Humanitarian profile

Source: [DTM 24/08/2018](https://displacement.iom.int/nigeria)

Data from the DTM shows that a total of 1.9 million people are displaced as of late August. Of these, the majority are (1.2 million) are in host communities. The remaining 767,500 IDPs are spread across 286 sites in five states in the northeast. 237 of IDP sites are informal camps in which around 522,000 people reside. 237 sites are in Borno, Yobe, and Adamawa states, where Boko Haram presence remains. 54% of all IDPs are female, and 8% are nursing mothers. A further 1.6 million IDPs have returned to their places of origin across the five states ([DTM 24/08/2018](https://displacement.iom.int/nigeria)).

Of the affected population in the northeast, 23% are women and girls of reproductive age, who need access to reproductive and health services. According to the Multi Sectoral Needs Assessment (MSNA) carried out in August with a sample of over 10,000 household surveys among IDPs, IDP returnees, and host communities, there are approximately 16.2% female headed households. However, this percentage is higher in some LGAs, for example in Maiduguri (approximately 40%), and Jere (34%), Borno state (MSNA 08/2018).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ADAMAWA** | **BORNO** | **YOBE** |
| **M** | **F** | **M** | **F** | **M** | **F** |
| Infant <1 | 4,100 | 4,900 | 40,600 | 48,200 | 6,200 | 8,100 |
| Children 1–5 | 14,800 | 17,800 | 122,000 | 148,000 | 11,700 | 15,000 |
| Children 6–17 | 26,000 | 29,500 | 199,000 | 238,000 | 16,300 | 20,400 |
| Adults 18–59 | 37,500 | 41,300 | 266,000 | 329,800 | 21,600 | 30,500 |
| Older people 60+ | 3,700 | 4,200 | 23,100 | 27,600 | 3,300 | 4,400 |
| Total | 86,100 | 97,700 | 650,700 | 791,600 | 59,100 | 78,400 |

Stakeholders

**Boko Haram:** Boko Haram (“Western education is forbidden”) is leading an insurgency to create an Islamic state in the predominantly Muslim regions of northeastern Nigeria. It originally acted as a reactionary Wahhabi-Islamic, anti-government preaching group in 2002 when it was founded by Mohammed Yusuf. The group started by opposing underdevelopment, poverty, and western education. It launched military operations to create an Islamic state in Nigeria in 2009 (BBC 24/11/2016). Boko Haram divided into two, with Abu Musab al Barnawi named leader of the Islamic State affiliated wing in 2016. The former leader Abubakar Shekau maintained control of the other part of the group, said to be operating from the Sambisa Forest. Al Barnawi has since been arrested and is facing charges at the Federal High Court (Vanguard 14/03/2017). The group is said to have an extensive network of sleeper cells and continues to carry out attacks (Daily Post 14/01/2017; Premium Times 22/08/2016). ([ACAPS 04/2017](https://www.acaps.org/sites/acaps/files/products/files/20170412_acaps_briefing_note_nigeria_food_security_and_nutrition.pdf)).

**Nigerian Army:** The Nigerian government declared a state of emergency in Adamawa, Borno and Yobe states in 2015. Since then, the military operation, Lafiya Dole (Peace by Force) has regained control of territories in the northeast (Vanguard 21/07/2015; Nigerian Army 07/03/2017). Amnesty International has accused the military of human rights abuses in its operations (Amnesty International 16/05/2016). The army has denied these allegations ([ACAPS 04/2017](https://www.acaps.org/sites/acaps/files/products/files/20170412_acaps_briefing_note_nigeria_food_security_and_nutrition.pdf)).

**The Civilian Joint Task Force (CJTF):** While not having any official rank within the army, the CJTF, formed in 2013, has increasingly supported the efforts of the military to combat BH. It is said to have over 26,000 volunteers in its ranks. While sometimes fighting alongside the military, they often man checkpoints on roads and IDP camps. They also compliment security activities at mosques, churches, and other public places (The Economist 1/10/2016; [ACAPS 04/2017](https://www.acaps.org/sites/acaps/files/products/files/20170412_acaps_briefing_note_nigeria_food_security_and_nutrition.pdf))

Gender roles and responsibilities

Men are traditional decisionmakers in the household and responsible for income-generating activities. However, with more men and boys killed in the conflict, more female-headed households have emerged, expanding the authority of women in the household.

