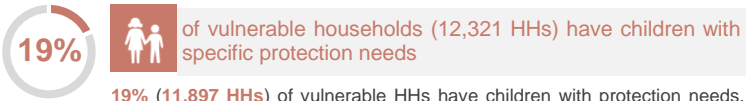
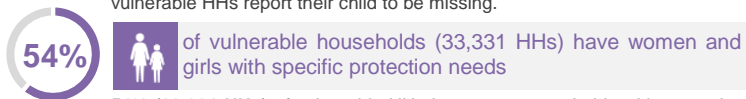


VULNERABILITY SNAPSHOT

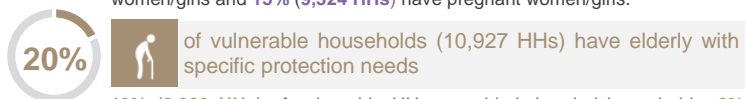
Key Vulnerabilities



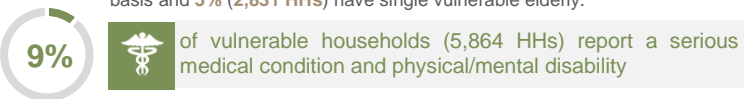
19% (11,897 HHs) of vulnerable HHs have children with protection needs. 14% (8,718 HHs) of vulnerable HHs have unaccompanied or separated children (UASC), of which 69% (5,969 HHs) are orphans due to the conflict and 7% (789 HHs) are child-headed households. 7% (4,138 HHs) of vulnerable HHs have children hawking or begging and 1% (860 HHs) vulnerable HHs report their child to be missing.



54% (33,331 HHs) of vulnerable HHs have women and girls with protection needs, of which 3% (1,891 HHs) of vulnerable HHs are survivors of Sexual and Gender-Based Violence (SGBV) or report to be at imminent risk of such violence (including 223 HHs with incidents of early/forced marriage, 608 HHs with incidents of girls who are mothers, 1,552 HHs reporting domestic violence/neglect, 50 HHs reporting threat of SGBV incidents, 54 HHs identifying sexual exploitation and 35 HHs reporting rape), 21% (12,990 HHs) of vulnerable HHs are female-headed households (including 2,198 HHs widowed female-headed households) and 26% (15,933 HHs) have lactating women/girls and 15% (9,324 HHs) have pregnant women/girls.

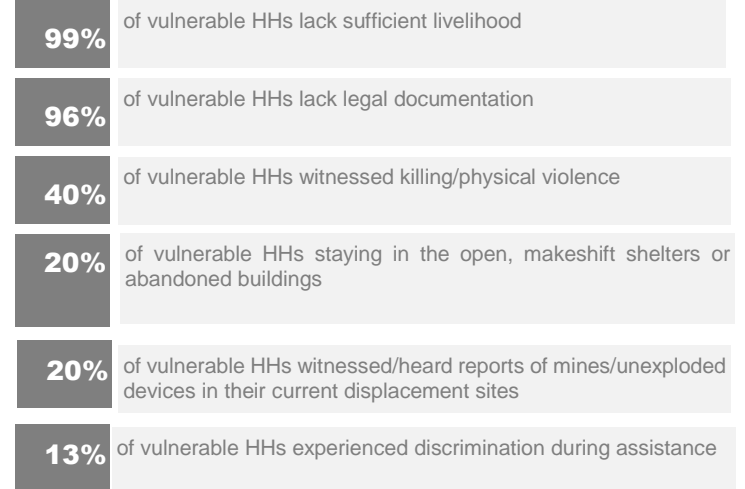


13% (8,303 HHs) of vulnerable HHs are elderly-headed households, 6% (3,551 HHs) have elderly who are unable to care of themselves on a daily basis and 5% (2,831 HHs) have single vulnerable elderly.



6% (3,739 HHs) of vulnerable households report presence of serious medical conditions, while 4% (2,472 HHs) identify physical disabilities and 1% (698 HHs) report mental disabilities.

Additional Protection Risks & Needs of Vulnerable Households

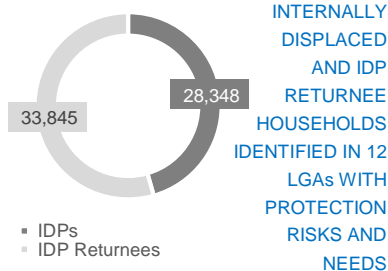


CRITICAL PRIORITY NEEDS identified by vulnerable households surveyed are food, followed by livelihood, water, medical services and shelter.

