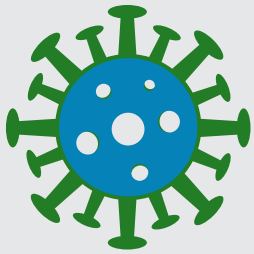
POLICY BRIEF

July 2020

MANAGING CONFLICT IN NIGERIA

THE IMPACT OF COVID-19 ON CONFLICT, GENDER AND SOCIAL EXCLUSION IN ADAMAWA STATE



The Managing Conflict in Nigeria (MCN) Programme aims to support Nigerians with conflict resolution, at both the state and community level. Our work focuses on reducing violence, promoting stability and strengthening resilience so that Nigerians feel more safe and secure in their communities.

We work in North Eastern Nigeria in three focal states – Adamawa, Borno, and Yobe – some of the country's most conflict-affected regions.

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The COVID-19 pandemic and related government response measures have gravely impacted Adamawa, a state already experiencing high insecurity and violence, unequal gender power relations, and social exclusion. While there had been a relaxation in restrictions at the time of writing, we are likely to see additional measures put in place by government over the next few months. As a result, learning from how people have been impacted to date can lead to more informed policy and programming in the future.

ACCESS TO HEALTHCARE AND OTHER SERVICES

Adamawa's legacy of violent conflict makes epidemic management more challenging due to crowded conditions, variable access to healthcare, and immune systems weakened by high stress and a lack of proper nutrition. Diagnosis, treatment and recovery depend on access to healthcare, particularly challenging in rural areas. Health systems scrambled to respond to the pandemic but significant gaps remain: 89 percent of respondents feel health centres were not prepared for handling the threat of COVID-19.[1]

People with disabilities, the elderly, and those with pre-existing conditions are at greater risk of contracting COVID-19 but face significant barriers to access healthcare. Globally, men are more likely to die of the virus but the reasons for this vulnerability are unknown and dynamics may be different given women's barriers to healthcare in the state.

Funded by the European Union

Implemented by the British Council

[1] IOM, 'COVID-19 Situation Analysis: North East Nigeria,' May 2020.

Other critical healthcare needs are not met due to restrictions, fear of infection, and focus on COVID-19, and more people are turning to self-medication, pharmacies, and herbs. Focus on the pandemic has created a gap in sexual and reproductive health and rights, resulting in significant increases in maternal mortality, unintended pregnancies, sexually transmitted infections, and unsafe abortion. At the same time, mental health and psychosocial support (MHPSS) needs are increasing but services are less available.

Other services have also been disrupted. School closure affects access to education. Lack of water, sanitation and health (WASH) access increases infection risks, while water collection points can be sites of transmission, particularly for women and girls who bear the responsibility for getting water and maintaining family hygiene. Already inadequate public services are likely to decrease further due to the current state of the national economy, impacting those already impoverished including women and girls.

JOBS, INCOMES, LIVELIHOODS, AND WORKLOADS

Many people have little resilience to financial shocks. The urban poor, reliant on daily wages, are disproportionately impacted, particularly women, who tend to earn less, are more likely to live in poverty, and less able to build up savings. People with disabilities also experience higher precarity due to social exclusion and discrimination that limits them from education and employment. Livelihood impacts vary across locations. Some areas saw increased food insecurity. Prices increased due to restrictions, hoarding, and the rise normally seen during Ramadan.

Humanitarian aid delivery has been significantly affected: 51 percent of those surveyed said there had been disruption.[2] Assistance is less likely to reach all those in need and more likely to exclude women.

More men are unable to fulfil norms of breadwinner masculinity. Women are forced to deal with reduced incomes to provide for the family. At the same time, their unpaid work has increased as people, including children now out of school, spend more time at home. Moreover, they have to expend significant time and effort to ensure continued food and water and, in some cases, been forced to eat last and least, engage in transactional sex, and/ or go into debt to pay for food.

Interrupted livelihoods now have future repercussions. The pandemic arrived in Adamawa at the start of the agricultural season and people have had difficulties obtaining farm inputs or been unable to clear farms due to movement restrictions, which will affect harvest. Without gender-equitable measures, men's incomes are likely to recover faster than those of women, as seen in other pandemics in West Africa.[3] Aid, already being diverted to the COVID-19 response from other critical life-saving needs, is likely to decline further as donors focus more on domestic needs.

