



•KEY FIGURES•

2.2M
in need

1M
Target

134,362
Reached

CASE INCIDENTS AND REFERRALS¹

- **206 were reported** out of which **49%** accounts for rape alone
- **56%** of the survivors are adults
44% were children
- **74%** of the cases were successfully referred
61% of them received psychosocial support care,
25% received medical services
13% received livelihood support services among others

KEY DEVELOPMENTS

PROGRESS TOWARDS STRATEGIC OBJECTIVES

During the reporting period, **134,362** individuals (**32,226** girls, **19,939** boys, **54,825** women, **27,281** men, **7** elderly Women, **84** elderly Men) were supported to access specialized services. Out of which **154** women and girls of reproductive age were provided with critical material assistance such as dignity kits and wood fuel for cooking among others, **15,708** women, men, girls and boys received Psychological First Aid plus other psychosocial support services, and **5,468** mainly women and girls were supported with a range of skills building and livelihood support services. Key advocacy initiatives have resulted into collaboration with the security sector to organise escorted movements for especially females to collect firewood outside the camp security perimeter

FIELD LEVEL COORDINATION AND REFERRAL PATHWAY VALIDATION WORKSHOP

During the reporting period, FHI360 in collaboration with the GBV Sub Sector secretariat organised referral pathway validation workshops for Ngala and Dikwa LGAs. Working in collaboration with IOM, FIDA has also developed a referral pathway specific to access to justice highlighting key steps that women, girls, men and boys can take to access legal and associated support. The sub sector has established a small task force that provides technical support to partners in enhancing field level coordination. The following key resources and tools have been developed and shared; GBV service mapping template, guidance note on GBV referral mechanisms, GBV referral procedures and checklist, GBV referral forms (Intake form, classification tool, inter agency GBV referral form), referral pathway templates, plus resources and handouts for field level referral pathway validation workshops.

GBV GUIDELINES ROLLOUT

The global GBV AoR Guidelines Task Team supported a mission to Nigeria to facilitate the implementation of the 2015 Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: reducing risk, promoting resilience and aiding recovery. One day training targeted the following sectors - protection, child protection, CCCM, shelter/ NFIs, WASH, Food security, Nutrition, and health where around 100 staff took part from national and INGOs. Common activities were identified across sectors while sector specific action plans were also developed to integrate the guidelines.

PSEA COMMUNITY BASED COMPLAINTS MECHANISM (CBCM) TRAINING

With support from the global PSEA task force on CBCM, a training was organised on Inter-agency coordination of CBCM for PSEA Focal Persons (FPs) from 26th to 28th July 2017. The three-day training introduced best practices and tools to help guide the inter-agency cooperation for PSEA activities in Nigeria including towards establishing a joint CBCM in Nigeria. Key action plans have been developed to take forward the development of SOPs for Nigeria and setting up of a joint inter agency CBCM to strengthen the PSES framework. .

CALL to ACTION (CtA) ON PROTECTION FROM GENDER BASED VIOLENCE IN EMERGENCIES MISSION

The Women's Refugee Commission (WRC) traveled to Maiduguri and Abuja from July 13 through July 21, on behalf of Call to Action partners on a scoping mission ahead of plans to roll out field implementation of the CtA Road Map framework as a planning and advocacy tool in north east Nigeria. The Call to Action is a multi-stakeholder initiative that aims to fundamentally transform the way humanitarian actors address gender-based violence (GBV) in emergencies. The goal is to ensure that every humanitarian response, from the earliest phases of a crisis, provides safe and comprehensive services for GBV survivors and mitigates the risks of GBV. The team met with stakeholders to discuss the project and gather colleagues' recommendations on how to undertake the project in ways that maximize support for GBV prevention and response efforts.

¹ The data shared is only from reported cases, and is in no way representative of the total incidence or prevalence of gender-based violence (GBV) in Nigeria. These statistical trends are generated exclusively by GBV service providers who use the GBV Information Management System for data collection in the implementation of GBV response activities in a limited number of locations across Nigeria and with the consent of survivors. This data should not be used for direct follow-up with survivors or organizations for additional case follow-up. The following information should not be shared outside your organization/agency/cluster/ministry.

