

RAPID GENDER ANALYSIS

North East Region, Nigeria



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ACRONYMS AND ABBREVIATIONS

BAY	Borno, Adamawa and Yobe
COVID-19	coronavirus disease 2019
GBV	gender-based violence
IDP	internally displaced person
KII	key informant interview
NCDC	Nigeria Centre for Disease Control
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	water, sanitation and hygiene

EXECUTIVE SUMMARY

The ongoing humanitarian crisis in North East Nigeria, driven by the Boko Haram insurgency and the counter-insurgency operations by government and security forces, has left 7.9 million people¹ in need of humanitarian assistance. Of these, more than 1.8 million are internally displaced. Borno, Adamawa and Yobe (BAY) States host the highest proportion of internally displaced persons, 54 per cent of them female.² The current situation in the most conflict-affected states (the BAY states) presents a major challenge to efforts to mitigate the impact and spread of coronavirus disease 2019 (COVID-19) in Nigeria. This is due to pre-existing vulnerabilities as well as overcrowded settlements inside and outside internally displaced person (IDP) camps, which make social distancing almost impossible.

To contain the spread of the virus, the Government of Nigeria has introduced several measures, including restricting movement and social gatherings. These measures, which are in line with global guidelines, are affecting humanitarian access and operations, resulting in a decreased capacity to reach the affected populations.

As women make up 81 per cent of the overall crisis population and 87 per cent of the newly displaced,³ the reduction in life-saving and recovery interventions has a disproportionate impact on women and girls. Similar to any other global emergency, the primary and secondary effects of COVID-19 will impact the lives of women, men, boys and girls differently, and emerging evidence suggests that the pandemic is magnifying existing inequalities, including gender inequalities. Therefore, understanding the gendered impact of COVID-19 is paramount to designing and implementing humanitarian assistance that effectively meets the needs of the affected population.

To achieve this, UN Women, CARE International and Oxfam conducted a joint Rapid Gender Analysis in Borno, Adamawa and Yobe States to understand the gender-related and comparative impact of COVID-19 on women, men, boys and girls. The purpose of this Rapid Gender Analysis is to inform the design, programming, implementation and monitoring of humanitarian response towards COVID-19, particularly for the North East region in Nigeria.

1 OCHA, *Humanitarian Needs Overview*, 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_2020hno_30032020.pdf.

2 IOM DTM, *Displacement Report 31*, February 2020, <https://dtm.iom.int/reports/nigeria-%E2%80%94-displacement-report-31-february-2020>.

3 OCHA, *Humanitarian Needs Overview*, 2020, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_2020hno_30032020.pdf.

KEY FINDINGS

- COVID-19 is amplifying deeply entrenched gender inequalities that are putting women at higher risk of the pandemic's social and economic impact.
- Water, sanitation and hygiene services, as well as health services, are lacking or quite limited in IDP camps, making COVID-19 prevention measures severely inadequate.
- The economic impact of COVID-19 is increasing stress and tension in households and leading to an increase in the frequency and severity of intimate partner and domestic violence, which disproportionately affects women and girls.
- Loss of income among households is posing an alarming financial challenge and potentially affecting the current and future livelihoods of vulnerable households, especially female-headed households, as well as persons with disability.
- There are limited prevention mechanisms and response services to address gender-based violence (GBV) and sexual and reproductive health for women and girls, including psychosocial support.
- COVID-19 and associated measures to curb its spread, coupled with the security situation, are limiting humanitarian assistance, leading to a gap in meeting urgent humanitarian needs.
- COVID-19 has disrupted income-generation activities and livelihoods, which results in pushing the affected population, especially women, back into extreme poverty.
- The pandemic threatens to roll back even the limited gains made around women's participation in leadership and decision-making structures across the BAY states, and any lost progress will take years to regain.
- The prolonged closure of schools along with financial difficulties put girls at risk of child marriage.
- Women and youth (both boys and girls) are generally missing from the decision-making structures, both at the community level and in high-level institutionalized decision-making processes.

KEY RECOMMENDATIONS

Care economy and access to information and services

- Recognize that the added care burden for women is a factor that increases the risk of infection; as such, women need to be targeted with risk communication and training, and provided with relevant personal protective equipment.
- Improve the preparedness of IDP camps for pandemics such as COVID-19 through accurate, culturally attuned, gender-sensitive education and provision of essential services, including shelter, health, and water, sanitation and hygiene (WASH).
- Increase the provision of WASH services, particularly in IDP camp settings.

Research

Regularly collect and analyse sex-, age- and disability-disaggregated data and conduct multi-stakeholder rapid gender analysis.

Safety and gender-based violence

- Address, as a matter of urgency, the gap in access to WASH and health services.
- Humanitarian actors, and in particular humanitarian leadership, should define protection services, especially those related to sexual and gender-based violence, as essential services, and increase funding for essential GBV services, including psychosocial support in IDP camps and host communities.
- Increase advocacy efforts on the prevention of child marriage.

Economic well-being

- Adapt innovative and targeted economic measures to protect the income-generating activities of the affected population, especially women, who are disproportionately impacted due to socially ascribed gender roles.
- All humanitarian actors to prioritize livelihood and food security interventions, especially for female-headed households, pregnant women, nursing mothers, children under five and IDP populations.

Leadership and participation

- Increase the number and impact of women in leadership and decision-making structures for the COVID-19 response at all levels.
- Address social norms and engage males in change efforts and in the advancement of gender equality and the empowerment of women and girls.
- Recognize and amplify the voices and impact of women-led and youth organizations in community education and engagement.
- Humanitarian actors to engage community members – including women, youth (both boys and girls), and traditional and religious leaders – equally in analysis and problem solving in addressing COVID-19 and any public health crisis.

INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic is considered to be the most alarming health crisis that the world has grappled with in decades. First detected in China's Hubei Province in late December 2019, the novel coronavirus SARS-Cov-2, which causes COVID-19, has since spread exponentially, with over 14.7 million¹ documented cases and 612,054 deaths across 220 countries and territories as of 22 July 2020.

In Nigeria, the first case of COVID-19 was confirmed in Lagos State on 27 February 2020. Since then, the country has seen a spread to all 36 states and the Federal Capital Territory.² As of 31 of May 2020, 10,162 (68 per cent male and 32 per cent female) cases were documented, with 287 deaths. A total of 361 confirmed cases and 37 deaths were recorded across Borno, Adamawa and Yobe States as of 31 May 2020, with Borno reporting the highest number of cases (75 per cent), followed by Yobe (14.5 per cent) then Adamawa (10.5 per cent). Data from the Nigeria Centre for Disease Control (NCDC) indicates that Borno State recorded 27 deaths as of 31 May 2020, which is the highest among the three most conflict-affected states.

While there is no clear gender-responsive data globally on mortality, early evidence suggests that people with pre-existing medical conditions (e.g. asthma, diabetes and heart disease) and older people are most likely to become severely ill upon contracting the virus, with higher prevalence rates among men. In Nigeria, people aged 31 to 40 are the most affected age group. Emerging evidence also suggests that the various demographic groups are experiencing the effects of the pandemic differently. There are impacts related to access to health care, accurate

information and WASH services; a reduction in livelihood/income opportunities; disruption of children's education; interruption of life-saving sexual and reproductive health services; and increased household violence (both intimate partner and other domestic violence). All of these impacts disproportionately affect women and girls.