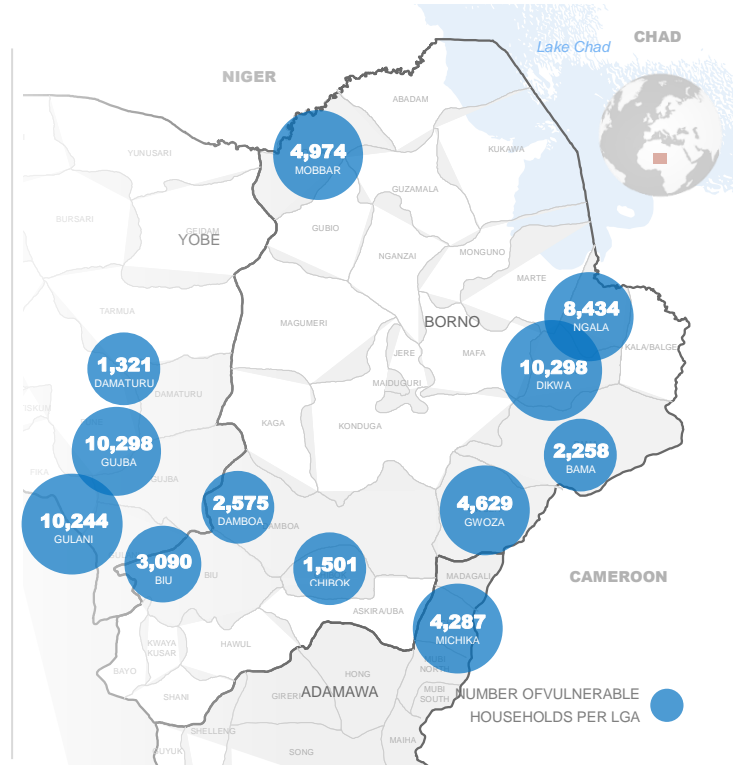
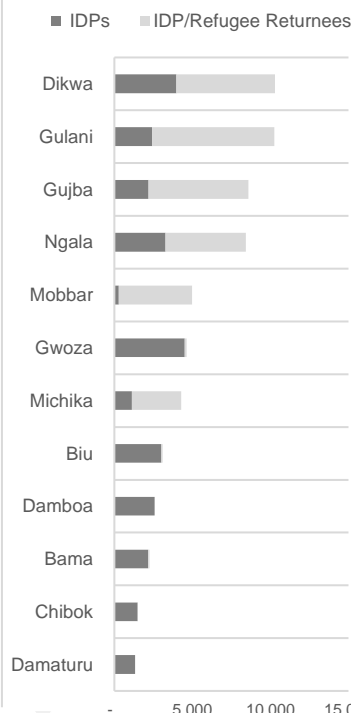
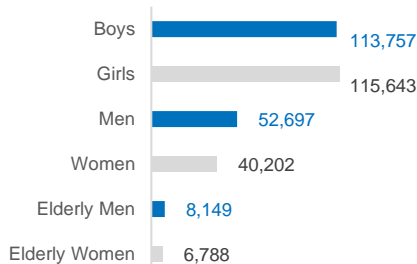


This report contains highlights of protection trends and assistance/referral achievements from the ongoing operational vulnerability screening in 12 Local Government Areas (LGAs) based on available data from January to November 2017 by UNHCR, in partnership with FHI 360 and national NGOs AIPD, GISCOR, SAHEI and CCEPI. Vulnerability screening provides an assessment of the protection environment in areas of displacement and return to enable effective humanitarian planning and targeted assistance. Through the rolling screening process, assistance tailored to specific needs has been delivered and referrals for specialized protection services, including child protection, GBV and access to justice, have been carried out on an ongoing basis.

62,198



COMPRISED OF 337,236 INDIVIDUALS



PROTECTION TRENDS

Protection needs of internally displaced and IDP returnees are dire in the 12 LGAs of Borno, Adamawa and Yobe States surveyed by the vulnerability screening. The continuing crisis severely impacts upon the most vulnerable civilians, including female and child-headed households, unaccompanied/separated children, adolescent boys and girls, the elderly, the chronically sick, people with physical and mental disabilities, and pregnant and lactating women within IDP camps, host communities and return areas. In the newly accessible areas profiled, IDPs and IDP returnees have experienced grave violations including brutal attacks with resulting death, injuries and trauma, sexual violence, abduction, forced marriage, arbitrary arrests and detention, family separation, disappearances and forced recruitment. Recovery efforts continue to be hampered in many areas by lack of civilian infrastructure, conflict-driven insecurity, access constraints and limited availability of basic services for survival, all of which exacerbate protection risks for the most vulnerable populations.

