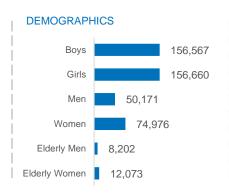
# VULNERABILITY SCREENING REPOR

DECEMBER 2017



98,215

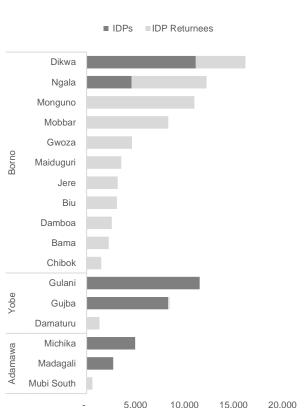
INTERNALLY DISPLACED AND **IDP RETURNEE HOUSEHOLDS IDENTIFIED IN 17 LGAs WITH** PROTECTION RISKS AND NEEDS COMPRISED OF 458,649 **INDIVIDUALS** 

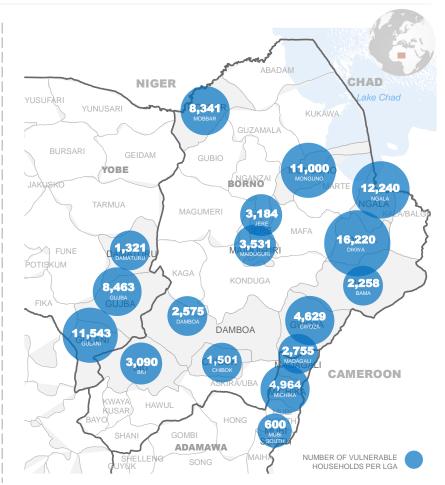




## **LOCATIONS**

BREAKDOWN OF IDPS AND IDP RETURNEE HHS PER LGA





This report contains highlights of protection risks and needs affecting vulnerable persons in North East Nigeria. 98,215 households, comprised of 458,649 individuals, were profiled through the operational vulnerability screening within 17 Local Government Areas (LGAs) in Borno, Adamawa and Yobe States from January to December 2017 by UNHCR, in partnership with FHI 360 and national NGOs AIPD, GISCOR, SAHEI and CCEPI.

Vulnerability screening further provides an assessment of the protection environment and details on individual vulnerable households in areas of displacement and return to enable effective humanitarian planning and targeted assistance. This report documents assistance and referral achievements responding to risks and needs identified. Through the rolling screening process, assistance tailored to specific needs has been delivered and referrals for specialized services, including on child protection, GBV, MHPSS, legal protection and medical response, have been carried out on an ongoing basis.

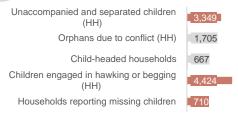








#### of vulnerable households (8,535 HH) have children with specific protection needs



9% (8,535 HHs) of vulnerable HHs have children with protection needs. 3% (3,349 HHs) of vulnerable HHs have unaccompanied or separated children (UASC), of which 51% (1,705 HHs) have orphans due to the conflict and 20% (667 HHs) are child-headed households. 5% (4,424 HHs) of vulnerable HHs have children hawking or begging and 1% (710 HHs) of vulnerable HHs report their children to be missing.

The greatest numbers of vulnerable HHs with vulnerable children are in Gulani (1,813 HHs), Gwoza (1,459 HHs), Dikwa (1,235 HHs) and Mobbar (751 HHs).



#### of vulnerable households (84,319 HH) have women and girls with specific protection needs

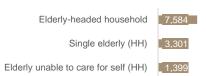


86% (84,319 HHs) of vulnerable HHs have women and girls with protection needs. 3% (3,254 HHs) of individuals within vulnerable HHs are survivors/at imminent risk of Sexual and Gender-Based Violence (SGBV) (including 1,611 HHs with incidents of early/forced marriage, 682 HHs with incidents of adolescent parent, 619 HHs reporting domestic violence/neglect, 325 HHs reporting threat of SGBV incidents, 70 HHs reporting rape/sexual assault and 64 HHs identifying sexual exploitation). 63% of vulnerable HHs (62,113 HHs) are female-headed households (including 2,283 widowed female-headed households), 20% (19,647 HHs) have lactating women/girls and 11% (11,047 HHs) have pregnant women/girls.

The greatest numbers of HHs with vulnerable women/girls are in Dikwa (15,283 HHs), Ngala (10,974 HHs), Gulani (10,693 HHs) and Monguno (10,350 HHs).