Before the COVID-19 pandemic, North East Nigeria had already been devastated by the ongoing humanitarian crisis, which has been classified as one of the most severe in the world today. Across the three crisis-affected BAY states, 7.9 million people out of a total of 13 million – more than one in two people – need humanitarian assistance in 2020. This 11-per cent increase since 2019 has been driven by an upsurge in violence and insecurity.³ Over 80 per cent of IDPs are in Borno State, the epicentre of the crisis. One in four internally displaced people are under five years of age, and 79 per cent are women and children. Over 60 per cent of IDPs are living in host communities, making it harder to access IDPs with assistance, and as such IDPs are putting additional strain on the already overstretched resources of these communities. In 2020, over 79 per cent of people living in Borno State require humanitarian assistance.

¹ World Health Organization, <https://covid19.who.int/>.

² NCDC, *COVID-19 Situation Report 93*, file:///C:/Users/lilian.unaegbu/Downloads/An%20update%20of%20COVID-19%20outbreak%20in%20Nigeria_310520_23%20(1).pdf.

³ OCHA, <https://www.unocha.org/nigeria>.

THE RAPID GENDER ANALYSIS OBJECTIVES AND METHODOLOGY

Objectives

The overall goal of the Rapid Gender Analysis for the North East region is to identify and analyse the different current and potential impacts of the COVID-19 pandemic on women, men, girls and boys, and on certain other vulnerable populations in Borno, Adamawa and Yobe States. The analysis has the following key objectives:

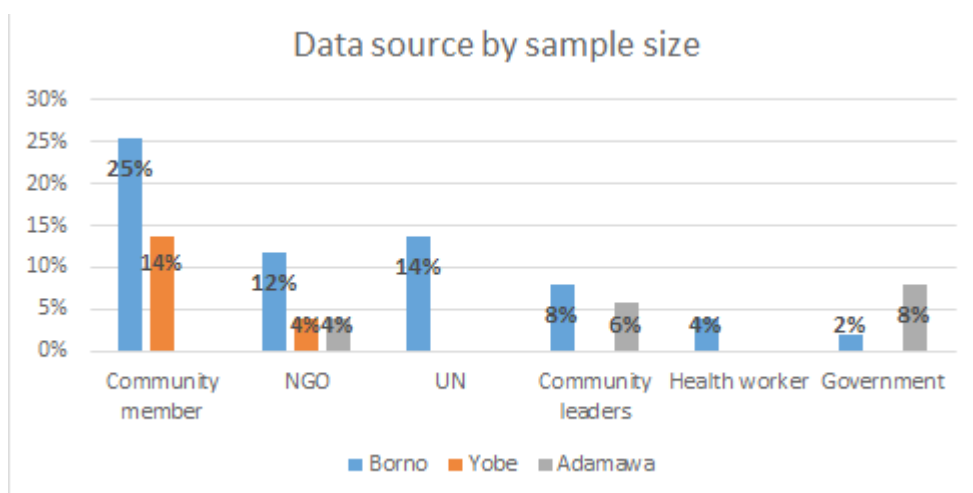
- To assess how gender roles and responsibilities may exacerbate the impact of the COVID-19 pandemic on women, men, girls and boys, and other vulnerable populations in Borno, Adamawa, and Yobe States
- To inform COVID-19-sensitive response interventions tailored to the differentiated needs of women, men, girls and boys
- To provide recommendations for a Covid-19-sensitive approach, with a particular focus on livelihoods, women's economic empowerment, gender-based violence and protection, access to sexual and reproductive health and essential health services, including information, and women's leadership and participation in the Covid-19 response
- To provide an initial resource that will inform a multisectoral Rapid Gender Analysis exercise

Methodology

This qualitative Rapid Gender Analysis adapted the CARE Rapid Gender Analysis framework, which is designed specifically for use in humanitarian interventions and for disaster preparedness. The analysis is based on the review of secondary and primary data collected from 6 May to 21 May 2020 in the three BAY states, in which UN Women, CARE International and Oxfam operate.

Primary data collection adopted a mixed, adaptive methodology, combining online surveys and remote interviews using tools such as WhatsApp, phone calls and in-person interviews, based on access, and applying the “do-no-harm” principles. The key informant interview questionnaire targeted humanitarian workers, government personnel, internally displaced persons and host community members. Data was collected by UN Women staff and CARE and Oxfam enumerators who were trained on the use of the tools. A sample size of 51 (49 per cent of the respondents were female, while 51 per cent were male) participated in the interviews and online survey. They included community leaders (20 per cent; 8 per cent female and 12 per cent male), individual men and women in IDP camps and host communities (37 per cent; 12 per cent female and 25 per cent male), UN agency personnel (8 per cent; 2 per cent female and 6 per cent male), international organization personnel (23 per cent; 13 per cent female and 10 per cent male), health workers (4 per cent; 2 per cent female and 2 per cent male), government ministry staff, and personnel from women's

FIGURE 1



rights organizations (8 per cent; 4 per cent female and 4 per cent male). IDPs made up 21 per cent of the community members interviewed. Figure 1 shows the distribution of respondents by location in the BAY state.

The secondary data was based on resources such as humanitarian needs overviews, response strategies and sectoral government plans, as well as available information from humanitarian organizations.

Ethical Considerations

To mitigate various risks faced by staff and communities, including the risk of exposing staff, community members and other participants to COVID-19, the “do-no-harm” approach was prioritized during the data collection process. Primary data collection was conducted remotely by phone and online surveys, and, where appropriate, face-to-face interviews were conducted per the appropriate social distancing guidelines. Data protection, confidentiality, and security of the respondents were ensured by using informed consent practices. All staff involved in the data collection had informed knowledge about the prevention of sexual exploitation and abuse and access to accountability mechanisms.

Methodological Limitations and Challenges

This Rapid Gender Analysis was primarily constrained by available resources and time. Due to movement restrictions, reaching out to diverse groups was a challenge, and there was limited access to some key informants such as government officials and humanitarian response leaders, who were busy responding to the COVID-19 pandemic. The absence of COVID-19 sex-disaggregated data in the target states also affected the Rapid Gender Analysis. Additionally, the time for primary data collection was very short, so the sample sizes are limited and, as such, are not adequately representative of the whole population in the BAY states. Persons lacking access to a phone, often the most vulnerable, were excluded from participating as respondents. Likewise, disruption in telecommunication networks limited the data collection process.

Overall, lockdown measures and restrictions on movement in the BAY states made it challenging to assess the extent to which the pandemic had shaped the response and impacted the needs of women, men, boys and girls. The analysis will, therefore, value early signs and examples of the impact of the pandemic and the planned response to target these, and will note some of the predictions from key informant interviews.

DEMOGRAPHIC PROFILE

The total population in the BAY states currently stands at 13 million people¹; 7.9 million women, men, boys and girls in this population are in urgent need of humanitarian assistance in North East Nigeria in 2020: 2.5 million girls (31 per cent), 2.2 million boys (28 per cent), 1.6 million women (20 per cent), 1.3 million men (17 per cent), 0.2 million elderly women (2 per cent) and 0.2 elderly men (2 per cent).

