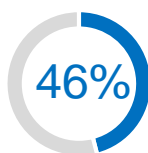


NIGERIA: NEWLY ACCESSIBLE SITES IN BORNO

VULNERABILITY SCREENING REPORT

ROUND III | NOVEMBER 2016

BAM-COPI
CCEPI
G-CASI
SAHEI



OF INTERNALLY DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES HAVE PROTECTION RISKS AND NEEDS

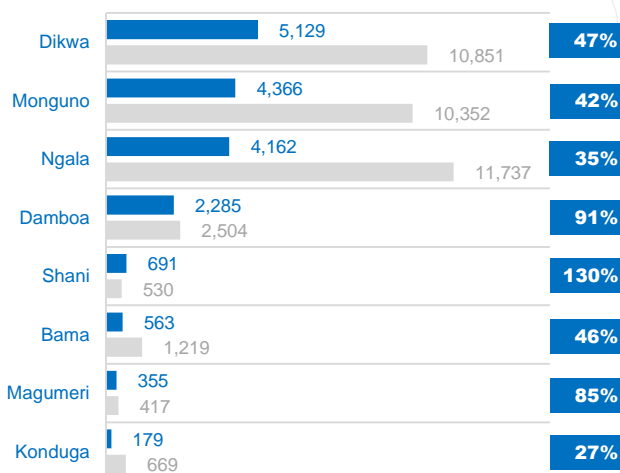


17,730

VULNERABLE DISPLACED HOUSEHOLDS
COMPRISED OF **108,065** INDIVIDUALS

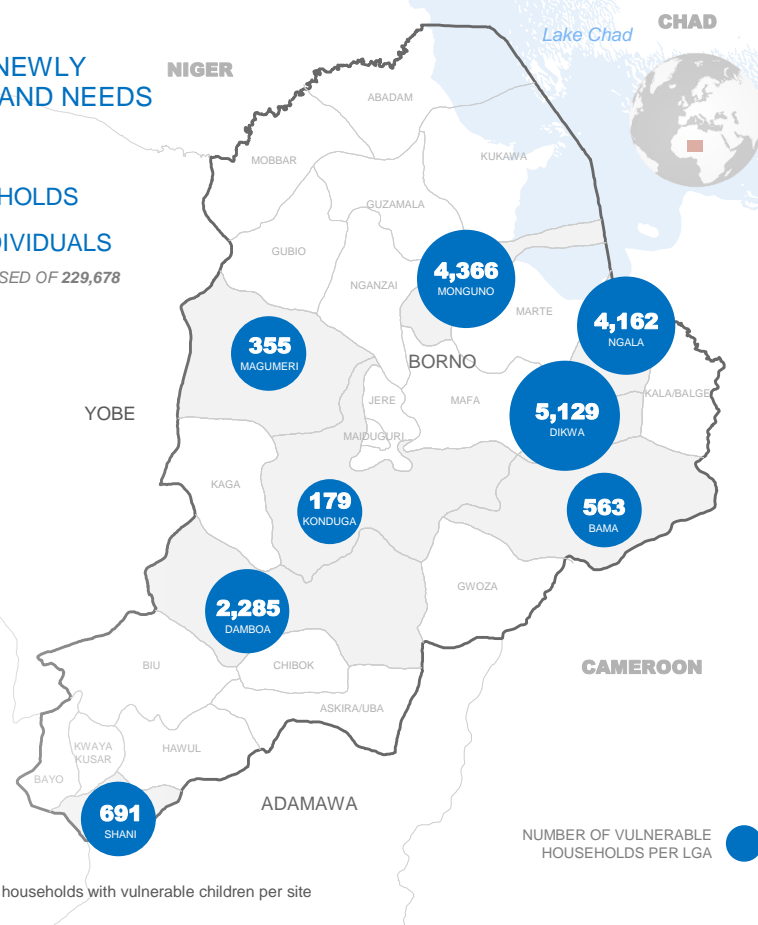
OUT OF 38,279 DISPLACED HOUSEHOLDS COMPRISED OF 229,678 INDIVIDUALS IN NEWLY ACCESSIBLE SITES

BREAKDOWN PER NEWLY ACCESSIBLE SITE



■ # of vulnerable displaced households ■ Total # of displaced households per sites

■ % of displaced households with vulnerable children per site



NUMBER OF VULNERABLE HOUSEHOLDS PER LGA

SNAPSHOT IN NEWLY ACCESSIBLE SITES IN BORNO

Key Vulnerabilities

25% of displaced households (HHs) in newly accessible areas have children with specific protection needs

- **18%** of displaced HHs (6,848 HHs) have unaccompanied and separated children, of which **78%** have orphans who have lost both of their parents due to the conflict and **11%** are child-headed HHs
- **13%** of displaced HHs have children engaged in risky behaviors of hawking and begging

31% of displaced HHs in newly accessible sites have women and girls with specific protection needs

- **4%** of displaced HHs (1,581 HHs) report incidents or risks of sexual and gender-based violence
- **15%** of displaced HHs are female-headed, of which a high percentage (**44%**) are widows, **27%** are lactating and **6%** are pregnant
- **14%** of displaced households have lactating women/girls and **7%** have pregnant women/girls.

16% of displaced HHs have elderly with specific protection needs

- **11%** of displaced HHs are elderly-headed
- **5%** of displaced HHs have elderly who are unable to care for themselves on a daily basis

7% of displaced HHs report a serious medical condition

5% of displaced HHs report a physical disability and 1% report a mental disability

1% of displaced HHs report incidents of arbitrary arrest or imprisonment, with particularly high levels reported in Bama

Additional Protection Risks & Needs of Vulnerable Displaced Households

100% of vulnerable HHs lack sufficient livelihood

99% of vulnerable HHs lack legal documentation

53% of vulnerable HHs witnessed killing/physical violence

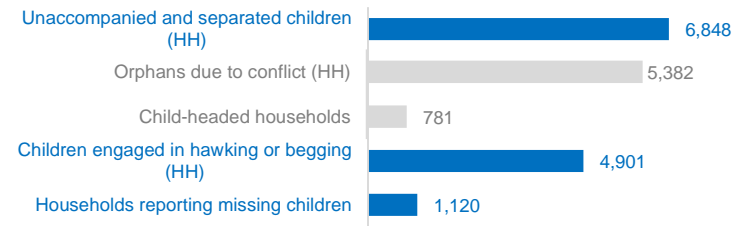
50% of vulnerable HHs experienced multiple displacement

50% of vulnerable HHs report recent security incidents in their displacement sites including tensions/hostility between IDPs and host community members, destruction of property, physical violence/abuse, tensions/hostility between IDP groups and incidents of drug sales/drug abuse

39% of vulnerable HHs witnessed/heard reports of mines/unexploded devices in their current displacement sites

KEY VULNERABILITIES AND PROTECTION NEEDS

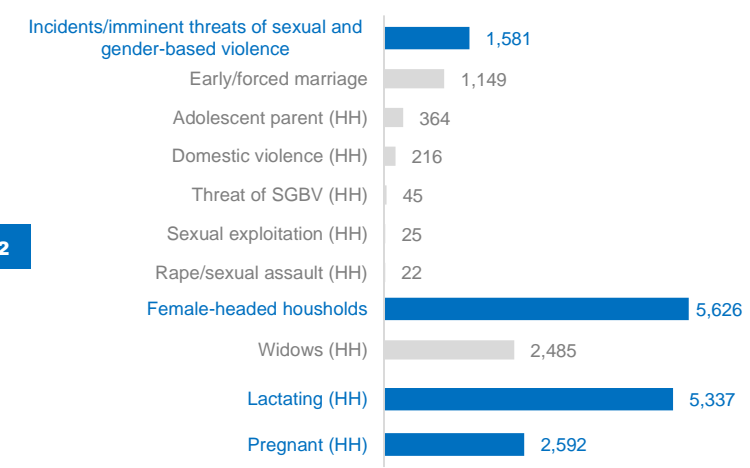
25% OF DISPLACED HHs HAVE CHILDREN WITH PROTECTION NEEDS (9,555 HHs)



In newly accessible sites, **25% (9,555 HHs)** of displaced HHs have children with protection needs. **18% (6,848 HHs)** of displaced HHs have unaccompanied or separated children (UASC), including **14% (5,382 HHs)** with orphans due to the conflict and **2% (781 HHs)** with child-headed households, **15% (4,891 HHs)** of displaced HHs have children hawking or begging and **3% (1,120 HHs)** displaced HHs report their child to be missing.

The greatest numbers of displaced HHs with vulnerable children are in Dikwa (**3,310 HHs**), Ngala (**1,994 HHs**), Damboa (**1,744 HHs**) and Monguno (**1,637 HHs**).

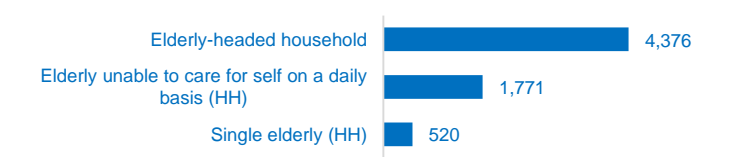
31% OF DISPLACED HHs HAVE WOMEN AND GIRLS WITH PROTECTION NEEDS (11,801 HHs)



31% (11,801 HHs) of displaced HHs have women and girls with protection needs, of which **4% (1,581 HHs)** of displaced HHs are survivors/at imminent risk of Sexual and Gender-Based Violence (SGBV) (including **1,149 HHs** with incidents of early/forced marriage, **364 HHs** with incidents of girls who are mothers, **216 HHs** reporting domestic violence/neglect, **45 HHs** reporting threat of SGBV incidents, **25 HHs** identifying sexual exploitation and **22 HHs** reporting rape), **15% (5,626 HHs)** of displaced HHs are female-headed households (including **2,485 HHs** widowed female-headed households) and **14% (5,337 HHs)** have lactating women/girls and **7% (2,592 HHs)** have pregnant women/girls.

The greatest numbers of HHs with vulnerable women/girls are Dikwa (**3,953 HHs**), Ngala (**2,378 HHs**), Monguno (**2,603 HHs**) and Damboa (**1,729 HHs**).

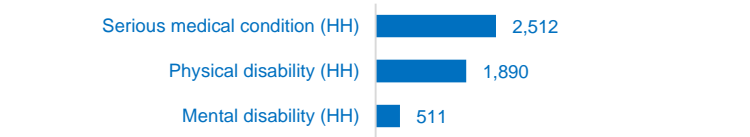
16% OF DISPLACED HHs HAVE ELDERLY WITH PROTECTION NEEDS (6,127 HHs)



11% (4,376 HHs) of displaced HHs in newly accessible sites are elderly-headed households, **5% (1,771 HHs)** have elderly who are unable to care of themselves on a daily basis and **1% (520 HHs)** have single vulnerable elderly.

Sites with the largest numbers of vulnerable elderly households are Monguno (**1,951 HHs**), Ngala (**1,764 HHs**), Dikwa (**1,202 HHs**) and Damboa (**593 HHs**).

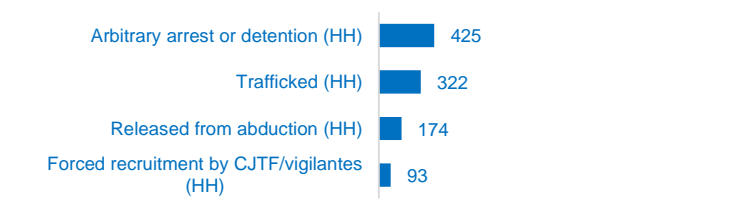
11% OF DISPLACED HHs REPORT SERIOUS MEDICAL CONDITIONS OR DISABILITIES (4,278 HHs)



Serious medical conditions or disabilities were reported by **11% (4,278 HHs)** of displaced households in newly accessible sites, including **7% (2,512 HHs)** reporting serious medical conditions, **5% (1,890 HHs)** identifying physical disabilities and **1% (322 HHs)** reporting mental disabilities.

The highest number of displaced HHs reporting serious medical conditions or disabilities are in Ngala (**1,605 HHs**), Dikwa (**1,228 HHs**) and Monguno (**1,017 HHs**).