#### of vulnerable households (9,440 HH) have elderly with specific protection needs



10% (9,440 HHs) of vulnerable HHs have elderly with specific protection needs. Specifically, 8% (7,584 HHs) are elderly headed households, 3% (3,301 HHs) have single vulnerable elderly and 1% (1,399 HHs) have elderly who are unable to care of themselves on a daily basis.

The greatest numbers of vulnerable HHs with vulnerable elderly are in Gwoza (1,789 HHs), Ngala (1,588 HHs), Mobbar (925 HHs) and Dikwa (769 HHs).



#### of vulnerable households (10,549 HH) report a serious medical condition and physical/mental disability



Serious medical conditions or disabilities were reported by 11% (10,549 HHs) of vulnerable households, including 7% (6,903 HHs) identifying physical disabilities, 3% (3,388 HHs) reporting serious medical conditions and 1% (806 HHs) reporting mental disabilities.

The highest number of vulnerable HHs reporting serious medical conditions or disabilities are in Monguno (3,807 HHs), Mobbar (1,372 HHs) and Ngala (859 HHs).

#### 1.174 households reported other specific protection needs



1,174 HHs have other specific protection needs, including 556 HHs reporting to have been released from abduction, 506 HHs reporting forced recruitment by CJTF/vigilantes and 193 HHs reporting arbitrary arrest/detention.

Damboa reported the greatest number of arbitrary arrest/detention (115 HHs), Ngala reported the highest numbers of incidents of forced recruitment (197 HHs) and Gwoza reported the highest cases of released from abduction (88 HHs).

#### Additional Protection Risks & Needs of Vulnerable Households



Of vulnerable households, 100% (98,215 HHs) report to lack legal documentation, 99% (97,660 HHs) report to lack sufficient livelihood, 28% (27,578 HHs) witnessed killing/physical violence, 27% (26,343 HHs) witnessed/heard reports of land mines/unexploded devices in their current sites, 15% (15,150 HHs) report having been displaced multiple times, 11% (10,401 HHs) are staying in the open, makeshift shelter or abandoned buildings, 7% (6,902 HHs) report safety/security incidents in their current displacement site and 2% (2,401 HHs) experienced discrimination in access to basic services.



## **KEY PROTECTION TRENDS FOR 2017**

Protection needs of internally displaced and IDP returnees are dire in the 17 LGAs of Borno, Adamawa and Yobe States surveyed by the vulnerability screening. The continuing crisis severely impacts upon the most vulnerable civilians, including female and child-headed households, unaccompanied/separated children, adolescent boys and girls, the elderly, the chronically sick, people with physical and mental disabilities, and pregnant and lactating women within IDP camps, host communities and return areas. In the areas profiled, IDPs and IDP returnees have experienced grave violations including brutal attacks with resulting death, injuries and trauma, sexual violence, abduction, forced marriage, arbitrary arrests and detention, family separation, disappearances and forced recruitment. Recovery efforts continue to be hampered in many areas by lack of civilian infrastructure, conflict-driven insecurity, access constraints, limited availability of basic services for survival and limited presence of the relevant national actors and key humanitarian partners in some locations, all of which exacerbate protection risks for the most vulnerable populations.



Boys and girls have witnessed or experienced serious violence and instability throughout displacement. These experiences, coupled with continuing uncertainty and risks of violence, has had an acute impact on their psychological well-being. Many children have been recruited or abducted by Boko Haram, during which time they have witnessed, experienced and sometimes participated in physical and sexual violence. 3% of vulnerable HHs report to have unaccompanied or separated children, with 51% of such households reporting that these children have been orphaned by the conflict. Recent reports identify a rise in the numbers of children that are out of school in all of the surveyed LGAs. This is due in part to lack of basic facilities, including school facilities in many towns, as large numbers of school buildings were targeted and destroyed by Boko Haram and remaining schools are being used as shelter to host displaced populations. There are also temporary schools in IDP camps which are severely overcrowded and can't accommodate the large numbers of children, such as in Ngala and Banki. Failure to provide children with opportunities for education has heightened their risks of exploitation, with increased levels of child labour being reported. Girls who are out of school have been forced into marriages at higher rates and boys have been involved in hawking and begging. Being out of school further exacerbates levels of poverty and may lead to future risk of criminality and radicalization, as well as use by armed groups. Many households reported to be sending their children into the streets in risky conditions to hawk and beg to try to bring back money for survival of the family; others have been sent by their parents to be part of the Almajiri system for Quranic schooling and are forced to beg for sustenance.



