



**PARTICIPATORY  
PROTECTION  
ASSESSMENT REPORT**

ADAMAWA STATE, NIGERIA

October, 2018

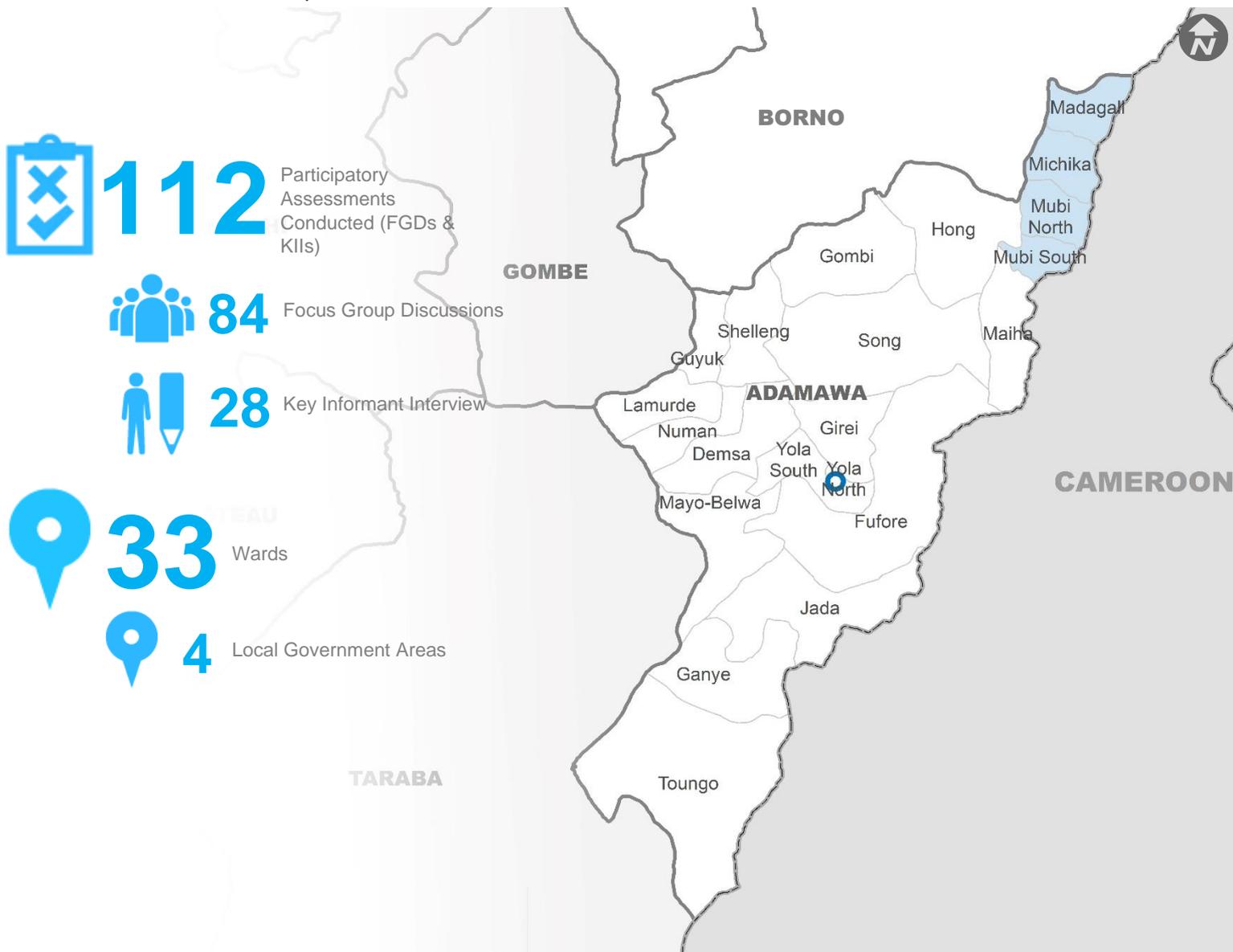
# INTRODUCTION

Madagali, Michika, Mubi North, and Mubi South LGAs, in Adamawa State, have been severely impacted by the conflict between non-state armed groups and Nigerian forces. At the height of the conflict, many villages and communities in the 4 LGAs were deserted. Despite ongoing counter-insurgency operations, recently, increased returns have been reported in these LGAs. Amongst the returnees are individuals who decided to come back after hearing their communities were liberated and those who, in the absence of livelihood opportunities and farmland, were facing harsh living conditions in displacement. In addition to being areas of return, the 4 LGAs are also home to internally displaced persons (IDPs) from various locations, including Borno state.

In the past, severe protection issues, including sexual abuse and exploitation, have been

documented in these areas. Due to security challenges, humanitarian workers have been unable to reach affected communities, especially in Madagali and Michika LGAs. Lack of access has continued to impede interventions and delivery of assistance to persons of concern in these locations.

The Adamawa Protection Sector Working Group undertook an extensive protection assessment in order to gain a better understanding of the current protection situation Madagali, Michika, Mubi North, and Mubi South LGAs and make appropriate recommendations. Although Mubi North and Mubi South are 2 separate LGAs, given similarities and proximity, for the purposes of this exercise they are merged and considered as one location, Mubi.



# METHODOLOGY

Protection assessments were conducted on October 4, 2018 in Madagali and Michika LGAs and October 5, 2018 in Mubi (North and South). The PSWG exercise was initially designed to last 3 days, with assessments being conducted simultaneously in each location throughout the 3 days. However, plans were modified following the Nigerian military's advice to limit time spent in Madagali and Michika LGAs to 1 day because of heightened security risks for humanitarian actors.

During the 2 days, a total of 84 focus group discussions (FGDs) and 28 key informant interviews (KIIs) were held in 14 randomly selected communities. FGDs were held with boys and girls ages 8-17, men and women ages 18-59, men and women ages 60 and above, as well as disabled individuals and minorities. KIIs were conducted with security personnel, health workers, youth leaders, and various other individuals. During discussions, participants were asked to rank the severity of identified protection issues as high, moderate, low, or not applicable. The protection assessment exercise was completed by 50 screeners from PSWG member organizations including, the Ministry of Women Affairs and Social Development (MWASD), UNHCR, UNFPA, OHCHR, IOM, Plan International, GZDI, FIDA, Touch a Heart, CPPLI, NEPHWAN, Jameel Alhakeem Foundation, NSCDC, FSU, CCEPI, DRC, NRC, and IRC.

Information collected through FGDs and KIIs is presented in this report with the objective of:

- Identifying and analyzing protection concerns, trends, and gaps from an age, gender, and diversity perspective.
- Understanding gaps in services and assistance, as well as resulting protection risks and vulnerabilities.
- Identifying existing community capacity to address protection issues and concerns.
- Informing future protection interventions by relevant actors.

Participatory Assessment Groups	No. of groups assessed	Madagali LGA	Michika LGA	Mubi (North and South) LGAs
Boys (8-17)	8	3	2	3
Girls (8-17)	16	5	2	9
Men (18-59)	12	3	4	5
Women (18-59)	18	4	8	6
Elderly Men	12	3	4	5
Elderly Women	8	3	3	2
Minority	3	1	1	1
Disabled	7	3	3	1
IDP Leader Male	1			1
IDP Returnee	6	1		5
Youth Leader	4		3	1
Refugee Returnee	2			2
Security Personnel	2			2
Traditional Leader	6	3	1	2
Other	7	2	2	3
<b>Total</b>	<b>112</b>	<b>31</b>	<b>33</b>	<b>48</b>

# KEY FINDINGS

- Moderate to high levels of **drug abuse** and sale were reported by 68% of participants of focus group discussions (FGDs) and key informant interviews (KIIs) in Madagali, Michika, and Mubi (76 out of a total of 112 groups). Extensive drug consumption amongst youth was noted.
- Severe **child protection** issues such as child labor, exploitation, and missing children were identified in all 3 locations. High numbers of **unaccompanied and separated children** (UASC), **orphans**, and **child-headed households** were also reported, with the majority of children hawking or begging to survive.
- Critical levels of **out of school children** were reported, with 78% of FGDs/KIIs (88 out of 112 groups assessed) pointing to moderate to high numbers of primary school age children not accessing education.
- **Chronic illnesses** such as diabetes, hypertension, HIV, and hepatitis were widely reported. FGD/KII participants indicated that access to treatment is complicated by the lack of healthcare facilities, medical personnel, as well as excessive fees and fear of stigmatization (for HIV patients).
- Moderate to high levels of **domestic violence** was reported by 49% of FGDs/KIIs (55 out of 112) in Madagali, Michika, and Mubi. Poverty and lack of livelihood opportunities were linked to the escalation of domestic problems.
- Moderate to high incidents of **rape and sexual assault** of women and girls were reported by 25% of FGDs/KIIs (28 out of 112).
- Women and girls reported being subjected to **sexual and gender-based violence** when conducting daily chores and activities, such as going to school, collecting water, and going to the farm. Men in the host communities, intimate partners, and security officials were identified as the primary perpetrators of SGBV.
- **Lack of documentation** was highlighted, with excessive fees, lack of information, distance to appropriate facilities, and lengthy processing timeframes cited as main obstacles.
- **Lack of access to justice** both through traditional and legal systems was emphasized. A high number of women and girls described a sense of impunity and disillusionment. They expressed frustration over the handling of rape and other GBV cases, concluding that it was best not to come forward.
- Reports of civilians being **released from abduction** were highest in Madagali (71% of FGDs/KIIs), where counter-insurgency measures near the Sambisa forest are ongoing. These individuals are often marginalized by their communities because they are viewed as Boko Haram associates.
- IDPs and returnees in the 3 locations (Madagali, Michika, and Mubi North and South) requested changes in the **assistance distribution** modalities currently favored by humanitarian agencies.
- The majority of communities reported **food** as their **primary concern**. Thereafter **education, access to medical services, livelihood, and WASH** were identified as **urgent needs**. The limited nature of livelihood opportunities was linked to a wide variety of challenges, including families struggling to make ends meet.

# KEY PROTECTION FINDINGS

Protection findings are listed according to urgency and severity rankings identified by participants of FGDs/KIIs.