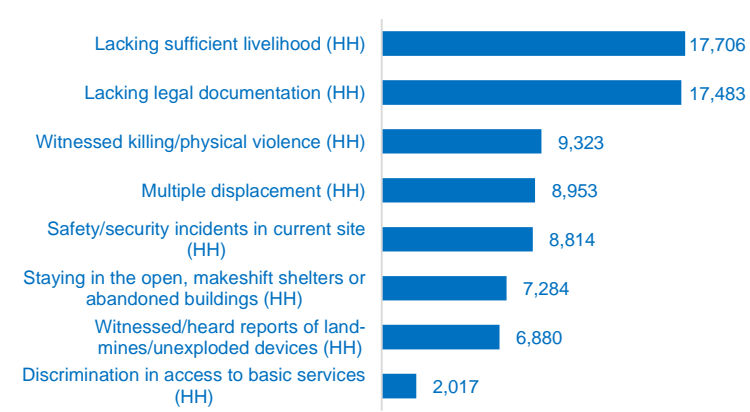
3% OF DISPLACED HHs HAVE OTHER SPECIFIC NEEDS (982 HHs)



In newly accessible sites, **3% (982 HHs)** of displaced HHs have other specific protection needs, including **1% (425 HHs)** reporting arbitrary arrest/detention, **1% (322 HHs)** reporting trafficking, **174 HHs** reporting to have been released from abduction and **93 HHs** reporting forced recruitment by CJTF/vigilantes.

The sites reporting the most HHs with such protection incidents are Dikwa (**469 HHs**), Bama (**233 HHs**) and Ngala (**169 HHs**), with Dikwa reporting the majority of trafficking cases (**303 HHs**), Bama reporting the greatest number of arbitrary arrest/detention (**211 HHs**) and Ngala reporting the most forced

100% OF VULNERABLE DISPLACED HHs HAVE ADDITIONAL PROTECTION NEEDS OR RISKS



100% (17,729 HHs) of vulnerable displaced households in newly accessible sites report additional protection risks or needs.

Of vulnerable displaced households, **100% (17,706 HHs)** report to lack sufficient livelihood, **99% (17,483 HHs)** report to lack legal documentation, **53% (9,323 HHs)** witnessed killing/physical violence, **50% (8,953 HHs)** report having been displaced multiple times, **50% (8,814 HHs)** report safety/security incidents in their current displacement site, **41% (7,284 HHs)** are staying in the open, makeshift shelter or abandoned buildings, **39% (6,880 HHs)** witnessed/heard reports of land mines/unexploded devices in their current sites and **11% (2,017 HHs)** experienced discrimination in access to basic services.

*Definitions of terms are provided in the following chapters.

OVERVIEW

Vulnerability Screening provides an assessment of the protection environment in areas of displacement to enable effective humanitarian planning and targeted assistance.¹ Round I of the vulnerability screening took place from November-December 2015, across all six North East States, reaching 17,534 vulnerable displaced households comprised of 128,511 individuals. Round II took place from March-April 2016, expanding upon the profiling of most vulnerable households conducted in Round I to further reach vulnerable households, particularly those in host communities in most affected areas of the six North East States.

Round III of the vulnerability screening was a targeted exercise conducted from September-October 2016 to identify and register households with critical levels of vulnerabilities in areas within Borno State that weren't able to be accessed previously by humanitarians. Round III expands upon the geographic locations conducted in Round II and therefore complements Round II findings (rather than superseding such report). This report compiles and analyses data from 17,730 vulnerable displaced households comprised of 108,065 individuals, out of a total of 38,279 displaced households in newly accessible sites screened, finding therefore that 46% of displaced households in newly accessible sites in Borno are vulnerable.²

PROFILES OF NEWLY ACCESSIBLE SITES

38,279 HHs TOTAL BASELINE OF IDP HHs IN NEWLY ACCESSIBLE SITES PROFILED
COMPRISED OF 229,678 IDPs

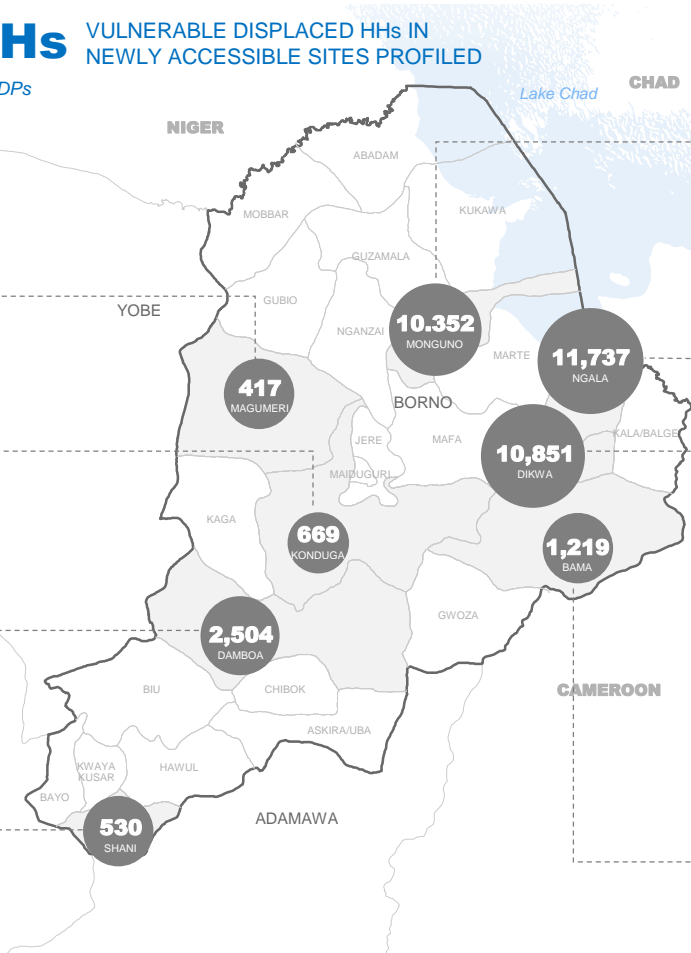
46% **17,730 HHs** VULNERABLE DISPLACED HHs IN NEWLY ACCESSIBLE SITES PROFILED
COMPRISED OF 108,065 IDPs

MAGUMERI
417 HHs/2,500 IDPs are in Magumeri communities, mainly from villages of Magumeri, Gubio, Kaga and Mobar LGAs.

KONDUGA
669 HHs/4,012 IDPs are in Konduga host community, originating from Konduga LGA.

DAMBOA
504 HHs/65,106 IDPs are in three camps in Damboa, from various villages within Damboa, Kaga and Konduga LGAs.

SHANI
530 HHs/3,182 IDPs are in the Shani host community, from Shani, Hawul, Biu and Damboa LGAs in Borno State; Gujba LGA in Yobe State; and Gombi and Hong LGAs in Adamawa State.



MONGUNO
The nine IDP camps in Monguno have a total of 10,352 HHs/62,112 IDPs who originate from Monguno, Marte, Kukawa and Baga LGAs.

NGALA
11,737 HHs/70,424 IDPs are within one camp and communities within Ngala, from Dikwa, Marte, Monguno, Karla Balge, Bama, Askira Uba LGAs.

DIKWA
Dikwa accommodates 10,851 HHs/65,106 IDPs in thirteen IDP camps and other satellite settlements, with IDPs originating from Mafa, Marte, Ngala and Bama LGAs. Relocation in Dikwa from the camp, which was in a flood-prone area, has been in process for over half a year.

BAMA
1,219 HHs/7,316 IDPs are in the Bama camp, originally from Bama LGA. Those IDPs from Banki and Konduga LGAs have been relocated by the military to the respective headquarter camps in their LGAs.

¹ The exercise builds upon displaced population data, such as the Displacement Tracking Matrix (DTM), to provide a detailed picture of vulnerabilities of internally displaced households.
² The following are the categories of vulnerabilities used for screening purposes: unaccompanied and separated children including orphans and child-headed households, households with missing children, child hawking/begging, early marriage, adolescent parent, female-headed households, pregnant, lactating, elderly unable to care for self on a daily basis, single vulnerable elderly, elderly-headed household, mental disability, physical disability, serious medical condition, trafficked, released from abduction, arbitrary arrest/detention and forced recruitment by CJTF/vigilantes.

METHODOLOGY

Overview: The screening was conducted by UNHCR in partnership with local NGOs BAM-COPI, CCEPI, G-CASI and SAHEI and jointly supervised by NEMA and SEMA, with additional humanitarian partners supporting the exercise at field level. NEMA and SEMA supervisors provided site figures of IDP locations to be screened before commencing the exercise in September 2016 (in harmonization with their work with the DTM), to ensure the baseline data of displaced in each IDP location screened. Taking into account cultural and religious practices, each team of screeners ensured the inclusion of women to ensure gender sensitivity in interviewing women and girls. All screeners and supervisors were provided with an intensive four-day training in core protection and humanitarian principles and profiling methodology of identification of persons with specific needs and were required to pass two separate short examinations in order to participate in the exercise. Due to the sensitive nature of the information collected at household/individual levels, all data collectors, supervisors and clerks were trained on the data collection and protection of sensitive information and signed an oath of confidentiality. During Round III, all data was collected on mobile devices using the programme Kobo Collect, with all questions provided in both English and Kanuri languages.

Geographic scope: Round III of the screening was a targeted exercise conducted exclusively in 8 newly accessible IDP sites (camps and communities) in Borno. Due to access constraints, the exercise was completed by local, community-based NGO partners under the supervision of NEMA/SEMA, under coaching, monitoring and direction of UNHCR.³ Screening sites in newly accessible areas were selected by taking into account areas with concentrations of IDPs (guided by NEMA/SEMA colleagues in line with the DTM), accessibility/security restrictions at the time of the exercise and presence of local NGO agencies with capacity to complete the exercise.

Screening methodology: In each site, a sensitization was first conducted with traditional and IDP leadership committees (ensuring an age, gender and diversity lens to committee membership) to describe the purpose of the exercise and secure their cooperation. Households were then identified for the screening as likely to have heightened vulnerabilities according to the following methodology: (a) screeners involved IDP leadership committees, asking them to identify the most vulnerable families in their communities according to enumerated criteria and fill out pre-screening tokens with details of the vulnerabilities; and (b) screeners identified IDPs with visible vulnerabilities (including elderly, disabled, sick, high number of young children, those staying in very poor shelters) in the community. For all households identified to likely have specific vulnerabilities, detailed interviews were conducted with the head of household and separately with female IDPs in the household. Screeners used a vulnerability assessment tool loaded onto mobile tablets to capture extensive information including details on categories of core vulnerabilities, additional protection risks and needs and household composition. Each household registered through the vulnerability screening was provided with a laminated token containing an identification number, so that response to such households can be easily tracked.

Vulnerability database: Round III consolidated database of vulnerable individuals forms the basis for the targeting of a range of UNHCR and partners' operational response, including psychosocial support, SGBV intervention, access to justice project and protection-based material assistance. Humanitarian agencies are encouraged to use the vulnerability database to provide interventions responding to pressing protection risks/needs of registered households. Information on vulnerable individuals will be made available to partners upon request on a bilateral basis to facilitate the targeting of response to the most vulnerable displaced, as well as tracking interventions to households to minimize gaps and overlap, pending agreement to information sharing protocols on confidentiality and data protection.



Female-headed household interview in Monguno, Borno State, Oct. 2016 © UNHCR

³ The fluid security situation in newly accessible areas affected which locations were able to be reached at the time of the screening. Though Banki was planned to be reached, continued insecurity at the time of data collection precluded screeners' access to the site. As the exercise required teams to screen for 3-11 days per site (depending on the number of IDPs within the site) and remain overnight in locations during that time, local NGO partners and SEMA/NEMA supervisors with unrestricted access to newly accessible sites were integral to the exercise. Certain locations, including Gwoza, were unable to be included in the exercise due to the lack of a local NGO partner in such location who could conduct the screening.

PROTECTION CONTEXT IN NEWLY ACCESSIBLE SITES

Nigeria continues to face a severe protection crisis, with Boko Haram insurgency and counter-insurgency measures in the North East resulting in chronic insecurity and endemic violations of human rights and humanitarian standards, exacerbating the plight of vulnerable civilians. Over 1.8 million people have been internally displaced in the North East, 76% of whom are in Borno State. The scale of the humanitarian crisis and acute life-saving needs of civilians have become clear as more territories previously under the Boko Haram control in Borno State have now become partly accessible to humanitarian actors.