Boys and girls have witnessed or experienced serious violence and instability throughout displacement. These experiences, coupled with continuing uncertainty and risks of violence, has had an acute impact on their psychological well-being. Many children have been recruited, abducted or held by Boko Haram, during which time they have witnessed, experienced and sometimes participated in physical and sexual violence. 14% of vulnerable HHs report to have **unaccompanied or separated children**, with 69% of such households reporting that these children have been **orphaned by the conflict**. Recent reports identify a rise in the numbers of children that are **out of school** in all of the surveyed LGAs. This is due in part to lack of basic facilities, including school facilities in many towns, as large numbers of school buildings were targeted and destroyed by Boko Haram and remaining schools are being used as shelter to host displaced populations. There are also temporary schools in IDP camps which are severely overcrowded and can't accommodate the large numbers of children, such as in Ngala and Banki. Failure to provide children with opportunities for education has heightened their risks of exploitation, with increased levels of **child labour** being reported. Girls who are out of school have been forced into marriages at higher rates and boys have been involved in hawking and begging. Being out of school further exacerbates levels of poverty and may lead to future risk of criminality and radicalization, as well as use by armed groups. Many households reported to be sending their children into the streets in risky conditions to **hawk and beg** to try to bring back money for survival of the family; others have been sent by their parents to be part of the *Almajiri* system for Quranic schooling and are forced to beg for sustenance.

Women and girls have been significantly affected by the crisis, with the number of **female-headed households** (21% of vulnerable HHs) and widows persistently increasing, due to the engagement of men in the insurgency as active combatants and/or as the consequence of massive incarceration of alleged members of armed groups for national security reasons. **Violence against women and girls** is widespread but grossly underreported due to fear of retaliation by the perpetrator, stigmatization and subsequent ostracization by communities/family members and limited availability and confidence in response services. Women and adolescent girls live in undignified conditions in over-crowded sites with weak protection and security measures in place and are attacked while conducting everyday activities such as fetching water, firewood and going to the community latrines. **Rape and sexual abuse** has been perpetrated with impunity during all stages of the crisis—while women/girls flee violence, during abduction and in enduring displacement circumstances—including by members of security forces and non-state armed groups. When women and girls are released or escaped from Boko Haram captivity, they often report aggravated and repeated cases of rape and abuse. There are alarming trends of **sexual exploitation** in affected areas, allegedly being perpetrated by members of the security forces and Civilian Joint Task Force (CJTF) as well as by national humanitarian actors. For women and girls living in overcrowded displacement sites, resources are shrinking and their resilience is pushed to the limits. For those living in camps, freedom of movement is curtailed. Adolescent girls and women are forced into survival sex in exchange for food, authorization to move in and out of the camps to pursue livelihoods and other key necessities, including firewood.

Although **early/forced marriage** was commonly practiced among different communities in North East Nigeria before the armed conflict started, the number of such marriages has dramatically risen. This is partly due to the security and socio-economic difficulties families are going through in the camps and host communities; including increased poverty levels, reduced freedom of movement, lack of livelihood opportunities and food availability and a limited access to education. Marriage is often seen as a means of providing safety from abduction by the insurgents who are believed to not want to 'marry' already married women. Girls who have been sexually exploited during displacement and become pregnant are also being forced to marry in order to prevent social stigma from the pregnancy.

Vulnerability screening has also seen a dramatic rise in the number of identified cases of **domestic violence**. This involves men abusing their wives or refusing to provide for their needs and those of their children. The tensions of conflict and displacement, and the frustrations of men associated with resulting powerlessness and loss of traditional roles as the provider and head of household have reportedly manifested in increasing spousal abuse. Further, men have lashed out at their wives following a number of humanitarian initiatives in which support is mainly provided to women and girls. As domestic violence is often locally condoned rather than recognized as abuse in the North East, the drastic increase in the number of reported cases (1,552 HHs) speaks to the severity of violence.

A high number of vulnerable households report to have **elderly with pressing protection needs**, 76% of which are **elderly-headed**. Throughout the conflict-induced displacement, there has been a breakdown in family support structures with the deaths of caregivers of elderly, leaving many to now be left alone with no form of family support while often further needing to care for young grandchildren. Such elderly are disproportionately dependent upon humanitarian aid to meet their basic needs including food and may be unable to access services even in locations where such services are available due to

infirmities and disabilities. In locations such as Biu, Gulani, Michika and Chibok where humanitarian agencies are limited, vulnerable elderly face heightened risks.

Serious medical conditions, both chronic illnesses and critical health conditions, were reported (by 7% of vulnerable households) as well as **physical disabilities** (by 4% of vulnerable households), many of which were sustained through the conflict. Cultural norms in the North East often prevent the recognition and reporting of **mental disabilities**. Yet, a growing number of households identified mental disabilities manifesting from trauma experienced throughout the insurgency and displacement. In Banki, there was a noted rise in the reporting of mental health cases. As specialized mental health services are not available in newly accessible sites, cases are considered for referred to Maiduguri for proper care.

