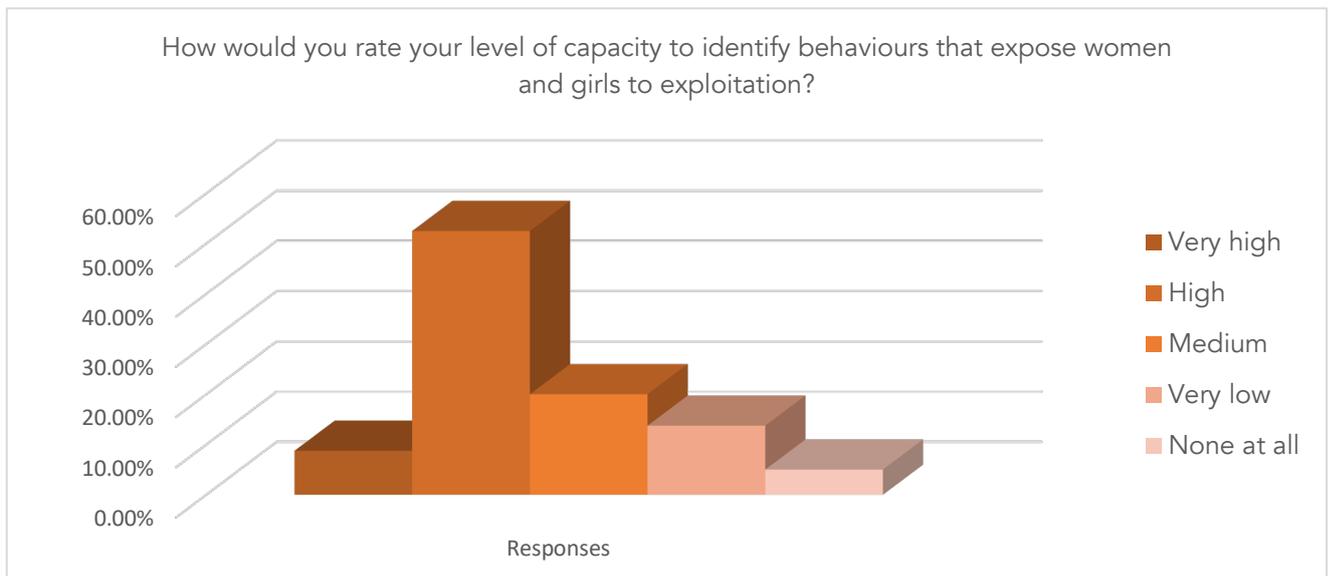


Capacity to identify behaviours that expose women and girls to exploitation

8.75% of OSS primary beneficiary had very high level of capacity to identify behaviours that expose women and girls to exploitation, 52.5% had high level of capacity to identify behaviours that expose women and girls to exploitation, 20% of them had average level of capacity to identify behaviours that expose women and girls to exploitation. 13.75% had very low level of capacity to identify behaviours that expose women and girls to exploitation, and 5% had no level of capacity to identify behaviours that expose women and girls to exploitation. The OSS project aims to move primary beneficiaries with average, very low and none at all levels of capacity to identify behaviours that expose women and girls to exploitation up to very high levels and the minimum level should be high by the end of the project.

How would you rate your level of capacity to identify behaviors that expose women and girls to exploitation?

Answer Choices	Responses	
Very high	8.75%	7
High	52.50%	42
Medium	20.00%	16
Very low	13.75%	11
None at all	5.00%	4
	Answered	80
	Skipped	0