SOCIAL RELATIONS AND CONFLICT DYNAMICS

Epidemics can drive insecurity. For example, each infection confirmed per 100,000 people during the West Africa Ebola outbreak increased conflict risk over the next two weeks by 10 percent.[4]

The COVID-19 pandemic has worsened already high levels of grievances related to governance. Disbelief in government messaging show the extent of this trust deficit. A significant proportion of people think the government is exaggerating the threat so politicians can financially benefit and shore up their supporter base. Many believe palliatives were distributed based on political connections. Anti-elite sentiment has risen, including against community leaders seen to be enabling politicisation of palliative distribution. Extortion by the police in the name of monitoring government restrictions has added to tensions. A national economic crisis may increase insecurity and further undermine state-citizen relations.

Pandemic-related restrictions have also affected social relations and eroded norms of mutual reliance. People with disabilities are at risk of increased social exclusion, neglect, and abuse. Respondents reported higher intra-household tensions around incomes and decision making. Almajirai children[5] have been returned to their states of origin with claims they are COVID-19 carriers, overlaying earlier susceptibility to recruitment into armed opposition groups. Some communities where COVID-19 cases were first reported have been stigmatised.

Moreover, there is a perceived increase in criminality, some of it gang-related, linked to hardship, impunity and uncertainty. Yan shilla[6] activity, which had reduced due to police action, increased during this time. There is also an increased risk of farmer-pastoralist conflict becoming violent. Restrictions have reduced resilience to absorb financial shocks and increased stress levels, thereby intensifying the potential that confrontation may escalate to violence. At the same time, armed opposition groups have been active in neighbouring Borno State where there are concerns they may use pandemic and related restrictions in their recruitment efforts. Although conflict dynamics are changing, in some cases negatively, peacebuilding activities have been suspended or scaled back at a time when it is crucial to analyse local conflict dynamics and intervene.

VIOLENCE AGAINST WOMEN AND GIRLS

Levels of violence against women and girls (VAWG) were already high in Adamawa before and have increased due to the pandemic, with women, girls, and people with disabilities in particular at greater risk. Intimate partner

[2] IOM, 'COVID-19 Situation Analysis: North East Nigeria,' May 2020.
[3] Alisha Haridasani Gupta, 'Why Women May Face a Greater Risk of Catching Coronavirus,' New York Times, 12 March 2020.
[4] International Rescue Committee, 'COVID-19 in Humanitarian Crisis: A Double Emergency,' 2020.
[5] Almajiranci is a system of Islamic education in northern Nigeria. Almajirai children leave their homes to study with teachers.
[6] A gang active in Adamawa State.

violence is more likely and severe as known drivers including rising poverty, food insecurity, household tensions, and mental health issues are exacerbated.[7] Violence committed by parents against children may be rising given the increased stress parents are under, coupled with the loss of sense of self many men have experienced. There are also indications of more marital rape and higher incidence of non-marital sexual violence. Moreover, sexual exploitation and abuse rises during times of hardship and disrupted humanitarian aid. Adolescent girls face particular risks of early and forced marriage and child labour to alleviate family hardship. Violence occurs online and offline with a risk of increased non-consensual sharing of personal information, conversations, and photographs.

At the same time, decreased access to support makes escaping and recovering from VAWG more difficult. Government restrictions, worries of going to the hospital, reduced economic circumstances, and fears of security force harassment mean people cannot easily seek help. VAWG services and referral systems struggle to function with staff worried about the potential for infection and risks from increased criminality. Many agencies working on VAWG are focusing on effective responses and outreach, leaving an important gap in prevention. The state government has yet to adequately prioritise VAWG in its response.

OTHER HUMAN RIGHTS VIOLATIONS

Elsewhere, COVID-19 has been used as a pretext to curtail human rights and civic space. While effective action is needed, action must be proportionate, timebound, and in line with human rights frameworks. So far, the Adamawa State Government has given end-dates to restrictions but Adamawa has seen uneven enforcement of restrictions linked to harassment and extortion by security agents. There is also suspicion against individuals and groups perceived to have COVID-19. At present, stigma largely manifests in avoidance but there is a risk of escalation into mob action, restriction of movement, and violence in the name of preventing the spread of infection.