Women and girls have been significantly affected by the crisis, with the number of female-headed households (63% of vulnerable HHs) and widows persistently increasing with large numbers of men missing, including for reasons of engagement of men in the insurgency as active combatants and/or as a consequence of massive incarceration of alleged members of armed groups for national security reasons. Violence against women and girls is widespread but grossly underreported due to fear of retaliation by the perpetrator, stigmatization and subsequent ostracization by communities/family members and limited availability and confidence in response services. Women and adolescent girls live in undignified conditions in over-crowded sites with weak protection and security measures in place and are attacked while conducting everyday activities. In particular, there has been an increase of incidents of women/girls disappearing while searching for firewood outside sites' security perimeter. Rape and sexual abuse has been perpetrated with impunity during all stages of the crisis—while women/girls flee violence, during abduction and in enduring displacement circumstances—including by members of security forces and non-state armed groups. When women and girls are released or escaped from Boko Haram captivity, they often report aggravated and repeated cases of rape and abuse. There are alarming trends of sexual exploitation in affected areas, allegedly being perpetrated by members of the security forces and Civilian Joint Task Force (CJTF) as well as by national humanitarian actors. For women and girls living in overcrowded displacement sites, resources are shrinking and their resilience is pushed to the limits. Freedom of movement is curtailed in many IDP camps and adolescent girls and women struggling survive have been pressured into sex in order to obtain authorization to move in and out of the camp to pursue livelihoods.

Although early/forced marriage was commonly practiced among different communities in North East Nigeria before the armed conflict started, the number of such marriages has risen. This is partly due to the security and socio-economic difficulties families are going through in the camps and host communities; including increased poverty levels, reduced freedom of movement, lack of livelihood opportunities and food availability and a limited access to education. Marriage is often seen as a means of providing safety from abduction by the insurgents who are believed to not want to 'marry'

already married women. Girls who have been sexually exploited during displacement and become pregnant are also being forced to marry in order to prevent social stigma from the pregnancy.

Vulnerability screening has also seen a rise in the number of identified cases of domestic violence (619 HHs). This involves men abusing their wives or refusing to provide for their needs and those of their children. The tensions of conflict and displacement, and the frustrations of men associated with resulting powerlessness and loss of traditional roles as the provider and head of household have reportedly manifested in increasing spousal abuse. Further, men have lashed out at their wives following a number of humanitarian initiatives in which support is mainly provided to women and girls. As domestic violence is often locally condoned rather than recognized as abuse in the North East, it is expected that there are many additional cases that have gone unreported.



Vulnerable households report to have elderly with pressing protection needs, 8% of which are elderly-headed. Throughout the conflict-induced displacement, there has been a breakdown in family support structures with the deaths of caregivers of elderly, leaving many to now be left alone with no form of family support while often further needing to care for young grandchildren. Such elderly are disproportionally dependent upon humanitarian aid to meet their basic needs including food and may be unable to access services even in locations where such services are available due to infirmities and disabilities. In locations such as Biu, Gulani, Michika and Chibok where humanitarian agencies are limited, vulnerable elderly face heightened risks.



Serious medical conditions, both chronic illnesses and critical health conditions, were reported (by 3% of vulnerable households) as well as physical disabilities (by 8% of vulnerable households), many of which were sustained through the conflict. Cultural norms in the North East often prevent the recognition and reporting of mental disabilities. Yet, a growing number of households identified mental disabilities manifesting from trauma experienced throughout the insurgency and displacement. In Banki, there was a noted rise in the reporting of mental health cases. As specialized mental health services are not available in newly accessible sites, severe cases are considered for referral to Maiduguri for proper management.



Every single vulnerable household (100%) across the 17 LGAs reported to be unable to provide for their daily needs. Prolonged absence of livelihood opportunities has brought vulnerabilities in areas of displacement and return to critical levels, exacerbating risks of exploitation, malnutrition, health conditions and other protection risks. Lack of livelihood is also closely tied with the encampment policy in most LGA headquarters in newly accessible areas as well as restrictions that continue to be placed on IDP and IDP returnee movement which does not allow them to leave sites to pursue sources of income. Also, in locations such as Ngala, Damasak, Gwoza and Banki, IDPs and IDP returnees reported prevailing fears of Boko Haram attacks and abduction as camps and communities in such locations were repeatedly targeted by insurgents in 2017.

100% of vulnerable households reported to lack documentation, which may impede access to basic services such as healthcare and education and hinders enforcement of land/property rights. Further, cases have been reported where individuals whose identities cannot be ascertained have been arbitrarily arrested and detained without their family's knowledge of their whereabouts or have otherwise been intimidated by authorities and community members.