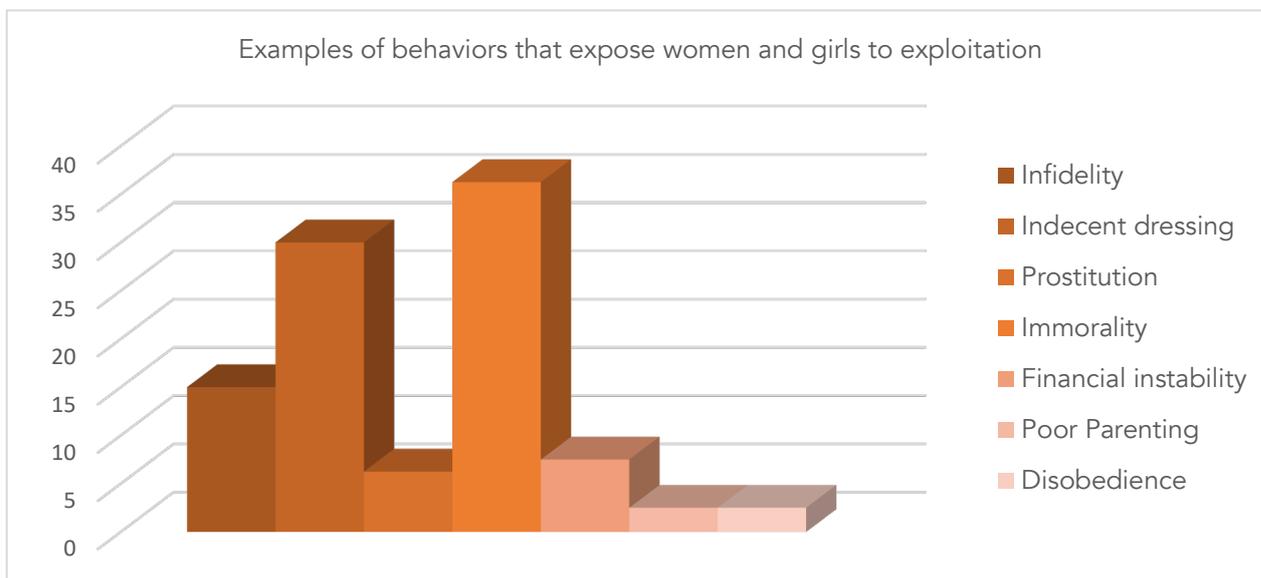


Examples of behaviors that expose women and girls to exploitation

Considering OSS primary beneficiaries’ level of capacity to identify behaviors that expose women and girls to exploitation, they were asked to provide examples of those behaviors that expose women and girls to exploitation to further assess their capacity. Immorality reoccurred most with 36.25% of them leaning in that direction, second to immorality was indecent dressing with 30% of primary beneficiaries identifying it as a behavior that exposes women and girls to exploitation. 15% responded infidelity was the third behavior to expose women and girls to exploitation, 7.5% identified financial instability as one of the behaviors, prostitution stood at 6.25% while, poor parenting and disobedience were even at 2.5% as behaviors that exposes women and girls to exploitation.

Please give us two examples of such behaviors that expose women and girls to exploitation.

Answer Choices	Responses	%
Infidelity	12	15
Indecent dressing	24	30
Prostitution	5	6.25
Immorality	29	36.25
Financial instability	6	7.5
Poor Parenting	2	2.5
Disobedience	2	2.5
Answered	80	
Skipped	0	

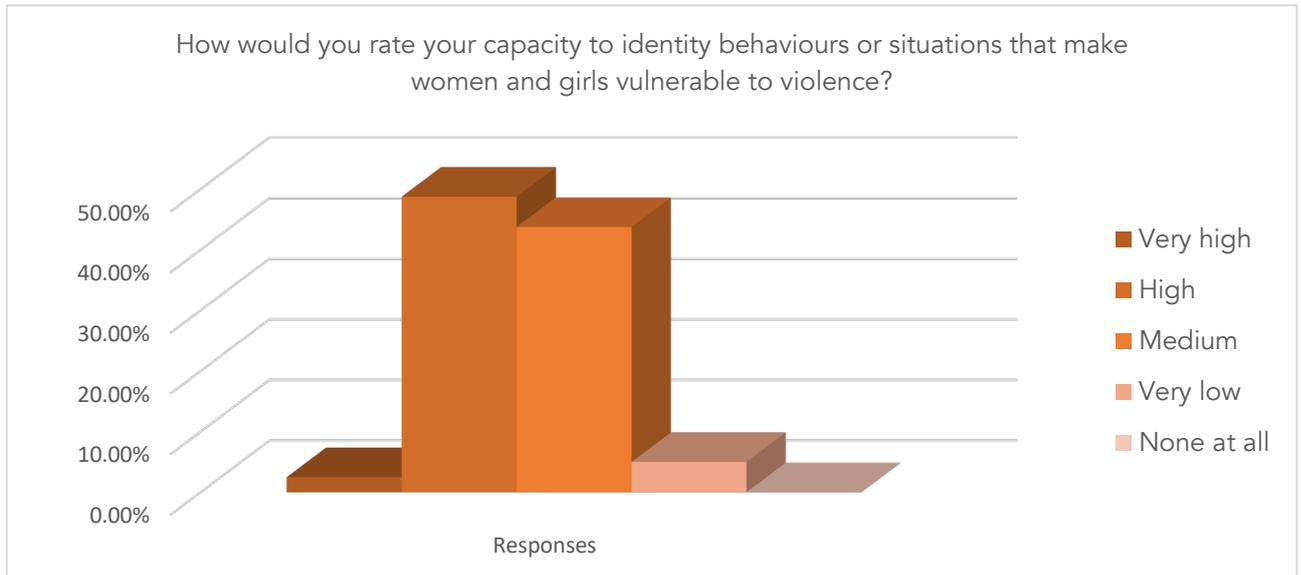


Capacity to identify behaviors or situations that make women and girls vulnerable to violence

2.5% of OSS primary beneficiaries had very high capacity to identify behaviors or situations that make women and girls vulnerable to violence, 48.75% had high capacity to identify behaviors or situation that make women and girls vulnerable to violence, 43.75% had average (medium) capacity to identify behaviors or situation that make women and girls vulnerable to violence, 5% had very low capacity to identify behaviors or situation that make women and girls vulnerable to violence and there was 0% of response to no capacity to identify behaviors or situation that make women and girls vulnerable to violence.