In these areas, the displaced have congregated in 'satellite' sites managed by the Nigerian military and there is otherwise an absence of civil administration, police and other security services essential to ensuring the rule of law. Due to the heightened security situation, camp coordination and camp management (CCCM) in the satellite sites are being delivered solely by security forces, leading to an inevitable reduction of protection space. Humanitarian assessments have reported that living conditions in these sites are substandard, with high death rates due to people living without access to sufficient food, water, shelter, sanitation or health care. New IDP arrivals continue to stream into sites on a daily basis, putting pressure on the very limited resources that IDPs are currently sharing.

In newly accessible areas, **grave violations** have included brutal attacks with resulting death, injuries and trauma, sexual violence, abduction, forced marriage, arbitrary detention, family separation, disappearances and forced recruitment. Due to the extremely high levels of human rights violations experienced under Boko Haram, IDPs are manifesting signs of severe trauma and are in need of urgent psychosocial support; young children are having nightmares and screaming at night and there are reports that boys are excessively aggressive and violent with each other, while other children are observed to be severely despondent.

Children were used by Boko Haram, Civilian Joint Task Force (CJTF) and vigilante groups as recruits for fighting. The challenges for reintegration facing boys who were recruited by Boko Haram are acute, as they are viewed with deep suspicion and distrust and there is little appetite for reconciliation. Failure to effectively reintegrate boys who were associated with armed groups and provide them opportunities for education and livelihoods, will lead to their disenfranchisement, exacerbate their levels of poverty and risk criminality and future radicalization.

A high percentage of displaced women and girls have survived **sexual and gender based violence** when fleeing the armed conflict, leading to cultural stigmatization as they return to their communities. Many of the women and girls are pregnant, some were '**Boko Haram**

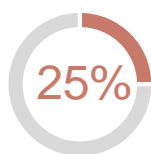
wives' and many of them have given birth in the sites and will not speak openly to humanitarians about surviving abuse. The stigma is also based on the fear that these girls and women may have been radicalized, even if they have been screened by the military. As some communities hold the belief that the blood of the father will always run in the blood of the child, **children born out of sexual violence** are at particular risk of abandonment and violence, as it is thought that they will eventually turn on the community. Extreme living conditions are resulting in the adoption of negative coping strategies including **survival sex** reported by women and girls.

IDPs face restrictions on their **freedom of movement**, which limits access to critical basic services and livelihoods, whilst at the same time movement outside of the sites exposes them to the risk of encountering **land-mines and unexploded devices**. As a result, hardship is increased and frustrations grow as IDPs push to be allowed to move out of the sites to feed their families, or relocate. There is continuous **military screening** for all those entering camps and those who are suspected of either being insurgents or associated with them are interned without legal due process and without access to legal services. In some communities, the absence of men and adolescent boys revealed serious threats of **arrest or forced recruitment**. While positive progress has been made in accessing IDPs, especially children, in military detention, there continues to be a challenge in verifying all the locations and the exact numbers of all under-18 detainees being held, as well as gaining access to monitor their well-being, assess their needs, and prepare for release and reintegration.

There is a need for **livelihood and cash-based interventions** to allow for self-protection mechanisms and to discourage IDPs, including children, some as young as 5, from opting for negative strategies such as widespread **hawking and begging** which at the moment are sometimes the only source of income for households. With the noted absence of displaced adolescent boys and men, there is an increase in **female-headed households** who are also at risk towards harmful coping mechanisms.

90,570 returning refugees who arrived from Cameroon to Ngala, Borno are finding themselves in dire displacement situations upon return to Nigeria and many are staying in sites consisting of abandoned public buildings largely destroyed by Boko Haram. Ongoing return of IDPs is not being carried out in a manner that guarantees the security and safety of IDPs and access to essential services. Some returning IDPs are finding themselves in situations of secondary displacement as they are now staying in sites located in their LGA headquarters while insecurity prevents them from being able to move back to their villages of origin.

VULNERABLE CHILDREN



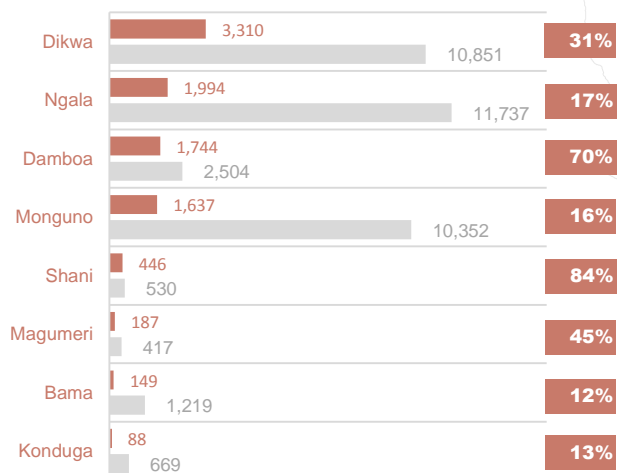
OF DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES HAVE CHILDREN WITH PROTECTION NEEDS



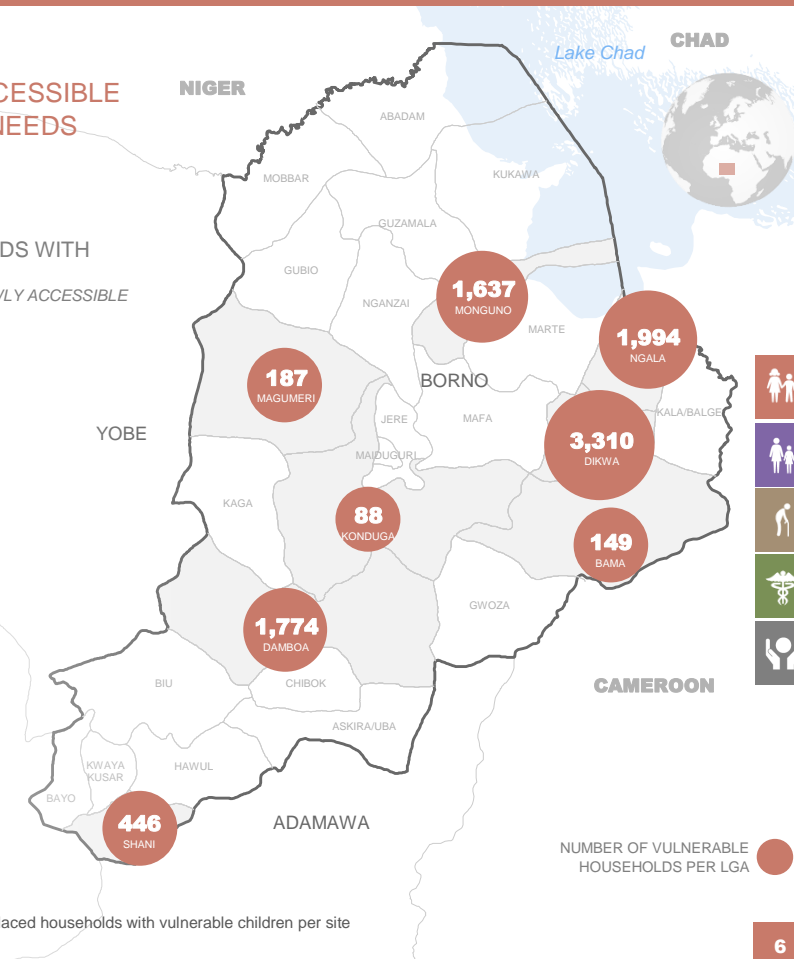
9,555

INTERNALLY DISPLACED HOUSEHOLDS WITH VULNERABLE CHILDREN
OUT OF 38,279 DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES

BREAKDOWN PER NEWLY ACCESSIBLE SITE



■ # of vulnerable displaced households ■ Total # of displaced households per sites % of displaced households with vulnerable children per site



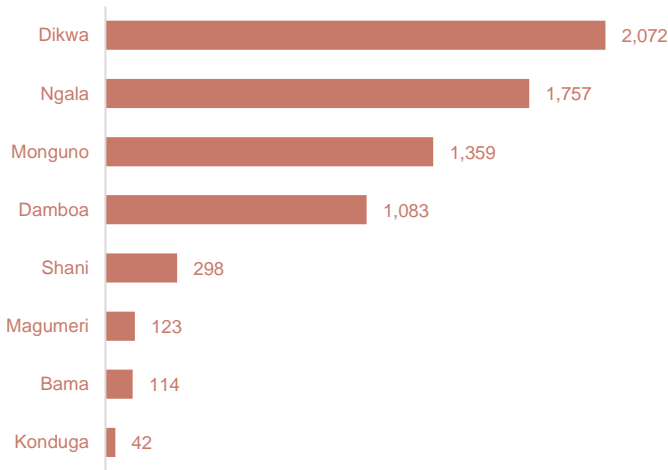
Child Protection Overview:

Children in newly accessible sites, who represent the majority of the displaced population, have been severely impacted from the ongoing insurgency. There is a prevalence of grave violations of children's rights, of which four grave violations are currently being reported to the Monitoring and Reporting Mechanism (MRM) established by United Nations Security Council Resolution 1612 (2005), namely, killing/maiming of children, recruitment/use of children by Boko Haram/CJTF/vigilantes, abduction of children and attacks on schools and hospitals. A lack of prevention measures in place and limited response services available for victims of grave violations hampers effective recovery and reintegration of children associated with armed groups. The ongoing conflict and counter-insurgency measures has disrupted family and community networks due to death, displacement and associated family separation and resulted in many children struggling to survive. This continues to drive feelings of fear, mistrust, desperation and a sense of hopelessness among children and caregivers alike, fueling harmful coping mechanisms such as drug abuse, child hawking/begging and survival sex.



Displaced boys play on the swings they fashioned out of a destroyed shelter in Bama, Sept. 2016 © UNHCR

6,848 Unaccompanied and separated children (HHs) / 18% OF DISPLACED HHs



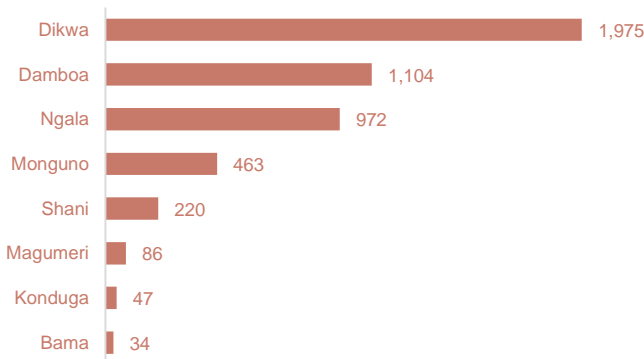
18% (6,848 HHs) of displaced HHs in newly accessible areas have unaccompanied and separated children (UASC), with numbers highest in Dikwa (**2,072 HHs**), Ngala (**1,757 HHs**), Monguno (**1,359 HHs**) and Damboa (**1,083 HHs**). It is further important to note also that a very high concentration of UASC are present among displaced households in Shani (**56%**), Damboa (**43%**) and Magumeri (**29%**).

Unaccompanied children are individuals below the age of 18 who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated children are individuals below the age of 18 who are separated from both parents and his/her legal or customary primary caregiver, but not necessarily from other relatives.

Children who are unaccompanied and/or separated from their families, and who are not provided with safe alternative care can struggle to access basic services such as food, water, health services, adequate shelter, psychosocial support and education, and are at increased risk of abuse, neglect, violence and exploitation, including exploitative labour and sexual exploitation. In newly accessible sites, some such children are being cared for by relatives, others by community members and some children left to fend for themselves.

4,901 Children engaged in hawking or begging (HHs) / 13% OF DISPLACED HHs



13% (4,910 HHs) of displaced HHs have children engaged in risky behaviors of hawking and begging. The greatest numbers of such cases are in Dikwa (**1,975 HHs**), Damboa (**1,104 HHs**), Ngala (**972 HHs**) and Monguno (**463 HHs**).

Particularly high concentrations of child hawking/begging are present among displaced households in Damboa (**44%**), Shani (**42%**), Magumeri (**21%**) and Dikwa (**18%**).

