# Now and the Future
## Gender Equality, Peace and Security in a COVID-19 World

**Nigeria Briefing**

## 1. Introduction

Women Advocates Research and Documentation Center (WARDC) and Women for Women International (WfWI), with the support of Gender Action for Peace and Security (GAPS) and funding from United Nations (UN) Women and the UK government, undertook research in Nigeria on the impacts of COVID-19 and responses to the pandemic on gender equality, peace and security. The research was aimed to enable the international community (governments, INGOs and multilateral agencies) to better understand the context-specific and global gender, peace and security impacts of COVID-19 and develop policy and programming responses that account for the impact of the pandemic.

The research methodology involved a desk literature review and Key Informant Interviews (KIIs) with 20 participants, conducted in October-November 2020. The KIIs targeted organisations working on issues of women, peace and security (WPS) in 10 states of Nigeria. A further desk review and KIIs with five participants was conducted in February 2021 to assess potential changes to the fast-moving COVID-19 situation in Nigeria.

The findings demonstrate the disproportionate impacts of the pandemic, and responses to the pandemic, experienced by women and girls in Nigeria. The findings highlight a broad range of gendered impacts related to social protection issues, particularly for women and girls who are: further marginalised because of poverty, sexual orientation and/or gender identity; living with disabilities; or are survivors of violence against women and girls (VAWG). There is also a strong sense that official responses to COVID-19 by both the Government of Nigeria and the international community have been inadequate.

## 2. Changes in the COVID-19, peace, security, and gender equality situation

**National response:** Research participants felt that the Government of Nigeria is yet to demonstrate a response that is based on a gender analysis. However, from a national perspective, as of March 2021 all restrictions and lockdowns had been relaxed. Between December 2020 and January 2021, a new and more infectious strain of the virus was discovered in Nigeria which led to a rise in the number of deaths recorded. While there was an increase in campaigning and awareness-raising efforts from both the state and federal governments, they were ultimately discouraged from adopting another full lockdown due to the fact that the country had plunged into an economic recession after the first lockdown. Despite this, there remains a significant gap in the national response – including when it comes to testing, treating and reporting. For example, while testing capacity in Nigeria has been increasing, it remains limited by personnel and logistical constraints, particularly in rural and insecure areas.[1]

**Healthcare:** As of March 2021, research participants felt that the healthcare situation in Nigeria had worsened. The Government of Nigeria is not able to provide either up-to-date, specific information around COVID-19 or PPE to women and girls with disabilities and LBTQ women and girls. What is more, the state governments are unable to promote general healthcare services, let alone sexual and reproductive health and rights (SRHR) services, such as ante- and post-natal care.

**Reduction in VAWG:** As noted in the full report, during the initial lockdown phase in Nigeria, women and girls experienced increased gender-based violence (GBV) including domestic abuse, exacerbated by prolonged periods of confinement within homes and increased tensions within households due to economic hardships. The number of reports of VAWG has reduced compared to the levels reported during the lockdown, when this initial research was conducted. This may be a result of easing measures, along with the tireless advocacy of civil society organisations (CSOs) and women's rights organisations (WROs) for the government to tackle VAWG and declare a state of emergency in Nigeria.[2] Some research participants reported that a few state governments are now taking more proactive action to redress VAWG.

**Continued economic insecurity and impact on livelihoods:** The economic impact of the pandemic continues to be felt despite economic activities having resumed. With approximately 40 per cent of Nigerians living below the poverty line, the pandemic has affected many livelihoods. The country is now in its second recession in the space of four years and levels of unemployment remain high. Some efforts are being made to mitigate the gendered impact of this – for example, states like Akwa Ibom have also started investing in agriculture and are seeking to partner particularly with women farmers in the area to boost the economic capacity of the state's people. They have done this by releasing government lands to farmers to support their agribusiness and by organising training for farmers within

[1] https://africa.unwomen.org/en/digital-library/publications/2020/04/brief-gender-and-the-covid-19-national-response-in-nigeria
[2] https://www.globalcitizen.org/en/content/nigeria-state-of-emergency-gender-violence-rape/

the state.[3] The Government of Nigeria has provided some palliatives and intervention funds for businesses. It has also instructed health facilities to collect sex and age disaggregated data on the direct and indirect impacts of COVID-19 and to support the development of local Rapid Gender Analysis on COVID-19 and joint multi-sectoral gender analysis as soon as the data is available. However, this has been insufficient to date as participants of this research report that most citizens are yet to feel the effects of these interventions – and it is unclear what is specifically being done for women who are disproportionately impacted.

**Increased insecurity:** Aside from the extrajudicial killings that happened during the lockdown phase, Nigeria is also tackling multiple conflict and insecurity challenges, all of which threaten to make the impact of COVID-19 especially devastating. Areas in Northern Nigeria already affected by the violent conflicts are particularly vulnerable to seeing an increase in violence. Boko Haram has stepped up its attacks as the number of cases in Borno State grows. Research participants expressed concern that there was no political will to implement programmes that would prioritise engagement with civil society working in the areas of gender equality, peace and security rather than military actors, preventing the possibility of a sustainable solution to increased insecurity in Nigeria.