Sex- and age-disaggregated data for COVID-19 is unavailable for the targeted states of Borno, Adamawa and Yobe, but as of 31 May 2020 the Nigeria Centre for Disease Control² had confirmed a total of 10,162 cases of COVID-19, which had resulted in 287 deaths in 36 states, including the Federal Capital Territory. Available statistics from NCDC indicate that 68 per cent of the cases are men, while 32 per cent are

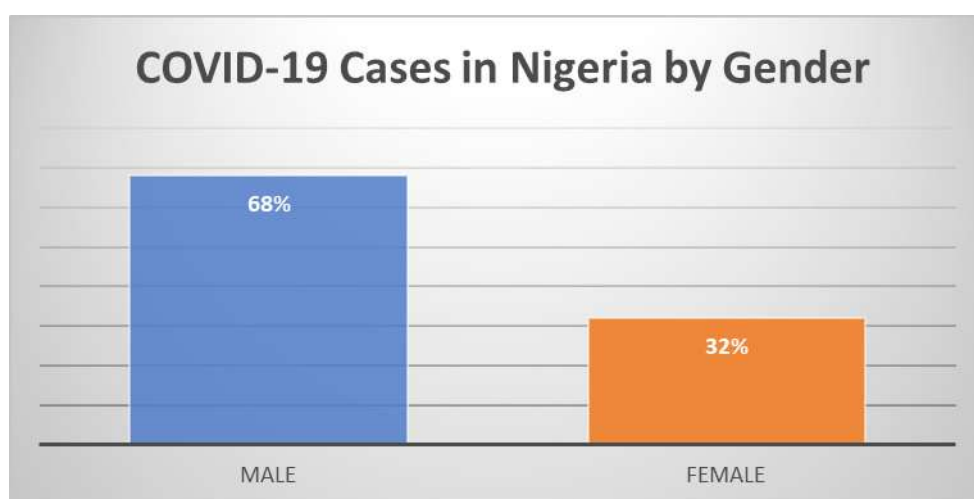
female, with the age range of 31–40 years being the most affected. This is in line with emerging global data that suggests that men are more at risk compared to women. A total of 361 confirmed cases and 37 deaths were recorded across Borno, Adamawa and Yobe States as of 31 May 2020, with Borno reporting the most cases (75 per cent), followed by Yobe (14.5 per cent) and Adamawa (10.5 per cent). Data from NCDC indicates that Borno State recorded 27 deaths as of 31 May 2020, which is the highest among the three most conflict-affected states. Evidence from other global health pandemics such as the Ebola outbreak³ suggests that women and girls often suffer from secondary implications – such as GBV and loss of income – during health crises more than men.⁴

1 <https://reliefweb.int/report/nigeria/nigeria-humanitarian-response-plan-2020-march-2020>.

2 National Centre for Disease Control, *COVID-19 Situation Report*, 31 May 2020.

3 “Gender Dimensions to the Ebola Outbreak in Nigeria”, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5452690/>
4 UN Women Nigeria, *Gender and the COVID-19 National Response in Nigeria*.

FIGURE 2



Source: NCDC, *COVID-19 Situation Report*, 31 May 2020

FINDINGS AND ANALYSIS

Gender Roles and Responsibilities

Control of Resources

Before the pandemic, household resources were usually controlled by a male head, except in female-headed households. The COVID-19 pandemic is disrupting established gender roles due to the immediate effects of lockdown measures and possible longer-term socio-economic impacts.

Opportunities for traditional male income-earning activities outside of the home, including jobs such as carpentry and motor repair, are limited because of the pandemic. Without the possibility of earning an income, men's status in the household is threatened, as they are no longer able to provide as breadwinners. Men are traditionally less concerned with family hygiene matters and other caretaking responsibilities. As such, traditional gender roles might be challenged in situations where the domestic sphere, traditionally associated with women's reproductive roles and responsibilities, is elevated under lockdown.¹ "It is women who take care of the community. With the new circumstances, women take more leading roles."²

¹ KII Protection Cluster, 4 May 2020.

² Ibid.

GENDER ROLES AND RESPONSIBILITIES

"For women who live with elderly persons, they are left to care for them alone. In many cases, those with husbands are able to access resources in the house, while in some families women without husbands are at the mercy of the eldest person in the family, which is most times male, for accessing resources." – **Male, Borno State**

I have been the only one working to earn money; my husband does not have a source of income. Sometimes he pushes water for sale. Now people do not even have money to buy." - Key informant interview with female IDP in Borno State³

Despite the disrupted gender roles, most men have not taken up domestic roles, as traditionally in North East Nigeria this would be "emasculating". Having also lost their role as the "provider", this creates added tension in the household and is often associated with the reported increase in sexual and gender-based violence as men resort to violence against women to regain their traditional position of power.⁴

The shift in traditional sources of power and influence can also be observed at the macro level – when houses of worship are locked down, traditional and religious leaders lack their arena of influence.

Across the BAY states, women are disproportionately affected, as harmful social and gender norms dictate that women and girls should be responsible for procuring and cooking food for the family. This adds stress to women's lives and may affect their mental well-being.

Division of (Domestic) Labour

Existing gendered norms have further increased responsibilities for women and girls as caregivers for sick family members, thereby exposing them to the risk of becoming infected and transmitting COVID-19, particularly in situations of limited access to information and WASH facilities. This was also seen during the Ebola outbreak in West Africa.⁵ Also,

³ KII with community members in Borno.

⁴ "COVID-19 Fallout: Stakeholders Bemoan Rising SGBV, Assault Cases, Unplanned Pregnancies", *The Guardian*, 11 April 2020.

⁵ S. A. Abramowitz et al., "Community-Centered Responses to Ebola in Urban Liberia: The View from Below", *PLOS Neglected Tropical Diseases* 9(4): e0003706, 2015, <https://doi.org/10.1371/journal.pntd.0003706>.



Aishatu Usman, a beneficiary of income-generating activity training, delivers a step-down training on soap making with local women at El-Miskin Centre Camp, Maiduguri, Borno State.



Through the income-generating activity training, local women at El-Miskin Centre Camp are empowered to be financially independent. Photos: UN Women/Aishatu Abdel-Latif



with more people staying at home due to lockdowns and quarantine situations, women and girls are burdened with additional household tasks, thereby increasing their domestic and unpaid workload. Where there are younger children, boys are engaged in chores. Men have largely ignored the opportunity to take on a portion of household chores, and this is not expected to change any time soon. Men's focus tends to look towards lockdown restrictions being lifted so that they may return to work to financially support their families.

Religious and local leaders are espousing the potential benefits of new norms, if men were to take on different tasks, but the community is largely resistant to change. As stated by a religious leader in Bama trying to lead the change: "It has not changed; women still do the unpaid work. The man is in control of the resources to date; it has not changed since COVID-19." However, a few individual examples provide hope for changing norms. One key informant interviewee from Stadium Camp in Borno indicated that she was in control of household resources: "I am in control of my money. When my husband gets, he provides for us and I support him. I have been the only one working to earn money; my husband does not have a source of income. Sometimes he pushes water for sale. Now people do not even have money to buy."

Income-earning Activities

The BAY states are likely to experience increased economic damage because of the ongoing conflict. Emerging evidence suggests that this will be exacerbated by COVID-19 pandemic associated measures, including social distancing and restrictions.⁶ Women small business owners selling foodstuff in the market were less affected than male day labourers, as they were dubbed "essential services". As one key informant put it, women were reported as being the primary provider, while men, who have less opportunity to work, are secondary providers.

Women and girls – mostly in cooperative societies and women-friendly spaces – who received training with support from humanitarian organizations and

were engaged in income-earning activities such as tailoring, cap making, knitting and food processing before the pandemic reported that they were no longer able to sell their products due to the government measures intended to reduce the spread of the virus.