Lack of livelihood opportunities has forced many households to send children as young as 5 years old to hawk items in the streets or beg to be able to have money to buy food. Many households in newly accessible sites report to be solely relying on income from such child hawking/begging. The rise of female-headed households devoid of livelihood prospects has

SUB CATEGORY OF UASC:

LGA	Orphans due to conflict (HHs)	Child-headed households
Bama	68	16
Damboa	765	136
Dikwa	1,883	221
Konduga	25	11
Magumeri	90	6
Monguno	992	294
Ngala	1,435	80
Shani	124	17
Grand Total	5,382	781

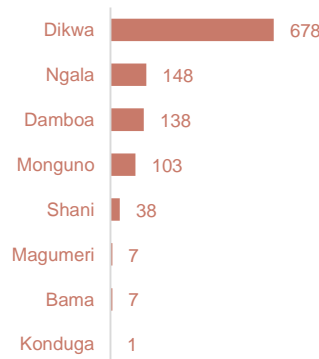
Of the **6,848 HHs** with UASC, an extremely high percentage (**78%**) are orphans due to conflict (**5,382 HHs**) and **11%** are child-headed households (**781 HHs**), with particularly high numbers of orphans in Dikwa (**1,883 HHs**) and Ngala (**1,435 HHs**) as well as concentration of child-headed households in Monguno (**294 HHs**) and Dikwa (**221 HHs**).

Orphans due to conflict are children (below 18) with both parents deceased.

Child-headed households are those headed by an individual below the age of 18 who is left without any adult to care for him/her (i.e. an unaccompanied child) and therefore assumes responsibility of a head of household.

A staggering 78% of unaccompanied and separated children are orphans who have lost both of their parents due to the conflict and are now unaccompanied in displacement sites. Many of these children have experienced severely distressing events stemming from the insurgency and displacement. Coupled with continuing uncertainty and risks of violence, this has an acute impact of the psychological well-being of children. In the case of 781 child-headed IDPs, unaccompanied children have banded together in small groups to fend for themselves. These children have heightened vulnerabilities to a plethora of protection risks, including economic shocks and risky coping mechanisms. Driven by desperate circumstances in newly accessible sites, many orphans and child-headed households have resorted to begging/hawking on the streets, leaving them at heightened risk of exploitation and abuse.

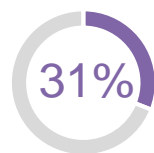
1,120 Households reporting missing children / 3% OF DISPLACED HHs



3% (1,120 HHs) of displaced HHs report to have their children missing, with highest numbers in Dikwa (**678 HHs** / **6%** of displaced HHs), Ngala (**148 HHs**), Damboa (**138 HHs** / **6%** of displaced HHs) and Monguno (**103 HHs**).

IDPs report to have lost their children due to circumstances including fleeing violence, abduction of children by Boko Haram and from family separation due to security screenings. Tracing of missing children is needed to reunite families, including across borders.

VULNERABLE WOMEN AND GIRLS



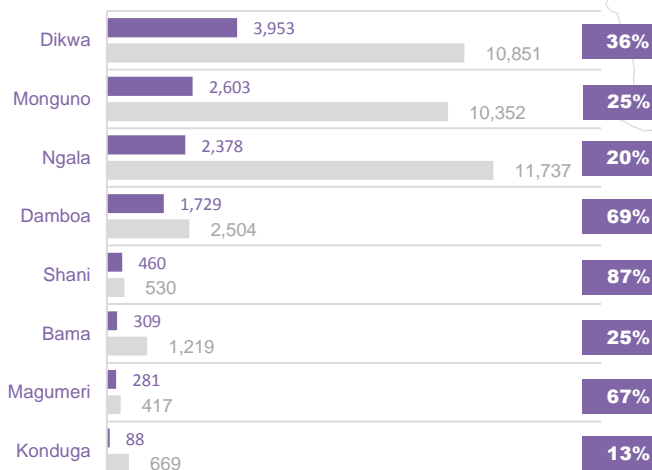
OF DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES HAVE WOMEN AND GIRLS WITH PROTECTION NEEDS



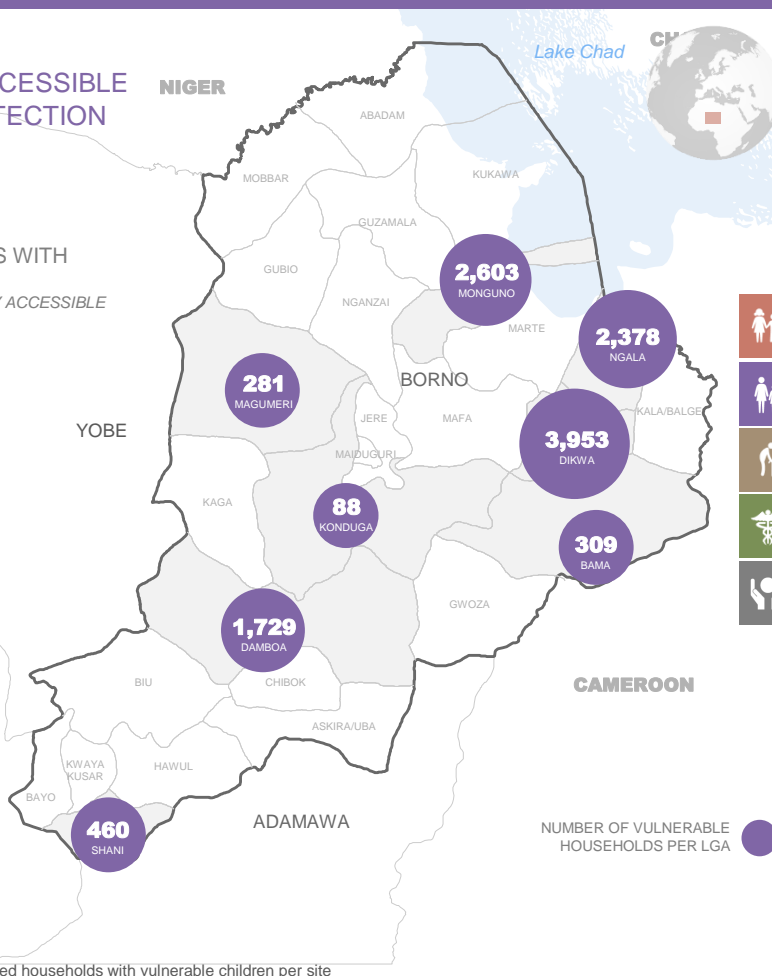
11,801

INTERNALLY DISPLACED HOUSEHOLDS WITH VULNERABLE WOMEN AND GIRLS
OUT OF 38,279 DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES

BREAKDOWN PER NEWLY ACCESSIBLE SITE



■ # of vulnerable displaced households ■ Total # of displaced households per sites % of displaced households with vulnerable children per site



NUMBER OF VULNERABLE HOUSEHOLDS PER LGA

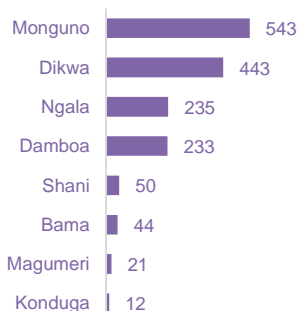
Protection of Women and Girls Overview:

Sexual & Gender Based Violence (SGBV) encompasses violence that is directed against a person or a group of persons on the basis of their gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty whether occurring in public or private life.

A high percentage of displaced women and girls in newly accessible sites have survived sexual and gender based violence throughout the armed conflict, leading to cultural stigmatization within their communities. Many women and girls have been released from captivity under Boko Haram, where they were subjected to forced marriage, rape and other sexual and physical violence. High percentages of females are pregnant and lactating, some with babies born out of rape. The extreme lack of basic services in displacement sites has led to an environment where sexual exploitation of women and girls is rampant, including exchanging sex for food assistance or to gain freedom of movement in/out of IDP camps to pursue livelihood opportunities. A notable absence of adolescent boys and men has led to a stark growth in the numbers of women and girls who are now heading their own households, while often caring for small children.

Vulnerable women and girls may live in undignified conditions in over-crowded sites with weak protection and security measures in place. Harassment of women and girls has been reported in both camps and host communities, often in the course of conducting daily activities such as water and firewood collection and while using latrines and showers.

1,581 Incidents/imminent threats of sexual and gender-based violence (SGBV) (HHs) / 4% OF DISPLACED HHs



4% (1,581 HHs) of displaced households have incidents and imminent threats of SGBV, with highest numbers reported in Dikwa (**379 HHs**), Monguno (**365 HHs**), Damboa (**170 HHs**) and Ngala (**130 HHs**). A total of **1,821** separate SGBV threats/incidents were reported by displaced households.

Due to patriarchal cultural norms and socioeconomic inequalities which severely undermine the role of women, there is widespread stigmatization and cultural taboos within the North East surrounding sexual violence and exploitation. Against this background and the prevailing culture of silence within the communities, under-reporting is to be expected and the findings presented in this section represent only a small proportion of the actual number of SGBV incidents. IDPs were often reluctant to disclose issues surrounding SGBV due to concerns over privacy and confidentiality. Nevertheless, **1,581 households of women and girls came forward to report incidents and risks of rape/sexual assault, sexual exploitation, domestic violence, early/forced marriage and early pregnancy.*

LGA	Imminent threat of SGBV (HHs)	Sexual exploitation (HHs)	Rape/sexual assault (HHs)	Domestic violence/neglect (HHs)	Early/forced marriage (HHs)	Adolescent parent (HHs)	Total
Bama	2			3	37	7	49
Damboa	1	1	1	34	170	46	253
Dikwa	4	13	17	12	379	120	545
Konduga					11	1	12
Magumeri	2		1	1	16	1	21
Monguno	27	3	1	114	365	107	617
Ngala	4	1		50	130	78	263
Shani	5	7	2	2	41	4	61
Grand Total	45	25	22	216	1,149	364	1,821

1,581 HHs report to have women and girls who are survivors or at risk of SGBV (for a total of **1,821** reported separate incidents/threats), including **1,149 HHs** reporting incidents of early/forced marriage, **216 HHs** reporting domestic violence/neglect, **364 HHs** with girls who are mothers, **45 HHs** reporting immediate threats of SGBV incidents, **25 HHs** with women/girls engaging in survival sex and **22 HHs** reporting rape/sexual assaults. SGBV incidents and risks were reported with greatest frequency in Monguno (**617 HHs**), Dikwa (**545 HHs**), Ngala (**263 HHs**) and Damboa (**253 HHs**).

Sexual exploitation involves engaging in transactional sex in order to obtain money or other forms of material assistance to meet basic needs of self or family members. In Monguno, for instance, where practically all IDPs lack livelihood opportunities, women have resorted to trading sex to provide themselves and family members with basic necessities. A range of perpetrators of such exploitation have been identified, including those in positions of authority in IDP sites. Women and girls who are forced to exchange sexual favors for food or money to survive may be labeled as prostitutes, which amounts to a dismissal of the circumstances of their exploitation and a rejection of their extreme vulnerabilities.

Early marriage is a union in which at least one spouse is under 18 years of age and **forced marriage** occurs when full and free consent of marriage has not been given. Early marriage is a widespread traditional harmful practice in Northern Nigeria, whereby girls are often married off at young ages to older men, many of whom already have multiple wives. This has been exacerbated by the needs created by displacement, with families giving away girls at earlier ages in order to have one less mouth to feed and to secure a dowry. It has also been reported that girls who have been subject to sexual abuse and exploitation are being quickly married off to avoid community stigmatization as to resulting pregnancies. The practice of early marriage perpetuates a cycle of gender discrimination and inequality which endangers physical health and cognitive and emotional development, disrupts access to education and limits future opportunities.

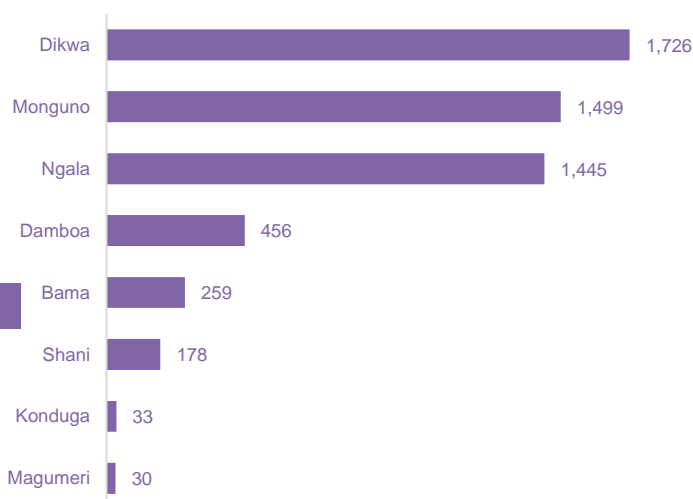
Incidents of **rape/sexual assault** are often being perpetrated with impunity during all stages and situations of crisis: while women/girls flee violence, during abduction and in enduring displacement circumstances.