ICR/Yakubu

## 1. DRUG ABUSE AND SALE

Severity ranking of drug abuse and sale based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali

**68% of FGDs/KIIs (76 out of 112) reported moderate (22%) to high (46%) cases of drug abuse.**

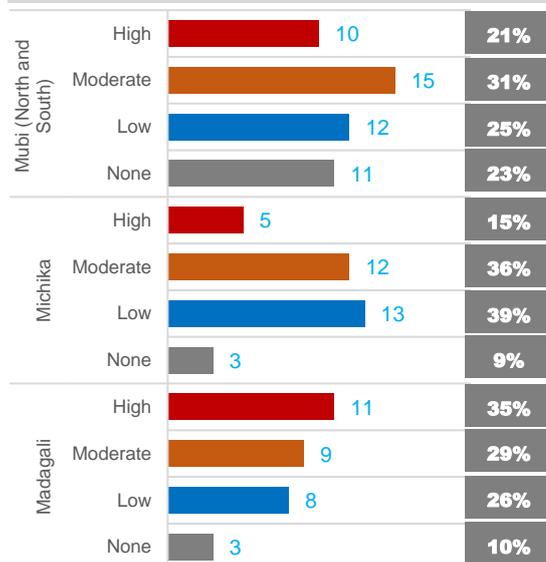
Location	Severity	Count	Percentage
Mubi (North and South)	High	26	54%
	Moderate	10	21%
	Low	4	8%
	None	8	17%
Michika	High	13	39%
	Moderate	7	21%
	Low	8	24%
	None	5	15%
Madagali	High	12	39%
	Moderate	8	26%
	Low	4	13%
	None	7	23%

Drug abuse, particularly consumption by children and youth, was described as “rampant”. The sale and consumption of drugs was noted by community members as the most pressing protection issue in Madagali, Michika, and Mubi (North and South). Young people were said to be taking Codeine, Tramadol, Ranadol, Refnol (Rohypnol), Roche (Valium), Diazapan (Diazepam), marijuana, and a variation of other drugs. In Shuwa (Madagali), 8 out of 10 boys under the age of 18 participating in FGDs reported having used drugs. In Mugulvu (Mubi), most of the boys in FGDs acknowledged taking or having taken drugs. The use of drugs was mostly attributed to peer pressure and the need for coping mechanisms in a harsh environment with enormous daily challenges. Consumption is not limited to children and the youth. FGDs/KIIs reported that limited livelihood opportunities and idleness have also contributed to the rise of drug abuse amongst adults. In several communities, women reported that individuals too poor to purchase drugs are bartering corn and other goods.

Drugs are widely available in the 3 locations. In Muvur (Mubi), participants reported two markets, “daba” and “artillery”, entirely dedicated to the sale of drugs. In Duhu (Madagali), children under the age of 18 indicated that they get their supply mostly from the military. In Michika I, girls stated they know several drug dealers in their community. In some locations of Mubi, the looting of pharmacies has been linked to individuals searching for drugs.

## 2. UNACCOMPANIED MINORS AND SEPARATED CHILDREN

Severity ranking of prevalence of UAM and SC based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**55% OF FGDs/KIIs (62 out of 112) reported moderate to high numbers of unaccompanied minors and separated children in Madagali, Michika, and Mubi (North and South). More cases were reported in Madagali than any other location<sup>1</sup>.**

Multiple focus groups described unaccompanied and separated children as being extremely vulnerable and susceptible to exploitation, including sexual and labor exploitation. The majority of the children are out of school, begging for food, resorting to survival sex, or hawking to earn an income. Even when taken in by foster families, unaccompanied minors have to continue pursuing various activities because the families are often too poor to care for them.

**“I have no father, no mother. I can’t sit for the JS1 because my grandparents cannot afford to pay.”**

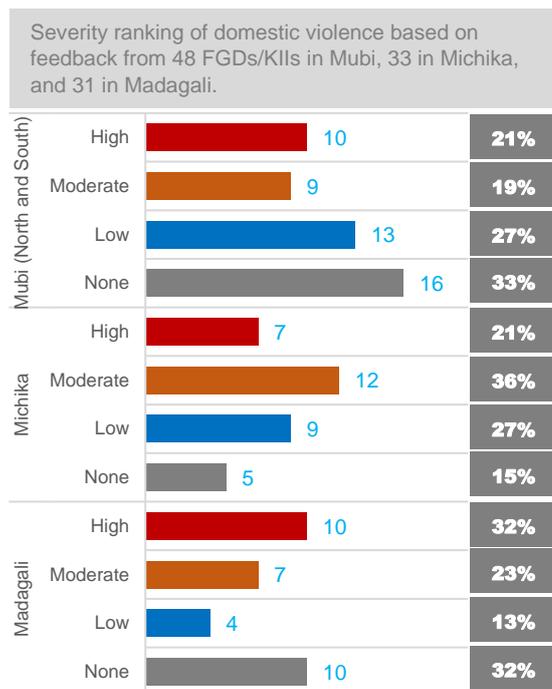
*13-year-old boy in Gulak who approached screeners in Gulak and asked for help paying for school fees.*



UNHCR/Susan Goren

<sup>1</sup> 64% of participants in Madagali (20 out of 31) described moderate to severely high numbers of UASC in their respective locations.

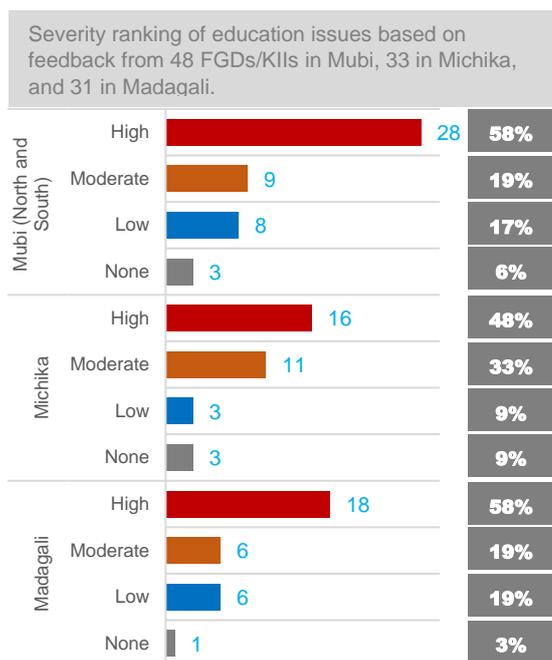
### 3. DOMESTIC VIOLENCE



**49% of FGDs/KIIs (55 out of 112) reported moderate to high cases of domestic violence.**

Domestic violence was reported as a prevalent form of SGBV, even in Mubi, where participants were extremely reluctant to discuss SGBV issues. In Muchala (Mubi), women explained that they face beatings every day. Describing easily irritated men in her community, a woman in Muvur (Mubi) said “when they (husbands) come home, small thing, if you talk, they will beat you”. Lack of livelihood opportunities and financial stress were said to create enormous frustration and anger that spills over unto domestic relationships. In several locations, women explained that when their husbands come home, discussing lack of money or food will lead to violent arguments. Substance abuse was also brought up as an aggravating factor. A few focus group discussions with men and boys revealed a different outlook on domestic violence, with the blame being shifted towards women. When asked about the causes of domestic violence, boys in Vintim (Mubi) stated “the women talk too much”.

### 4. EDUCATION



**Overall, 78 % of FGDs/KIIs (88 out of 112 interviews) reported moderate to severely high numbers of primary school aged children being out of school.**

Across the 3 locations, discussions with the population revealed severe education challenges. Poverty was cited as one of the primary reasons why children are not receiving a proper education. FGDs/KIIs revealed that children have to work to support their families. When parents prioritize education, many find that they cannot afford to pay the school fees that are mandatory at the public schools. Youth who are out-of-school were reported to be at a very high-risk of drug abuse (see section on drugs).

Lack of security, teachers, infrastructure, and teaching materials were also mentioned as notable obstacles. In Mugulvu (Mubi), women, children, and the elderly reported that in the absence of a school within reasonable distance, the community has “given up” on education and children spend their time hawking or working in farms. Children who used to walk to schools in other towns have stopped doing so as a result of

the high risk of kidnappings. Children explained “it’s not safe to go to school”. Around June 2018, a girl from Mugulvu (Mubi) was kidnapped on her way to a school in another town and was later found dead with her eyes removed. In locations where there is functional education infrastructure, community members explained that “there is nobody to teach” because teachers are not paid by the government. In Muvur (Mubi), frustrated by the lack of education, the community put resources together to build a school, but the structure remains unused because the government has not yet assigned teachers. When schools are operational, like in Gulak (Madagali), the quality of education was described as being “poor”, with education staff lacking motivation as a result of pay issues.

Permanent military presence was noted in or near educational facilities, including a primary school in Gulak.

# “They went to school this morning, but there were no teachers, so they had to come back home”.

Parents in Gude (Mubi) explaining why their children were playing at home during school hours.

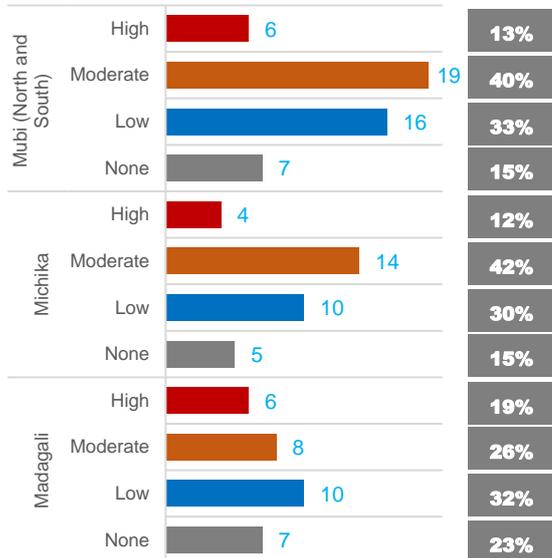


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## 5. CHILD-HEADED HOUSEHOLDS

Severity ranking of CHH based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madaqali.