**Control of resources:** Traditionally men control resources and decide how finances are spend. Women can exercise influence over spending of resources regarding education, daily domestic expenses, or daily groceries, and have access to them. However, women do not control resources. Boys and girls are dependent on their parents for resources ([CARE 31/01/2018b](https://www.dropbox.com/sh/muz599643fgx8h3/AABXrwwXGZRtIUYAHGRbfJQja/CARE/Banki_Pulka_Rann_January%202018.pdf?dl=0)).

**Division of (domestic) labour:** Traditionally, domestic labour tends to be the responsibility of women and girls both among the displaced population and in host communities. These responsibilities include cooking, cleaning, taking care of children and other family members, collecting water, and fetching firewood. Men are seen as breadwinners and jobs include cattle and livestock rearing, trade, and food production.

However, due to insecurity, the task of firewood collection has increasingly shifted to becoming the duty of men and boys. As men and boys were killed in conflict, women and girls have become heads of households, meaning they have increasingly had to take on income generating activities traditionally done by men ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)).

**Decision making in household:** Traditionally men are decisionmakers in the family. Women however do exert influence over decisions such as those on children’s education and upbringing, family events, and day-to-day expenditures. Men are the main decisionmakers on the freedom of movement of women. In an assessment in Yobe, 80% of respondents indicated women are considered weaker than men, and therefore men hold the power ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)).

**Freedom of movement:** Women and girls traditionally seek the permission of their husbands and fathers for their movement. This includes visits to other relatives, health services, etc. In addition, girls who are engaged to be married are not expected to remain indoors until marriage. Women and girls tend not to be seen outside without accompanying male relatives and therefore frequent markets less. Women and girls are less involved in business opportunities at markets as they cannot move freely; particularly when they are married. Older women, widows, single women, and women from poor backgrounds sometimes pursue business opportunities at markets ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)[; IRC 2016](https://www.dropbox.com/sh/muz599643fgx8h3/AACLhmyjoBfolsfMaq8lPVd2a/IRC/Konduga%20Rapid%20Assessment%20Report-September%202016_v3.docx?dl=0)).

Women and girls may also self-impose restrictions on their freedom of movement, particularly when they want to avoid being at risk of GBV. Women and girls have reported restricting their movement at night, or avoiding going out of their homes out of fear for being sexually assaulted. This restricts their access to community life ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)).

**Participation:** Traditionally, men participate in authoritative bodies such as community-level leadership positions, religious authorities or elders. Women have less of a voice in leadership at community level ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). In IDP sites, community structures have been set up to represent the voices of IDPs in decision-making committees. Representation of the community at camp level includes both men and women, yet women reportedly remain underrepresented compared to men. There are various groups community-based organizations at camp level that include female representation ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0); [CARE 31/01/2018b](https://www.dropbox.com/sh/muz599643fgx8h3/AABXrwwXGZRtIUYAHGRbfJQja/CARE/Banki_Pulka_Rann_January%202018.pdf?dl=0)).

Key figures

|  |  |  |  |
| --- | --- | --- | --- |
| State | Adamawa | Borno | Yobe |
| Maternal mortality rate? | /100,000 | /100,000 | /100,000 |
| U5M | 84/1,000 | 82/1,000 | 102/1,0000 |
| Child mortality rate | 37/1,000 | 42/1,000 | 41/1,000 |
| Literacy rate women (15–24) | 50.6% | 56.4% | 28.3% |
| Literacy rate men (15–24) | 74.3% | 60.3% | 42.7% |
| Households using wood for fuel | 90.4% | 62.4% | 94.3% |
| Contraception prevalence rate | 9.1% | 5.8% | 3.5% |

Source: [UNICEF MICS 2016–17](https://www.unicef.org/nigeria/NG_publications_mics_201617feb2018.pdf)

Community perceptions

**Community and GBV:** Sexual violence is perceived as a shameful act that brings disgrace upon survivors and their families. This often leads to stigmatization of the survivor. Child survivors tend to be cared for, while older girls and females are seen as partly responsible for what happened to them. Girl survivors may be excluded from marriage while married women can have to go through divorce as a result of surviving sexual violence. The fear of this happening can lead to underreporting of GBV incidents ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)).