Instances of **domestic violence and neglect** have soared throughout displacement, in keeping with similar global trends in conflict contexts. This involves men abusing wives or refusing to provide for their needs and those of their children. This should also be seen in the context of current criminal legislation applicable in the North East which does not recognize marital rape and allows men to physically chastise their wives.



Displaced women in Borno State, Sept. 2016 © UNHCR

5,626 Female-headed households / 15% OF DISPLACED HOUSEHOLDS

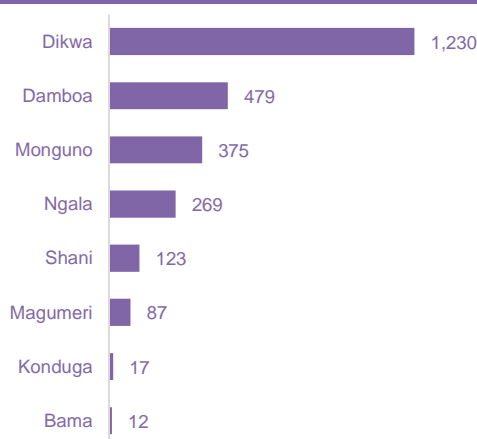


15% (5,626 HHs) of displaced households in newly accessible sites are female-headed, with highest numbers in Dikwa (**1,726 HHs**), Monguno (**1,499 HHs**), Ngala (**1,445 HHs**).

There were sizeable percentages of female-headed households among displaced households in nearly all newly accessible sites, including Shani (**34%**), Bama (**21%**), Damboa (**18%**), Dikwa (**16%**), Monguno (**14%**) and Ngala (**12%**).

In newly accessible sites, there is a prevalence of single female-headed households (**15%**) due to the fact that husbands have either disappeared, been killed or been afraid to return to such areas. In patriarchal Northern societies, men traditionally head their households and manage finances without input from their wives. With the newfound reality of the emergency situation and many men missing from households, women and girls have been forced to take on the role of head household for the first time, some with nearly no livelihood skills or financial literacy to fall back upon. Females heading their households, without protection of male family members, may be subject to a range of protection risks, including sexual violence and exploitative practices. Women and girls heading households and caring for young children have reported having to rely upon men, referred to as 'boyfriends', who support their livelihoods and provide them with money and assistance for survival in exchange for sex.

2,592 Pregnant (HHs) / 7% OF DISPLACED HOUSEHOLDS



7% (2,592 HHs) of displaced households have pregnant women/girls, with highest numbers in Dikwa (**1,230 HHs**), Damboa (**479 HHs**), Monguno (**375 HHs**) and Ngala (**269 HHs**).

Indicators of mortality for infants and pregnant women for the North East were well below the national average before the insurgency. Coupled with extreme lack of health care and other basic services in newly accessible sites, pregnant women face acute risks to their health and that of their babies. Maternal health issues were reported as a major concern during the vulnerability screening, with the majority of displaced women and girls lacking access to pre-natal and ante-natal care.

LGA	Widows (HHs)	Pregnant (HHs)	Lactating (HHs)
Bama	35	4	74
Damboa	207	23	150
Dikwa	358	197	558
Konduga	15	1	4
Magumeri	17	1	4
Monguno	937	85	456
Ngala	783	42	228
Shani	133	8	31
Grand Total	2,485	361	1,505

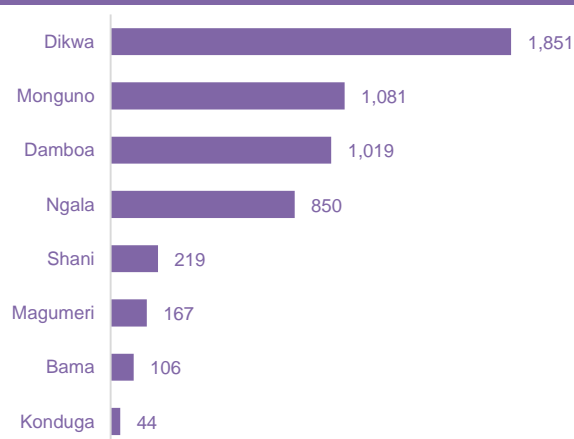
Of the **5,626** female-headed households, **44% (2,485 HHs)** are widows, **27%** are lactating (**1,505 HHs**) and **6% (361 HHs)** are pregnant. The highest number of widows are in Monguno (**937 HHs**), Ngala (**783 HHs**), Dikwa (**358 HHs**) and Damboa (**207 HHs**).

The extremely high percentage of female widows who are now heading households (**7%** of displaced HHs in newly accessible sites) indicates the number of males that were killed during the conflict and/or are otherwise unaccounted for. Widows face challenges in gaining livelihood opportunities within patriarchal roles and norms in traditional societies and are at risk of resorting to negative coping mechanisms in order to survive.

Some of the widows are unaccompanied children themselves--adolescent girls with young children, who had been subject to early marriage before Boko Haram killed their husbands. These children may now be begging in the streets or relying on neighbors to give them charity in order to survive. Multiple widowed elderly women have assumed the role of head of household and are now struggling to care for their young grandchildren.

The high rates of single female-headed households who pregnant (**6%**) and lactating (**27%**) raises potential implications that some of such pregnancies may have resulted from sexual abuse or exploitation.

5,337 Lactating (HHs) / 14% OF DISPLACED HOUSEHOLDS

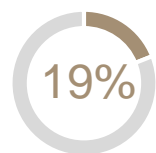


14% (5,337 HHs) of displaced households have lactating women/girls, with the greatest amounts in Dikwa (**1,851 HHs**), Monguno (**1,081 HHs**), Damboa (**1,019 HHs**) and Ngala (**850 HHs**).

In the midst of severe food shortages and high rates of malnutrition in newly accessible sites, some lactating mothers report to be struggling with producing enough milk to sustain their babies.

With the onset of the cold season, IDPs in newly accessible areas are in need of warm clothes and blankets. Newborns seen in IDP sites and settlements are often naked in their mothers' cloth wrappers.

VULNERABLE ELDERLY



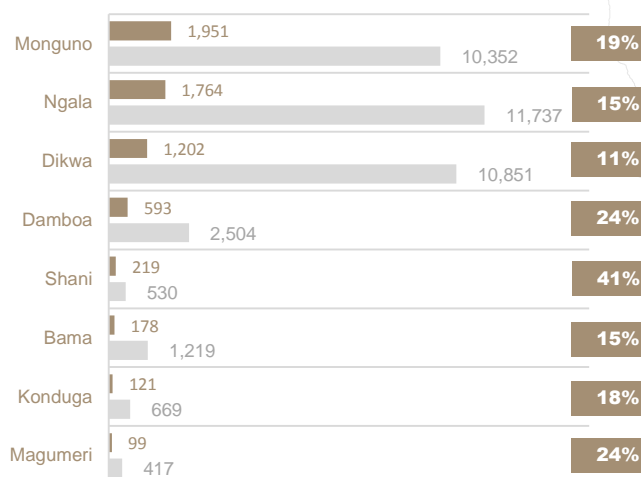
OF DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES HAVE VULNERABLE ELDERLY WITH PROTECTION NEEDS



6,127

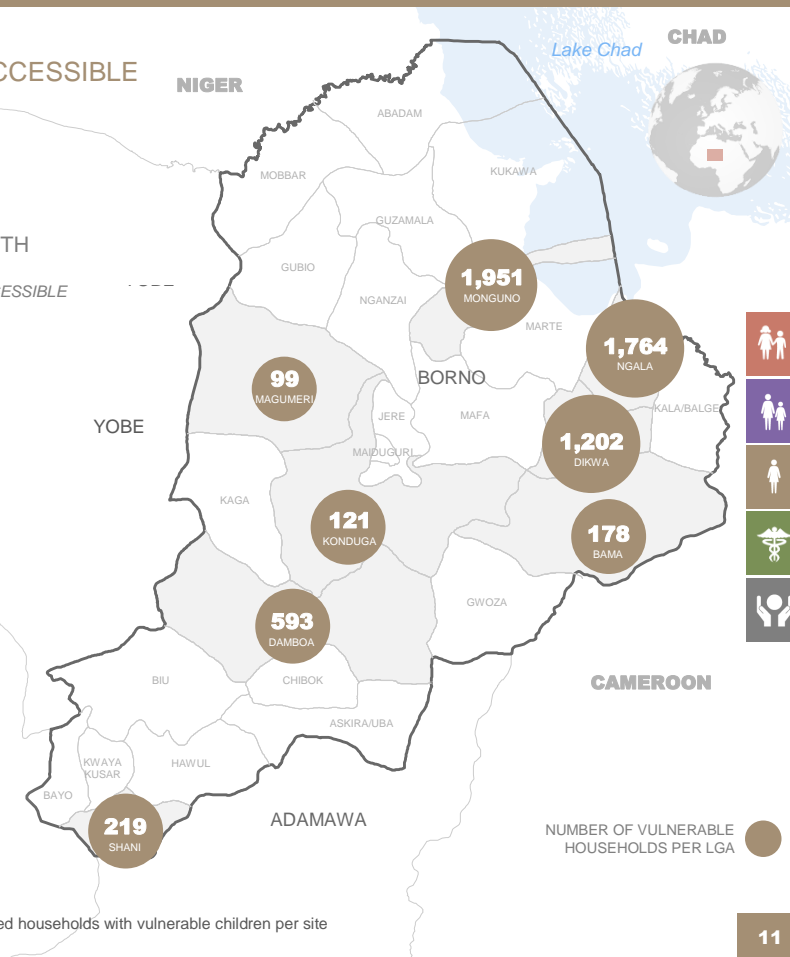
INTERNALLY DISPLACED HOUSEHOLDS WITH VULNERABLE ELDERLY
OUT OF 38,279 DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES

BREAKDOWN PER NEWLY ACCESSIBLE SITE



■ # of vulnerable displaced households ■ Total # of displaced households per sites

■ % of displaced households with vulnerable children per site



11

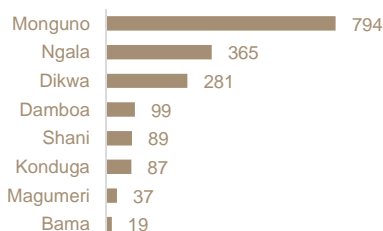
Vulnerable Elderly Overview:

Vulnerable elderly are individuals 60 years old or above with specific needs. They may be the sole caregivers for others, suffer from health problems, have difficulty adjusting to their new environment, and/or otherwise lack psychological, physical, economic, social or other support from family members or others.

Where the average mortality age in Nigeria is 53 for men and 55 for women, those who are 60 years or older already face extreme health challenges. In newly accessible sites, where basic health services are largely unavailable and specialized geriatric care nonexistent, the elderly are left to cope with **chronic medical conditions**, which when left untreated, can lead to suffering and early death. Coupled with severe living conditions throughout displacement, the effect of this deprivation can be devastating.

Notwithstanding health challenges, due to family separation arising through the insurgency, elderly have been forced to resume the role of **head of household**, in many instances, bearing the brunt of supporting young children and ensuring their safety. Some elderly have lost family members and are left to fend for themselves, in some cases relying upon the charity of community members for survival.

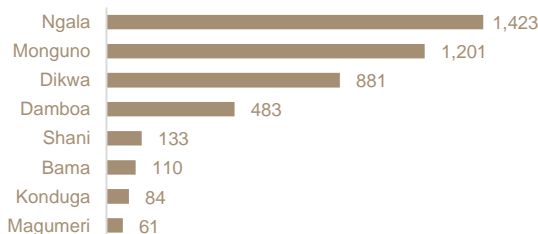
1,771 Elderly unable to care for self on a daily basis (HHs) / 5% OF DISPLACED HHs



5% (1,771 HHs) of displaced HHs in newly accessible sites have elderly who are unable to care for themselves on a daily basis, the highest numbers of which are in Monguno (**794 HHs**), Ngala (**365 HHs**) and Dikwa (**281 HHs**).

This includes elderly (60 and above) who are physically weak, easily disoriented, without opportunity for economic or income-generating activities and who lack psychological, physical, economic, social or other support from family members or others.