COMMUNICATIONS AND DECISION MAKING

There is general lack of adherence to public health guidance: 69 percent of respondents said they were not taking any measures to prevent COVID-19 infection.[8] Uptake of precautionary measures may be gendered and linked to communication campaigns reaching more men, non-disabled, and younger people compared to women, older people, and people with disabilities. Given increased burdens, women have less time to socialise, listen to the radio, be present during sensitisation campaigns, and otherwise receive information. While men tend to receive information directly, women are informed via men in their families which limits the passage of information, reduces its accuracy, and gives scope for misinformation. Modes of sensitisation are also frequently not inclusive of people with disabilities. Evidence from the Ebola pandemic shows door-to-door canvassing by local residents is effective at increasing adherence to safety precautions.

Policy and practice are not based on analysis of the gendered impacts and developed in ways that mitigate negative impacts on women and girls. Concurrently, women's meaningful participation in decision-making is uneven. Women are at risk during this time due to socially defined gender roles and norms and at the forefront of response, providing both unpaid and underpaid care, managing food and water for their families, and offering support to others in the community. Yet, men continue to dominate decision making. A global survey of 30 countries by Care found that countries with more women in leadership are more likely to deliver COVID-19 responses that consider the effects of the crisis on women and girls.[9]

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7 Andrew Gibbs, Kristin Dunkle, Leane Ramsoomar, Samantha Wilson, Nwabisa Shai, Sangeeta Chatterji, Ruchira Navel and Rachel Jewkes, 'New Learnings on Drivers of Men's Perpetration, and Women's Experiences, of Physical and/ or Sexual Intimate Partner Violence and the Implications for Prevention Interventions,' (What Works to Prevent Violence, 2020).
8 IOM, 'COVID-19 Situation Analysis: North East Nigeria,' May 2020.
9 Sarah Fuhrman and Francesca Rhodes, 'Where are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans and Why We Need Them,' (Care, 2020).

RECOMMENDATIONS

To mitigate the risk of violent conflict and increasing inequalities, the Adamawa State Government and development, humanitarian, and peacebuilding actors must:

1. **Re-establish community platforms** in ways that are inclusive, mitigate infection risk, and facilitate the representations and voice of women, people with disabilities, and others significantly affected but often marginalised from decision-making.

2. **Support local communications campaigns** led by those with reach to different groups (including those excluded from current information campaigns) in the community that provide a two-way flow of information on public health guidance, grievances, and impacts of government action.

3. **Improve stress- and anger-management** as critical to well-being and conflict mitigation by talking with people about their stressors and what works to improve well-being, and developing public messaging and sensitisation campaigns based on these discussions and guidance from people working in the well-being or MHPSS fields.

4. **Adapt livelihood interventions** to prepare for current and future COVID-19 economic impacts by assessing the effectiveness of and impact on current interventions and developing adaptation strategies that centre support to women, girls and people with disabilities in economic recovery, as evidence from other public health crises shows economic policies and programming otherwise mean women recover economically slower than men.

5. **Work with community leaders and religious leaders to address grievances** by supporting these leaders to engage in communications and outreach to explain measures taken, invite sharing of concerns, and act by finding ways to address leaders' involvement in diversion or politicisation of palliatives by supporting civil society to monitor, track, and otherwise engage, and media platforms to discuss.

6. **Improve conflict sensitivity, gender integration, disability inclusion, and social inclusion** more broadly by training relevant government officials, supporting volunteers and community platforms to share grievances with relevant state government officials and advocate for them to be addressed, and improve palliative programmes.

To better respond to and prevent VAWG, the Adamawa State Government and development, humanitarian, and peacebuilding actors must:

1. **Consider pivoting VAWG services to providing in-community care** to enable access given significant barriers that currently exist mean survivors cannot come to health facilities.

2. **Develop a communications and outreach strategy** to raise awareness of existence of services and encourage reporting.

3. **Integrate VAWG into COVID-19 communications work** (see above) by sharing ways to control anger and stress, facilitating conversations around VAWG, and encouraging vigilance and reporting including by friends, neighbours and family.

Find out more
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