Though large-scale assessments looking at GBV do not exist, evidence suggests that not all forms of GBV are understood or recognized as such. For example, an assessment in late 2017 in several LGAs in Borno found that 53% of respondents understood physical violence is a form of GBV. These percentages were 45% for verbal abuse and 30% for harmful practices. When it came to emotional and economic violence, only 20% and 10% of respondents showed knowledge or understanding on those issues. Participants in the survey indicated that physical violence (69%), sexual abuse (39%) and verbal abuse (35%) were the most commonly experienced forms of GBV by themselves, their relatives or peers in the community ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)).

When it comes to domestic violence, both men and women may feel that the husband is justified to beat his wife in certain instances. For example, an estimated 56% of men in Borno think they are justified in beating their wife, whereas approximately 49% of women in Yobe think that their husbands are allowed to beat them.

|  |  |  |  |
| --- | --- | --- | --- |
| State | Adamawa | Borno | Yobe |
| Male | 21.8% | 55.6% | 48.9% |
| Female | 35.4% | 18.5% | 20% |

Percentage of men and women who think a husband is justified in beating his wife when the wife does one of the following: burning food, refusing sex, arguing with husband, going out without telling the husband, neglecting the children. Source: [UNICEF MICS 2016–17](https://www.unicef.org/nigeria/NG_publications_mics_201617feb2018.pdf)

Justice and reporting

In an assessment in Borno, 42% of respondents indicated that they rather not report an incident of GBV and keep it to themselves. Only 17% of respondents indicated that reporting incidents of GBV was effective. Other assessments indicate that the distinction of physical and sexual abuse is evident in non-reporting. While physical abuse may sometimes be addressed by community leaders, incidents of sexual violence are more stigamatized ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)[; IRC 2016](https://www.dropbox.com/sh/muz599643fgx8h3/AACLhmyjoBfolsfMaq8lPVd2a/IRC/Konduga%20Rapid%20Assessment%20Report-September%202016_v3.docx?dl=0)). When an incident of GBV is disclosed, perpetrators of the act will be identified and can be reported to local authorities. ‘Bulama’, community chiefs, are often the first point of entry, and may try settle the case traditionally. This means that perpetrators go free, especially if they are influential. Perpetrators of male-on-male are often resolved this way. A Bulama can also ask the parents of the survivor to be patient, or together with the parents ask the perpetrator to marry the survivor. Parents sometimes also settle cases in the interest of the perpetrator. Perpetrators can also be taken to the police and be tried in court and sentenced. However, perpetrators are not always punished, as jail sentences are minimal and perpetrators are released after a short time ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). A lack of a functional justice system or proper sentencing is thought to act as a deterrent to reporting GBV incidents to the police ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)). Courts in Maiduguri for example, are thought to have years’ worth of backlog ([New Internationalist 01/09/2018](https://newint.org/features/2018/09/01/boko-haram-peace-nigeria)). As the honour of a woman is seen as a family affair (see community and GBV), parents may be more inclined to marry off their GBV surviving daughters to their perpetrators.

Other assessments indicate that humanitarian workers are rarely seen as a point of entry to disclose incidents of GBV: Women in Yusufari and Yunusari (Yobe) reported seeking help at their community chief if they would experience an incident of GBV. In 2017, only 5% of people assessed indicated seeking the help of humanitarian actors ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). In an assessment in Borno, none of the participants indicated that they would contact humanitarian workers ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)). This indicates that GBV programmers may have to work on awareness raising for their programs and the types of aid that are accessible for GBV survivors.

GBV protection needs

According to DTM key informants, men feel safe in 98% of sites, and women and children feel safe in 98% of sites. However, these results may be tainted as the data is collected through a key informant interview, and most of the key informants are male. When taking into account other assessments that cover a smaller geographical area but are based on focus group discussions and with women, the number of women and girls reportedly feeling safe changes. In Mobbar and Kukawa LGA, Borno state, for example, 23% of respondents reported not feeling safe due to fear of rape or sexual harassment. A further 59% of respondents reported not feeling safe in their own houses, with 20% fearing being raped in their own home ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)).

Around 86% of respondents to the MSNA household survey (including IDPs, returnees, and host communities) in Adamawa, Borno, and Yobe, reported not having girls or women safe spaces in their vicinity. Of these, 19% were IDPs (MSNA 09/2018).