"Before the lockdown, we used to sell our products such as liquid soap and milled rice, but with the lockdown the patronage is less. Some women in the community have exhausted their savings from the daily income from threshing groundnuts or milled rice; some sell their valuable assets such as gold in exchange for food at a lower value, as everyone claims there is no money. Some resort to begging, while some go to houses of those who are well to do to eat from what they can give as charity. Some men do the same by going to their friends to eat." – Female from Maiduguri, Borno State

It was noted in key informant interviews (KIIs) with humanitarian workers that daily labourers previously benefitting from cash-for-work programming were now left without regular income due to the restriction of movement.⁷ Cash-for-work programming has targeted women, as they are the majority of the most vulnerable populations, which means that there are a lot of women who are no longer benefitting from this income due to the COVID-19 pandemic.

Decision Making within the Household

Despite the predominance of women's employment, North East Nigeria is still plagued by patriarchal ideals in which a man has the final say when it comes to household decisions. Because of religious and cultural beliefs that make men the head of the household, this dynamic extends to every facet of women and girls' lives, including if/when they can access sexual and reproductive health services. This is very much reflected across the three states,

⁶ "Conflict-hit Nigerian Families Living under COVID-19 Lockdowns, on 'Life-support'", *UN News*, 9 January 2020.

⁷ KII Early Recovery Cluster, 6 May 2020.



Hajara Bashehu, 37, of El-Miskin Centre Camp, Maiduguri, is a beneficiary of income-generating activity training. She was trained in tailoring. Photo: UN Women/Aishatu Abdel-Latif

where all respondents reported that men make the final decision at the household level, with very few female-headed households indicating that they make decisions.

“Female-headed households take decisions in their homes because they don’t have men, while men take decisions in male-headed households, and women from such homes must get consent from the husband.” Female community leader, Adamawa State

Capacity and Coping Mechanisms

Livelihoods

Overall, the economy of Nigeria was in the process of recovering from the last recession. It has now been

EARNING INCOME

“In this area, most of the population lives from hand to mouth, with a few who are better off. These women earn their living from selling akara [cowpea fritters] or fried yam morning and evening to feed and care for their family, while the men are engaged in either carpentry or as welders, sugarcane sellers, water sellers, or motor dealers; the youth are either selling at provision stores [or working as] barbers or cobblers. This lockdown has disrupted most of their daily routine to earn a living. The women are seen as the ones caring for their family, while the men contribute a little.” – **Woman leader, Borno State**

affected by the COVID-19 pandemic before it has had a chance to fully recover.⁸ The most conservative estimates on the economy point to a shrinkage of 4 per cent by the end of the year, but experts say that it could be well over 20 per cent. In North East Nigeria, restriction of movement is further compounding challenges in an environment that already had difficulty with the safe passage of goods and service provision due to the insurgency. Restriction of movement also means that construction programmes supported under early recovery programming cannot continue.⁹

“Most women are bread winners...but COVID-19 is now affecting their business. It is difficult to feed the family now; in fact, women are poorer than before.”
Female community leader key informant,
Adamawa State

The lack of income-generating activities increases the risk of individuals joining violent groups to secure an income. Social cohesion programmes meant to reduce violent extremism have also been put on hold due to the pandemic. However, the impact of the pandemic is at an early stage, and an increase in recruitment by groups such as Boko Haram cannot be verified at this point.¹⁰ Disruptions to livelihood-supporting interventions are also associated with an increase in stress, less protection and economic insecurity. Negative coping mechanisms such as child labour and child marriage are seen as alternative ways to cope in the crisis, as marrying off girls can provide immediate funds for the family.¹¹

Savings

Village Savings and Loan Associations were beginning to take root in Nigeria as a sustainable source of income for vulnerable women. However, with the restrictions on congregating, the associations have had to find innovative ways to continue meeting,

⁸ Dalberg, “What COVID-19 Means for Africa’s Largest Economy”, 30 April 2020.

⁹ KII Early Recovery Cluster, 6 May 2020, and KII Protection Cluster, 4 May 2020.

¹⁰ Ibid.

¹¹ Ibid.

using technology. Nonetheless, the savings had dwindled as the economy took a downturn, as explained by a woman from Stadium Camp, Borno: “Some men have daily jobs, but due to restrictions they cannot go to work. The women support the home by selling their assets such as gold kept for future use such as weddings or caps they made to buy essential items, while some borrow money from friends.” As noted here, women have had to turn to their hard assets to stave off temporary money problems, which consequently makes them more vulnerable to future economic shocks.

Access to Services and Resources

In Borno, access to services has been doubly impacted by COVID-19 and the insurgency, which led to increased security measures by the military to protect the IDPs and host community. Current mandated lockdown measures have exacerbated the poor access to services. People have reported a 49 per cent increase in disruption to services because of COVID-19.¹² The Rapid Gender Analysis reveals that affected populations are aware of the different humanitarian organizations providing aid in their communities/camps and the kind of aid they provide. They also believe that men and women are benefitting equally, with a few exceptions – especially men who say that women are benefitting more. However, female-headed households, especially those in IDP camps, reported that they have difficulty accessing services related to food and non-food items due to their marital status, and that men tend to have more access than women.

“Here in the camp, the person in charge of aid is the chairman. He controls who gets what whenever aid comes. For somebody like me, I have never gotten any aid when it comes to livelihood support. I only have one room to stay in, but I have

¹² IOM, *Nigeria – COVID-19 Situational Analysis: North East (May 2020)*, <https://dtm.iom.int/reports/nigeria-%E2%80%94-covid-19-situational-analysis-north-east-may-2020>.



A happy #PROACT project partner in Adamawa State.
Photo: Oxfam

not received livelihood support. Even when I complain, they do away with my complaint, because I do not have any male figure in my life to help me fight for it. Women who have husbands get more aid than single women.”— Key informant interview with female household head in an IDP camp, Borno State

“It is easier for the men to access services; for instance, the clinic only attends to a few women, and if we don’t go early we might not get access that day, but the men have no limited number. At water points, the men are stronger, so they get water before the girls we send to get water.”— IDP respondent from a female-headed household in Borno State

This clearly shows that gender-based discrimination is pervasive in the North East, and unmarried women are at risk of suffering sexual exploitation and abuse, including being forced into sexual relations just to access basic needs.

WASH and Health Services

Thorough handwashing to contain the spread of COVID-19 is strongly emphasized in the global guidelines issued by the World Health Organization and further emphasized by the Government of Nigeria, thereby making access to water crucial. However, access to water remains a challenge among many Nigerians: about 35 per cent of Nigerians lack access to an improved water supply, and this is worse among those living in rural communities and conflict settings, and the situation is further worsened with the lockdowns and curfews. Respondents in IDP camps reported that access to water points has been hampered by both the rains and the curfews. Female adolescents reported that collecting water from mixed-gender water points is unsafe for them. Women and girls have had to be cautious while accessing water points, as there have been reports of violence.

“When we get to the water point, some of the IDPs come with their big brothers and they will finish fetching water with all their big cans before letting others, even if they have very small containers. Distribution of food is for the heads of households.”— IDP girl, Borno State

Similarly, gender and social norms that dictate that women and girls bear the responsibility for water collection make it impossible to comply with recommendations to stay home and maintain social distancing. This chore is putting women and girls at risk of exposure to the virus, via handpump handles or while queuing in crowded areas. Scarcity of water is also causing internal conflict among IDP populations, as indicated by some respondents.