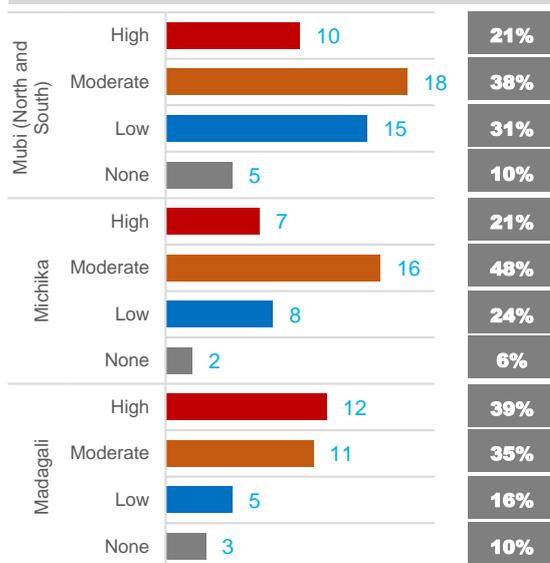
**51% of FGDs/KIIs (57 out of 112) reported moderate (37%) to high (14%) numbers of child-head households.**



These households were said to struggle enormously, with many children having the burden of raising younger siblings. In Moda (Michika), a 13-year-old boy taking part in the FGD explained that he is caring for 2 younger siblings, including 1 who is in a wheelchair. To make sure his family survives, the child begs. Some days, he walks from Michika to places as far as Uba with other children who are also begging. Cases of child headed households expected to pay rent and facing eviction were reported. Some children were said to rely on the goodwill of their communities, but it is usually not enough to help them make ends meet. In Michika, participants noted that in the past, IRC was providing rental assistance to child-headed household, but the assistance was cut off in 2018. In households headed by elderly grandparents, in locations like Blue House (Mubi), children reported playing the role of the caretaker and provider for the home.

## 6. ORPHANS

Severity ranking of orphans based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Michika.

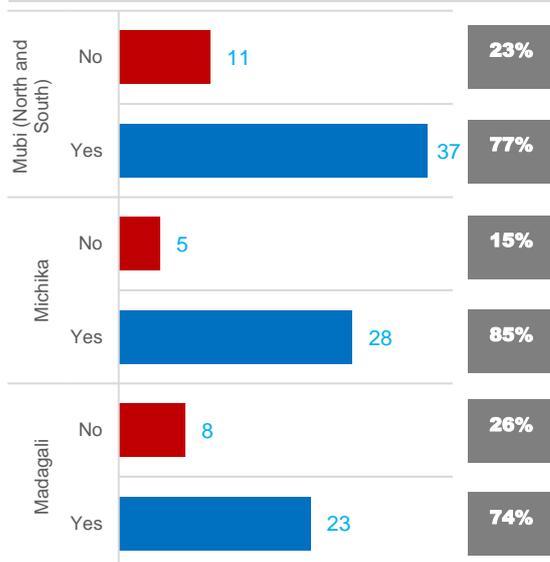


**66% of FGDs/KIIs (74 out of 112) reported moderate to high numbers of orphans in the 3 locations.**

This includes children having lost their parents as a result of the conflict with non-state armed groups, as well as those who lost their fathers (but not their mothers) and were reported as orphans due to the cultural understanding that fathers are providers. Orphans, like unaccompanied and separated children, were said to be extremely vulnerable, out of school, and responsible for fending for themselves.

## 7. ACCESS TO DOCUMENTATION

Response to the question "do you have access to documentation?" Feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**21% of FGDs/KIIs (24 out of 112) reported having no access to documentation such as national identification cards, birth certificates, and marriage certificates.**

Absence of information about the process of acquiring documentation and distance to the nearest facility were noted as obstacles. In FGDs/KIIs held in Madagali, participants called attention to the cost of travelling to places like Michika to apply for ID cards, only to be told that they had to return another day because the facilities are overcrowded. They noted that at a time when they are struggling to make ends meet, they cannot afford to take on additional transportation costs. In Mubi, excessive fees imposed by the National Identity Management Commission (NIMC) were cited as the biggest hurdle preventing access to identification cards. In locations like Muvur, Machala, Vintim, and Gude, participants reported that NIMC officials were soliciting between 500 and 1000 Naira per person. When asked about the situation, NIMC officials in Vintim stated that this was an arrangement made with the leader of the community.

Challenges related to lack of documentation were noted in Madagali, Michika, and Mubi. Residents described being exposed to harassment at checkpoints, at times facing detention, when travelling without proper documentation. They also mentioned difficulty accessing services that require documentation. For instance, in Gulag and Shuwa (Madagali), children who have lost their parents reported not benefitting from distribution due to lack of identification cards.

Individuals who successfully applied for documentation talked about delays, ranging from several months to years, before receiving their documents.

## 8. ACCESS TO JUSTICE

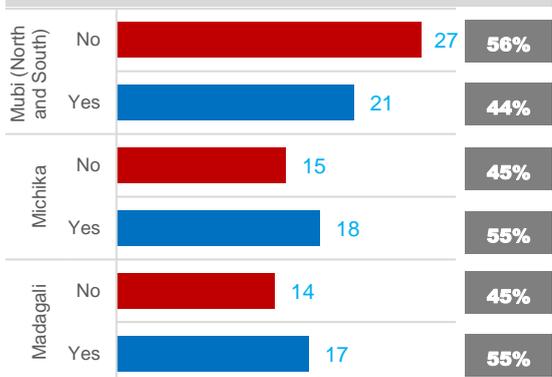
Response to the question “do people in your site need access to justice/legal assistance”? Feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**63% of FGDs/KIIs (70 out of 112) reported lacking access to justice or legal assistance.**

Participants mentioned the need for access to justice in matters ranging from land and property disputes to sexual and gender-based violence.

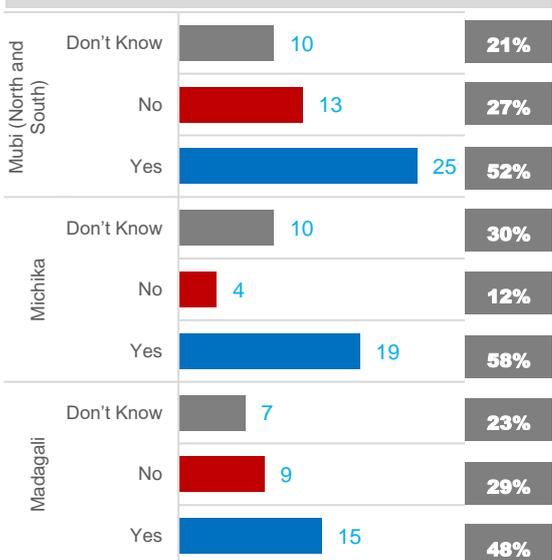
Response to the question “do people in your site prefer a different system of conflict resolution/access to justice”? Feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**50% of FGDs/KIIs (56 out of 112) reported preference for informal justice systems.**

In all 3 locations, communities showed overall preference for traditional systems as justice delivery mechanisms. Some FGDs/KIIs reported that the influence of the traditional justice system is such that the legal court system is not really considered an option. In Mugulvu (Mubi), male adults noted that there are times when they would prefer to go through the legal justice system to resolve land issues. However, they are discouraged by the fact that bypassing the traditional system or not “giving blessings” to its decisions, will give the impression that they are “revolting”.

Response to the question “Do women and girls seek assistance following SGBV incidents”? Feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



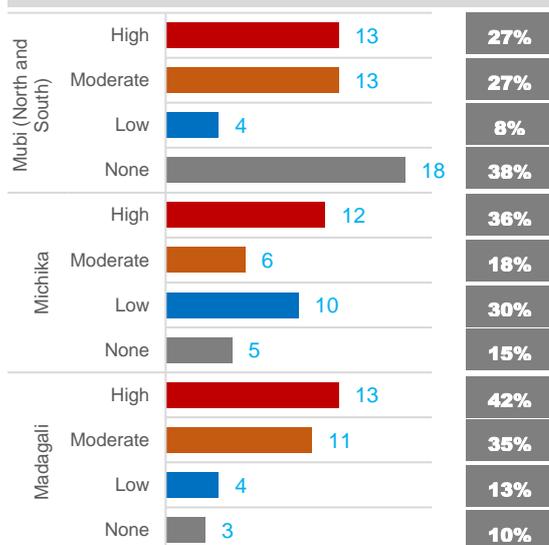
**23% of FGDs/KIIs (26 out of 112) reported that women and girls do not seek assistance following incidents of sexual and gender-based violence. 24 % (27 out of 112) were not sure if women and girls would seek assistance.**

Participants explained that in cases of rape and other GBV issues, victims are usually reluctant to seek justice due to stigmatization, alienation, and the sense that reporting will not lead to justice. When survivors decide to come forward, their case is usually examined by traditional leaders or religious figures. Traditional systems are male dominated and in FGDs/KIIs, women reported not feeling comfortable discussing rape before these structures. The handling of cases by traditional was described as lacking fairness and sensitivity. In Muvur (Mubi), women explained that “at best” traditional courts give a verbal reprimand to male perpetrators and “the matter dies”. Adding “our voices will not be heard”.

Overall, women and girls also expressed low confidence in the police and the justice system’s ability to punish perpetrators. A girl in Michika I stated “there is no point in reporting to the police”. She, along with other girls in the FGD, explained that if a rape case is reported to the police, the perpetrator might be arrested, but he will be freed as soon as he pays a fee and the case will be dropped.

## 9. CHILD LABOR

Severity ranking of child labor based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.