## 3. Summary of findings

**A lack of gender-sensitive prevention and response plans:** Nigeria has experienced various health crises in its recent past. Some participants responded that lessons learned during those health-related crises have not been implemented or accounted for in the Government of Nigeria's response to COVID-19. Some examples include the late closure of international and local borders, poor communications around the use of contact tracing, and overall a prioritisation of a 'hard' security response to enforce measures rather than a people-centered response focused on identifying and addressing the needs of citizens. Overall, participants noted a lack of integration of a gender perspective into the Government of Nigeria's COVID-19 response and recovery planning at all levels, and the continued exclusion of marginalised groups from decision-making. Nothing has been made public by the Government of Nigeria on how a gender analysis of COVID-19 is shaping their response and recovery.

**Healthcare:** Participants highlighted that women and girls are unable to access regular healthcare services. In instances where women and girls were prevented from accessing healthcare services, participants identified the following issues: lockdown restrictions on mobility; hostile attitudes of health officials towards patients suspected of being COVID-19 positive; a lack of availability of protective equipment to lower the risk of exposure to COVID-19 in hospitals for staff and patients; prohibitive travel costs as a result of loss of income; and the closure of health facilities. Many participants noted that women and girls with disabilities, internally displaced women and girls, LBTQ women and girls, women and girls from poor and rural communities and survivors of VAWG were particularly affected by difficulties in accessing healthcare, including sexual, reproductive and maternal health. Participants shared examples of an overall lack of gender perspective in the provision of health-related palliatives (e.g. menstrual health products) during lockdown.

[3] https://africanharvesters.com/2020/11/04/nigeria-akwa-ibom-state-to-give-land-to-farmers-for-agribusiness/

**Livelihoods:** Most participants highlighted that women's economic development and livelihoods have reduced dramatically as a result of the economic impacts of COVID-19. Across Nigeria, job losses or reduced income opportunities have meant that poverty has increased. Participants noted that women have struggled to manage household unpaid care and employment during the pandemic, either due to financial restrictions or due to time restrictions as they take on further work to secure some income. Participants also reported on the livelihood impact of COVID-19 on women business owners. Lockdowns have affected the operations of markets, which are an essential space for women's income-generating activities and employment. With reduced income-generating opportunities in markets and increased financial needs in the home, women are unable to invest in their own small businesses. In some cases, participants noted that women traders had been arrested and detained for their inability to pay back loans collected from small-scale microfinance banks.

**Violence against women and girls (VAWG) and sexual and reproductive health and rights (SRHR):** Most participants reported that the response to COVID-19 has increased VAWG. This is both in the context of increased insecurity as a result of the pandemic, but also as a result of measures to respond to the pandemic such as lockdowns and social distancing. Higher prevalence of VAWG creates greater demand for services that are already underfunded and that are having to adapt to COVID-19 protocols. Participants also pointed out that further marginalisation (such as poverty or rurality) exacerbate the risk of VAWG and the difficulty in accessing comprehensive services, including SRHR services. CSOs have been on the frontlines of providing the few services that have been able to continue, as well as advocating for a national level response, for example calling for a national state of emergency on GBV to be declared during the lockdown.

**Women's participation and leadership in decision-making:** Participants reported that COVID-19 has severely impacted women's and girls' ability to influence decision-making and that existing gaps in their participation have been worsened. Participants noted that this was at all levels, from the personal (for example bodily autonomy), to the household, and to public spaces. Among the various factors identified by research participants as barriers to women's and girls' participation, patriarchal norms, historical lack of representation, and a reluctance to implement commitments were the most frequently cited. However, participants also shared that women and girls have resisted being silenced by creating platforms and amplifying each other's voices, for example through the use of social media. Some participants linked a decrease in women's participation and leadership to the worsening economic situation for women during the pandemic (see above).

**Funding for women's and girls' rights and feminist-led CSOs:** All participants noted the importance of the work of CSOs in responding to women's and girls' differential needs. Civil society work on gender equality has been vital at various levels. Some participants, for example, highlighted the national impact of civil society in strengthening gender equality through successful advocacy and lobbying for the Government of Nigeria to adopt the Violence Against Persons Prohibition bill. CSOs have also: led local strategies to raise awareness on COVID-19; negotiated with community gatekeepers to enable community-wide sensitisation on the impacts of the pandemic; monitored the Government of Nigeria's distribution of palliatives during the pandemic; and advocated for the inclusion of women in

COVID-19 palliative distribution committees. There was clear evidence of the vital work of civil society in Nigeria and the importance of supporting this work.

**Gender-based (in)security and militarism:** Participants highlighted the increased levels of fear as a result of the pandemic, resulting in higher levels of community-level violent conflict and insecurity. This insecurity is gendered: women and girls face an increased risk of targeted violence, as well as reduced mobility in contexts where security-based fears compound existing lockdown restrictions. The perpetration of, and response to, the violence and insecurity is dominated by men. Some participants noted the masculinised approach to the Government of Nigeria's COVID-19 response, which has prioritised the use of the security sector to enforce the lockdown, wearing of face masks, and other COVID-19 protocols. Participants linked the increased presence of security personnel to heightened insecurity for women and girls, including examples of police brutality and harassment of women and girls, even in their own neighbourhoods.