THE UN USG AND SRSG ON SEXUAL VIOLENCE IN CONFLICT AND THE AU SPECIAL ENVOY ON WPS MISSION

The UN USG and SRSG on Sexual Violence in Conflict (SVC), Ms. Pramila Patten, and the AU Special Envoy on Women, Peace and Security (WPS), Ms. Bineta Diop, led a joint Mission Team to Maiduguri, Borno State. The Mission aimed to gain an insight (from key partners and affected people) into the main GBV related challenges in Northeast Nigeria, and to advocate with military and civilian authorities for the prevention and response to conflict-related sexual violence. It also provided an opportunity to advocate for the leadership of women for the transformation of Africa through the peace, security and development perspectives, inscribed in the joint United Nations-African Union “African Women Leaders Network”, while contributing to the implementation of the Framework of Cooperation between the UN and the AU concerning the prevention and response to conflict-related sexual violence in Africa.

During their time in Maiduguri, the USG SRSGSVC and AU SE on WPS met with the Governor of Borno State, the Borno State Theatre Commander, representative of the Civilian Joint Task Force, as well as IDP women and girls at Dalori 1 IDP Camp, Borno State Women in Civil Society, and humanitarian GBV response partners.



••Ms. Pramila Patten and UNFPA Humanitarian Coordinator, Ada Puoye (left) during a visit to Dalori IDP Camp, Maiduguri © UNFPA Nigeria

CO-COORDINATION OF GBV SUB SECTOR

To enhance leadership and coordination of timely response, the GBV sub sector embarked on a process of identifying an NGO Co-lead, an approach that is highly encouraged by the operational inter agency sector working group. Following a process of individual and group consultations, two NGOs – IMC and FHI360 were nominated. After consultations with their respective management, FHI360 was selected as the NGO Co-lead for the GBV sub sector, working closely with UNFPA to support the Ministry of Women Affairs and Social Development.

CAPACITY BUILDING

Targeting front line service providers, community structures to enhance GBV response. For instance, MdM trained 61 (24F and 37M) of their field staff on the GBV core concepts, guiding principles and identification, targeting both clinical and non-clinical staff, with the objective of engaging staff vigilance on identification and referral of cases of GBV for timely and quality medical care. In Damboa and Pulka, OXFAM organised two trainings focusing on protection, GBV basics, identification and referrals of cases.



KEY PERFORMANCE INDICATORS

GBV PROTECTION Key Performance Indicators	People in need	People targeted	People reached during reporting period	People reached since January 2017	Response coverage
<i>HRP GBV Strategic Objective 1: Increase access to a comprehensive and well-coordinated GBV services including livelihood support for survivors</i>					
Women and girls reached with critical material support	1,800,000	50,000	154	14,225	28%
Healthcare facilities providing GBV response services including clinical care for sexual assault survivors	N/A	200	0	75	38%
persons receiving lifesaving medical care (including clinical management of rape/sexual assault/violence)	5,000	2,500	0	248	10%
Women, girls, men and boys benefiting from PFA, case management and MHPSS services	2,453,672	368,050	15,708	174,585	47%
Persons supported with case management and referrals	25,000	7,361	534	5,117	70%
Facilities providing safety and security initiatives	N/A	35	0	31	89%
Women, girls and boys at risk of violence benefitting from existing safety and security measures within the communities	1,500,000	2,500	0	0	0%
Survivors and persons at risk of GBV benefitting from access to justice mechanisms	1,500	1,500	42	42	3%
<i>HRP GBV Strategic Objective 2: Increase awareness and enhance systems for the prevention of GBV including SEA through mitigating risk factors and strengthening community protection strategies</i>					
Survivors and persons at risk of GBV benefitting from livelihood initiatives	1,800,000	10,000	5,468	7,053	71%
Persons reached with capacity building/trainings on GBV and PSEA principles	2,600	1,200	777	2,153	179%
Persons sensitized on GBV & PSEA principles, existing mechanisms and/or engaged in community initiatives	2,453,672	250,000	111,156	270,043	108%
Community-based structures/mechanisms/strategies to monitor, report and respond to GBV-related issues	N/A	16	39	39	243%
<i>HRP GBV Strategic Objective 3: Mainstream GBV into all humanitarian response and maintain updated & comprehensive data needed to inform advocacy, planning, implementation and M&E of interventions</i>					
GBV advocacy initiatives conducted	N/A	15	0	0	0%
Existing tools and mechanisms for ethical GBV data and information management	N/A	30	0	0	0%
Existing functional GBV prevention and response coordination mechanisms/structures	N/A	12	0	9	75%
Sectors implementing action plans for GBV guidelines	N/A	10	0	0	0%