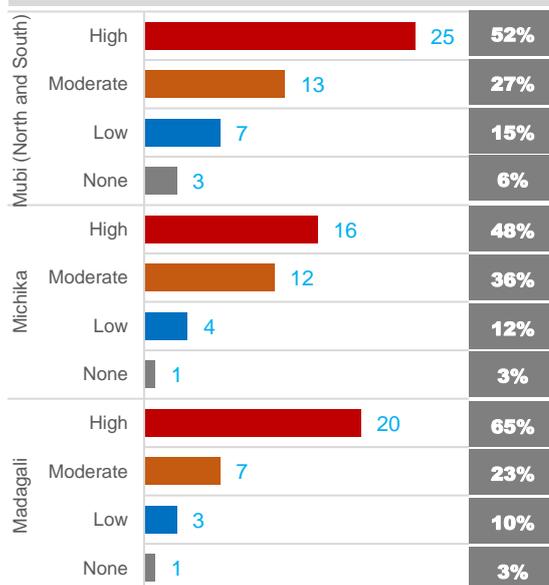


**61% of FGDs/KIIs (68 out of 112) reported moderate to high prevalence of child labor. Of the 3 locations, cases of child labor were more widely reported in Madagali<sup>2</sup>.**

In the 3 locations where assessments took place (Madagali, Michika, and Mubi), FGD/KII participants explained that a high number of children have to fend for themselves and/or work to help their families earn a living. Children in the 3 locations primarily hawk or beg. In Mugulvu (Mubi), boys reported that up to 80% of children in their community hawk. In several locations in Madagali and Michika, children who took part in the FGDs brought the items they hawk with them hoping to sell to other participants. Prostitution/survival sex was reported in locations like Gulak (Madagali). In Mubi and other agricultural locations, children are also involved in dry season farming.

## 10. FEMALE-HEADED HOUSEHOLDS

Severity ranking of FHH based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



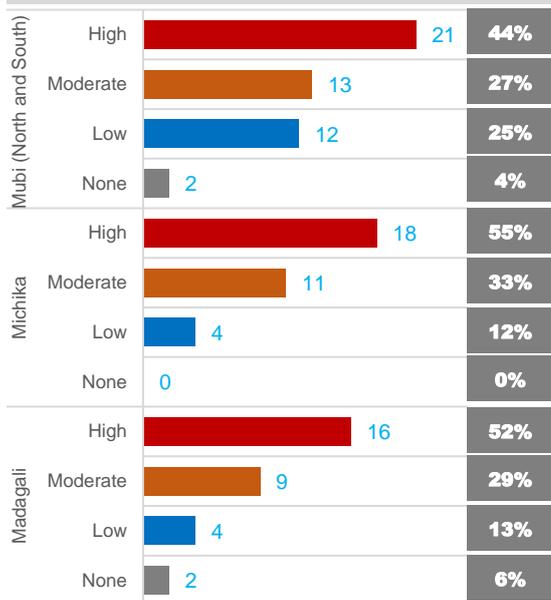
**83% of FGDs/KIIs (93 out of 112) reported moderate to high numbers of female headed households.**

The high number of females headed households is due to the disappearance and detention of men throughout the insurgency, killings by non-state armed groups, as well as wives abandoned by their husbands. Female headed-households were described as vulnerable and dealing with exploitation. In a traditionally patriarchal society, women struggle to earn a living and provide for their children, most of whom are out of school. With limited livelihood opportunities, women are engaging in survival sex and a high number are sending their children to hawk or beg and support their family.

<sup>2</sup> In Madagali, 77% of participants (24 out of 31) noted that moderate to high numbers of children in their communities were working.

# 11. CHRONIC ILLNESS

Severity ranking of prevalence of chronic illness based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**78% of FGDs/KIIs (88 out of 112) reported moderate (29%) to high (49%) numbers of chronic patients in their respective locations, most dealing with serious medical conditions.**

The prevalence of chronic illnesses such as diabetes, hypertension, HIV, and hepatitis was noted in Madagali, Michika, and Mubi. Severe stigmatization of HIV patients was reported in most locations. Discussions with health workers and community members revealed that in places like Gulak (Madagali), Duhu (Madagali), Blue House (Mubi), Muvur (Mubi), and Muchala (Mubi), HIV patients are too fearful of stigmatization to seek treatment in local health facilities. As a result, many travel to Mubi to get their medication. In Muvur, Primary Health Center staff indicated that some patients choose to remain without treatment out of fear of exposing their condition.

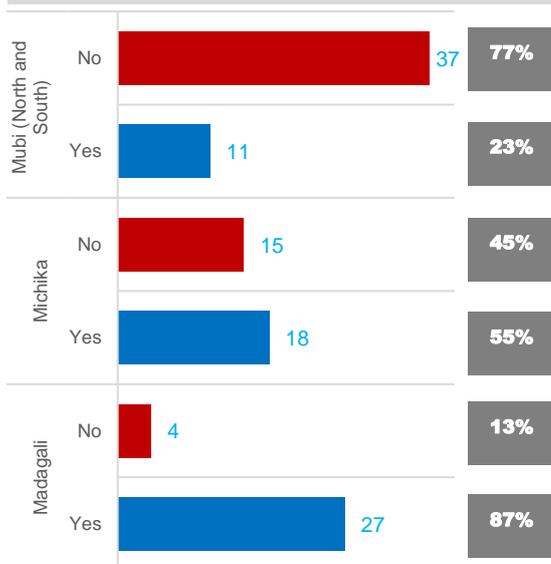
All locations where the protection assessment took place reported high rates of Hepatitis. In Yaskulei (Michika), It was reported that each household has at least 3 people who currently or recently contracted Hepatitis. According to the general hospital, 90 people tested positive

in September, which was the lowest month in recent memory.

Given the scope of traumatic events experienced by IDPs and returnees, mental health needs remain immense. In areas like Yaskulei, FGDs/KIIs reported that several women who have lost their children are showing signs of depression. Individuals released from abduction were also said to be showing signs of trauma and lasting impact on their mental well-being. Despite the visible needs, mental health services are not available in the 3 locations.

# 12. LACK OF FREEDOM OF MOVEMENT

Response to question about freedom of movement. Based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Michika.



**50% of FGDs/KIIs (56 out of 112) reported restrictions of movement. The highest number of cases were reported in Madagali<sup>3</sup>.**

Curfew, lack of safety outside of sites, and ongoing military operations were cited as primary causes of movement restriction. For security reasons, curfew is in place in all 3 locations (5:00 PM in Madagali, 7:00 PM in Michika, and 10:00 PM in Mubi). Movement after curfew is not allowed and individuals caught circulating face arrest. Although the official curfew is 10:00 PM in Mubi, most wards reported self-imposed restrictions, usually discouraging citizens, particularly women and girls, from leaving their homes after 7:00 PM.

Absence of transportation, lack of identification documents, and crime were also reported as challenges.

<sup>3</sup> In Madagali, 87% of participants (27 out of 31) noted lack of freedom of movement.

**“Some girls went to farm. When they did not come back, we went to look for them. We only found their heads cut off, hanging from trees. This is what is making us afraid to move freely”.**

*Women in Gulak (Madagali) talking about an incident that happened around June/July 2018.*

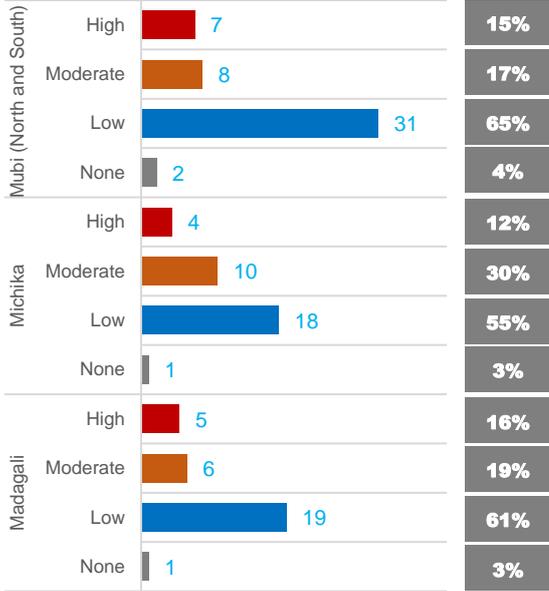


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# 13. SAFETY & SECURITY

Severity ranking of safety and security issues based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.

**35% of FGDs/KIIs (40 out of 112) reported moderate to high safety and security issues.**



Ongoing military operations, attacks by non-state armed groups, and lack of security outside of central areas were primary concerns in Madagali and Michika (see section on risk of attacks and bombings).

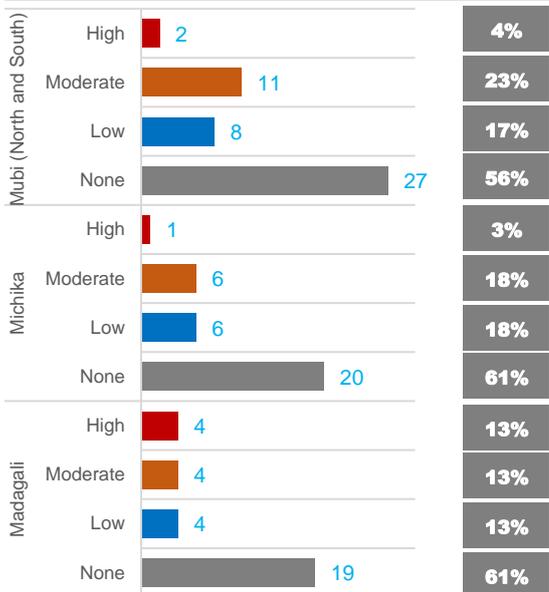
Although still susceptible to attacks, locations in Mubi appeared to have a different security environment than those in Madagali and Michika. The military did not have a permanent presence in the wards where assessments took place. Security in these locations is ensured by vigilante groups comprised of community members, with the army conducting patrols, particularly on Fridays, to minimize attacks. The vigilante groups are unpaid volunteers and community members noted that there are limits to what they can do. The primary security concerns in most areas of Mubi were vandalism, theft, and kidnappings. FGDs/KIIs reported major kidnapping problems in Mubi. In locations like Muchala cases of abduction, and demand for ransom, have been documented every month. The kidnappings occur within the

communities, as well as in the outskirts, including near farms. Recently, school children were taken in several locations. Community members are not sure about who is behind these incidents, but they speculated that it might be Boko Haram members hiding in nearby hills.

# 14. THREAT OF SGBV

Severity ranking of threat of SGBV based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.