**Gender based violence reports (GBVIMS):** The following are GBV incidents that were reported. As reporting is incomplete, this does not imply prevalence. Women reported the majority (99.0%) of GBV incidents from January–March 2018. Minors reported 21.3% of cases, the remainder of reports were done by adults. Unaccompanied or separated children reported 15.5% of GBV incidents reported by minors.

19.7% of reported GBV cases were sexual violence, of those 88% were reported as ‘rape’. In 57.1% of reported incidents of rape, reports of the incident were only made after 1 month, while in only 24.7% of incidents were cases of rape reported between 0-3 days. The results suggest that in at least 75% of reported rape cases reported, survivors did not access immediate medical treatment within 72 hours which would have allowed administration of post-exposure prophylaxis (PEP) for HIV as well as receipt of treatment to heal injuries, administration of medication to prevent and/or treat infections and prevent unwanted pregnancies.

Approximately 30% of the reported GBV cases was physical assault, 22.9% was psychological or emotional abuse, and 21.4% of reported incidents- denial of resources. Less than 10% of the reported GBV incidents were forced marriage. 65.0% of the reported GBV incidents occurred in the context of intimate partner violence. The second highest reported context in which GBV occurred was child sexual abuse; in 13.8% of reported GBV incidents.

**Gender based violence:** The crisis in northeast Nigeria has affected women and girls in numerous ways. Directly targeted by BH, women and girls are used as person-borne improvised explosive devices (PBIED); in over 50% of attacks in the Lake Chad basin from 2011 – 2017, women were perpetrators. Insurgency groups abduct women and girls in order to use them as suicide bombers; since 2013 at least 4,000 women and girls have been abducted. Those who are freed from the hands of BH need psychosocial support and other help reintegrating, as they may have been indoctrinated to carry out the insurgents’ ideals. In addition, the community is often fearful of freed women and girls when they return, leading to stigmatization and ostracization, hampering successful reintegration ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0); [Plan International 09/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AAAxg4zaEurpojP0G5R6PucMa/Plan/NGA-Child_Protection_and_Education_Needs_Assesment_Borno_and_Adamawa_State_Plan_International-Final-IO-Eng-Sept2017%20%2800000002%29.pdf?dl=0)). Other forms of GBV occurring at the hands of armed groups or military in the northeast are abduction, trafficking, sexual exploitation and abuse, forced marriage, forced enlisting into armed groups, and rape ([New Internationalist 01/09/2018](https://newint.org/features/2018/09/01/boko-haram-peace-nigeria)).

Incidents of GBV that are not carried out by insurgent groups or military, are also widespread. When it comes to physical violence, sexual violence, and verbal abuse, 83% of respondents to a survey in several LGAs in Borno indicated these happened in their household, either often (44%) or quite often (39%). In the household, the violence would be perpetrated against themselves, the daughters, or other children. Main perpetrators of GBV were husbands (66%) and boyfriends (37%) ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)). In addition, 40% of respondents in an assessment in Yobe indicated that violence against women and girls takes place at home. This indicates that domestic violence is widespread, and difficult to identify for humanitarian workers, as culturally men may feel like they have the right to treat their wives according to how they see fit ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)).

**Forced and early marriage:** Forced and early marriage has been identified as an increased coping mechanism as a result of the conflict ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). Child marriage in Nigeria generally is widespread as approximately 44% of women aged 20–49 were wed before the age of 18. Similarly, this is at 56% in Borno and 62% in Yobe ([UNICEF MICS 2016–17](https://www.unicef.org/nigeria/NG_publications_mics_201617feb2018.pdf)). Parents have indicated using early marriage as a coping mechanism to protect a girls honour, marrying their children off without receiving dowry in order to protect their honour against the widespread sexual violence perpetrated by armed groups. Girls have also indicated that the fear for sexual assault or early pregnancy is a reason to get married early ([Plan International 09/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AAAxg4zaEurpojP0G5R6PucMa/Plan/NGA-Child_Protection_and_Education_Needs_Assesment_Borno_and_Adamawa_State_Plan_International-Final-IO-Eng-Sept2017%20%2800000002%29.pdf?dl=0)).