How would you rate your level of capacity to identify behaviours that expose women and girls to exploitation?

Answer Choices	Responses	
Very high	8.75%	7
High	52.50%	42
Medium	20.00%	16
Very low	13.75%	11
None at all	5.00%	4
	Answered	80
	Skipped	0

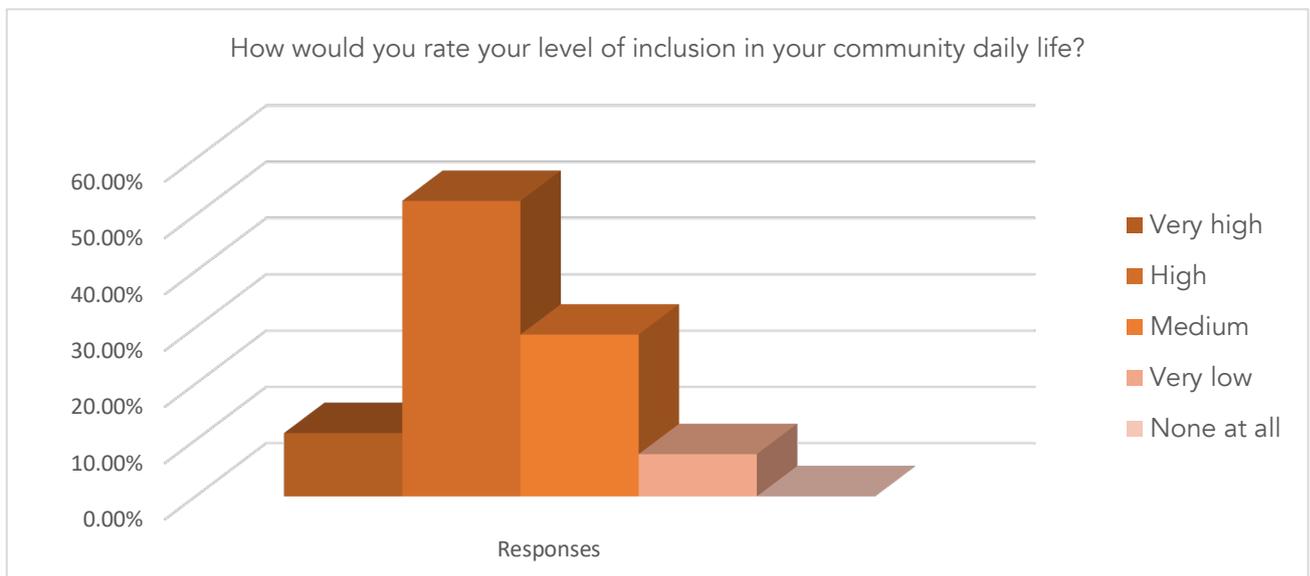


LEVEL OF INCLUSION IN COMMUNITY DAILY LIFE

The baseline survey assessed OSS primary beneficiaries’ level of inclusion in their community daily life. This assessment would help us prepare the primary beneficiaries for community mobilisation activities as well as engaging with their community members/hierarchies on issues affecting them within their communities. Those who had very high level of inclusiveness in their community daily life were 11.25% of the primary beneficiaries, 52.5% were highly involved in their community daily life, 28.75% were averagely involved and 7.5% had a very low level of involvement in community daily life.

How would you rate your level of inclusion in your community daily life?

Answer Choices	Responses	
Very high	11.25%	9
High	52.50%	42
Medium	28.75%	23
Very low	7.50%	6
None at all	0.00%	0
Answered		80
Skipped		0