CHALLENGES/GAPS/NEEDS REPORTED BY PARTNERS

- Community based vigilante groups conduct regular patrols and checks in and around the camps and during food/NFI distribution to ensure camp security. However, they have no formal training on security and all security guards are men and possible threat to women and girls in the camps.
- Overcrowding in shelters(10-15persons) with no privacy leading to increased risk of sexual violence amongst others.
- Women and girls especially in these camps face increased risk of physical and sexual violence related to firewood fetching given that wood is the main source of energy and fetching water it is their role ensure its availability. In Garba Buzu for instance there is only one water source for 5204 inhabitants. Increased threats related with firewood have particularly been reported in Pulka, Garba Buzu, El Maskin, and Karwamela during the reporting period.
- Lack of functioning health facility to facilitate clinical response to GBV survivors in Mafa central town while in Yobe in adequate drugs and facilities for care and management of survivors have been reported.

SITUATIONAL OVERVIEW

Extreme levels of violence and destruction have characterized the ongoing insurgency in North East Nigeria. The conflict between the government of the Federal Republic of Nigeria and the Boko Haram group has widely affected the population in the states of Borno, Adamawa, Yobe, Gombe, Bauchi and Taraba. As the conflict intensified, women, girls and children have disproportionately been affected and the prevalence of gender-based violence has drastically increased. Reports indicate that 6 out of 10 females reported to have experienced one or more forms of GBV in the North East where sexual violence and GBV prevalence has increased by 7.7% since the conflict with Boko Haram began. For instance, survival sex has been reported by women/girls in many IDP camps in Borno, for variety of reasons including in exchange for food assistance and to gain freedom of movement in/out of camps.

Boko Haram also targets women and girls as a tactic of war. For example, through a process of radicalization, women are often used as suicide bombers². From Jan-December 2016 only, 43 women and girls and 4 males were used as suicide bombers]. Children as young as 7 years are also targeted in order to access crowded areas such food distribution areas]. Some survivors' accounts indicate that after rescue, the security personnel often subject them to further sexual abuse during the process of screening. The humanitarian needs for life saving Gender Based Violence (GBV) interventions are identified as needing urgent attention and prioritization beyond what the current response can meet.

Borno, Adamawa and Yobe, the most affected states are in the Lake Chad basin that is experiencing environmental changes and looming famine thereby leaving 1.4million people struggling with food insecurity. In Borno, as the rainy season approaches, there is looming situation of floods that threatens to cut off some Local Government Areas (LGAs) from accessing humanitarian assistance. This is in addition to disease outbreaks such as measles, meningitis, lasser fever and the potential for cholera outbreak during the rainy season as well as other crisis triggers such as the fire outbreaks in Konduga that affected thousands of people. Women and girls pay the heaviest price during such crisis situations as their coping capacity is over stretched in a context where the conflict has weakened and eroded the protection systems leading to their increased vulnerability to abuse and violence.

The potential to minimise the risks of and vulnerability to GBV and provide quality multi sector care for survivors is critical.

GBVSWG PARTNERS FOR JULY REPORT



GBVSWG PARTNERS FOR MONTHLY UPDATES



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²From Jan-December 2016 only, 43 women and girls and 4 males were used as suicide bombers. Children as young as 7 years are also targeted in order to access crowded areas such food distribution areas