**Sexual exploitation and abuse:** Several IDP camps are difficult to access and camp management is administered by the military or members of the Civilian Joint Task Force. Various reports have indicated that sexual exploitation and abuse is widespread, as women are forced to have sex and are raped in order to obtain food and other distribution items. “Screenings” that sometimes take place in order for new IDPs to access camps come with abuse as women need to strip down or are sexually exploited in order to gain access ([Amnesty International 24/05/2018](https://www.amnesty.org/en/documents/afr44/8415/2018/en/)). The military has denied the claims.

**Coping mechanisms:** Prostitution and survival sex existed prior to the insurgency, particularly at border towns where women would cross into Cameroon, Niger or Chad, where they would be unknown to the community ([CARE 31/01/2018b](https://www.dropbox.com/sh/muz599643fgx8h3/AABXrwwXGZRtIUYAHGRbfJQja/CARE/Banki_Pulka_Rann_January%202018.pdf?dl=0)). With limited access to income-generating activities for IDPs in insecure areas (see Livelihoods), women and girls have reportedly increasingly reverted to survival sex as a coping mechanism ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). Though the extent to which women and girls engage in survival sex is unknown, several assessments highlight that participants in focus group discussions indicate that this is a regular occurrence. In addition, the rate of survival sex and engagement in prostitution may have increased due to the presence of more soldiers in communities ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)). In addition, in some assessments it is noted that IDPs have to resort to survival sex in camps in order to receive distribution items ([CARE 31/01/2018b](https://www.dropbox.com/sh/muz599643fgx8h3/AABXrwwXGZRtIUYAHGRbfJQja/CARE/Banki_Pulka_Rann_January%202018.pdf?dl=0)). It should be noted that women, boys and girls who engage in survival sex are at a higher risk of sexual exploitation and abuse.

**Trafficking:** Reported/observed incidents of people being offered to work/study/marry elsewhere – was it reported pre-crisis?

**Substance abuse** is a known contributor to GBV. In Maiduguri and surrounding areas, the abuse of several types of drugs is present. Due to violence and loss of livelihoods, the use of Tramadol is thought to have increased. Tramadol is a prescription painkiller, but is mostly sold freely without prescription. The drug is reportedly being used by fighters both in vigilante groups and BH, as well as by IDPs. Other frequently occurring addictions in the northeast are those to codeine cough syrup ([BBC 01/06/2018](https://www.bbc.co.uk/news/world-africa-44306086); [BBC 01/05/2018](https://www.bbc.com/news/world-africa-43961738)).

Intersectoral GBV mainstreaming

**Food security:** Food assistance is targeted at all family members, cash assistance is often aimed at women. It should be noted that men who have several wives and receive food assistance may deny resources to certain wives (e.g. the oldest wives, the least favorite, etc.). In addition, competition may exist between wives. Generally, polygyny is high in the three states: 43.7% in Adamawa, 42.1% in Borno, and 47.6% in Yobe ([UNICEF MICS 2016–17](https://www.unicef.org/nigeria/NG_publications_mics_201617feb2018.pdf)).

IDPs in informal settlements have less limited and frequent access to food distributions ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)a). According to 73% of key informants in IDP sites in the northeast, food remains the largest unmet need ([DTM 24/08/2018](https://displacement.iom.int/nigeria)).

Cash assistance is often aimed at women ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). This can lead to struggles and tensions as men are traditionally in control of resources. Frustrations over the changed dynamics within the households can lead to instances of domestic violence.

**Livelihoods:** Farming and livestock rearing are traditionally area of income for host communities and IDPs, yet 53% of IDPs reported not being able to cultivate crops in 2017 due to insecurity. This also limits households’ access to cash ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)a).

Cattle rearing was another mentioned source of income; for those situated in areas where Boko Haram is still present, such as land surrounding Banki (Bama LGA), Borno state, people do not have access to their lands as it is either insecure or taken under military control ([CARE 31/01/2018b](https://www.dropbox.com/sh/muz599643fgx8h3/AABXrwwXGZRtIUYAHGRbfJQja/CARE/Banki_Pulka_Rann_January%202018.pdf?dl=0)).

Cross-border trading took place especially in towns closely situated to the Cameroon border, such as Pulka and Banki. Men, but also women engaged in trading and sales. Due to the insurgency, many have lost assets and are unable to trade. Added to this is the insecurity in the area, which makes it difficult to trade over far distances and contributes to a loss of livelihoods ([CARE 31/01/2018b](https://www.dropbox.com/sh/muz599643fgx8h3/AABXrwwXGZRtIUYAHGRbfJQja/CARE/Banki_Pulka_Rann_January%202018.pdf?dl=0)).