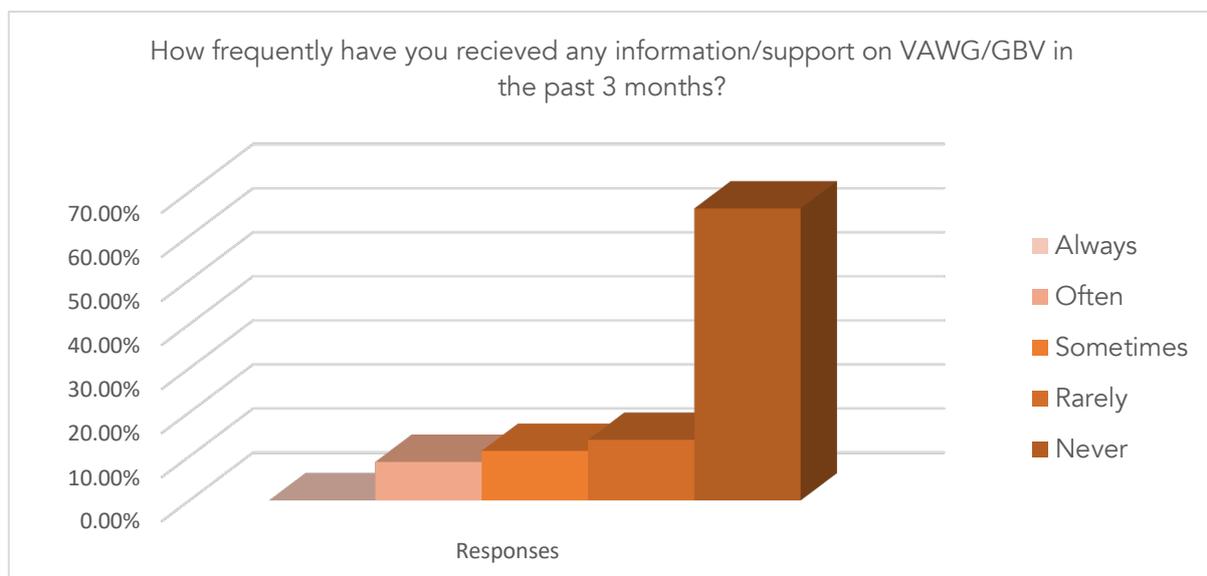


INFORMATION/SUPPORT ON VAWG/GBV IN THE PAST THREE MONTHS

The baseline survey assessed the frequency of which the OSS primary beneficiaries access information/support on VAWG/GBV in the past three months prior to the date of the survey. There was no OSS primary beneficiary who had regular (always) information/support on VAWG/GBV in the last three months, 8.75% said they often received information/support, 11.25% said they sometimes received information/support on VAWG/GBV, and 13.75% said they rarely received information/support. Most worrisome is that 66.25% of OSS primary beneficiaries said they had never received information/support on VAWG/GBV in the last three months, this makes it imperative for the OSS project to have social media campaigns, information, education and communication materials and most importantly make provision for them to access psychosocial support services.

How frequently have you received any information/support on VAWG/GBV in the past 3 months?

Answer Choices	Responses	
Always	0.00%	0
Often	8.75%	7
Sometimes	11.25%	9
Rarely	13.75%	11
Never	66.25%	53
Answered		80
Skipped		0



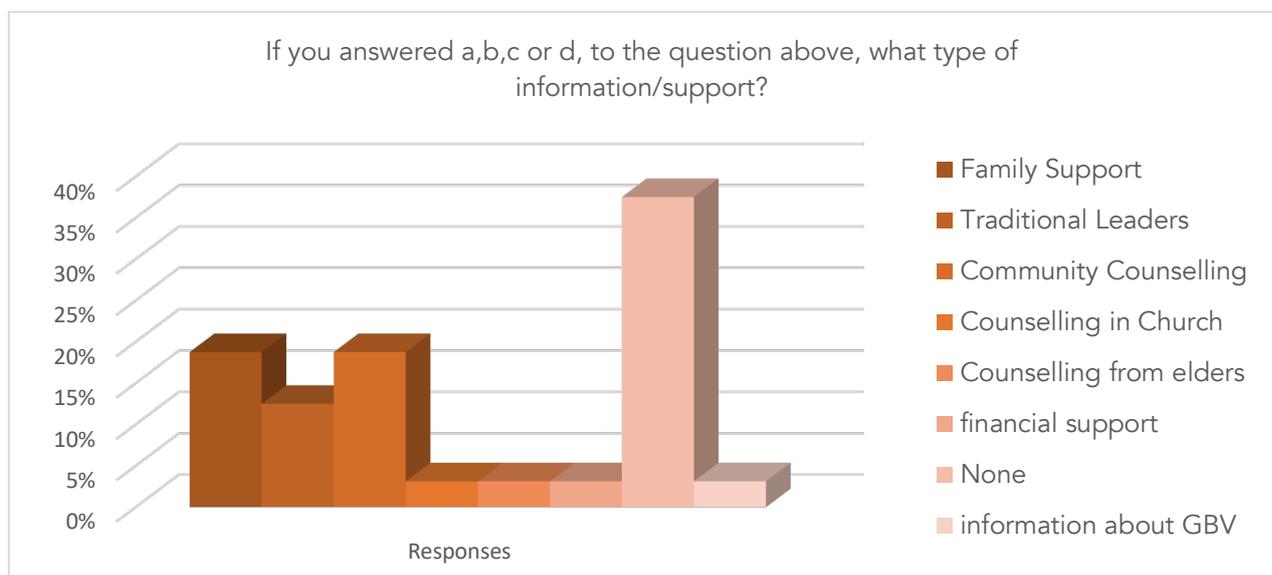
Type of information/support received

33.75% of OSS primary beneficiaries whose frequency (often, rarely and sometimes) of information/support on VAWG/GBV in the last three months were asked the type of information/support they received. Information/support on family support and community counselling were even at 18.75%, support from traditional leaders was 12.5%. Information about GBV, financial support, counselling from elders and counselling in church had 3.125% each.

If you answered a, b, c or d, to the question above, what type of information/support?

