

SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Given the protracted nature of the crisis coupled with limited access to basic services, most women residing in IDPs camps and host communities endure domestic violence, including physical and sexual assault and often remain with their husband as a result of cultural beliefs that dictate submissive behavior for women. Other forms of SGBV, such as child marriage are prevalent in all camps and there tends to be a common response to such violence. **Elders and community leaders prefer using the Sharia Law rather than the formal judicial system to address SGBV incidents**, even in areas where a formal judicial system is in place. As a result, justice is delivered by agreement between the perpetrator's and survivor's family.

Assessments conducted in the Banki, Damasak and Ngala revealed that availability of medical services for SGBV survivors is largely dependent on the international community especially in terms of service delivery, drugs, supplies and equipment resulting in **limited medical response to SGBV survivals** among the displaced populations. Medical personnel are neither trained in Clinical Management of Rape (CMR) nor are there post-rape treatment drugs.

From January to December 2017, a total number of 1,639 survivors and those at risk of SGBV were referred to access specialised services including psychosocial counselling, medical care, legal and safety and security services. Out of these, **156** survivors accessed case management services and **226** benefited from legal assistance through UNHCR's Access to Justice project implemented in Northeast by the Nigerian Bar Association (NBA). Additional engagements were established with the International Federation of Women Lawyers (FIDA) and Legal Aid to expand access to justice and promote protection and preservation of the rights of women and children in Adamawa State. Through this initiative, **109 SGBV perpetrators were arrested with 58 convicted and others on trial stage in Adamawa and Borno States.**

In March 2017, the UNHCR in partnership with IRC rolled out the Adolescent pilot project in Bakassi and NYSC camps. The project aimed at empowering displaced adolescents girls to better protect themselves through fostering peer support groups/networks, mentorship and working with parents on SGBV and reproductive Health. Through this project, adolescent girls, their parents and mentors continued to reinforce existing strategies to prevent and respond to SGBV as well as addressing early marriage among children, adolescent and youth. A total of 6 groups on "Girls in Focus" were facilitated for adolescent girls and parents in three locations (2 in each location), namely NYSC, Bakassi Camp, and Jiddari host community in MMC & Jere LGAs. Each of the 6 groups conducted 24 sessions for a total of 144 sessions.

A series of capacity building initiatives were undertake targeting 476 individuals including UNHCR staff implementing partners, immigration officers, military and the Civilian Joint Taskforce.

Guidelines on distribution of sanitary materials and dignity kits to displaced women and girls in Northeast Nigeria was developed. In addition, the guideline contains standard kits for different target groups. **10,964 women and girls of reproductive age group living in camps in Borno, Yobe and Adamawa States benefited from the distribution of sanitary materials as part of the emergency response.** The kits comprised of basic necessities that displaced women and girls require to maintain feminine hygiene, dignity and respect in their daily lives, as well as other items aiming at reinforcing their protection (solar lights).

GBV Sub Sector Working Group:

- **UNHCR in collaboration with the GBV SSWG finalized and operationalized the Terms of Reference for SGBV focal persons.** This approach continues to facilitate formal representation at sectoral levels and strengthen SGBV SSWG capacity to effectively coordinate and integrate GBV/SEA in the delivery of multi-sectoral response. UNHCR in collaboration with OCHA developed easy to use mainstreaming tools for shelter/CCCM/NFI, food distribution, education and health, this initiative promoted coherent, comprehensive and coordinated responses to SGBV and facilitated flow of information between the GBV SWG and other sectors.
- Within the framework of the GBV Sub Sector Working Group, the PSEA In-Country Network was launched and focal points trained on PSEA as well as their roles and responsibilities. The Office conducted Focus Group Discussion (FGDs) sessions with selected IDPs including men, women, elderly and persons with disability in Bakassi and Muna Garage camps. The FDG sessions focused on seeking displaced persons views on protection risks facing women and girls and reporting of incidents in view of setting up Community Based Complaint/Reporting mechanisms to enhance reporting of misconduct as well as SEA related complaints and allegations.
- **Significant progress was made towards enhancing mechanisms to address SEA related complaints.** These included the development and operationalization of the internal PSEA SOPs and support tool (checklist of action plans and guidance note on developing community based complaint mechanisms and development of IEC materials.
- **Psychosocial support services (PSS) are under-resourced** and psychosocial support personnel do not have access to professional education, resulting in a highly inadequate psychosocial work force in the newly accessible areas. UNHCR in collaboration with UNFPA and the Health Sector Working Group (HSWG), rolled-out on the special procedures for medical care referral and coverage (100%) for SGBV survivors through public and private health facilities in Maiduguri Metropolitan City (MMC) and Jere. This approach improved access to medical care for SGBV survivors in a timely manner.

Constraints

- Delayed signing of the partnership agreement negatively impacted on the implementation of 2017 planned activities.
- High staff turnover among NGOs affected the integration and continuity of activities
- Limited SGBV programs including services targeting IDPs living in host communities.
- High poverty levels among IDPs coupled with limited access to economic empowerment opportunities.
- Weak implementation of national laws coupled with limited capacity of state governments and humanitarian agencies to provide legal services to survivors and vulnerable women and girls.
- Inadequate lighting and physical infrastructures.
- Discrimination against women and children formerly associated with BH.

Unmet needs

- Limited access to livelihood opportunities for women and adolescent girls at risk.
- Limited linkages between SGBV programs and mental health.
- Limited access to education programs.
- Lack of cooking fuel and energy solutions.
- Limited capacities of national organizations, partners and government institutions to effectively prevent and respond to SGBV including the provision of specialized services for male survivors.
- Lack of legal services and medical care in newly accessible LGAs.