Conditional cash transfer in Nguru, with participants adhering to physical distancing in line with government measures towards the prevention of COVID-19. Photos: Lukman Muhammed/CARE



“I wake up as early as 5 am to wait in line for water, and even at that time one has to be very lucky to get water. Due to the lockdown, they are no longer giving us water for long hours like before. Sometimes we have to send our children to very far places to fetch water, and because this new disease comes with the need for water to wash hands often, we don’t have money to buy water, so we queue up for the water for hours.” – Female IDP respondent in Maiduguri, Borno State

“The major concern and experience I have is lack of water. Because of this water issue, just this morning my neighbour and I got into a fight, and this has never happened. I will blame it on the COVID-19. We women are the most affected because we care for the household. If we do not have water, how can we cook, wash, clean and do other chores?” – Female IDP, Borno State

The three BAY states present a complex situation, with huge developmental needs and damaged infrastructure, including more than 40 per cent of health facilities.¹³ COVID-19 has exacerbated this situation by placing significant strain on health-care facilities that are already overwhelmed. There is reported reluctance among humanitarian workers to provide services for fear of being infected, and this is affecting access. Both men and women reported that accessing health services at the clinic is difficult because health workers are afraid the IDP population may infect them with the virus. They also reported feeling stigmatized by such attitudes from health workers.

It was noted in some camps that the clinics only attend to emergency cases; however, IDPs seem not to

¹³ Joint Support Framework for Multi-sectoral Response in Northeast Nigeria.

fully understand what constitutes “emergency”. This may result in people, especially women who have experienced rape, not seeking health support. Also, pregnant women may not seek health services and could be at risk of undergoing unsafe deliveries at home. This puts them and the unborn child at higher risk, and potentially increases infant and maternal mortality rates, thereby pushing back the gains made in this area. The situation may also reinforce delays in seeking health services among men, which could hinder their ability to receive timely care for serious health conditions. As one key informant, a female community leader, stated: “I have already defaulted on my family planning dates and can wait; we go to the hospital now when we are really sick.”

The change in service provision has been largely felt by the host communities, as their hospitals have pivoted to supporting the COVID-19 response. This has become a new source of tension that the communities must contend with. It appears to the host community that the IDPs are better cared for, as one male humanitarian service provider noted: “Communities are more affected than the camps, especially for those camps that are well accessed. Camps have structures and services which communities might not have.”

Food

Food remains a concern for the three BAY states due to the ongoing conflict. Restricted access to farmland has led to the destruction of livelihoods. The situation has not changed during the COVID-19 pandemic, as both men and women indicated that food and money are urgent needs (a few mentioned specifically the need to provide livelihood options that align with COVID-19 context).¹⁴ An estimated 3.8 million people were projected to be food insecure prior to COVID-19, and with government approval of essential services, humanitarian organizations have continued to target affected populations with food. However, price hikes, movement restrictions and social distancing are challenging the flow of food assistance, thereby leaving many families with inadequate food.

¹⁴ OCHA, *Humanitarian Needs Overview*.

“There is an increase in prices of food due to restricted movement, as food cannot be transported from one place to another. Agricultural inputs have also become more expensive, lowering production gains. This will get worse in the upcoming season. Cash vouchers will be affected too.” – Male humanitarian worker in Borno State

“Hunger is affecting people more than the virus, and this has increased the family struggle, and no palliative has been received from the government so far. This makes the family cut down on food quantity and quality, with consequences such as malnutrition and other health-related issues in the near future.” – Key informant interview with male community leader in Mubi, Adamawa State

Women also reported that lack of food is increasing stress levels and potentially affecting their mental well-being. In most instances, women eat last or miss meals as a coping mechanism and may risk exposing themselves to the virus in search of food for the family. The situation is beginning to affect children, who were reported to be falling ill, and this could potentially lead to a spike in malnourishment. The situation is even worse for female-headed households that have no form of income.¹⁵ In crisis settings, female-headed households are generally more at risk of food insecurity due to the fact that there are fewer work opportunities for women.

“When it comes to accessing food, women do not adhere to the rules of wearing a nose mask and social distancing. You will see a lot of this at food distribution points. This exposure will make women vulnerable to the virus.” – Adult female IDP in Maiduguri, Borno State

Respondents also reported that families were adopting harsh coping mechanisms such as fasting longer than usual during the Ramadan period, and older children were required by their families to fast as the adults do to save on money for food. The elderly, women in general and pregnant women are the most affected by food insecurity across the three states. The elderly living in IDP camps in Borno State are perceived to be suffering most. In both states, respondents said men are suffering less. Children and men were considered higher household priorities for food intake, while the elderly and women were the lowest priorities. Pregnant/breastfeeding women and the disabled were not even mentioned, despite being members of the IDP camps and host communities.

“We have reduced the amount of food for everyone, except my husband who is the man of the house. We try to manage all toiletries and other things in the house, and since it is fasting time I force the elderly ones to fast as well.” – Female IDP KII respondent in Borno State

Sexual and Reproductive Health Services

Women reported that they accessed services related to sexual and reproductive health and rights, such as pre- and post-natal care, family planning, and attended delivery at health facilities in the IDP camps. However, due to COVID-19 these services are becoming difficult to access, as health workers are afraid that the IDP population will infect them with coronavirus. In addition, in male-headed households, women and girls had to seek permission from the man to access sexual and reproductive health services. With COVID-19, even women who may have permission or do not have to seek permission are defaulting on family planning appointments because of fear of contracting the virus.

Access to Information and Technology

Access to information about prevention and response during a disease outbreak and health crisis is an important life-saving measure for people. It requires the availability of information as well as the

¹⁵ IASC Reference Group for Gender Alert in Humanitarian Action, *Interim Guidance: Gender Alert for COVID-19 Outbreak*.



The Unconditional Cash Transfer programme was designed to reach vulnerable persons such as Hassana Garba, who through the cash grant established a grain-processing business to help boost the local economic activity in her community. This has increased her earning power, as she now offers an affordable, efficient service for her neighbours. Photo: Oxfam

capacity to access and understand such information. Men and women in the three BAY states tend to receive and share information in different ways, with men largely having more access to official and direct information from public spaces, such as radio. About 43 per cent of the population, especially those from locations with a concentrated humanitarian presence, are receiving information through awareness campaigns led by humanitarian organizations.

“Everyone in this camp is receiving messages on COVID-19 through word of mouth, radio, and humanitarian worker sensitization.” – Key informant interview with male community leader, Bama, Borno State

Meanwhile, respondents in the host communities reported that they are not accessing accurate information on COVID-19, which is leading to scepticism among community members.

“In the community, we are not properly informed, and most people do not believe the virus exists. We see it as a conspiracy to increase the suffering of the poor and to prevent us from getting our daily bread to feed our family, so many of us are confused.” – Male host community KII respondent

Respondents across the three states are reportedly aware of what COVID-19 is, how the disease spreads and how to prevent contagion. However, there is less awareness about what to do and where to go if one contracts the disease, especially among women living in IDP camps. Those residing in IDP camps indicated that they received information from humanitarian workers (face to face) and radio, while a few host community members with some level of education, especially men, reported that they received information from the National Centre for Disease Control, Facebook and television.