4,376 Elderly-headed household / 11% OF DISPLACED HHs

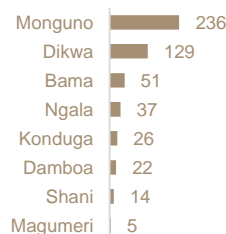


11% (4,376 HHs) of displaced HHs are elderly-headed households, with greatest concentrations in Ngala (**1,423 HHs**), Monguno (**1,201 HHs**), Dikwa (**881 HHs**) and Damboa (**483 HHs**).

These are elderly men and women (60 and above) who are leading their households while caring for dependent children (under 18).

The majority of the 6,127 households with vulnerable elderly are elderly-headed (4,376 HHs). In newly accessible areas, elderly often struggle to take care of themselves as many encountered are living with serious health complaints, with significant further challenges in accessing livelihood and providing for dependent children.

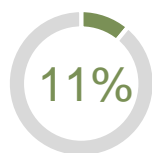
520 Single elderly (HHs) / 1% OF DISPLACED HHs



1% (520 HHs) of displaced HHs are single elderly (60 and above with no family or subject to neglect by care-givers), with highest numbers in Monguno (**236 HHs**) and Dikwa (**129 HHs**).

Single elderly have unmet dependency needs and are staying without any family member, often with limited access to any forms of livelihood, therefore requiring urgent assistance.

SERIOUS MEDICAL CONDITIONS AND DISABILITIES



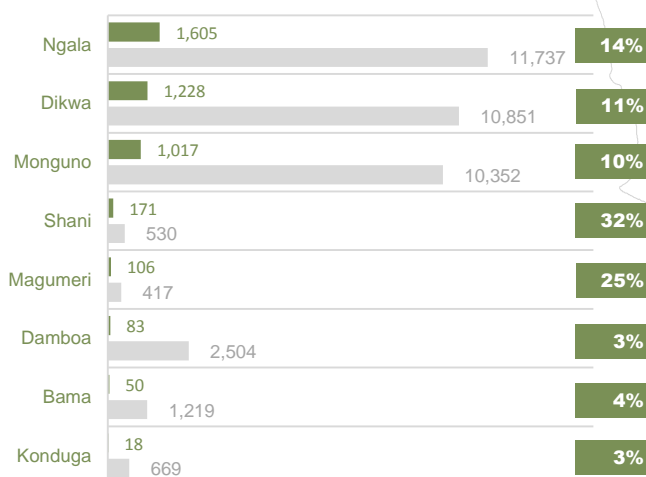
OF DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES REPORT SERIOUS MEDICAL CONDITIONS OR DISABILITIES



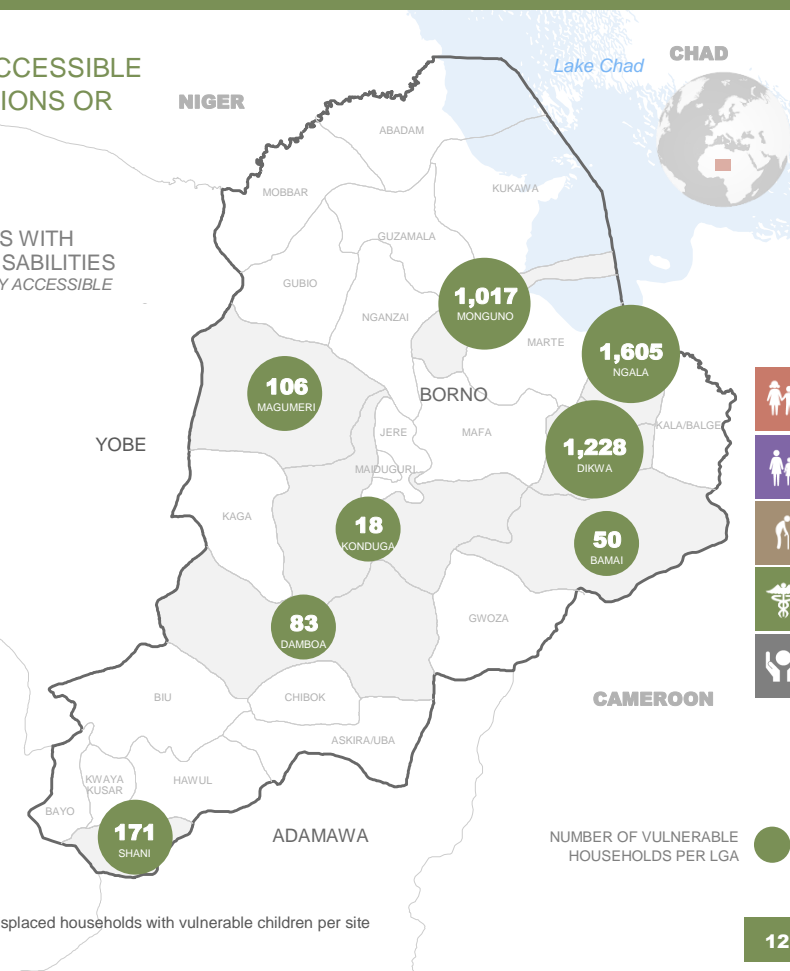
4,278

INTERNALLY DISPLACED HOUSEHOLDS WITH SERIOUS MEDICAL CONDITIONS OR DISABILITIES OUT OF 38,279 DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES

BREAKDOWN PER NEWLY ACCESSIBLE SITE



■ # of vulnerable displaced households ■ Total # of displaced households per sites ■ % of displaced households with vulnerable children per site



12

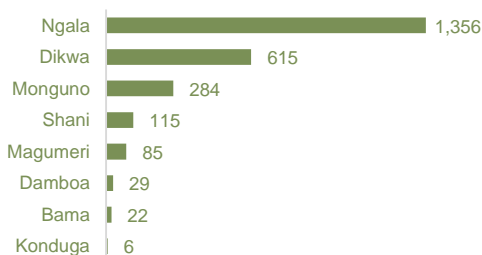
Serious Medical Conditions and Disabilities Overview:

IDPs have sustained injuries during Boko Haram attacks and have suffered from **chronic illnesses and critical health conditions** resulting from extreme conditions endured during displacement, which have not been addressed. Chronic illnesses include diabetes, HIV/AIDS and hypertension. The destruction of health care facilities and lack of health workers in newly accessible areas means that most IDPs in need can't access health services. The lack of health care services available should be seen in the context of a region which, prior to the insurgency, was already registering poor health outcomes across all demographics. The uniform absence of adequate WASH facilities and lack of proper shelter represents an underlying risk with exposure to the elements and a heightened risk of disease outbreaks such as cholera, measles, typhoid and polio. Further, newly accessible sites continue to face a food security/malnutrition crisis, with a high number of civilians suffering from severe acute malnutrition.

IDPs have sustained conflict-induced injuries that have manifested into **physical disabilities**. There is a prevalence of displaced who have lost limbs due to improvised explosive devices and insurgent attacks and now require specialized assistance in order to live dignified and independent lives. As even basic health services are nearly completely unavailable in newly accessible areas, individuals with physical disabilities are currently unable to receive appropriate care. IDPs living with disabilities in conflict-affected areas are likely to face a heightened risk of discrimination, social exclusion and barriers to accessing essential services.

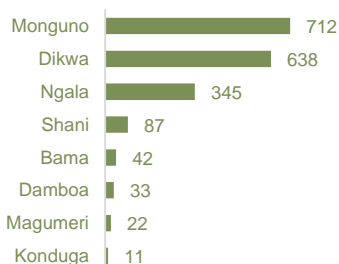
A large proportion of internally displaced households in newly accessible areas have pronounced psychosocial and **mental health needs** stemming from traumatic experiences associated with insurgency and displacement, including incidents where severe distress has manifested into a pronounced mental disability. IDPs with severe mental disabilities require appropriate care by mental health specialists (psychiatric nurses, psychologists, psychiatrists, etc), which is wholly unavailable in newly accessible sites.

2,512 Serious medical conditions (HHs) / 7% OF DISPLACED HOUSEHOLDS



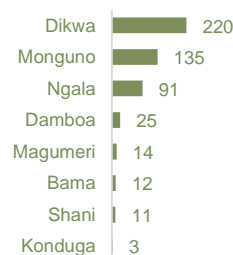
7% (2,512 HHs) of displaced households report serious medical conditions which require assistance (in terms of treatment or provision of nutritional and non-food items). The highest number of cases were in Ngala (1,356 HHs), Dikwa (615 HHs) and Monguno (284 HHs).

1,890 Physical disabilities (HHs) / 5% OF DISPLACED HOUSEHOLDS



5% (1,890 HHs) of displaced households in newly accessible areas report physical disabilities, with greatest numbers in Monguno (712 HHs), Dikwa (638 HHs) and Ngala (345 HHs).

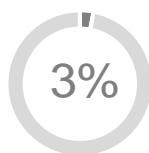
511 Mental disabilities (HHs) / 1% OF DISPLACED HOUSEHOLDS



1% (511 HHs) of displaced households report mental disabilities, the highest number of which are in Dikwa (220 HHs), Monguno (135 HHs) and Ngala (91 HHs).

OTHER IDPs WITH SPECIFIC PROTECTION NEEDS

Forced Recruitment, Arbitrary Arrest/Detention, Release from Abduction & Trafficking



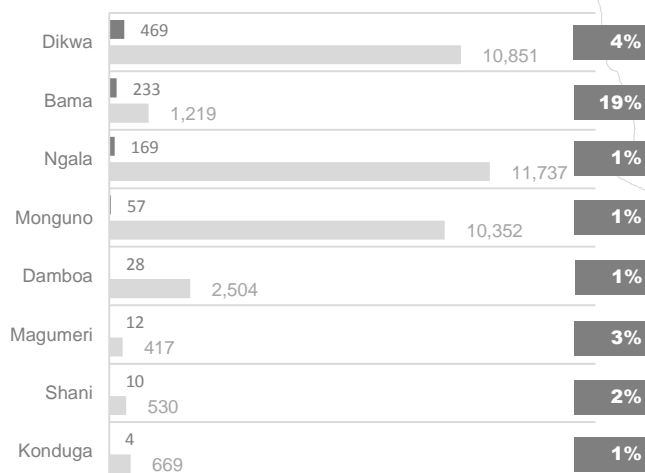
OF DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES HAVE OTHER SPECIFIC PROTECTION NEEDS



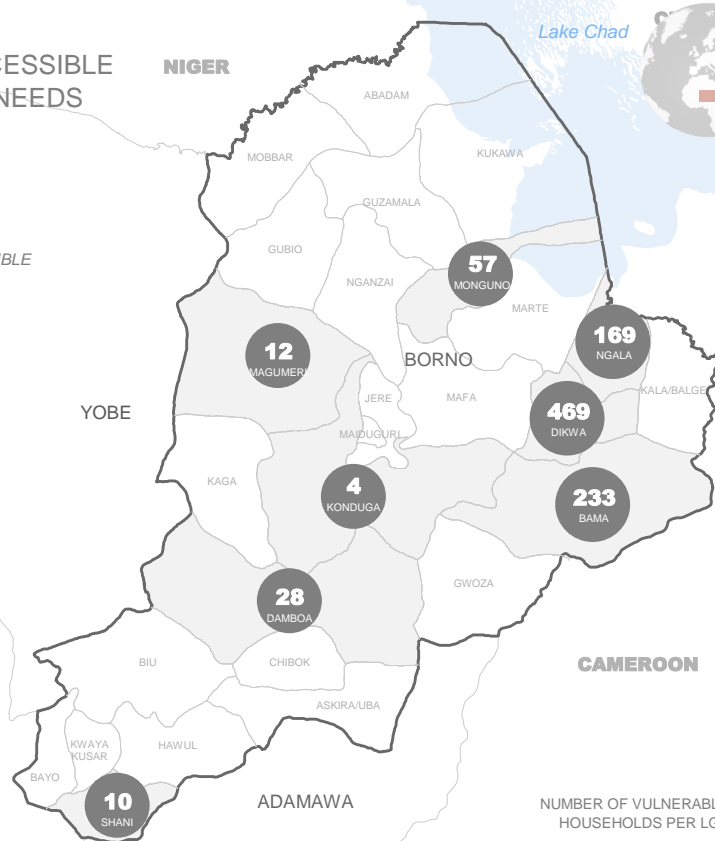
982

INTERNALLY DISPLACED HOUSEHOLDS WITH OTHER SPECIFIC PROTECTION NEEDS
OUT OF 38,279 DISPLACED HOUSEHOLDS IN NEWLY ACCESSIBLE SITES

BREAKDOWN PER NEWLY ACCESSIBLE SITE



■ # of vulnerable displaced households ■ Total # of displaced households per sites % of displaced households with vulnerable children per site

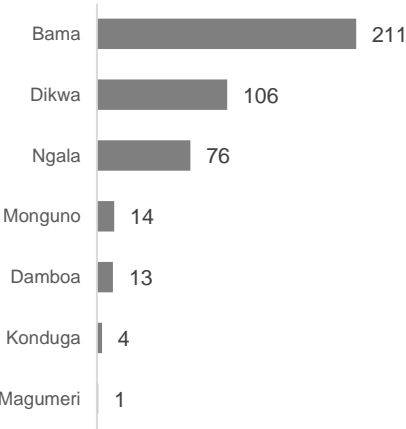


NUMBER OF VULNERABLE HOUSEHOLDS PER LGA



Internally displaced boys gather, Borno State, Sept. 2016 © UNHCR

425 Arbitrary arrest or detention (HHs) / 1% OF DISPLACED HOUSEHOLDS



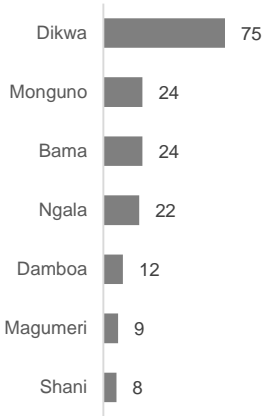
1% (425 HHs) of displaced households reported incidents of arbitrary arrest or imprisonment. Particularly high levels were reported in Bama, with 17% (211 HHs) of all displaced households reporting arbitrary arrest/detention incident. Notable numbers of arrest/detention were further identified in Dikwa (106 HHs) and Ngala (76 HHs).