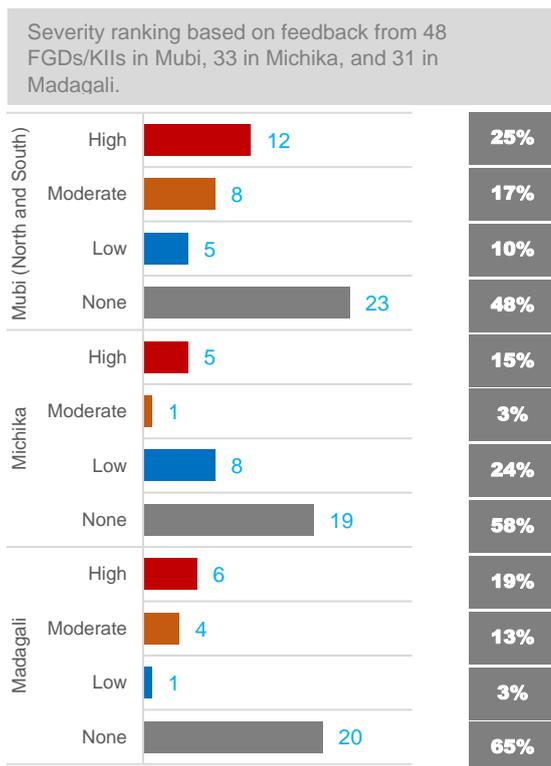
**25% of FGDs/KIIs (28 out of 112) reported moderate to high numbers of women and girls feeling unsafe in their communities.**



The threat of SGBV remains widespread in numerous communities. However, the subject of rape, sexual abuse, and other SGBV incidents continues to be taboo and surrounded by a culture of silence. In FGDs, women and girls cited daily chores and activities, including going to school, collecting water, and going to the farm, as sources of insecurity and factors contributing to sexual assault incidents.

Male host community members were reported as the primary perpetrators of SGBV. Intimate partners, members of security forces, and male IDPs and returnees were also said to be responsible for SGBV incidents.

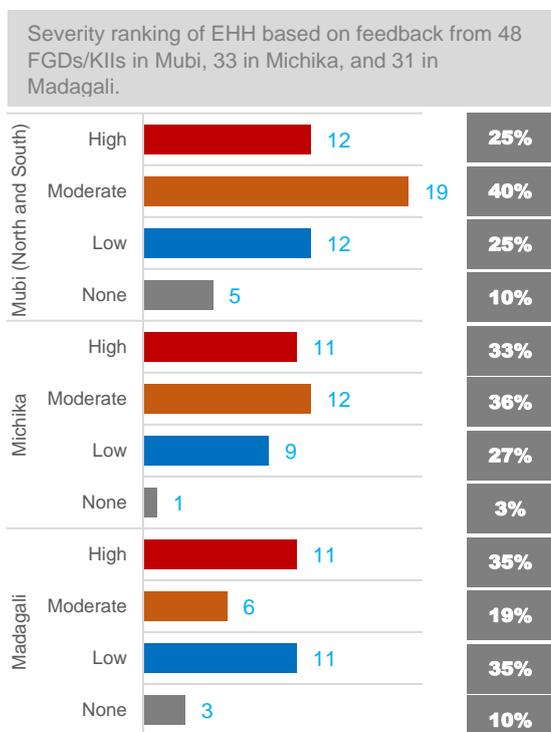
# 15. DISCRIMINATION WHEN ACCESSING ASSISTANCE



**33% of FGDs/KIIs (36 out of 112) reported moderate to high levels of discrimination when accessing assistance. More cases were reported in Mubi than in any other location<sup>4</sup>.**

Participants across the board (most age groups and all localities) stressed the need to change distribution modalities currently favored by humanitarian actors. The practice of handing over food and non-food items to traditional community leaders with the expectation that they will dispatch the goods to a pre-identified group of individuals was reported as falling short of its objective. Minorities, the elderly, and most members of the visited communities reported that assistance is monopolized by leaders and rarely reaching intended beneficiaries. In Mugulvu (Mubi), participants explained “it is the responsibility of the Myangwa to distribute, but he gives it to himself and his cabinet”. Adding, “last time, only 10 people benefitted”. Distribution has increasingly become politicized. Although lists of intended recipients are established by humanitarians and shared with leaders, they are rarely followed and distribution is based on association with the leadership. In several instances, goods distributed by humanitarian actors were spotted in local markets within a few days, instead of being shared with the rightful beneficiaries.

# 16. ELDERLY-HEADED HOUSEHOLDS



**63% of FGDs/KIIs (71 out of 112) reported moderate to high numbers of elderly-head households.**

Community members emphasized the vulnerability of the majority of elderly head of households. Some elders lost family members during the insurgency, others were left without a caretaker by different circumstances. Dealing with conditions of extreme poverty was described as particularly challenging for the elderly, some of whom have the responsibility of caring for children under the age of 18. Elderly men and women in Gulak (Madagali) talked about the stress of not being able to provide for themselves and “staying with hunger”, which they noted impacted their health, including psychological well-being. In Yaskulei (Michika), the elderly brought up the challenges of tending to their farms at an old age because it’s the only means of survival. In most locations of Madagali and Michika LGAs, FGD/KII participants emphasized the challenges of depending on others when the community as a whole (IDPs and returnees) is struggling to make a living. Elderly men and women also reported being left-out of distribution for assistance, which they described as a biased process that depends on who you know.

<sup>4</sup> 42% of FGDs/KIIs in Mubi (20 out of 48) reported moderate to high levels of discrimination when accessing assistance.

**“All I need is a shelter above my head before I die”.**

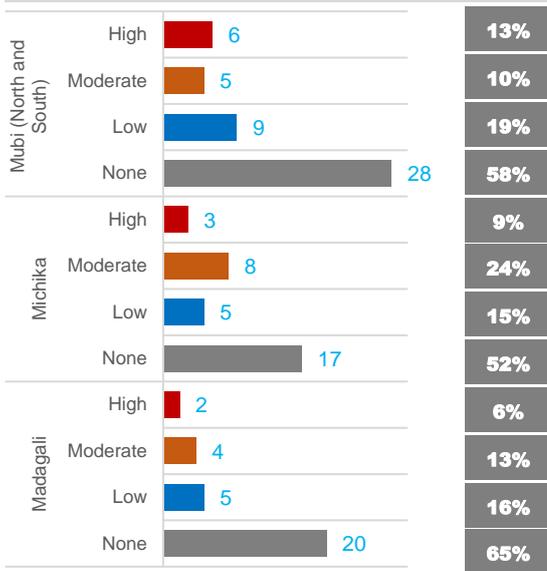
*Elderly woman in Moda (Michika).*



UNHCR/ Tihtena Mekonnen

# 17. RAPE AND SEXUAL ASSAULT

Severity ranking of incidents of rape and sexual assault based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madaqali.



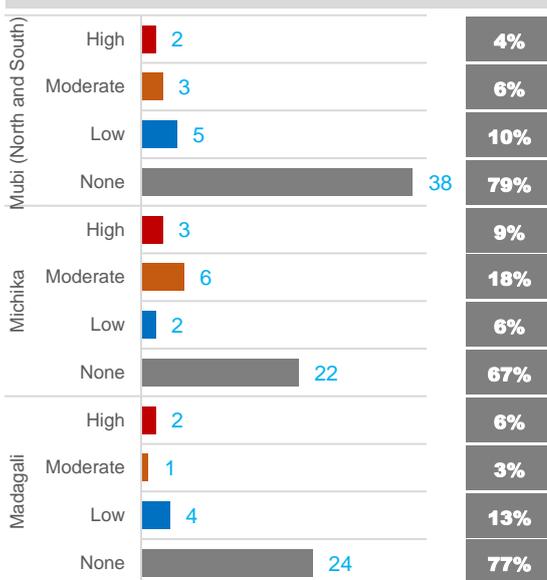
**24% of FGDs/KIIs (27 out of 112) reported moderate to high incidents of rape and sexual assault of women and girls. More cases were reported in Michika than any other location<sup>5</sup>.**

Incidents of rape and sexual assault were reported by several FGDs/KIIs, particularly in Madagali and Michika LGAs. Given the level of stigma and culture of silence around rape and sexual, it can be presumed that cases of rape are most likely severely underreported.

In Gulak, Madagali, and Moda (Michika), women and girls revealed that they were afraid to go out, farm, or stay out late because “there are a lot of rapes”. In Muvur (Mubi), women noted that rape by unknown perpetrators has occurred when they go to collect water or farm. In several locations, rape was brought up in connection with kidnappings. For instance, in Mugulvu (Mubi), women reported that several children ages 13 and 14 were kidnapped. Some of the children returned to their communities months later, sexually abused and pregnant.

In Mubi, the majority of FGD participants appeared reluctant to acknowledge or discuss rape and sexual assault. Male elders in Gella ward (Mubi) noted that rape was “not an issue” in their community but that if it were, it would promptly be dealt with. In Vintim (Mubi), the only rape case they could think of was a married man who raped a teenage girl many months ago. The case was settled by community leaders and the man was ordered to marry the girl. In the 3 locations, rape cases are usually settled at the family level to avoid stigmatization and public embarrassment of families. If reported, incidents of rape are also handled by religious figures or other traditional leaders and courts, which are almost exclusively male (see *access to justice* section).

Severity ranking based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali



**14% of FGDs/KIIs (16 out of 112) reported moderate to high incidents of rape and sexual assault of men and boys. More cases were reported in Michika than any other location<sup>6</sup>.**

SGBV cases involving boys and men are particularly unspoken of and the majority of FGD/KII participants were reluctant to discuss these issues.

<sup>5</sup> 33% of FGDs/KIIs in Michika (11 out of 33) reported moderate to high incidents of rape and sexual assault of women and girls.

<sup>6</sup> 27% of FGDs/KIIs in Michika (9 out of 33) reported moderate to high incidents of rape and sexual assault of men and boys.

# “Mama it has really happened, but I know nobody will believe me so just leave it to God”.

An unaccompanied minor in Michika I talking to her foster mother about being raped. The alleged perpetrator was a rich man in the community who denied the claims and went unpunished.