Answered	32
Skipped	48

Answers	Responses	
Family Support	6	19%
Traditional Leaders	4	13%
Community Counselling	6	19%
Counselling in Church	1	3%
Counselling from elders	1	3%
financial support	1	3%
None	12	38%
information about GBV	1	3%



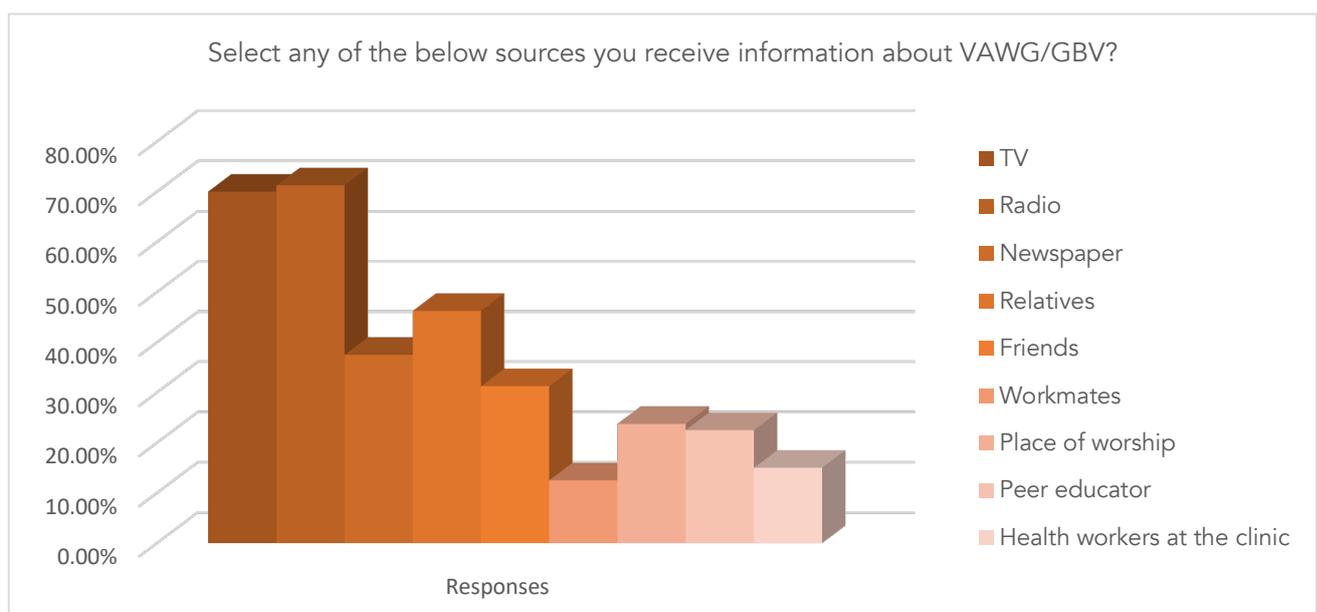


Source of information about VAWG/GBV

On the sources or channels through which they receive information about VAWG/GBV, 71.25% said through the radio, 70% said television, 46.25% got their information from relatives, 37.5% from newspaper, 31.25% went to friends for information, 23.75% got information from place of worship, 22.5% from peer educators, 15% said they got theirs from health workers at clinic and 12.5% said they rely on workmates for information.

Select any of the below sources you receive information about VAWG/GBV?

Answer Choices	Responses	
TV	70.00%	56
Radio	71.25%	57
Newspaper	37.50%	30
Relatives	46.25%	37
Friends	31.25%	25
Workmates	12.50%	10
Place of worship	23.75%	19
Peer educator	22.50%	18
Health workers at the clinic	15.00%	12
Answered		80
Skipped		0