Village Savings and Loan Associations have been a centre point for other programmes to thrive. Sufinatu Ibrahim (above) accessed a loan facility from her group that has enabled her to scale up and improve her output in the rice value chain. Photo: Oxfam



Over the years of the #PROACT project implementation, there has been an increase in women's participation in local leadership positions. Women have been represented in various committees formed in their respective communities as they collaborate to mitigate the effect of food insecurity, which is prevalent in northern Nigeria. This is a grain bank committee in Malabu community in Adamawa State. Photo: Oxfam

Women and adolescent girls reported receiving information by word of mouth through their informal social networks and from their male relations, either husbands or fathers. This has implications for how vital information on the spread of COVID-19 is disseminated in situations of physical distancing and lockdown, considering the risk of potential misinformation being shared. IDP women have constraints accessing information due to literacy and language gaps (more prevalent among women), access to phones and radios, and other relevant technology limitations. Female-headed households, adolescent girls, the older population and persons with disabilities have even further limitations and are at a higher risk of being misinformed, not only due to their increased illiteracy, but also because of inaccessible communication formats and reduced mobility, which is often restricted by families or communities.

Although female respondents reported receiving information within the public space from humanitarian workers, their participation is usually limited due to gender roles and lower literacy levels, thereby potentially impacting their ability to interact with new information. The excessive time spent on domestic and caregiving work at home further contributes to limited access to information and insufficient comprehensive awareness about COVID-19 among women and girls. Many respondents, particularly women and adolescent girls and other vulnerable groups, indicated that they would prefer to receive information on COVID-19 from humanitarian workers and radio.

“I prefer to receive information from the actors in the camp and radio.” – Key informant interview with female adolescent with disability, Stadium Camp, Borno State

This suggests that women and other vulnerable populations, including adolescents, with no access to radio or similar forms of technology are at a greater risk of receiving inaccurate information on COVID-19.

PARTICIPATION

“Yes, there are committees set up to hand out palliatives, but the distribution methodology is not clear to the common person. The percentage of women in the committees is not more than 2 per cent.” – Female respondent, Adamawa State

Participation

Decision Making in the Distribution of Humanitarian Services

Before COVID-19, there was a marked improvement in requests from the government to the community and related consultation. However, because of the need to respond quickly to the pandemic, this was largely overlooked, and IDP and host communities (both men and women) feel that they were not consulted. They expressed a desire to have better understood the rationale regarding the movement restrictions.

The COVID-19 response has largely been steered by the government, with technical input from various agencies. While these government structures are responding as per the directives given, women are not a core part of the committees. In North East Nigeria, there are women in all the sub-committees, but they are not mandated to make decisions. Where a woman is chairing the main committee, she is representing a man who has designated her to take such a role on his behalf. This has affected what services are considered “essential services”, leading to the omission of GBV and protection services from the list of essential services, even though they are broadly considered to be life-saving interventions.

Protection

Gender-based Violence

There is conflicting information on gender-based violence issues. Some respondents from host

communities in Borno State said that there were no reasons to believe that people were at risk because of the COVID-19 pandemic. They expressed that women and girls were safe and that no unusual incidents were happening. However, respondents in IDP camps in Borno State and host communities in Yobe State noted that GBV cases have been steadily increasing, especially during the COVID-19 crisis. Many respondents reported that food and financial insecurity due to restrictions on movement is causing tension and a spike in domestic violence. Some women also indicated that lockdown measures are leaving them with their abuser, therefore exposing them to violence, including sexual abuse.

“With this lockdown, some men are angry, and they do not have anywhere to dump their anger but on their wives. Honestly, domestic violence is high now, but a lot of women are afraid to talk about it because of shame or because they could lose their marriage (Abu na faru wa ama Mata da dam aba su son magana, don sun na soro).” – Female KII respondent, IDP camp, Borno State

For men and boys, the fear of being abducted and conscripted to join an armed group still looms large. Notwithstanding, the assessment reports that men and boys still risk venturing out to fulfil gender expectations to ensure a livelihood for the family. In some cases, this means breaking curfew and finding ways around lockdown restrictions in order to contribute the little they can, as earlier highlighted in this assessment.

Generally, COVID-19 has increased the risk of gender-based violence, particularly domestic violence. A female humanitarian service provider in Adamawa said, “Yes, there are issues of increasing domestic violence. There is an increased number of hours spent together, and COVID-19 has forced people to stay more closely together. The government has medical facilities that provide psychosocial support.”

Adolescent Pregnancy and Child Marriage

COVID-19 has increased the risk of teenage pregnancy and subsequent protection risks through the closure of schools, thereby confining girls to their homes and exposing them to sexual activities, whether consensual or forced. Similar evidence emerged from Sierra Leone’s experience during the Ebola outbreak.¹⁶ Protection risks for children, such as physical abuse and child labour by foster parents as well as child marriage, were hallmarks during the Ebola epidemic in Liberia.¹⁷ Agencies working on the ground have already begun reporting on the risks of child marriage, as schools – which act as safe spaces for adolescent girls – are closed. There is a heightened risk for girls from lower-income families as their families look towards reducing the number of mouths to feed. As one female humanitarian worker in Borno put it, “The congested situation in camps is making families give their girls into early/forced marriage.”

Sexual Exploitation and Abuse

Documented evidence suggests that public health emergencies, such as the current pandemic, have increased the potential for sexual exploitation and abuse, in part because of the high demand for services in a context of limited resources, as well as the increase in new responders who may not have experience and training in humanitarian “do-no-harm” principles.¹⁸ Exploitation has been further exacerbated by COVID-19 because the camps are densely populated and IDPs are now worse off, as they are not able to go out and look for work or sell their wares. Disruptions or delays in food distribution as a result of lockdowns also make them more vulnerable to exploitation and abuse. Community leaders have noted that the exploitation has been happening more between IDPs, with early evidence suggesting increases in survival sex.

¹⁶ Monica Onyango et al., *Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak: Medical, Anthropological, and Public Health Perspectives*.

¹⁷ Dala Korkovah, Jr, and Francis Wreh, *Ebola Impact Revealed: An Assessment of the Differing Impact of the Outbreak on Women and Men in Liberia*, July 2015.

¹⁸ IASC, *Protection from Sexual Exploitation and Abuse during COVID-19 Response*, Interim Technical Note, March 2020.



*Training of Village Savings and Loan Association members in Dikwa community in Borno State on 14 May 2020.
Photo: Michael Sawa/CARE*



“I heard that there has been an increase in exploitation and stealing cases, and I am a witness to the latter.” – Adult female, Bama, Borno State

Furthermore, restrictions on movement and other contingency measures are creating opportunities for sexual exploitation and abuse. Female-headed households and adolescent girls are particularly at risk. Girls expressed fear that suspension of educational activities may lead to increased early marriage and abuse.

“I was hawking bean cakes (akara) after the fast on Saturday, and one uncle called me to bring them to his tent. It was a little late; I went into his tent and he said, ‘Put my penis in your mouth; when there is a food distribution in the camp, you will be the first to get.’ I was tempted, but when he brought it out I got scared and wanted to run; he held me to the wall and pressed my breast with energy and I shouted. He released on my body and pushed me out. There is no one I could trust and talk to [about it].” – Female adolescent IDP respondent in Borno State

Safety

The protection concerns facing internally displaced persons are significant. Human Rights Watch has documented rape and sexual exploitation of women and girls by camp officials, policemen, soldiers and leaders in camps, and the impunity of their actions, with little to no formal response.¹⁹ For the IDPs, there is increased concern, as sexual harassment of women and girls is rampant at critical service points such as water points and markets. There are reports of increased incidents of verbal and physical violence in the IDP camps, with women and children often caught in the middle as there is a scuffle over inadequate resources.