## PROTECTION RESPONSE

UNHCR and its partners analysed the specific vulnerabilities registered per household in the vulnerability screening database to provide 41,570 vulnerable households with tailored interventions in 2017, namely with referrals for specialized protection assistance (including child protection, SGBV and legal services), livelihood support, birth certificates for children, provision of national identity cards, protection-based material assistance and shelter support.

Despite an extreme lack of comprehensive protection services in many of the LGAs recently recaptured by the military from armed groups, UNHCR and its partners were able to refer 6,176 cases for appropriate services, particularly on SGBV, legal services and child protection. Cases referred further included interventions for those escaping/released from abduction, requiring medical assistance (for HIV, tuberculosis, hypertension and other serious medical conditions) and requiring malnutrition support. Referrals were conducted directly to implementing partners for assistance, as well as through established referral pathways. 7,375 vulnerable households, particularly those headed by females received UNHCR livelihood support, including through vocational skills training, financial literacy training to microbusiness owners, computer literacy and sustainable agriculture training, as well as the provision of start-up kits to graduates of the training projects. 17,966 vulnerable households received critical legal documentation through the provision of birth certificates. UNHCR provided 14,231 vulnerable households with protection-based material assistance, including solar lanterns, sanitary kits, a cooking set, charcoal and energy saving stoves, a mattress, blankets and other household necessities. 11,772 vulnerable households were further targeted through the vulnerability screening for shelter interventions, which included emergency shelter, shelter maintenance kits and cash assistance to provide for shelter construction materials and labor. Overall, vulnerability screening response achievements should be understood within the context of the full range of UNHCR interventions that have reached 41,570 HH between January and December 2017.

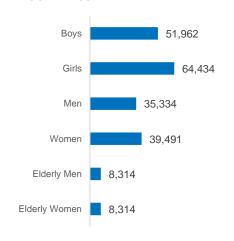
**VULNERABLE HOUSEHOLDS REGISTERED** THROUGH THE VULNERABILITY SCREENING REACHED WITH PROTECTION SERVICES COMPRISED OF 207,849 **INDIVIDUALS** 

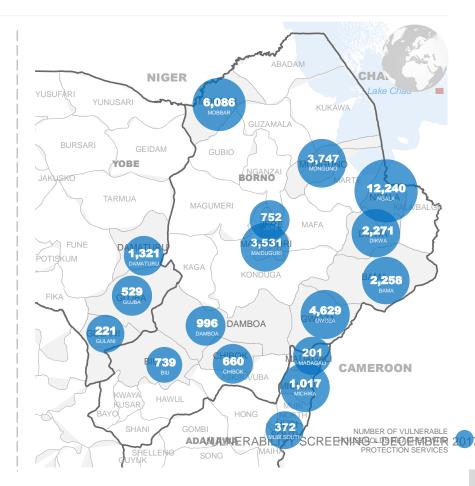




OF VULNERABLE INTERNALLY DISPLACED AND IDP **RETURNEE HOUSEHOLDS** REGISTERED THROUGH THE VULNERABILITY SCREENING IN 2017 HAVE BEEN REACHED WITH PROTECTION SERVICES







## PROTECTION ACTIVITIES PER LGA

		# of vulnerable households who received protection-based material assistance including solar lanterns, energy saving charcoal and stoves, and dignity kits	# of vulnerable households who received sustainable livelihood support	# of vulnerable households who received appropriate shelter support (including in kind and cash-based)	# of vulnerable households who received birth certificates for all children and/or national identity cards	# of vulnerable households referred for specialized protection services (including CP, SGBV, legal services, nutrition and health)
BORNO	BAMA (INCLUDING BANKI)	2,258	1,434	2,258	2,258	327
	BIU	591			11	137
	CHIBOK			50	10	600
	DAMBOA	300		300	12	684
	DIKWA	1,576		500	23	672
	GWOZA (INCLUDING PULKA)	4,055	100	1,080	452	1,324
	JERE			661	91	
	MAIDUGURI	3,531	1,168	800	309	315
	MOBBAR (DAMASAK)	500	546		4,974	66
	MONGUNO		100	1,600	1,392	655
	NGALA (INCLUDING RANN)		2,400	2,530	8,434	732
YOBE	DAMATURU	1,321	827	1,153		63
	GUJBA			500		29
	GULANI			200		21
ADAMAWA	MADAGALI			60		141
	MICHIKA		550	80		387
	MUBI SOUTH	99	250			23
Total		14,231	7,375	11,772	17,966	6,176