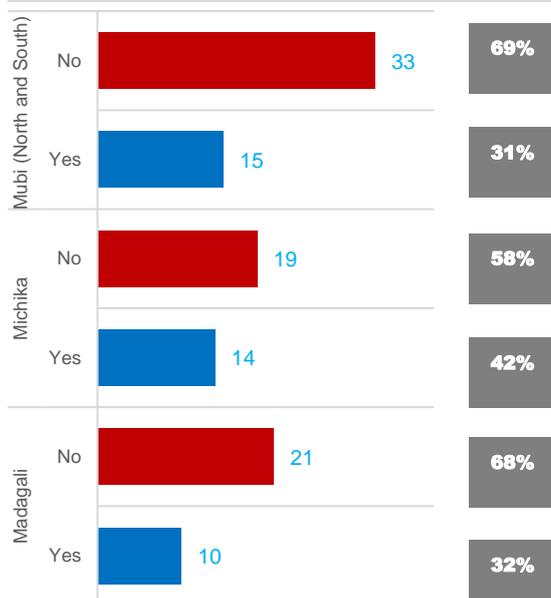


UNHCR/Susan Goren

## 18. ACCESS TO SERVICES FOR GBV SURVIVORS

Response to the questions “are services or support available for women and girls who are victims of

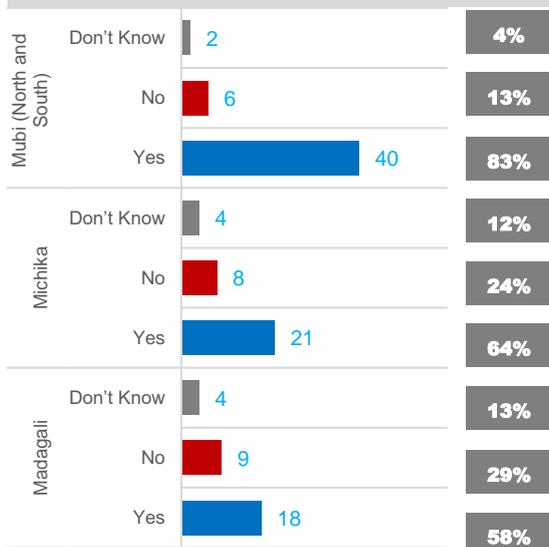
**65% of FGD/KIIs (73 out of 112) reported that services and support, including counselling and legal aid, are not available for women and girls who are victims of SGBV.**



Participants explained that services for survivors of rape and other SGBV incidents are severely limited in Madagali, Michika, and Mubi. For instance, women explained that the general hospital in Gulak (Madagali) focuses on antenatal care and is not able to provide adequate care for victims of rape and sexual assault. In Blue House (Mubi) participants reported that there are no services in place and that most individuals are reluctant to travel to nearby Vintim (Mubi). In Moda (Michika), participants discussed a UNFPA supported office in a school, where rape cases can be reported and victims can get medical referrals. However, women and girls brought up the limited nature of this intervention and stressed the need to expand support. FGDs/KIIs also reported that victims of SGBV have limited information about assistance that is available. Furthermore, when services and support are available, most women hesitate to come forward out of fear of stigmatization.

# 19. DIFFICULTY ACCESSING FORMER HOUSING, LAND, AND PROPERTY

Response to the question "do people in your site have access to their former house, land, and/or property"? Based on feedback from 48 FGDs/KIIs in



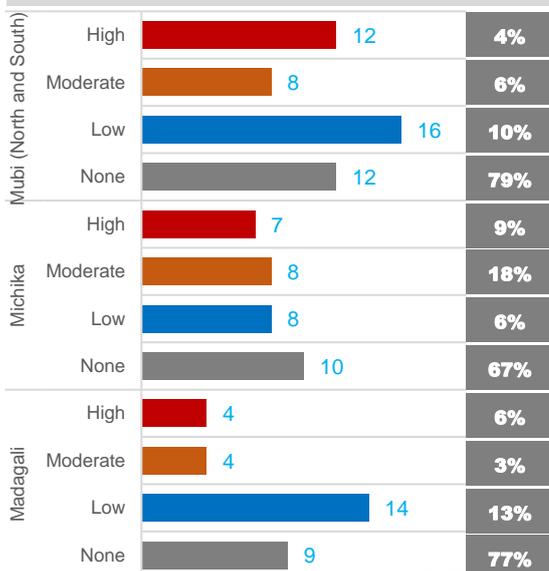
**30% of FGDs/KIIs (33 out of 112) reported difficulty accessing their homes, land, and property upon returning from displacement.**

There is an increased interest in farming because it's the only means of livelihood in the majority of the communities visited in Madagali, Michika, and Mubi. Community members trying to access their land, often find that it is already being used by others. Inter-communal fighting and conflict with IDPs over access to farmland was widely reported in Mubi. In Muvur, Machala, and Gude, returnees and IDPs discussed land conflicts. Various encroachment issues were highlighted by FGD/KII participants. In Mugulvu, IDPs reported that their crops were stolen.

In Madagali LGA, access to shelter was noted as a challenge. Homes are too damaged to live in and returnees do not have the means to rent. There is overcrowding in areas where homes are habitable. In Gulag, returnees talked about their land and homes being taken by others.

# 20. CHILD MARRIAGE

Severity ranking of cases of early marriage based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madaqali.



**39% of FGDs/KIIs (43 out of 112) reported moderate to high cases of child marriage. Numbers were particularly high in Mubi and Michika<sup>7</sup>.**

In addition to tradition, it was reported that parents support child marriage because they cannot afford to continue caring for their children and need the money acquired through dowries. In Mugulvu (Mubi), women added that the education of girls is not valued, making it easier to marry them off. Male FGD participants in Muvur (Mubi) explained "female girls decline" but are forced to enter marriages against their will.

**“when she runs home, her dad will return her”.**

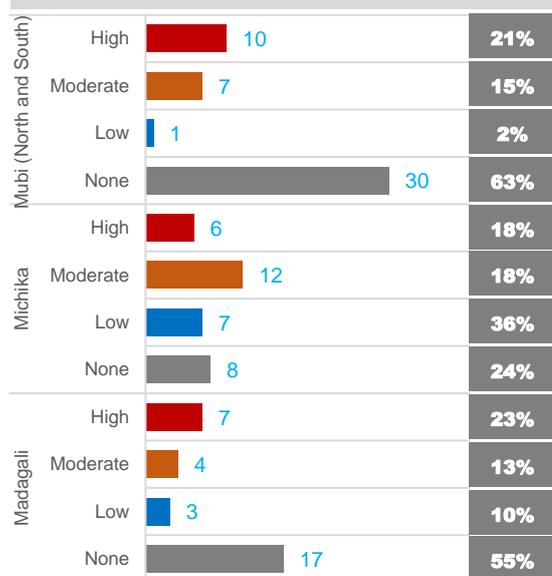
*FGD participants talking about what happens when children forced to marry by their parents try to escape their husbands and return home.*



<sup>7</sup> 45% of FGDs/KIIs in Michika (17 out of 33) and 42% of FGDs/KIIs in Mubi (20 out of 48) reported moderate to high cases of child marriage.

## 21. SEXUAL EXPLOITATION

Severity ranking of cases of sexual exploitation based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**42% of FGDs/KIIs (46 out of 112) reported moderate to high incidents of sexual exploitation. The majority of cases were reported in Michika LGA<sup>8</sup>.**

Survival sex was widely reported in Madagali and Michika. This trend is accompanied by the spread of HIV and unwanted pregnancies. As with many other protection issues in Madagali, Michika, and Mubi, poverty and lack of livelihood opportunities were cited as the causes behind the widespread turn towards sex in exchange for money and/or goods. Numerous girls under the age of 18 were said to be out of school and forced into survival sex to provide for themselves and their families. In Madagali, survival sex was reported as the primary form of subsistence for the majority of women and girls released from abduction.

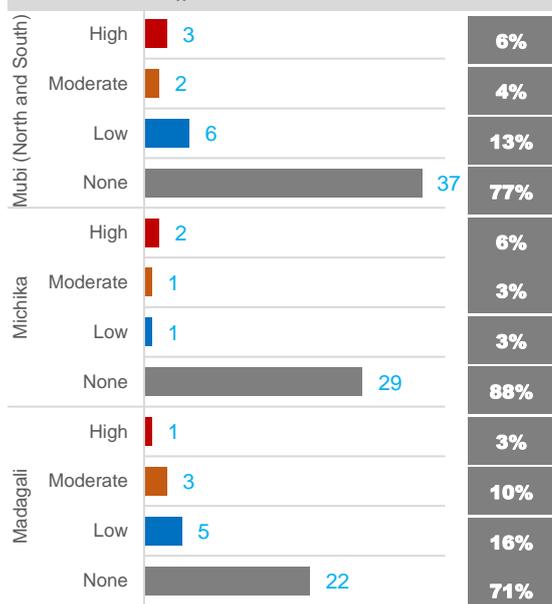
In Madagali and Michika LGAs, security personnel were linked with sexual exploitation. In Duhu (Madagali), men accused the military of abusing and exploiting their women and girls and instigating divorces.

In FGDs in Michika I, girls between the ages of 8 and 17 reported that members of the military intimidate them and push for sexual relations in exchange for money or at times “a sense of security”. A culture of silence and fear, coupled with the need to have the military around, prevents parents and other members of the community from speaking out against security personnel.

In Mubi, women and men participating in focus group discussions initially denied issues of sexual exploitation. However, eventually, when asked about the pregnant teenage girls seen in their communities, many became forthcoming. In Vintim (Mubi), women explained that the teenagers were impregnated and abandoned by “boyfriends” on whom they relied for survival. The health center in Vintim confirmed that 86 pregnant girls were registered in September 2018, most from Vintim and surrounding areas.

## 22. TRAFFICKING

Severity ranking of cases of trafficking based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**10% of FGDs/KIIs (12 out of 112) reported moderate to high numbers of trafficking.**

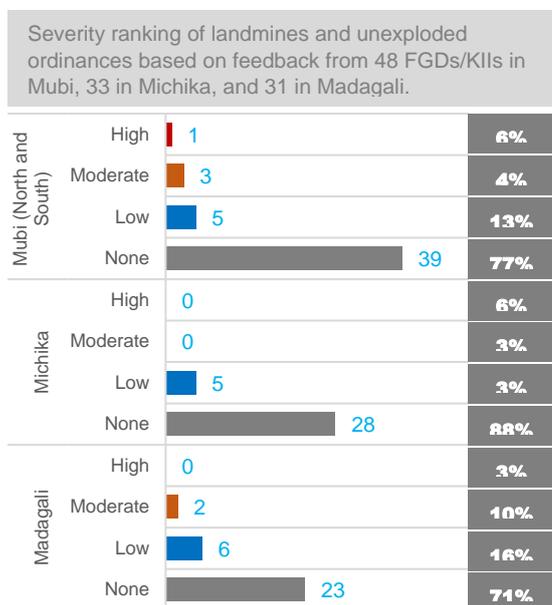
Disappearances related to trafficking were not widely reported. The only specific mention of international human trafficking was in Gulak (Madagali), where men (18-59) reported that 3 girls from their community were “tricked” into travelling abroad. For the first time since their disappearance, the 3 girls contacted their families in mid-2018. They are believed to be involved in prostitution in Italy. The girls sent their families money and contacted them to make sure that they had received it.