Before the pandemic, women and girls were at risk of GBV, but had some formal and informal avenues for redress if they chose to report. However, with the movement restrictions, women and girls at risk of increased levels of GBV are less likely to report and will consequently receive no services. Also, access to formal and informal justice systems have been closed or operate only partially due to COVID-19 restrictions.

¹⁹ Human Rights Watch, “Nigeria: Events of 2019”, <https://www.hrw.org/world-report/2020/country-chapters/nigeria>.

RECOMMENDATIONS

COVID-19 has shone a light on the glaring gaps in service provision by exposing the laxity we have had in embracing new ways of working and leveraging technology. While there is still need for a comprehensive infrastructure overhaul from government actors, agencies can still employ low-tech interventions, as they have been doing in other outbreak responses, while ensuring a women-centred approach.

Overarching Recommendation

This Rapid Gender Analysis report should be updated and revised as the COVID-19 pandemic unfolds and response efforts continue. Impacts of the crisis are continuously evolving, and an up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming. This will in turn ensure that humanitarian assistance is more efficient, as it is tailored to the specific and different needs of women, men, boys and girls. It is recommended that the Humanitarian Country Team, through the Inter-Sector Working Group and with technical support from the Gender Technical Team, takes leadership in driving a multi-sectoral investment in gender analysis, that new reports are shared widely, and that programming will be adapted to the changing needs.

Humanitarian Direct Assistance

Livelihood Sector

- Partners should consider the option of cash-based interventions targeting the most vulnerable groups with no conditionalities during the period of the COVID-19 pandemic.
- A gendered value chain analysis should be conducted to understand what gender-specific livelihoods are possible within the COVID-19 pandemic.

- Interventions should support financial remuneration of reproductive activities (care work), as women are now spending many hours on care activities.
- Develop a programme that ensures women's and girl's rights are being redressed, and provide men's and boys' support as allies.
- Promote women's leadership in livelihoods committees.
- Promote humanitarian programming (such as skills training and savings programmes) that builds community resilience, with a focus on women's groups, to address the long-term consequences of the COVID-19 pandemic and the likely widening gender inequalities.

WASH and Health Sector

- Partners should utilize radio and face-to-face communication methods using the World Health Organization global guidelines in order to provide gender-sensitive information on COVID-19.
- COVID-19 education materials should consider contents that target pregnant/breastfeeding women and persons living with different types of disabilities, including those with communication, visual, hearing and/or mobility impairments.
- WASH partners should consider increasing the number of times water is provided in IDP camps to ease the burden on women and girls.
- Support women's leadership in water management committees.
- COVID-19 sensitization information should include information on sexual and reproductive health, gender-based violence, and psychosocial support to address mental health issues such as anxiety.

- Health sector partners should sensitize IDPs on what constitutes an emergency; women should be directly sensitized, rather than having to receive information from male family members.
- Partners should target host community members with information on COVID-19.
- Programming should actively contribute to a decrease in protection concerns regarding the vulnerability suffered by young girls at the hands of men at the water points, and WASH partners should address this exploitation with community leaders so that community-monitored checks and balances are put in place to forestall such occurrences; also, women must be empowered to manage some of the water points.
- Health partners should ensure all COVID-19 facilities are sex segregated.
- Women and girls should be provided with sufficient hygiene/dignity kits with menstrual management products, and a safe and hygienic way to dispose of or clean menstrual hygiene products.
- Establishment of new facilities and expansion of hygiene promotion activities should be considered and carried out in consultation with women, girls, men and boys in the community to reduce the risk of GBV.

Food

- Partners should prioritize female-headed households, persons with disabilities, and the elderly population with food assistance.
- Partners should revise targeting and selection criteria to consider the power dynamics existing in IDP camps to reduce unintended consequences on female-headed households and persons with disabilities.
- Food distribution should be regulated to avoid large gatherings in order to forestall viral spread.
- Women and girls should be empowered to serve in food distribution committees.
- Host communities/new vulnerable populations should be considered as new beneficiaries of food assistance.

Protection

- The GBV subsector should engage with health sector partners to ensure that GBV services continue to be available to women, men, girls and boys who experience rape.
- The WASH strategy should be guided by protection and GBV concerns, ensuring that women, girls and children are not exposed to violence at water points.
- Frontline workers should be sensitized on expected protection risks, including GBV, child protection and the abuse of older persons and people with disabilities; they should be trained in responding to disclosure and referral mechanisms.

Strategic Gender Programming Recommendations

All response actors should consistently collect and ensure thorough multi-sectoral analysis of sex-, age- and disability-disaggregated data, and tailored actions to address the COVID-19 pandemic. Such data is considered a minimum standard in humanitarian and development data collection. Therefore, it is critical that response actors ensure all assessments collect and utilize the information that distinguishes the differential impact of the COVID-19 on women, men, girls and boys of different ages and with disabilities, to inform appropriately tailored programme interventions. This should include differential rates of infection/health impact, economic impact, caregiving responsibilities, protection risks, and incidences of gender-based violence.

Government, humanitarian and development stakeholders should consider protection, GBV services – including hotlines, referrals and both remote and direct psychosocial services for survivors – and community protection essential and life-saving priorities and expand their availability. Bearing in mind the continued increase in the prevalence of domestic and intimate partner violence and other forms of GBV during the pandemic, donors, government actors and service providers should not de-prioritize

GBV prevention and response activities, but rather increase the allocation of funding to GBV services that are adapted for COVID-19 response modalities.

Government agencies and humanitarian and development actors should seek appropriate methods, such as unconditional cash transfers, to ensure that livelihoods are maintained for women and men with small businesses. To reduce the long-term economic impact of COVID-19, which is largely affecting women, economic support should be provided to vulnerable and marginalized groups, particularly adult and adolescent female-headed households who may lose income and/or be at risk of engaging in exploitative coping mechanisms. Efforts should be made to ensure that such support does not further put women at risk of violence from male household members and should prioritize joint spousal financial decision making where possible.

Innovations such as remote small and medium-sized enterprise support to affected populations, particularly women who are disproportionately affected, should be prioritized by governments, the private sectors, and humanitarian and development actors. Such opportunities will allow men and women to continue to earn income and reduce their vulnerability to domestic violence and other forms of abuse. It will also reduce their exposure and their risk of contracting the virus.

Engagement of men and boys in dialogue and social norm change interventions should be prioritized to take advantage of their potential contribution to gender equality and the empowerment of women at all levels. Extreme isolation measures to prevent the spread of COVID-19 should be an opportunity for governments, civil society and response actors to seek to accelerate efforts towards gender equality. Messages on positive masculinity should be developed in appropriate language and with cultural sensitivity.

Efforts should be made by the government and all response actors to continue with services to the affected population. Service providers must be able to respond to the needs of the population they are serving, even during a pandemic response, by creating

better community-based response mechanisms that can continue to provide services even when access is not possible.

Meaningful participation of women in leadership positions and decision-making structures responsible for COVID-19 prevention and response should be prioritized by government agencies, local authorities, and humanitarian and development actors at all levels. Women's voices in times of crisis are critical to ensure gender-responsive strategies, and efforts should be made to reinforce women's civil society groups in the BAY states through funding.

Provision of WASH materials should be prioritized, particularly in IDP camps. COVID-19 has come with an increased demand for the use of water and other hygiene materials for prevention. However, the North East conflict-affected states already suffer from water scarcity, with an extreme impact on women and girls. Therefore, gender-sensitive procedures for the distribution and provision of WASH services should be a priority.