Poverty and a lack of access to sufficient livelihoods has been mentioned by women as a reason for frustration for men and boys. They believe their increased frustration over such issues increases their anger and incidents of GBV ([Intersos 12/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AACNMtZRmLnC2RGF3f4Wmf5Ua/Intersos/MSNA%20-%20GBV%20Annex%20I%20-%20Assessment%20Report.pdf?dl=0)).

Women and girls are at risk of sexual harassment and violence when collecting firewood, a traditional domestic task for them. In an assessment in Yobe, 21% of respondents indicated that women and girls faced sexual harassment when collecting firewood. The lack of access to fuel therefore increases the risk of GBV ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)).

**Water, sanitation and hygiene:** Approximately 18% of key informants indicated that water sources are located off the site. This means that women and girls, who are traditionally responsible for fetching water, need to leave the premises to do so. A further 14% of key informants indicated that it takes more than ten minutes to walk to the water source off site ([DTM 24/08/2018](https://displacement.iom.int/nigeria)). This increases the risk of GBV for women and girls, as they may be harassed or attacked on their way.

Are latrines gender segregated? Do latrines have sufficient lighting? Are there sufficient locks? Is it safe for women and girls or small children to access latrines? Are there any access issues for latrines/WASH facilities? Are men loitering at WASH facilities at night? What are consequences of any unsafe access (eg restricting food intake)? Are latrines/WASH facilities gender segregaated? Are the facilities protected enough for women/girls to feel safe to go there? Are they harassed on their way there?

Are there sufficient places for women and girls to dispose of their sanitary pads/other forms of menstrual hygiene? Are there bins in latrines for safe disposal? What do women use for menstrual hygiene/how do they dispose of it? Use of soap common? Sufficient places for women/girls to bathe privately?

**Health:** Access to health services? Expensive? Anonymous?

Sexual and reproductive health: knowledge on? Where do women prefer to give birth – are sufficient services available? Sufficient personnel that can communicate with population in need? Sufficient facilities and equipment? Age of reproduction? Knowledge on anticonception and do women have power to make own choices?

In the incidence of rape/sexual violence: what sexually transmitted diseases are prevalent? (eg a high prevalence of HIV? Or high prevalence of other sexually transmitted diseases in the population)? Does Clinical Management of Rape (CMR) exist? How is Clinical Management of Rape (CMR) arranged? (Unwanted) pregnancies increase? Increases in other health risks eg combination of sexual violence and lack of health services?

In an assessment in Yobe, respondents indicated that women should not have access to family planning services ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). There are limited health services available for GBV survivors in Yunusari and Yusufari.

**Shelter:** According to 6% of key informants in IDP sites in the northeast, shelter is the third-largest unmet need as of late August. Overall, overcrowding is mentioned as a problem in various assessments. According to the MSNA, 86% of respondents in Adamawa, Borno, and Yobe (including IDPs, returnees, and host community) indicate they share their shelter with more than one family. Of households sharing their shelters with more than one family, 24% are IDPs (MSNA 09/2018).

In addition to overcrowding (see CCCM), a very small number (0.44%) of key informants indicated that some households are living out in the open, though this was thought to be true for less than 25% of households in their location. However, it is important to pay attention to these households, as the GBV risks increase for people living in the open.

According to 12% of key informants in IDP sites in the northeast, NFIs are the second-largest unmet need ([DTM 24/08/2018](https://displacement.iom.int/nigeria)). Access to hygiene and dignity kits is very limited or non-existent at IDP camps ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). However, only a small number of key informants (0.02%) indicates the need for hygiene kits. This may also be explained by the fact that key informants are male and may have different priorities. According to the MSNA, around 95% of respondents do not have reusable sanitary pads to their disposal (MSNA 09/2018).

**CCCM:** In approximately 50% of sites (136) in Borno, Yobe, and Adamawa state, the space for individuals is at or below SPHERE standards ([DTM 24/08/2018](https://displacement.iom.int/nigeria)). The SPHERE standards set out that a minimum of 30m² is needed, if communal services are provided. If these communal services are not existent (e.g. hospitals, schools, graveyards, free space), the minimum space per person should be 45m². This is significant as overcrowding can not only impact physically (e.g. an accelerated spread of disease), mentally (e.g. a daily stressor on people), it also adds to a heightened risk of GBV. Other assessments found that IDPs complain about overcrowding in both host communities and IDP camps. In Yusufari and Yunifari, Yobe state, for example, 88% of IDPs in host communities reside in rental houses allocated by family and friends, where overcrowding is seen as an issue.