## 4. Recommendations

**Recommendation 1:** The Government of Nigeria, development partners and humanitarian organisations must ensure their **COVID-19 prevention and response plans are informed by gender analysis** so that the plans acknowledge the gendered implications of COVID-19 and are gender responsive. They should design long-term resilience and recovery programming based on the collection and analysis of data disaggregated by sex, gender, and other identities that impact experiences. (Full evidence for this recommendation can be found on pages 5-6 in the country report).

**Recommendation 2: Healthcare:** Support efforts to minimise delays in accessing and receiving care by providing information and protective clothing and equipment to reduce exposure to COVID-19, particularly for women and girls living with disabilities, and LBTQ women and girls. Promote ante- and post-natal care so that they continue to be accessible and are not deprioritised during the pandemic. (Full evidence for this recommendation can be found on pages 6-8 in the country report.)

**Recommendation 3: Livelihoods:** Economic models should be people-centred and should respond to gender inequalities and increased violence and insecurity. The Government of Nigeria should institutionalise a systemic, nationwide welfare programme with interventions designed to target the grassroots level. There should be special attention to women in the informal sector who have lost their jobs or been forced to suspend businesses and income-generating activities in order to help them survive and re-establish pre-pandemic sources of income. (Full evidence for this recommendation can be found on pages 8-10 in the country report.)

**Recommendation 4:** The Government of Nigeria should take urgent action to address the increased prevalence of **violence against women and girls (VAWG)** during COVID-19 lockdowns and the restricted access to life-saving services for survivors of VAWG, including services related to **sexual and reproductive health and rights (SRHR)**. This should include the adoption of the Gender Equality bill and the meaningful implementation of the

Violence Against Persons Prohibition bill. (Full evidence for this recommendation can be found on pages 10-11 in the country report.)

**Recommendation 5: Women's participation and leadership in decision-making** should be ensured so that policy-making and implementation during and post-COVID-19 are gender responsive. The Government of Nigeria, supported by the international community, should implement higher quotas for women's participation and leadership in decision-making. There is need to advocate for the inclusion of women, girls and WROs in all decision-making related to governance and response to the pandemic. (Full evidence for this recommendation can be found on page 11-12 in the country report.)

**Recommendation 6: Funding for women's and girls' rights and feminist-led civil society organisations (CSOs)** should be a priority. The international community should strengthen commitments to funding for WPS, gender equality and women's and girls' rights – including core, flexible, accessible and long-term funding for organisations to implement their self-defined priorities informed by their communities' own realities, needs, knowledge and contexts. This must be situated in broader commitments to protect civic space and women's and girls' full, equal and meaningful engagement with civic space, such as informal support networks and community-based organisations. (Full evidence for this recommendation can be found on pages 13-14 in the country report.)

**Recommendation 7: Gender-based (in)security and militarism:** The Government of Nigeria and the international community should prioritise engagement with civil society working in the area of gender equality, peace and security in responding to the pandemic, rather than military actors. Engagement with civil society should include technical and financial support. The security sector in Nigeria should receive training on gender equality and human rights to enable them to interface effectively with citizens. (Full evidence for this recommendation can be found on pages 15-16 in the country report.)

## 4. Partners

**Gender Action for Peace and Security (GAPS)** is the UK's women, peace and security (WPS) civil society network. It is a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. It was founded to promote WPS, including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

**Women Advocates Research and Documentation Center (WARDC)** is a feminist non-governmental, non-profit, civil rights, gender-based group, established with a mission to promote respect for human rights, gender equality, equity, and social justice for women and girls in Nigeria. The organisation was established in 2000 and duly registered with the Corporate Affairs Commission (CAC) Abuja in 2002. WARDC contributes to women's capacity, voice, participation, and decision-making in society and provides women with opportunities to combat GBV and poverty that have continued to ravage the large population

of women. WARDC's work is framed by a commitment to five, broad women's rights-based aims: the right to freedom from any forms of discrimination and violence; the right to SRH and human dignity; the right to economic justice, life, and security; the right to participate and be heard; and the right to an identity. WARDC also has long and extensive research experience on women and gender rights and accountability in Nigeria, the latest being the 'Rapid Gender Analysis of the Impact of COVID-19 on Households in Nigeria'.

**Women for Women International (WfWI)** supports individual women living with the daily realities of poverty and violence with skills, knowledge and resources to build livelihoods and savings, awareness of their rights, family wellbeing, and support networks. It also contributes to a more supportive environment for women's rights, by working with male leaders and community members, promoting women's leadership and community advocacy, and amplifying the voices of marginalised women in national and global decision-making spaces. Since 1993, WfWI has reached more than 500,000 marginalised women across countries affected by war and conflict in Afghanistan, Bosnia and Herzegovina, the Democratic Republic of Congo, Iraq, Kosovo, Nigeria, Rwanda and South Sudan.

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