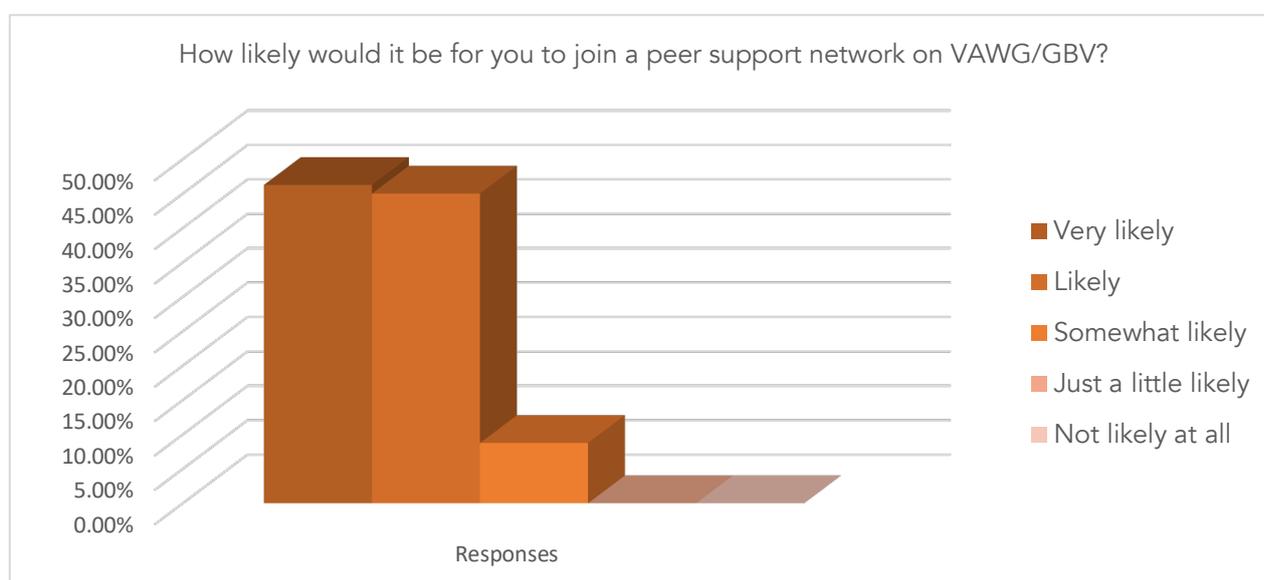


PEER SUPPORT NETWORK ON VAWG/GBV

OSS primary beneficiaries were assessed on their chances to join a peer support network on VAWG/GBV. Responses from those that are very likely to join a peer support network on VAWG/GBV were 46.25%, those likely to join were 45% and 8.75% were somewhat likely to join a peer support network on VAWG/GBV. Going by the data, one of the key activities for OSS Outcome 1 is the OSS seminars, OSS seminar seven and eight were designed to enlighten primary beneficiary about peer support networks, their benefits and how to set them up.

How likely would it be for you to join a peer support network on VAWG/GBV?

Answer Choices	Responses	
Very likely	46.25%	37
Likely	45.00%	36
Somewhat likely	8.75%	7
Just a little likely	0.00%	0
Not likely at all	0.00%	0
Answered		80
Skipped		0



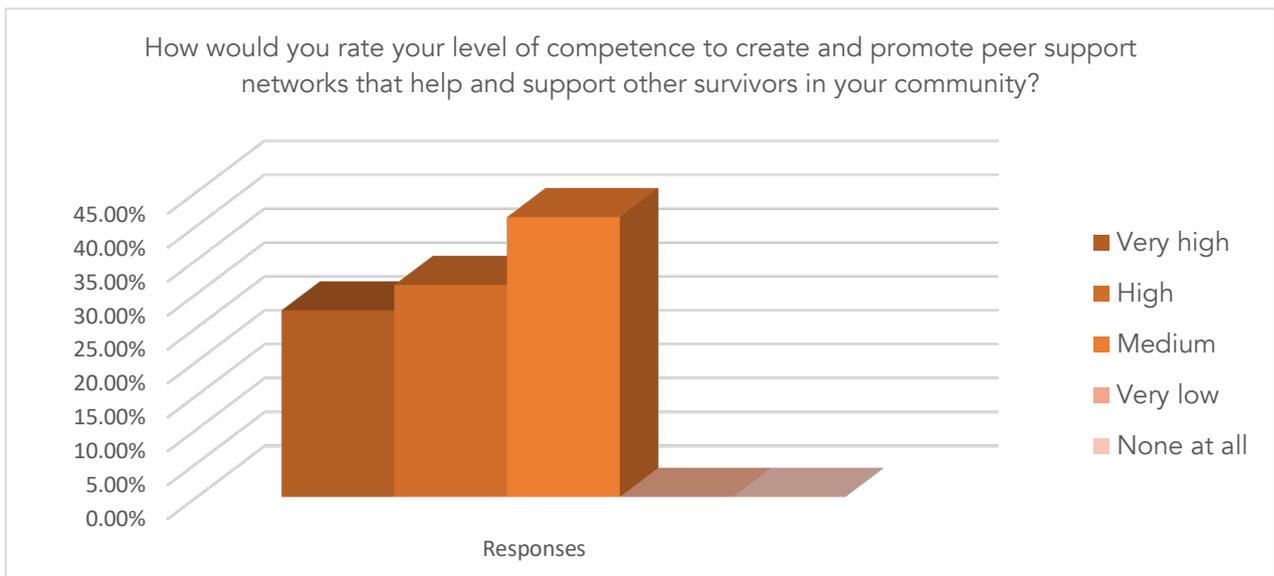
Competence to create and promote peer support networks that help and support other survivors in the community

27.5% of the OSS primary beneficiary rated their level of competence to create and promote peer support networks in their community as “very high”, 31.25% of them rated their competence level high, and 41.25% had moderate level of competence to create and promote peer support networks that help and support other survivors in their communities.



How would you rate your level of competence to create and promote peer support networks that help and support other survivors in your community?