Are there enough services and if not what effect does that have on GBV? Is there enough signage/lighting in camp sites, if not what effect does that have? How is the site/camp designed, and what does this mean in terms of GBV?

Do camp managers know about referral pathways for GBV and has this been shared with all actors on site/camp?

How are governance structures set up? Are women equally represented in governance structures? Do women participate in any form of committee? How does that affect the life of women in a site?

How is safety and security arranged in a site/camp/settlement? Is there sufficient oversight? How is safety for women ensured?

**Nutrition:** Access to nutrition assistance for pregnant and lactating women is more limited and irregular at informal camps than at formal camps ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)).

What is available for pregnant/lactating women? Do women breastfeed? Is something other than breastfeeding being promoted?

Links between malnourished PLW/diarrhea and increased health concerns.

**Education:** As of August 2018, 2% of key informants in the DTM indicated children do not have access to education, as there are no facilities ([DTM 24/08/2018](https://displacement.iom.int/nigeria)). Yet, even with facilities, 17% of key informants indicated that only between 1–24% of the children at the site attend the school. 37% of key informants indicated that the percentage of children attending schools at their sites was higher, at around 25– 49%. High costs are associated with a low attendance rate. The school attendance of girls was not assessed; male key informants may not constitute the best source of information as to assess whether girls are not attending school as a result of marrying early, cultural restrictions, etc. Other assessments show that boys and girls both go to Islamic school, and women may sometimes pursue Islamic studies at home. However, girls tend to drop out of education in secondary school as they get married. Married girls also indicated needing permission from their husbands in order to continue education. Education for girls could also be seen as less important, as girls leave the family once they marry their husbands; therefore investment in boys can be seen as more beneficial to the family ([Plan International 09/2017](https://www.dropbox.com/sh/muz599643fgx8h3/AAAxg4zaEurpojP0G5R6PucMa/Plan/NGA-Child_Protection_and_Education_Needs_Assesment_Borno_and_Adamawa_State_Plan_International-Final-IO-Eng-Sept2017%20%2800000002%29.pdf?dl=0); [CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). Underlying data shows that girls can sometimes be at a disadvantage when it comes to education: of all children of primary school age who were out of school in Borno, over 70% were girls ([UNICEF MICS 2016–17](https://www.unicef.org/nigeria/NG_publications_mics_201617feb2018.pdf)).

15% of respondents in assessment in Yobe indicated that boys and girls face GBV risks on the way to or from school ([CARE 01/31/2018](https://www.dropbox.com/sh/muz599643fgx8h3/AABnD7tFTDhEJubJv9tvzXk7a/CARE/Yusufari_Yunusari_January%202018.pdf?dl=0)). Next to impending on children’s physical and psychological wellbeing, this may also may act as a deterrent for parents to send their children to school.

Information gaps and needs

* No information on protection and GBV risks at night
* The extent to which women and girls engage in survival sex as a coping mechanism
* The extent to which trafficking occurs
* No reports on sexual and reproductive health needs of women
* Limited data on types of governance structures in camps and the extent of women’s participation
* Limited data on the different forms of GBV taking place
* Lack of assessments with focus group discussions that represent women’s voices regarding GBV and protection issues.
* Lack of information on the inaccessible areas for both host communities and IDP sites
* Under-reporting of gender based violence and sexual exploitation as a result of widespread stigmatisation and cultural taboos due to patriarchal cultural norms and socioeconomic inequalities that undermine the role of women
* The extent and scale of sexual violence perpetrated against men and boys
* No focus group discussions capturing the communities view regarding GBV
* A lack of data on proxy indicators of risk of GBV, such as locks at latrines, adequate lighting at latrines, privacy in shelter, substance abuse, etc.

Limitations

This short document has been made based on a review that took place over the course of two days. This means more information is likely available that has not been put in the review. The DTM has been used as a source of data, readers should note that this assessment is done by interviewing (male) key informants, and does not constitute a representative sample or sufficient female representation.

In-depth data on GBV remains sparse.