Arbitrary detention occurs when an individual is apprehended and imprisoned (i) without a valid legal basis; (ii) with the intention to deny the detainee the exercise of the fundamental rights guaranteed by domestic/international law; or (iii) without observance of procedural due process.

**These figures are likely to reflect underreporting due to risks of reprisals or stigmatization for suspected involvement in armed groups. It has been widely reported that the escalation in counter-insurgency measures in Borno Local Government Areas (LGAs) has spurred arbitrary arrests of men and boys.*

The detention of men, women and children suspected of being sympathetic to or associated with Boko Haram either indirectly or through familial connections continues to be an area of significant concern. Women in newly accessible areas have reported hundreds of adolescent boys and men missing or detained by the military following 'liberation' of their villages from Boko Haram control. Women and children are being held for screening and/or rehabilitation in facilities which have been described as de facto detention centers, given that they cannot leave until they have been cleared of suspicion. Some reports indicate lengthy sessions where women are questioned with their children present about their involvement with the insurgency. Nigerians who fled across the border to Cameroon also report the detention of large groups of men by Cameroonian forces operating along the border, with only women being released to return to Nigeria. In some camps in the newly accessible sites, new household members who come to the camp for family reunification are thoroughly screened and those who are denied access to the camp (principally men and adolescent boys) are sent to Maiduguri for more investigation. According to the reports from their families, none have returned and no information on their whereabouts has been provided.

174 Released/escaped from Boko Haram abduction (HHs)

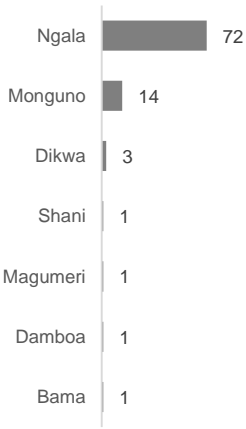


0.5% (174 HHs) of displaced households report to have been released from abduction by Boko Haram, with the highest numbers reported in Dikwa (75 HHs).

**Underreporting of the numbers of civilians who report to being released from captivity under Boko Haram is due to difficulties in identifying abductees on an individual basis. This can be directly attributed to the fact that such categorization implies force marriage and rape by Boko Haram. Admitting prior abduction by insurgents can lead to enduring stigmatization and negative implications for a survivor's acceptance back into society, including rejection and even violence towards them.*

Women and girls abducted by Boko Haram have particularly pronounced psychosocial needs stemming from high incidences of rape, sexual abuse and forced marriage endured by them in captivity. Many have experienced forced pregnancy and increased exposure to sexually transmitted infections. Other women and girls report coercion into exploitative roles including as cooks, cleaners and look outs, subject to physical violence such as beatings and deliberate starvation. Women who have been released from Boko Haram captivity are also likely to be viewed negatively within the community, having to deny that they are still affiliated with Boko Haram. Those with children born from rape in captivity are deemed as having 'Boko Haram babies' who have 'bad blood'. Some reports that show these women are relegated to certain areas of the sites and not welcome even within their own communities.

93 Forced recruitment by CJTF/vigilantes (HHs)



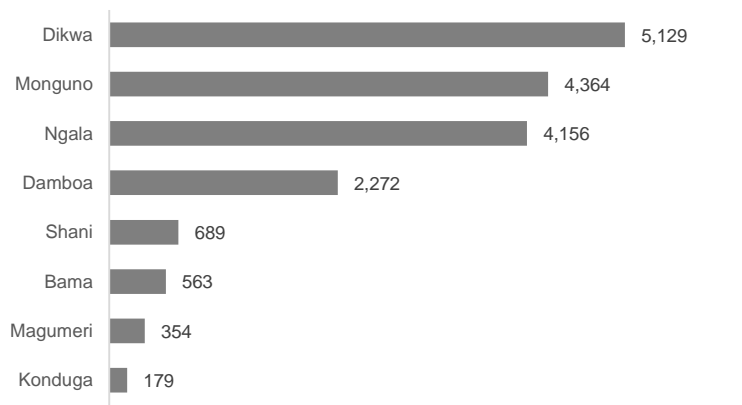
0.2% (4,498) of displaced households report forced recruitment by Civilian Joint Task Force (CJTF) or vigilantes, with highest numbers reported in Ngala (72 HHs).

**These findings are likely to be underreported as households indicated their reluctance to report cases of witnessing recruitment to armed groups due to a fear of being seen as critical of the counter-insurgency against Boko Haram and/or of associating themselves/their family with the ongoing armed conflict.*

Men and boys continue to be recruited to join the ranks of the CJTF and other vigilante groups, particularly in newly accessible sites. Some of the recruitment is coerced, directly or indirectly, including by inducing children through the promise of enhanced status and preferential treatment for them and their families. In many cases, there are few other means of securing livelihood opportunities and such incentives are not likely to be turned down. In 2015, the CJTF was added to the list of armed groups using forced conscription of children in North East Nigeria for the Monitoring and Reporting Mechanism (MRM).

ADDITIONAL PROTECTION RISKS AND NEEDS OF VULNERABLE HOUSEHOLDS

17,706 Lacking sufficient livelihood (HHs) / 100% OF VULNERABLE DISPLACED HHs



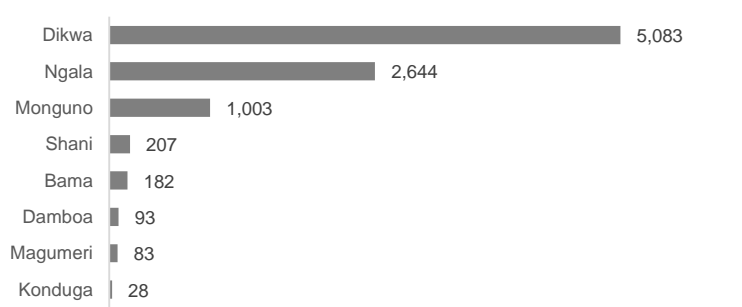
100% (17,706 HHs) of vulnerable displaced households report lack sufficient livelihood.

That fact that all vulnerable households in newly accessible areas report to be unable to provide for their own basic needs speaks to the critical level of emergency in such area. A large proportion of households have further reported zero source of income and are struggling to survive, particularly where access to potable water and food are restricted. Many IDPs originate from farming communities but lack access to the arable land and tools necessary to restore livelihoods in agriculture and are deterred as well by freedom of movement restrictions and continued insecurity.

The absence of livelihood opportunities increases the risk of negative coping mechanisms and promotes an environment within which sexual exploitation is rampant as well as threats of physical violence. Children are negatively impacted as families are forced to resort to using them as a source of income. For example, in Monguno, female-headed households report sending their children (some as young as 5 years old) to hawk items in the street to earn the money to buy food. In many sites, one of the only options for raising money is to collect and sell firewood, although collecting firewood in the bush exposes men and women to protection risks whilst being detrimental to the environment.

The lack of livelihood options for IDPs is further exacerbated by restrictions on movement in newly accessible areas and underscores the need for scaled up cash assistance and livelihood interventions as protective and preventive mechanisms.

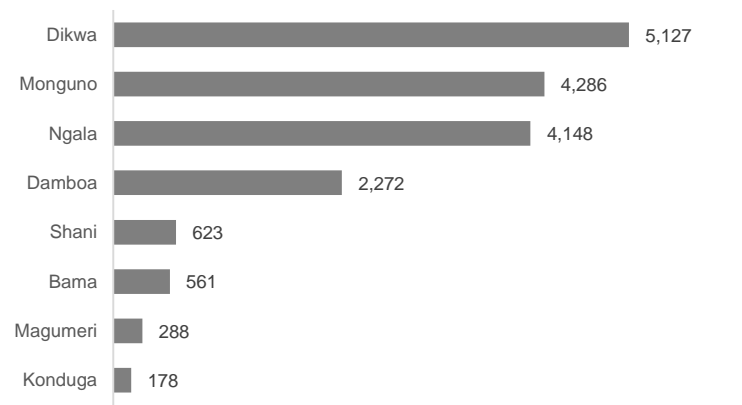
9,323 Witnessed killing/physical violence (HHs) / 53% OF VULNERABLE DISPLACED HOUSEHOLDS



53% (9,323 HHs) of vulnerable displaced households witnessed killing or physical violence of family or community members during the course of the insurgency, with especially high numbers reported in Dikwa (5,083 HHs), Ngala (2,644 HHs) and Monguno (1,003 HHs).

In newly accessible areas, many IDPs were under the control of Boko Haram for a year or more and were eyewitnesses to insurgents' brutal tactics and grave abuses. A majority of IDP households indicated that they had witnessed killings or physical violence, as well as attacks on civilian structures such as hospitals, schools, places of worship and markets. Enduring such traumatic events speaks to widespread psychosocial needs.

17,483 Lacking legal documentation (HHs) / 99% OF VULNERABLE DISPLACED HHs

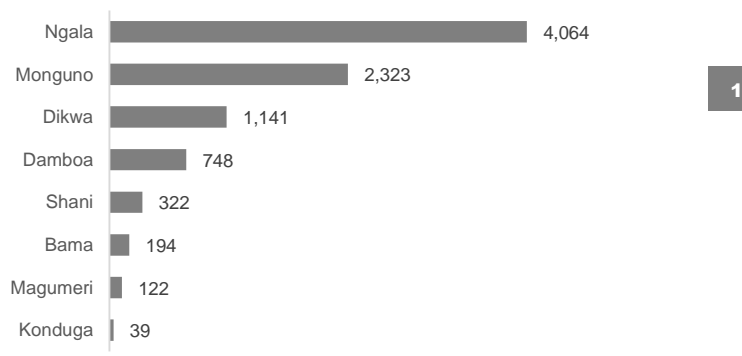


99% (17,483 HHs) of vulnerable displaced households report the absence of legal documentation for household members.

Legal documentation includes all national identity documentation, such as national ID cards, birth certificates or passports. For IDPs in newly accessible areas, lacking documentation exposes them to multiple protection risks, including risk of detention and heightened risk of exploitation due to inability to prove their identify. As freedom of movement in newly accessible areas is controlled by state security actors, where insurgents are suspected of infiltrating camps, men and boys are at heightened risk of detention. Women and girls who lack legal documentation become vulnerable to sexual exploitation by those who are issuing exit and entry passes to the camps to leave to pursue livelihood activities for survival.

In the long term, where there is no legal documentation, lack of access to basic services follows, in particular in accessing education, healthcare and the justice system, including enforcing land or property rights. Lacking legal documentation further gives rise to the risk of statelessness. Replacing documentation can be a costly and procedurally difficult exercise, which acts as a deterrent to IDPs struggling to survive, who may have little knowledge of civil structures.