Answer Choices	Responses	
Very high	27.50%	22
High	31.25%	25
Medium	41.25%	33
Very low	0.00%	0
None at all	0.00%	0
Answered		80
Skipped		0



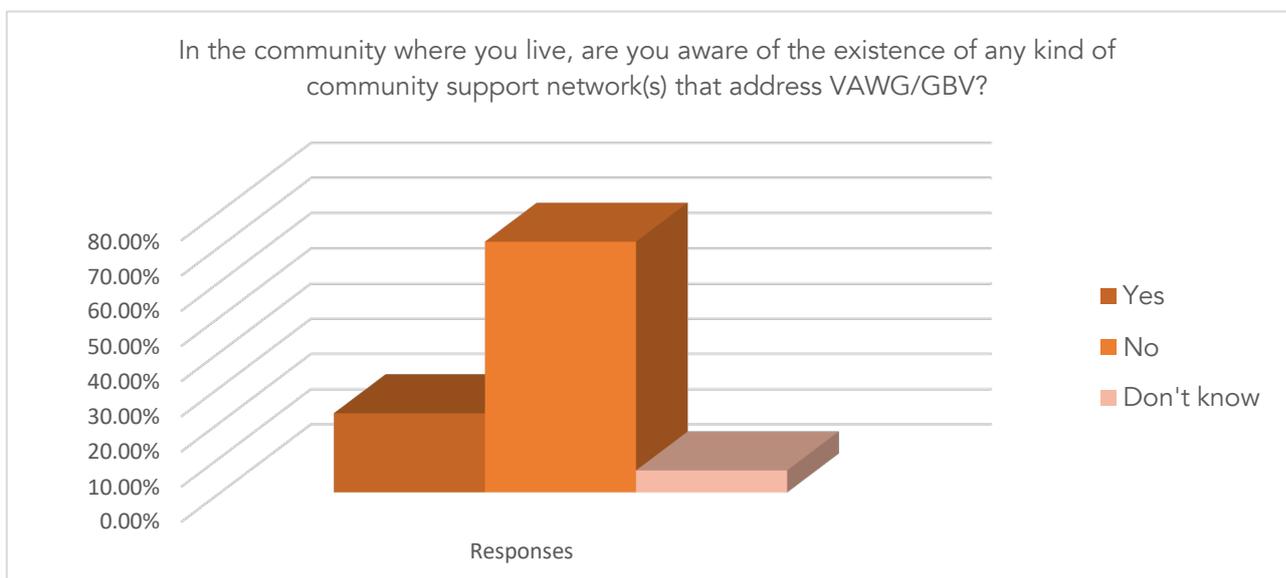


EXISTENCE OF ANY KIND OF COMMUNITY SUPPORT NETWORK(S) THAT ADDRESS VAWG/GBV

From the baseline survey, 22.5% of OSS primary beneficiaries affirmed the existence of community support network(s) that address VAWG/GBV in their community, 71.25% said there was no existing community support network(s) that address VAWG/GBV in their community, and 6.25% didn't know if community support network existed or not in their community.

In the community where you live, are you aware of the existence of any kind of community support network(s) that address VAWG/GBV?

Answer Choices	Responses	
Yes	22.50%	18
No	71.25%	57
Don't know	6.25%	5
	Answered	80
	Skipped	0

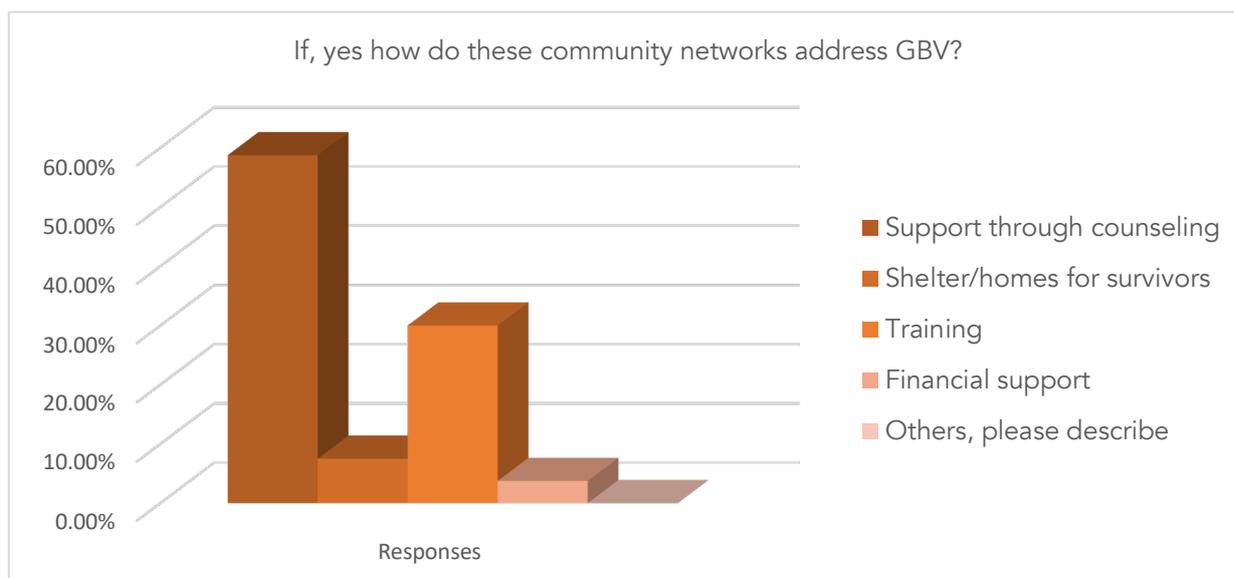


How community support networks address GBV

58.75% of OSS primary beneficiaries who affirmed to having community support networks in their community said these networks address GBV by providing support through counseling, 7.5% said the support networks addresses GBV through the provision of shelter/homes for survivors, 30% said they provided trainings, and 3.75% said they provide financial support.

