



•KEY FIGURES•

KEY DEVELOPMENTS

MID YEAR REVIEW : PROGRESS TOWARDS STRATEGIC OBJECTIVES (JANUARY TO JUNE)

2.2M
in need

1M
Target

60,835
Reached

Between January and June, the GBV sub sector has made progress of **38%** towards achieving its strategic objectives within the HRP, reaching **376,481** individuals out of **1,000,000** targeted. During the reporting period, **180,783** individuals (**42,460** girls, **16,610** boys, **94,974** women and **26,659** men) were supported to access specialized services, out of which **14,071** women and girls of reproductive age were provided with critical materials assistance such as dignity kits and wood fuel for cooking among others.

158,887 women, men, girls and boys received Psychological First Aid plus other psychosocial support services, and **1,593** mainly women and girls were supported with a range of skills building and livelihood support services. **248** individuals, mostly women, adolescent girls and children received lifesaving medical care including post rape/sexual assault clinical treatment. **11,454** women, girls and boys at risk of or have survived violence benefitted from existing safety and security measures including **30** female and youth friendly safe spaces in Adamawa, Borno and Yobe; and one safe shelter facility for sexual violence/assault and other GBV survivors in Adamawa state. 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.

Overall, although there is huge room for improvements and to perform better. Tremendous progress has been registered towards achievement of targets for indicators contributing to strategic objectives 1 and 2 where implementation data has been available. Strategic objective 3 has registered the least progress because of existing gaps in human resource. The performance of the sub sector may reflect **38%** progress towards achievement of the annual target, the realities on ground and interactions with partners reveal that the needs of especially women, adolescent girls, children and a small percentage of boys remain **COMPLEX**.

GBV PARTNERS TRAINING

The GBV Sub sector-working group organised training for partners in Adamawa state on GBV in emergencies programming and coordination. The two day training brought together about **25** representatives from International Organisations but mostly National Organisations including the relevant directorates within the State Ministry of Women Affairs and Social Development (MoWASD) and other key ministries. The overall objective of this training was to equip caregivers with skills to efficiently provide gender and culturally-appropriate GBV response with ethical data collection and reporting skills.

ACCESS TO JUSTICE

To facilitate access to justice survivor of GBV, UNHCR in collaboration with legal partners and the police facilitated the arrest of **29** perpetrators (GBV related) within the period of January and June. This is a huge step given the challenges and silence associated with reporting and help seeking behaviour in the affected region. Partners have so far together facilitated the prosecution and secured the conviction of 8 perpetrators between April and June, while **21** are currently undergoing trial procedures

FIELD LEVEL COORDINATION

During the reporting period, partners organised monthly field coordination meetings in Gwoza by IOM, Ngala and Dikwa by FHI360 and Biu by Mercy Corps. 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 3-member task force that provides technical support to partners in enhancing field level coordination.

NIGERIAN HUMANITARIAN FUND - FIRST ALLOCATION

Following the launch of the NHF - a Country-Based Pooled Fund (CBPF) in support of life-saving humanitarian and recovery operations in February 2017 - the NHF Advisory Board requested the launch of a first round NHF Allocation 2017. A total amount US\$ 10,000,000 has been made available for the first NHF split between the three allocation priorities including protection, inviting eligible implementing partners to provide funding proposals. For enhanced protection of civilians in vulnerable communities and those trapped in conflict areas, US\$: 1,500,000 was made available to enable humanitarian agencies to provide urgently required community based protection programs and monitoring support to highly vulnerable populations in priority geographic locations such as Rann, Pulka, Kaga, Banki, Ngala. Assisting vulnerable women, girls and at risk within IDP and host communities by providing timely and comprehensive survivor centred response to GBV, as well as improved access to well-coordinated child protection services and psychosocial support activities.

CLINICAL MANAGEMENT OF RAPE TASK FORCE

Partners have often discussed challenges with Clinical Management of Rape/sexual assault (CMR) services ranging from supplies to facilities, existing capacity to administer the protocol, awareness of existing services among others. The GBVSWG during the May monthly meeting established a CMR task force that will be working closely with the coordinator Reproductive Health Sub Sector Working Group (RHSWG) to address these challenges. In the month of June, the task force had its inaugural meeting where key challenges related to the supply and distribution pipeline as well as access to services at the health facilities were discussed. Key next steps include an assessment of Kit 3 (rape treatment drugs) as well as the protocol for clinical care for sexual assault survivors.