Provision of food items needs scaling up and targeting of new vulnerable populations. Increased food scarcity and lack of nutrition is likely to impact those who are most vulnerable and with the least power in the family – in most cases, women and girls.

Opportunities

Crisis Brings People Together

The COVID-19 situation has brought partners together. Coordination among humanitarian actors in clusters, government, civil society organizations and non-governmental organizations has improved in its common objective to respond to the crisis and deliver life-saving support, and as such “all sectors are more inclusive and willing to bridge gaps”.¹ This creates opportunities for increased transparency and joint programming. The health sector, as a key stakeholder in the response, is now a central actor in the cluster approach. Integration between sectors such as health and protection provide better

1 KII Protection Cluster, 4 May 2020.

breeding grounds for a sustainable, responsive and holistic approach, ultimately benefiting the most vulnerable.

The pandemic can lead the way to new ways of working. Where international actors are restricted in movement, there is an opportunity to have more locally led approaches and increase the coordination between humanitarian-peace-development actors, who are all responding to a common crisis with a common objective.

Communities as Lead Responders when Pandemic Rules Limit the Presence of Traditional Actors

Community response has been a key strategy to respond to the limitations in movement and social distancing due to the COVID-19 pandemic. UNHCR and other similar actors have increasingly been targeting women's groups and women leaders as key actors in ensuring community-based protection. COVID-19 will provide important lessons regarding success factors and the potential of community response in a situation in which the key implementing partners have a limited presence. Evidence is already suggesting that community response has effectively addressed fake news and challenges related to WASH.² Community response has the potential of being more inclusive and thereby promoting women's leadership, needs and participation in the overall humanitarian response.

Virtual capacity-building programmes to target key actors in the field have proven efficient and less bureaucratic than traditional face-to-face training.

Key Actors

Government agencies. Gender is not visible in COVID-19 coordination across the three states, as an agenda or plan, or even as specific actions. There is a need to influence the COVID-19 Task Force, the Ministry of Health, State Emergency Management Agencies and other legitimate agencies who are leading the COVID-19 response to prioritize gender

issues and GBV issues in planning and all response activities, including debriefing. There is a need to introduce and strengthen government competency on gender mainstreaming, especially within the leadership of the task force and sector-specific agencies who are leading sector-specific responses (e.g. the Ministry of Health). State guidelines for the prevention of COVID-19 should be developed based on context-specific analysis and guidelines and not follow a model of "one size fits all", which risks worsening the impact on the most vulnerable. Focusing on the long-term effects of the crisis is necessary to prevent the COVID-19 response from being only a catalyst for a short-term life-saving response that is not cognizant of the early recovery and preventative investments needed to prevent the damaging long-term effects of the crisis. The Ebola outbreak revealed that these long-term effects impact women harder than men.

United Nation agencies. The government is strongly leading the response, but there are pockets of capacity gaps. Relevant UN agencies should provide support in strengthening capacity and in strengthening established coordination groups, as well as influencing their respective counterparts. For example, UN Women should work with the Ministry of Women Affairs to support gender assessments and utilize their recommendations throughout the response.

International non-governmental organizations. International NGOs should consider forming a consortium to raise funds to support gender mainstreaming in COVID-19 response and stand-alone programmes.

Local civil society and women's rights organizations. These organizations should be supported through capacity building on gender mainstreaming or gender-targeted actions and provided funding support to lead on gender mainstreaming during the COVID-19 pandemic.

Donors. Donors should prioritize the funding of gender analyses, assessments, monitoring and review, and set aside funding to support sustained gender mainstreaming and GBV prevention from response to recovery in order to ensure shifts in attitudes and promote women's leadership.

² Ibid.

CONCLUSIONS

The COVID-19 pandemic has put a strain on both IDP and host communities' scarce resources, which has exacerbated an already challenging environment. It is evident that no agency was ready for the pandemic response, but it is equally disappointing that agencies that have dealt with smaller outbreaks were not faster at responding or putting up structures to safeguard these vulnerable populations.

The COVID-19 prevention and response mechanisms have made it clear that there is a need for not only internationally accepted guidelines on how to handle pandemics, but also a guidebook that ensures that the needs of women and girls are still prioritized. The lack of sex- and age-disaggregated data from

the agencies responding to the pandemic has set back advances made towards gender equality, as the interventions were unable to be properly guided by national statistics.

There is also a need to keep women and girls at the fore when responding during a pandemic, as they have borne the brunt of COVID-19 through domestic work, caregiving roles, including caring for sick family members, and active participation in the informal sector. There is a need to design innovative safe spaces so that women and girls' access to services is not cut off when there is a need to realign programmes.

REFERENCES

Abramowitz, S. A. et al., “Community-Centered Responses to Ebola in Urban Liberia: The View from Below”, *PLOS Neglected Tropical Diseases* 9(4): e0003706, 2015.

Dalberg, “What COVID-19 Means for Africa’s Largest Economy”, 30 April 2020.

Human Rights Watch, “Nigeria: Events of 2019”.

Inter-Agency Standing Group, *Protection from Sexual Exploitation and Abuse during COVID-19 Response*, Interim Technical Note, March 2020.

Inter-Agency Standing Group Reference Group for Gender Alert in Humanitarian Action, *Interim Guidance: Gender Alert for COVID-19 Outbreak*.

International Organization for Migration, *Nigeria – COVID-19 Situational Analysis: North East* (May 2020).

International Organization for Migration Displacement Tracking Matrix, *Displacement Report 31*, February 2020.

Korkoyah, Dala and Francis Wreh, *Ebola Impact Revealed: An Assessment of the Differing Impact of the Outbreak on Women and Men in Liberia*, July 2015.

Nigeria Centre for Disease Control, *COVID-19 Situation Report 93*.

Onyango, Monica et al., *Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak: Medical, Anthropological, and Public Health Perspectives*, January 2019.

The Guardian, “COVID-19 Fallout: Stakeholders Bemoan Rising SGBV, Assault Cases, Unplanned Pregnancies”, 11 April 2020.

UN News, “Conflict-hit Nigerian Families Living under COVID-19 Lockdowns, on ‘Life-support’”, 9 January 2020.

United Nations Office for the Coordination of Humanitarian Affairs, *Humanitarian Needs Overview 2020*.

United Nations Office for the Coordination of Humanitarian Affairs Nigeria, “Highlights”.

World Health Organization, “Coronavirus Disease (COVID-19) Dashboard”.

World Health Organization, *World Health Situation Report 132*.

The ongoing humanitarian crisis in North East Nigeria, driven by the Boko Haram insurgency and the counter-insurgency operations by government and security forces, has left 7.9 million people in need of humanitarian assistance. Of these, more than 1.8 million are internally displaced. Borno, Adamawa and Yobe States host the highest proportion of internally displaced persons, 54 per cent of them female. The current situation presents a major challenge to efforts to mitigate the impact and spread of coronavirus disease 2019 (COVID-19) in Nigeria.

UN Women, CARE International and Oxfam conducted a joint Rapid Gender Analysis in Borno, Adamawa and Yobe States to understand the gender-related and comparative impact of COVID-19 on women, men, boys and girls. The purpose of this Rapid Gender Analysis is to inform the design, programming, implementation and monitoring of humanitarian response towards COVID-19, particularly for the North East region.