Potential for domestic human trafficking was mentioned in Michika I (Michika) and Muchala (Mubi). In Michika, girls (8-17) revealed that some families had entrusted their children to relatives and friends who promised to send them to school, only to later find out that the children are involved in domestic work and other activities. Similarly, in Muchala (Mubi), women (18-59) noted that individuals from other

<sup>8</sup> 54% of FGDs/KIIs in Michika (18 out of 33) reported moderate to high incidents of sexual exploitation.

locations (including other states) have been coming to their community looking for children who can provide domestic help. Although these individuals promise education and a better future for the children, it is rarely met once the children are taken away. Some parents have reported losing contact with their children. Others have struggled to get their children back, with the individuals who took them refusing to return them. FGD/KII participants explained that children who managed to escape and return home described abusive and exploitative situations.

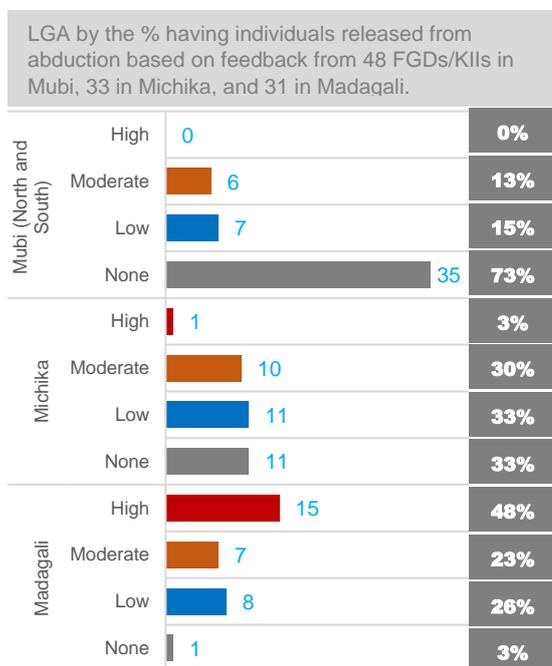
## 23. LANDMINES AND UNEXPLODED ORDINANCES



**5% of FGDs/IIIs (6 out of 112) reported moderate to high prevalence of landmines.**

Even in areas where low prevalence was reported, the impact of landmines was high. In several locations, including Madagali, participants reported movement and farming restrictions because of landmines and unexploded ordinances, particularly in the outskirts of towns. With the rainy season, buried explosives have resurfaced. The ordinances are at times not easily recognized as explosives, even by the military. On October 2, individuals in Muvur (Mubi) found a bomb, which they brought to the community leader’s house believing that it was something else. The bomb did not explode and the community was eventually able to dispose of it properly.

## 24. RELEASE FROM ABDUCTION



**35% of FGDs/IIIs (39 out of 112) reported moderate to high numbers of civilians being released from abduction. The majority of cases were in Madagali<sup>9</sup>.**

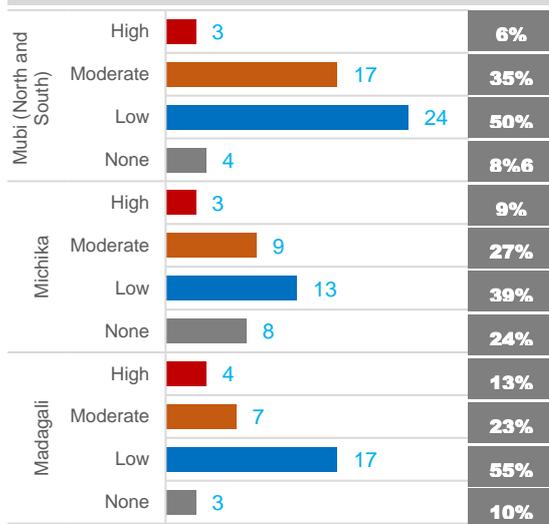
IDPs and returnees in Madagali and Michika LGAs explained that women and girls who were abducted by non-state armed groups are returning in larger numbers from the Sambisa forest. With counter-insurgency operations continuing in the area, some were able to escape, while others were released. Individuals abducted by non-started armed groups face high levels of stigmatization upon release. According to military officials, there have been instances of communities refusing to accept the return of those freed by the army, forcing them to relocate elsewhere. FGDs/IIIs revealed that most children released from armed forces have nobody to care for them and end up on drugs. It was also reported that the majority of women and girls are coming back pregnant or with young children, which adds to their alienation as they are seen as Boko Haram wives bearing enemy children. In FGDs, Adult women in Gulak and Shuwa (Madagali) noted

that nobody wants to marry or be associated with women and girls released from abduction. They expressed fear that relatives returning from the Sambisa forest will end up as prostitutes, adding that usually, those shunned by the community have to resort to begging, hawking, or prostitution to survive. In KIIs, hospital staff in Gulak (Madagali) observed that women and girls who are returning show signs of trauma and that “the way they talk is not like before”. They are said to have trust issues, are reluctant to open up about what happened after they were abducted, and need immense assistance, including psycho-social support, which they are not getting.

<sup>9</sup> 71% of FGDs/IIIs in Madagali (22 out of 31) reported moderate (23%) to high (48%) numbers of individuals released from abduction.

## 25. MENTAL AND PHYSICAL DISABILITY

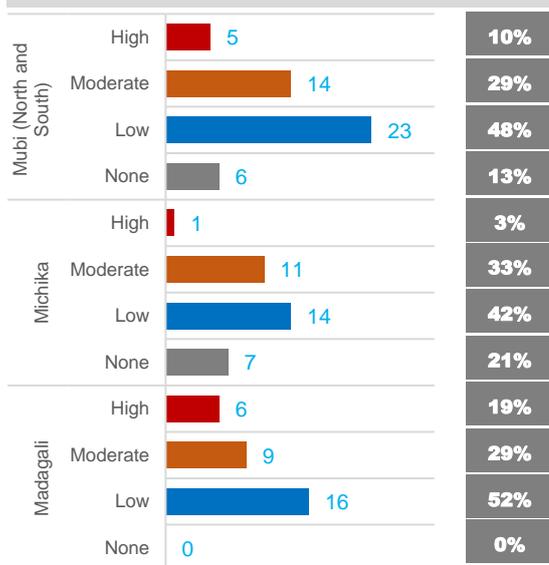
Severity ranking of mental disability based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**38% of FGDs/KIIs (43 out of 112) reported moderate to high numbers of mental disability.**

Frustration about extreme poverty, difficulty dealing with the killing of family members, trauma from the insurgency, side effects of consumption of hard drugs, and black magic were cited by various communities as factors contributing to serious mental health issues. Individuals born with mental disability were also reported.

Severity ranking of physical disability based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**41% of FGDs/KIIs (46 out of 112) reported moderate to high numbers of physical disability.**

All locations reported a significant number of disabled and wounded individuals dealing with chronic health issues. In Madagali, disabled persons reported difficulty collecting distribution materials

# “You sleep, you cannot close your eyes”.

A man in Mugulvu (Mubi) discussing vandalism and insecurity in his community.



UNHCR/Hélène Caux

## 26. RISK OF ATTACKS AND BOMBINGS

Severity ranking of the risk of attacks and bombings based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.

Location	Risk Level	Count	Percentage
Mubi (North and South)	High	4	8%
	Moderate	4	8%
	Low	6	13%
	None	34	71%
Michika	High	3	9%
	Moderate	2	6%
	Low	4	12%
	None	24	73%
Madagali	High	3	10%
	Moderate	9	29%
	Low	6	19%
	None	13	42%

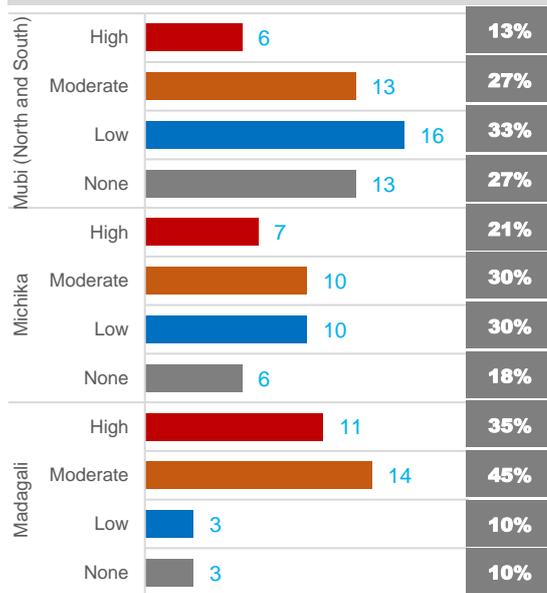
**22% of FGDs/KIIs (25 out of 112) reported moderate to high risk of attacks or bombings. The potential of attacks appeared to be greater in Madagali<sup>10</sup>.**

The 3 locations still face an active threat from non-state armed groups. In Gulak (Madagali), the sound of gunshots coming from neighboring communities could be heard 2 hours before the arrival of teams conducting the protection assessment. Residents stated that they “lived in fear” because Boko Haram members often come to nearby communities. In Madagali and Michika, women reported being too afraid to carry out activities, like tending to their farms, because of security issues when leaving central areas. Community members have repeatedly been attacked while farming and a recent beheading incident involving farmers in Madagali has frightened many. In Madagali and Michika, security is maintained by the military and the Civilian Joint Task Force (CJTF). The military had a visible presence in both LGAs. FGDs showed that community members support the presence of the army, with whom they described having a “mutual understanding”.

<sup>10</sup> 39% of FGDs/KIIs in Madagali reported moderate to high risk of attacks, compared to 15% in Michika and 16% in Mubi.