TRAINING FOR SECURITY SECTOR

As part of the capacity building efforts, UNHCR and partners conducted training on GBV and PSEA targeting **142** law enforcement officers, military, Civilian Joint Taskforce (25 CJTF) and Protection Action Groups drawn from the IDP camps and host communities. Topics covered include prevention of SEA, basic SGBV concepts, coordination of referrals to specialised service providers and handling child survivors of SGBV.

PEER-2-PEER SUPPORT MISSION

Peer-2-peer support mission to support the humanitarian leadership in Nigeria took place between the 6th and 17th June, 2017. Notable during this mission was the appreciation that the HCT and OHCT have set their sights clearly on several critical issues such as GBV, addressing sexual exploitation and abuse (SEA) by humanitarian workers, and looking at how recovery opportunities and sustainable solutions for IDPs relate to the relief efforts, amongst other things. Key recommendations from the series of consultations (whereas the GBV Sub Sector also participated) include the need for centrality of protection strategy to enable leadership focus on key critical issues, the establishment of a Strategic Advisory Group (SAG) for GBV and sustained efforts to strengthen the framework for GBV and SEA prevention and response.



••Participants at a GBV guidelines rollout training held in Borno © UNFPA Nigeria



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 | 196 | 14,071 | 28% |
| Healthcare facilities providing GBV response services including clinical care for sexual assault survivors | N/A | 200 | 10 | 75 | 38% |
| persons receiving lifesaving medical care (including clinical management of rape/sexual assault/violence) | 5,000 | 2,500 | 248 | 248 | 10% |
| Women, girls, men and boys benefiting from PFA, case management and MHPSS services | 2,453,672 | 368,050 | 22,901 | 158,877 | 43% |
| Persons supported with case management and referrals | 25,000 | 7,361 | 41 | 4,583 | 62% |
| Facilities providing safety and security initiatives | N/A | 35 | 31 | 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 | 0 | 0 | 0% |
| <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 | 430 | 1,593 | 16% |
| Persons reached with capacity building/trainings on GBV and PSEA principles | 2,600 | 1,200 | 274 | 1,376 | 114% |
| Persons sensitized on GBV & PSEA principles, existing mechanisms and/or engaged in community initiatives | 2,453,672 | 250,000 | 36,416 | 195,325 | 78% |
| Community-based structures/mechanisms/strategies to monitor, report and respond to GBV-related issues | N/A | 16 | 0 | 0 | 0% |
| <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 | 9 | 9 | 75% |
| Sectors implementing action plans for GBV guidelines | N/A | 10 | 0 | 0 | 0% |



CHALLENGES/GAPS/NEEDS REPORTED BY PARTNERS

- The absence GBV partners in some rural locations and lack support from protection partners in terms of following the cases due for prosecution in the courts of law. Such support could include legal counselling, legal advice, transport to and from court among others. This is coupled with the practice of traditional justice where local leaders settle GBV cases at home instead of seeking the counsel of the courts of law.
- Interference from community leaders (Lawans) who tend to dictate the implementation processes of the project activities as well as identification of beneficiaries. This limits access to the individuals that are most vulnerable to abuse and violence for GBV protection interventions.
- Insecurity affecting the delivery of humanitarian assistance to the population at risk of violence. During the reporting period, there has been an increase on the activities of Boko haram in key locations in MMC, Jere, Konduga and Monguno where key partners are operating. This has impacted on interventions due to suspension of activities or prolonged processes for security clearance. The community members continue to leave in fear of new attacks and therefore affecting their participation in community events.
- Due to ongoing population movements, some survivors whose cases have been documented and are undergoing case management end up not receiving full range of services and couldn't be followed upon.
- With the onset of the rainy season, many activities have also been disrupted due to heavy rains and floods.

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, lassa 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



Family Health International
International Medical Corps
International Medical Corps
International Organization for Migration
International Rescue Committee
Mercy Corps
Plan International
Secours Islamique France
The Alliance for International Medical Action
United Nations Population Fund

GBVSWG PARTNERS FOR MONTHLY UPDATES



NHRC
Family Health International
International Medical Corps
International Organization for Migration
International Rescue Committee
Secours Islamique France
The Alliance for International Medical Action
United Nations Population Fund
Yobe State Specialist Hospital

¹ 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