8,953 Multiple displacement (HHs) / 50% OF VULNERABLE DISPLACED HOUSEHOLDS



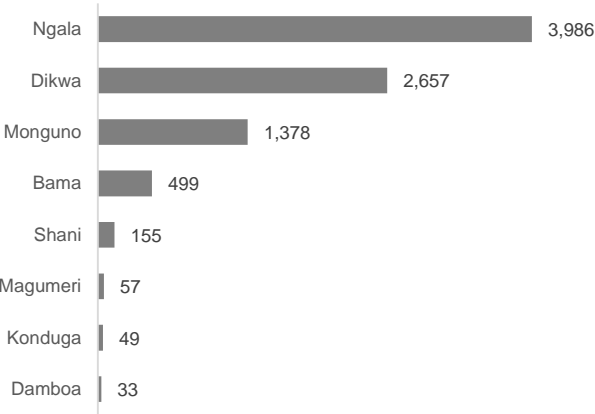
50% (8,953 HHs) of vulnerable displaced households reported having been displaced multiple times, with highest numbers reported in Ngala (4,064 HHs), Monguno (2,323 HHs), Dikwa (1,141 HHs) and Damboa (748 HHs).

Multiple displacement occurs when an IDP has been repeatedly displaced due to compelling external circumstances.

Being displaced from numerous sites as a result of the Boko Haram crisis can exacerbate households' vulnerabilities, as they may repeatedly lose shelters, belongings and livelihoods, while risk of family separation increases.

Displacement to and within newly accessible sites might not always be conflict-induced; IDPs can be incentivized to move, with some cases in which the voluntariness of return and informed consent have been questionable. Further, there have been frequent relocations of IDPs to and from certain IDP camps within newly accessible areas by the military, who is in control of the area and currently runs such camps.

8,814 Safety/security incidents in current site (HHs) / 50% OF VULNERABLE DISPLACED HOUSEHOLDS



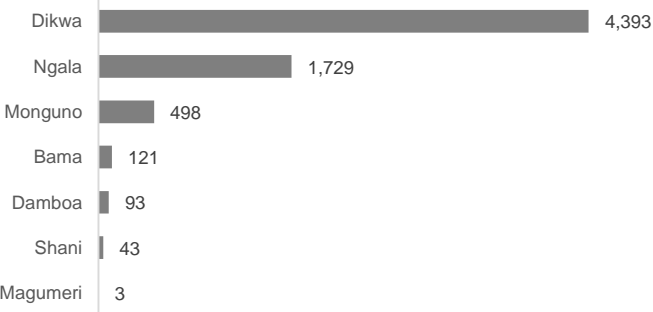
50% (8,814 HHs) of vulnerable displaced households report recent 11,287 separate safety/security incidents in their current displacement sites, with high numbers reported in Ngala (3,986 HHs), Dikwa (2,657 HHs), Monguno (1,378 HHs) and Bama (499 HHs).

Of the 11,287 safety/security incidents reported, the breakdown is as follows: 36% (4,039) tensions/hostility between IDPs and host community members, 31% (3,439) destruction of property including arson, 21% (2,332) physical violence/abuse, 14% (1,532) tensions/hostility between IDP groups and 4% (485) incidents of drug sales/drug abuse.

In newly accessible sites, half of vulnerable households have reported recent incidents that compromise their safety and security. IDPs are severely restricted in terms of freedom of movement and are frustrated in their ability to create meaningful livelihood opportunities, gain access to meagre available resources and basic services, enforce land and property rights and visit their own abandoned properties. This frustration results in a rise in tensions among IDPs and between IDPs and communities, leading to verbal altercations, physical violence, destruction of property, theft and the widespread use of negative coping mechanisms including use of medication (cough syrup) as a recreational drug.

Whilst overall, the presence of security actors and patrolled perimeters affords some degree of security to IDPs, many indicate they are still fearful of infiltration and attacks by Boko Haram. In some of the sites, women will no longer leave to go to the bush to collect firewood for fear of abduction by Boko Haram. There have also been reports of men disappearing when they go to collect firewood instead.

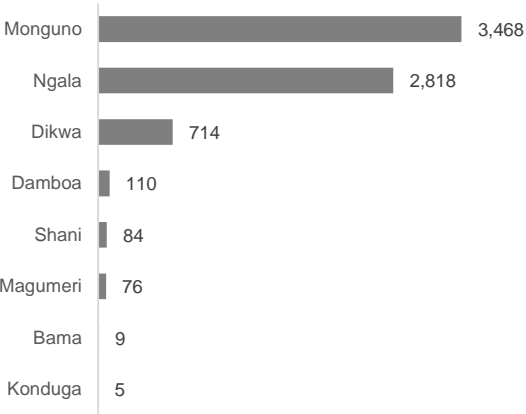
6,880 Witnessed/heard reports of land-mines/unexploded devices (HHs) in current displacement site / 39% OF VULNERABLE DISPLACED HHs



39% (6,880 HHs) witnessed or heard reports of land-mines or unexploded devices in the locations in which they are currently staying. The highest numbers of unexploded devices were reported in Dikwa (4,393 HHs), Ngala (1,729 HHs) and Monguno (498 HHs), though households in nearly all sites reported the presence of such explosives.

Parties to the conflict have used explosive devices as insurgency and counter-insurgency tactics. 39% of vulnerable displaced households report mines/unexploded devices around their displacement sites. Insurgents have used explosive devices in an effort to inflict as much damage as possible as they retreat from previously held territory, on farmland to prevent civilians from returning to their lands to farm, and as a tactic to create fear and discourage captive populations from trying to escape. There are also reports of insurgents misappropriating mines belonging to Nigerian Armed Forces.

7,284 Staying in the open, makeshift shelters or abandoned buildings (HHs) / 41% OF VULNERABLE DISPLACED HOUSEHOLDS



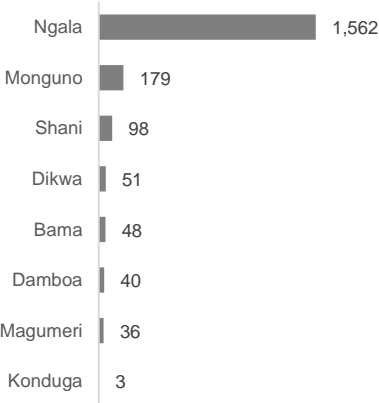
41% (7,284 HHs) of vulnerable displaced households are living in perilous conditions, either sleeping in the open with no access to shelter, using makeshift shelters or staying in abandoned buildings. The highest of such numbers are in Monguno (3,468 HHs), Ngala (2,818 HHs) and Dikwa (714 HHs).

Of the 7,284 HHs living in perilous shelter conditions, 84% (6,079 HHs) are staying in makeshift shelters, 13% (914 HHs) are in abandoned buildings and 4% (291 HHs) are sleeping in the open.

In the absence of adequate shelter, IDPs are exposed to extreme protection risks. For IDPs with no shelter whatsoever, health and safety risks are severe. Some IDPs stay in partially destroyed empty buildings often that are devoid of roofs and have major issues of overcrowding, with no privacy partitions. Other IDPs remain in makeshift shelters, composed primarily of materials such as zinc, torn clothes and plastics, which are crude, susceptible to heat and extremely hazardous during the current rainy season.

Many IDPs in newly accessible areas otherwise stay in emergency tents that have been provided by humanitarian agencies (8,129 HHs), while few others stay in rented houses (855 HHs), live with host families (726 HHs) or occupy buildings without the owners' knowledge (50 HHs).

2,017 Discrimination in access to basic services (HHs) / 11% OF VULNERABLE DISPLACED HHs

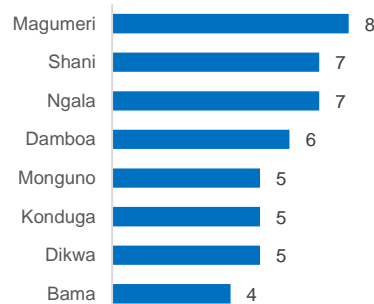


11% (2,017 HHs) of vulnerable displaced households experienced discrimination in access to basic services, with highest numbers reported in Ngala (1,562 HHs).

Discrimination in access to basic services was reported to be due to the following characteristics: 80% (1,912 HHs) status as an IDP, 12% (291 HHs) disability, 3% (75 HHs) ethnicity and 2% due to gender (59 HHs) and religion (51 HHs).

PROTECTION DEMOGRAPHICS

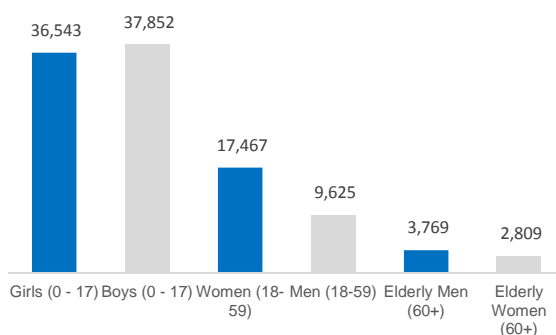
Average household size of 6



The average size of vulnerable households was **6** in newly accessible areas, with the largest average sizes in Magumeri, Shani and Ngala and the smallest in Bama.

**The average household size of 6 identified in newly accessible areas through the vulnerability screening is consistent with DTM Round 12 findings in Borno.*

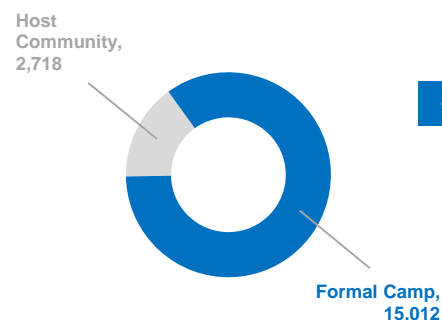
Age and sex breakdown



The report profiled **17,730** vulnerable displaced households comprised of **108,065** individuals. Of the vulnerable households, **69%** were comprised of children under 18 (**74,395**), **25%** adults ages 18-59 (**13,546**) and **6%** ages 60 and above (**6,578**).

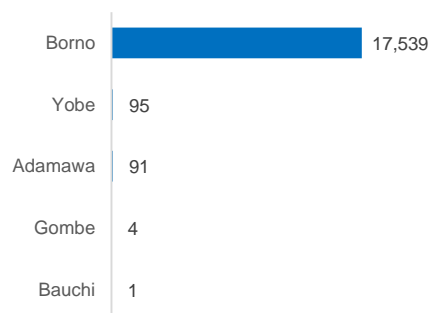
53% of the vulnerable households were female (**57,779**) and **47%** were male (**50,286**).

Location type (HHs)



Of vulnerable households profiled in newly accessible sites, **85%** (**15,166 HHs**) were in camps and **15%** (**2,743 HHs**) were in host communities.

State of origin (HHs)



99% of vulnerable households in newly accessible sites originate from Borno, while there are otherwise a few cases of households originating primarily from Adamawa and Yobe.

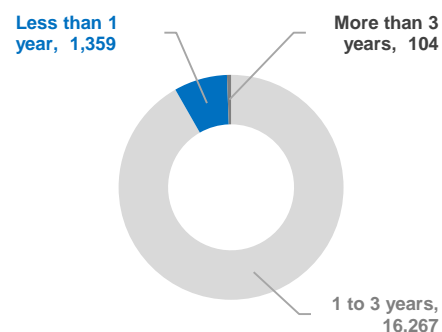
Urgent Needs for Assistance



The vast majority of vulnerable displaced households, **85%**, list food as their number one urgent need for assistance. Vulnerable households thereafter identify immediate needs for potable water, shelter, medical care and livelihood.

Conditions in newly accessible areas have been desperate, with massive needs for the range of basic and life-saving services. As several Protection Sector reports and assessments have revealed, limited access to humanitarian assistance and services, particularly massive food shortages, has contributed to negative coping mechanisms and sexual abuse and exploitation.

Duration of displacement (HHs)



Findings indicate that the vast majority, **92%**, of vulnerable displaced households have been displaced for 1-3 years, **8%** for less than 1 year, **1%** displaced for more than 3 years and **0.6%** for more than 3 years.

Findings indicate that the vast majority, **86%**, of vulnerable households have been displaced for 1-3 years, **13%** for less than 1 year, **1%** displaced for more than 3 years and **0.4%** for more than 5 years.