If yes how do these community networks address GBV?

Answer Choices	Responses	
Support through counseling	58.75%	47
Shelter/homes for survivors	7.50%	6
Training	30.00%	24
Financial support	3.75%	3
Others, please describe	0.00%	0
	Answered	80
	Skipped	0



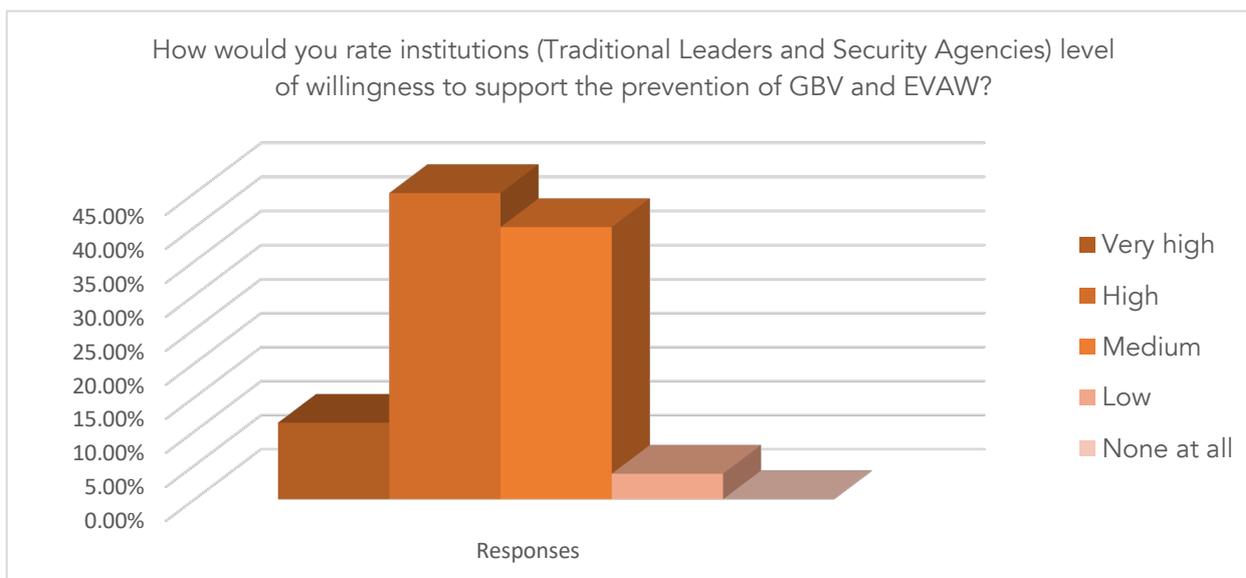
Institutions (traditional leaders and security agencies) level of willingness to support the prevention of GBV and EAVW

The baseline data showed that 11.25% of OSS primary beneficiary rate institutions to have very high levels of willingness to support the prevention of GBV and EAVW, 45% rates institutions to have high level of willingness to support the prevention of GBV and EAVW, 40% rates institutions to have moderate level of willingness to support the prevention of GBV and EAVW, and 3.75% rates institutions to have low level of willingness to support the prevention of GBV and EAVW.



How would you rate institutions (Traditional Leaders and Security Agencies) level of willingness to support the prevention of GBV and EAW?

Answer Choices	Responses	
Very high	11.25%	9
High	45.00%	36
Medium	40.00%	32
Low	3.75%	3
None at all	0.00%	0
	Answered	80
	Skipped	0



Concept of having a community support network(s) that addresses VAWG/GBV

31.25% of OSS primary beneficiaries strongly agreed to the concept of having a community support network that addresses VAWG/GBV, 47.5% agreed to the concept of having a community support network that addresses VAWG/GBV, 20% were neutral about the concept of having a community support network that addresses VAWG/GBV, and 1.25% disagreed with the concept of having a community support network that addresses VAWG/GBV. From the survey, there is a need to create community support network(s) for the OSS primary beneficiaries to help them and other survivors within their community to address issues around VAWG/GBV.

Please state your level of agreement with the concept of having a community support network(s) that addresses VAWG/GBV?

Answer Choices	Responses	
Strongly agree	31.25%	25
Agree	47.50%	38
Neutral	20.00%	16
Disagree	1.25%	1
Strongly disagree	0.00%	0
	Answered	80
	Skipped	0

