

GENDER AND THE COVID-19 NATIONAL RESPONSE IN NIGERIA

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The Covid-19 Pandemic In Nigeria

The novel coronavirus (COVID-19) was declared a global pandemic by the World Health Organization (WHO) on 11 March 2020. In Nigeria, the Federal Ministry of Health confirmed the first case of COVID-19 in Lagos State on 27 February 2020. To enhance a comprehensive response to the crisis, the Federal Government of Nigeria established the 'Presidential Task Force for the Control of Coronavirus (COVID-19) Disease' on 07 March 2020. The Task Force is responsible for implementing the Government's National COVID-19 Multi-Sectoral Pandemic Response Plan.

Measures to address the escalating COVID-19 crisis in Nigeria include the enforcement of movement restrictions in Lagos State, Abuja (Federal Capital Territory), and Ogun State - the regions at the epicenter of the pandemic in the country. All schools, universities and businesses in these states have been closed, except for businesses selling essential items such as groceries and medicines. Several states across the country including Adamawa, Bauchi and Kaduna states have also imposed similar lockdowns. All airports in the country are closed to international flights until at least 23 April 2020. These measures have been accompanied by the announcement of the Government's approval of N15 billion (\$38.6) million to support national efforts to fight the COVID-19 pandemic. The Federal Government also announced that cash transfers will be made to the most vulnerable, targeting an identified 10.65 million people across the country, and that Internally Displaced Persons (IDPs) would receive two months of food rations.¹

This brief highlights some pertinent gender considerations and recommendations to inform immediate responses to the outbreak of the COVID-19 pandemic in Nigeria.

Why Apply A Gender Lens To The Covid-19 Response In Nigeria? What Needs To Be Done?



Inadequate access to information and health services

Traditional gender roles ascribed to women often means that they are primary care-givers for sick family members, a situation which exposes them to the risk of contracting and transmitting the coronavirus. At the same time, many women and girls living in rural areas, poor urban settlements, and IDP camps often have limited access to reliable information and adequate healthcare. As primary care-givers for sick family members, women's access to accurate and reliable information and their access to adequate healthcare is critical, to enable them protect themselves and their families from the virus.

Recommendations

- The Federal and State Governments should support the development and dissemination of messages specifically targeted to, and easily accessible by vulnerable women, including women with disabilities (through use of sign language, local language). Messages should recognize women's roles as caregivers and communicate information on when and how women can access health facilities
- The Government of Nigeria, and relevant communication bodies, including the National Orientation Agency, should partner with women's organizations, networks and local influencers to raise awareness and disseminate information to vulnerable women, including those in remote areas
- The Ministry of Health, donors and other partners in the health sector should scale-up efforts to enhance access by vulnerable women and girls to healthcare facilities



Increased gender-based violence (GBV) and protection risks

Women and girls are at greater risk of experiencing increased gender-based violence including domestic abuse, as a result of prolonged periods of confinement within homes and increased tensions within households due to economic hardships. Police reports from China suggest a threefold increase in domestic violence since the COVID-19 outbreak began.² The closure of schools for an extended period is also likely to lead to increased drop-out rates among girls, which can increase the prevalence of child marriage in communities where early marriage is already widely practiced. Furthermore, with health and law enforcement services burdened with responding to the COVID-19 outbreak, access to GBV and sexual and reproductive health services will be limited.

Recommendations

- The Government should ensure the continuation of GBV and sexual and reproductive health services, as "essential services" under the COVID-19 response. This includes strengthening coordination between health and law enforcement services to ensure that shelters and one-stop centers remain open, and that capacity for hotlines and the Family Support Unit and Gender Desk of the Nigerian Police Force is scaled-up to ensure ongoing reporting and action on domestic abuse and other forms of GBV
- The Government must work with relevant partners, including women's organizations and networks, to disseminate information on how to access GBV and sexual and reproductive health services, including hotlines, in a constrained environment
- The Ministry of Education and partners in the education sector should support the distribution of home-schooling resources and materials as part of efforts to ensure continuity of girls' learning and education



“The majority of health workers are women and that puts them at highest risk. Most of them are also parents and care givers to family members. They continue to carry the burden of care, which is already disproportionately high in normal times. This puts women under considerable stress”

- UN Women Executive Director, Phumzile Mlambo-Ngcuka



Employment, economic and livelihood impacts

The steep decline in oil prices and the adverse impact of the pandemic on economic activity will have a profound impact on Nigeria’s economy.³ Nigerian women are particularly vulnerable to economic recession as they are over-represented in insecure lower paid jobs in the informal sector and mainly operate small and micro enterprises to ensure their day-to-day survival.⁴ Furthermore, the direct implications of prevention measures such as travel restrictions, will have adversely impact livelihoods and economic security of women in the informal sector. While government-imposed restrictions on the physical movement of citizens are currently necessary, they tend to increase women’s burden of household care, which leaves them with less time to access or choose potential livelihood options. This creates multiple economic disadvantages for women, which heighten their overall vulnerability to the pandemic, particularly from the occupational epidemiology and mental health perspectives.

Recommendations

- The Government should expand the coverage of existing social protection schemes to provide income replacement support directly targeted to vulnerable women (cash or food transfers), with priority attention to women in the informal economy and female-headed households
- The Federal and State Governments should prioritize economic stimulus packages to support socio-economic recovery for the most vulnerable women. This includes developing targeted women’s economic empowerment interventions and facilitating cash transfer programmes to mitigate the impact of the outbreak and supporting them to recover and build resilience to future shocks
- The Government, private sector and development partners should adopt affirmative procurement measures through the procurement of goods and services from women-owned businesses and cooperatives



Inclusive response planning, decision-making and coordination at all levels

The front-line health professionals and workers most exposed to the infectious diseases are likely to be women: nurses, nurse aides, teachers, cleaners and those providing care to the sick, though they are very often not at the forefront of decision-making in the management of health crises. This is even more so for the most marginalized women and girls, including women with disabilities, women in IDP camps, prisons and detention centers. Yet, understanding the specific needs and vulnerabilities of different categories of women and drawing on their contributions to shape planning response interventions and resourcing is necessary for attaining sustainable outcomes. Evidence from previous disease outbreaks demonstrates that the availability of data that addresses the gendered dimensions of the outbreak support the development of more effective policies and solutions.

Recommendations

- The expertise of the Ministry of Women Affairs must be solicited to inform the work of the Presidential Taskforce and other national-level pandemic coordination efforts, and similar mechanisms established at state levels
- Government and international partners should engage women’s groups and networks as part of outreach and coordination efforts to ensure they are part of decisions-making to drive health solutions at all levels
- Community engagement teams established to support outreach efforts should be gender balanced and include young women. Existing structures through which women mobilize and lead, such as peace committees, camp management structures and cooperatives should be harnessed to shape and guide local response effort
- The Federal and State Governments should systematically collect disability, age and sex-disaggregated data on the outbreak to facilitate more targeted and effective planning and implementation of the emergency response and to facilitate enhanced understanding of the gendered differences in prevention, exposure and treatment

¹ <https://www.aljazeera.com/news/2020/03/nigeria-announces-lockdown-major-cities-curb-coronavirus-200330095100706.html>

² <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

³ “Potential socio-economic impacts of coronavirus on West Africa” UNECA Brief, 18 March 2020

⁴ Women and Men in the Informal Economy: A Statistical Picture, ILO, 2018