SGBV Response

Response Type

Progress Jan - October 2017

# of partner, government and UNHCR staff trained on SGBV prevention and response	476
# of PoC trained on SGBV prevention and response	3,339
# of Military, Police and CJTF trained	210
# of awareness raising campaigns on SGBV prevention and response conducted	104
# of people reached through awareness raising campaigns on SGBV prevention	26,400
# of community-based committees/ groups working on SGBV prevention and response	15
# of survivors benefiting from Case Management	1,639
# of reported SGBV incidents for which survivors receive psychosocial counselling	560
# of reported SGBV incidents for which survivors are provided with a safe shelter (CBI)	15
# of individuals accessing support services within static and mobile safe centers	3,155
# of women safe spaces established	2
# of women and girls provided with sanitary and dignity kits	10,964
# of SGBV survivors and those at risks supported/ accessing livelihood programmes.	608
# of formerly abducted women and girls provided PSS and material assistance	2,637
# of SGBV survivors accessing legal services (legal counselling and court representation)	226
# of perpetrators arrested and undergoing trial	109
# of perpetrators convicted	58

Protection monitor sits in the UNHCR Protection Desk in Dalori 1 Camp reviewing referral form follow ups. © UNHCR S.Goren



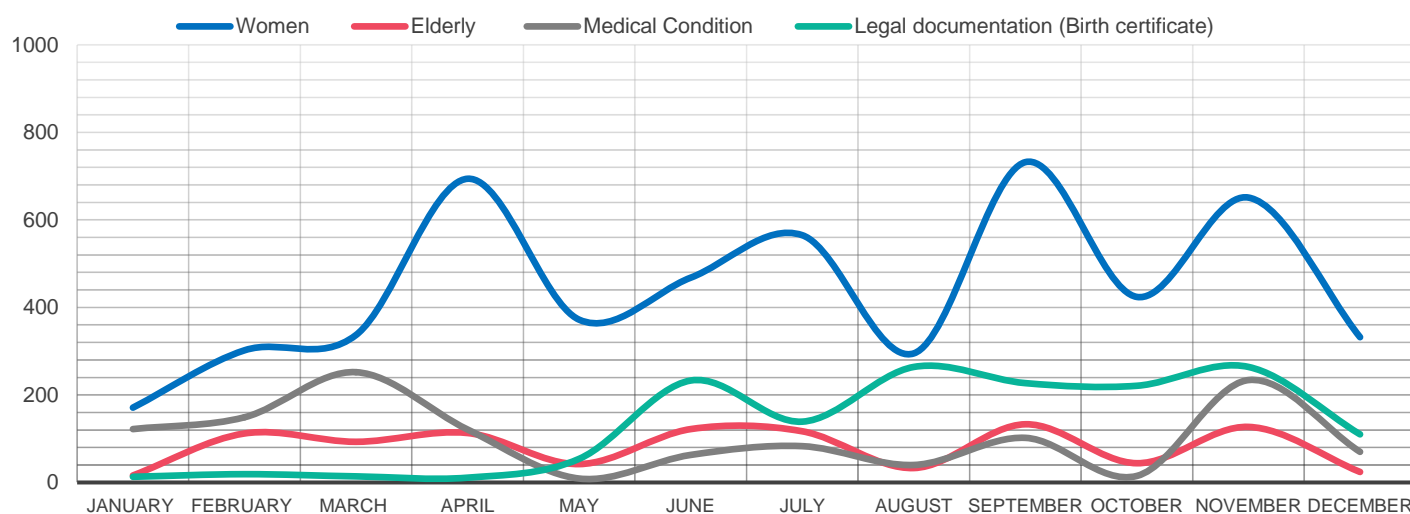
PROTECTION MONITORING

Is conducted at two levels – individual level and community level. Protection monitoring primarily focuses on collecting, verifying, and analysing information in order to identify human rights violations and protection risks encountered by IDPs, refugee returnees and other affected populations.

19,421 individual cases were documented in 2017. LGAs became more accessible from the second half of 2017 hence the increased number of case identification and protection intervention.

Main protection issues identified in 2017 were:

- Out of school children
- Child labour
- Female headed households due to the fact that husbands have either disappeared, been killed or been afraid to return to safe areas.
- SGBV: Forced marriage is the highest protection concern followed by, domestic violence, survival sex and rape. Maiduguri and Bama LGAs in Borno State, Damaturu in Yobe and Yola and Mubi in Adamawa State, reported the highest number of cases related to survival sex and force marriages. In many LGAs, there are limited services to respond to SGBV cases, especially health and legal response. Psycho-social support is ongoing in some locations but to a minimum level due to resource limitation including human and financial resources among other reasons. With the liberation of more LGAs and the gradual movement of humanitarian agencies to the liberated LGAs, response to individual SGBV cases is likely to improve.
- Lack of legal documentation
- Release from abduction: **1% (425 HHs)** of vulnerable households report to have been released from abduction by Boko Haram, with the highest numbers reported in Gwoza (88 HHs), Damboa (86 HHs) and Michika (85 HHs). Fear of BH attack and abductions were other concerns raised in these locations.
- Livelihood opportunities are increasing getting scarce and negative coping mechanisms being adapted by the displaced population are exposing them to further protection risks. This is made worse by the encampment policy in many LGAs of Borno State resulting in lack of freedom of movement, thereby, many displaced persons being unable to access farm land.
- Elderly persons represent 20% of those profiled and have become solely dependent on humanitarian aid. Their inability to cater for themselves and at times their younger dependants, further exposes them and their dependents to multiple protection risk as they.



Partners Presence

Number of LGAs covered by
UNHCR Protection
Monitoring Partners

NHRC	135
IPCR	81
NBA	27
AUN	10
FHI	6
AIPD	6
SAHEI	5
GISCOR	5
CCEPI	5
IRC	2
NRC	1
INTERSOSS	1