Nearly every single vulnerable household (99%) across the 12 LGAs reported to be unable to provide for their daily needs. Prolonged **absence of livelihood** opportunities has brought vulnerabilities in areas of displacement and return to critical levels, exacerbating risks of exploitation, malnutrition, health conditions and other protection risks. Lack of livelihood is also closely tied with the encampment policy in most LGA headquarters in newly accessible areas as well as restrictions that continue to be placed on IDP and IDP returnee movement which does not allow them to leave sites to pursue sources of income. Also, in locations such as Ngala, Damasak, Gwoza and Banki, IDPs and IDP returnees reported prevailing fears of Boko Haram attacks and abduction as camps and communities in such locations were repeatedly targeted by insurgents in 2017.

96% of vulnerable households **lack documentation**, which impedes access to basic services such as healthcare and education and hinders enforcement of land/property rights. Without identity documents, those in camps have had their freedom of movement curtailed, creating an environment in which camp authorities have forced some women and girls to trade themselves to obtain a movement permit to exit and enter camps. Further, cases have been reported where individuals whose identities cannot be ascertained have been arbitrarily **arrested and detained** without their family's knowledge of their whereabouts, or have otherwise been intimidated by authorities and community members.



PROTECTION RESPONSE

UNHCR and its partners analysed the specific vulnerabilities registered per household in the vulnerability screening database to provide **28,313** vulnerable households comprised of **132,742** individuals with tailored interventions in 2017, namely with referrals for specialized protection assistance (including child protection, SGBV and access to justice), livelihood support, birth certificates for children, protection-based material assistance and shelter support.

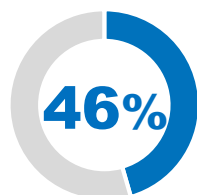
Despite an extreme lack of comprehensive protection services in many of the LGAs recently recaptured by the Government from armed groups, UNHCR and its partners were able to refer **5,042** cases for appropriate services, particularly on SGBV, access to justice and child protection. Cases referred further included interventions for those escaping/released from abduction, physically/mentally disabled, requiring medical assistance (for HIV, tuberculosis, hypertension, cholera and other serious medical conditions), requiring malnutrition support and requiring immediate assistance due to flooding or fires. Referrals were conducted directly to FHI 360 implementing partners for assistance, as well as through established referral pathways. **5,857** vulnerable households, particularly those headed by females and with survivors of sexual abuse, received UNCHR livelihood support, including through vocational skills training, financial literacy training to microbusiness owners, computer literacy and sustainable agriculture training, as well as the provision of start of kits to graduates of the training projects. **15,666** vulnerable households received critical legal documentation through the provision of birth certificates for **47,468** children. UNHCR provided **9,801** vulnerable households with protection-based material assistance, including solar lanterns, sanitary kits, a cooking set, charcoal and energy saving stoves, a mattress, blankets and other household necessities. **7,743** vulnerable households were further targeted through the vulnerability screening for shelter interventions, which included emergency shelter, shelter maintenance kits and cash assistance to provide for shelter construction materials and labour. Overall, vulnerability screening response achievements should be understood within the context of the full range of UNHCR interventions that have reached **148,227** households comprised of **803,688** individuals from January through November 2017.



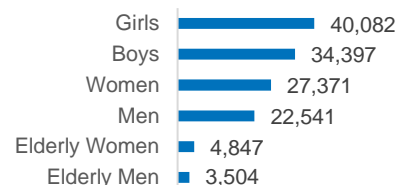
28,313

VULNERABLE HOUSEHOLDS REACHED WITH PROTECTION SERVICES

COMPRISED OF 132,742 INDIVIDUALS




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




of vulnerable households who received protection-based material assistance



of vulnerable households who received sustainable livelihood support



of vulnerable households who received appropriate shelter support (including in kind and cash-based)



of vulnerable households who received birth certificates for all children



of vulnerable households referred for specialized protection services (including CP, SGBV, access to justice, nutrition and health)

		# of vulnerable households who received protection-based material assistance	# of vulnerable households who received sustainable livelihood support	# of vulnerable households who received appropriate shelter support (including in kind and cash-based)	# of vulnerable households who received birth certificates for all children	# of vulnerable households referred for specialized protection services (including CP, SGBV, access to justice, nutrition and health)
BORNO	BAMA (INCLUDING BANKI)	2,258	1,434	1,434	2,258	327
	BIU	491	-	-	-	137
	CHIBOK	-	-	50	-	600
	DAMBOA	-	-	300	-	684
	DIKWA	1,576	-	500	-	672
	GWOZA (INCLUDING PULKA)	4,055	100	690	-	1,324
	MOBBAR (DAMASAK)	100	546	386	4,974	66
	NGALA (INCLUDING RANN)	-	2,400	2,530	8,434	732
YOBE	DAMATURU	1,321	827	1,153	-	63
	GUJBA	-	-	500	-	29
	GULANI	-	-	200	-	21
ADAMAWA	MICHIKA	-	550	-	-	387
Total		9,801	5,857	7,743	15,666	5,042