## 27. MISSING CHILDREN

Severity ranking of cases of missing children based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.

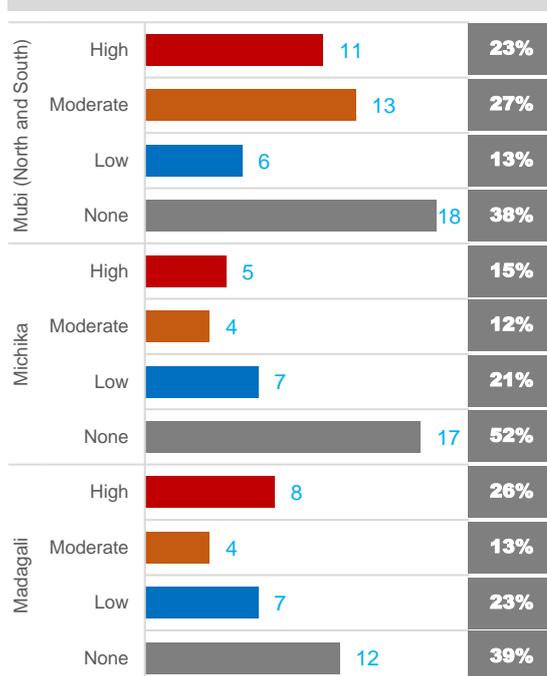


**54% of FGDs/KIIs (61 out of 112) reported moderate to high numbers of children who are still missing. The majority of reported cases were in Madagali<sup>11</sup>.**

The whereabouts of missing children is still unknown. Like men and women who disappeared at the start of the insurgency, they are believed to be held by Boko Haram.

## 28. DESTRUCTION OF PROPERTY

Severity ranking of cases of destruction of property based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.



**40% of FGDs/KIIs (45 out of 112) reported moderate to high incidents of destruction of property. The highest number of cases were reported in Mubi<sup>12</sup>.**

Numerous homes and property were destroyed by armed conflict and non-state armed groups in the 3 locations and the recovery process has been slow. In Mubi, FGDs/KIIs revealed increased concerns about destruction of property by members of their own community. Unemployed youth were partly blamed for vandalism, with boys in FGDs in Mugulvu acknowledging “even amongst us here there are looters”. Destruction of farms, crop theft, looting of stores (including pharmacies) was widely reported in Mubi.

<sup>11</sup> 80% of FGDs/KIIs in Madagali (25 out of 31) reported moderate to high numbers of children who are still missing.

<sup>12</sup> 50% of FGDs/KIIs (24 out of 48) reported moderate to high incidents of destruction of property.

## 29. TENSION/HOSTILITIES BETWEEN IDPS AND HOST COMMUNITIES/OTHER IDPS

Severity ranking of tension between IDPs and host communities based on feedback from 48 FGDs/KIIs in Mubi, 33 in Michika, and 31 in Madagali.

**9% of FGDs/KIIs (10 out of 112) reported moderate to high tension between IDPs and host communities.**

Host community members and IDPs reported getting along and living peacefully in most of the locations where protection assessments took place.

Location	Severity	Count	Percentage
Mubi (North and South)	High	3	6%
	Moderate	3	3%
	Low	6	6%
	None	81	84%
Michika	High	1	2%
	Moderate	3	5%
	Low	4	6%
	None	58	88%
Madagali	High	1	2%
	Moderate	4	6%
	Low	2	3%
	None	55	89%

# RANKING OF URGENT NEEDS FOR ASSISTANCE



FOOD



EDUCATION



HEALTH



LIVELIHOOD



WASH



UNHCR/ Malaika Balikwisha

- 1. Food** was ranked as the number one most urgent need by 53% of FGDs/KIIs (60 out of 112) in Madagali, Michika, and Mubi. Overall, 78% of participants (88 out of 112) reported that food was amongst their top 5 needs. Most returnees and IDPs brought up their struggle to make ends meet. Women in Mugulvu stated “there is no good food to eat”. They went on to explain that the nutrition situation is so bad that some breastfeeding mothers struggle to produce enough milk to feed their children. The lack of food is aggravating protection issues, including the rise of survival sex as a coping mechanism.
- 2. Education** was identified as the second biggest priority. The majority of communities struggle to send their children to school because they cannot afford to pay fees. They also face challenges such as lack of security, teachers, infrastructure, and teaching materials.
- 3. Access to medical services and medication** was noted as the 3<sup>rd</sup> biggest challenge in all locations. Many communities reported lacking medical facilities within reasonable distance. Those who travelled to other locations for services described understaffed and ill-equipped health care centers. Without reliable sources of electricity, health centers noted the difficulty of preserving drugs. In addition to electricity, primary health center like the one in Vintim lack running water. FGDs and KIIs revealed that staffing is a major challenge in most health centers in Mubi. In places like Gude, where facilities are in place, retaining health workers is difficult because they have not been

paid by the government and the cost of transportation makes commuting challenging. In Vintim, the clinic only has 2 staff members, working in shifts and “when one falls ill, the clinic is closed”.

FGDs and KIIs revealed that health facilities in Madagali, Michika, and Mubi are charging fees for basic services that were meant to be free. For instance, in Mugulvu, and Muchala women and the elderly complained about pregnant women being denied antenatal care if they are unable to pay for it. IDPs and returnees expressed frustration over health care providers charging for life saving and essential drugs that are supposed to be free and demanding high sums for drugs that are subsidized. Most families reported lacking the financial means to make the requested payments. As a participant in Blue House stated, “food is the priority” for most households in the area and there is usually very little left to cover other expenses.

In the absence of adequate and affordable medical services, participants explained that most people either fail to seek treatment or rely on pharmacies, which are referred to as “private hospitals”, for medical services. Pharmacies are increasingly used as primary health care providers, prescribing medication and providing IV drips, even without the necessary expertise. It was reported that pharmacies are at times set up by individuals who do not have the required licenses. There appears to be very little regulations of pharmacies and “anybody can be a pharmacist”.

4. **Significant livelihood needs** were identified by IDPs and returnees. In most locations, efforts to farm have been limited by security issues, land mines, and land disputes. Alternative income generating activities are limited. Lack of livelihood opportunities has had a ripple effect on all aspects of life in Madagali, Michika, and Mubi. It has exacerbated poverty levels, contributed to the rise of negative survival mechanisms, and influenced the use of drugs by idle individuals. In FGDs/KIIs, IDPs and returnees requested livelihood support.
5. **WASH** was also reported amongst the top 5 needs. In most locations where FGDs and KIIs took place, lack of clean water sources was mentioned as the leading cause of various ailments, including a cholera outbreak that killed more than 20 individuals in 2018. Open defecation and inadequate toilets have also led to contamination and infections.

## KEY RECOMMENDATIONS FROM PSWG

### ADAMAWA

1. Recommend that humanitarian and development actors **scale up livelihood activities**. **Economic empowerment** programs that prioritize female-headed households and other vulnerable segments of society are needed to address survival sex, child labor, and other negative coping mechanisms.
2. Advocacy for **comprehensive joint inter-sectorial response**, through the inter-sector working group, in affected locations, with interventions supported by **pooled funding**. In addition, recommend that humanitarian actors and government entities liaise with the Presidential Committee on the North-East Initiative (PCNI) to explore funding opportunities to address key protection issues.
3. PSWG to intensify advocacy for the National Drug and Law Enforcement Agency (NDLEA) and the National Orientation Agency (NOA) to **increase mass sensitization** and **raise greater awareness** about **drug abuse and impact on communities**.
4. PSWG members to conduct area **specific workshops** for the military and other security personnel to educate them on the dangers of drug abuse.
5. PSWG to engage the department of social welfare within the Ministry of Women Affairs in Adamawa State to broaden and **strengthen the child protection case management system** and seek adequate solutions for child protection issues.

6. Recommend that agencies that implement child protection programs **scale up interventions** to better address wide ranging issues. It is advisable for agencies to incorporate foster parents and care givers into their planning, including livelihood and income generating activities.
7. PSWG to **advocate** with the **State Ministry of Education** to seek solutions for challenges in education.
8. PSWG to liaise with the special rights agency department for child rights in Adamawa State to **bring attention to the issue of child labor**. It is also recommended that organizations with child protection mandates conduct sensitization on age appropriate work in the communities where they have a presence.
9. PSWG to liaise with partners to **train** actors such as community members and law enforcement officials on SGBV issues, prevention, and proper response and handling of cases.
10. Recommend that the government, in collaboration with GBV and human rights partners, **strengthen referral pathways and scale up support for survivors of SGBV**. There is a need to increase prevention efforts, improve identification of cases, and establish appropriate response mechanisms capable of addressing issues ranging from medical needs to access to justice.
11. PSWG members to **support existing community structures** to improve reporting of SGBV cases and access to counselling.
12. **Promote access to justice** through the **establishment of legal aid clinics** in various communities.
13. **Work with traditional justice mechanisms** to promote gender sensitive approaches.
14. PSWG to advocate with the National Identification Management Commission (NIMC), National Population Commission (NPC), The Nigerian Immigration Services (NIS), and other partners such as the Norwegian Refugee Council (NRC) to **scale up efforts to facilitate access** to civil documentation. This includes advocacy to lower or eliminate fees.
15. PSWG to engage the Adamawa State Ministry of Land and Survey and **highlight issues such as housing and property rights**. In addition, PSWG to revive the housing, land, property (HLP) sub working group, co-chaired by the Norwegian Refugee Council, to better liaise with the ministry and address relevant issues.
16. Recommend that the World Health Organization (WHO) and other partners implementing health in Adamawa state provide appropriate **support to the State Ministry of Health**. There is a need to improve medical services, including staffing, rehabilitation of facilities, and availability of medication. Chronic patients, individuals released from abduction, and mental health patients require particular attention.
17. Recommend the establishment of support **mechanisms geared towards individuals released from abduction**. Allowing them to reintegrate economically and socially and live in decent conditions.
18. PSWG to **strengthen civil-military coordination** with the Nigerian Military in Adamawa State and address protection issues such as restriction of freedom of movement. This includes coordination through OCHA's CISLA unit.
19. **Recommend that humanitarian actors change distribution modalities** to promote transparency, reduce the politicization of assistance by community leaders, and engage more members of various communities.

