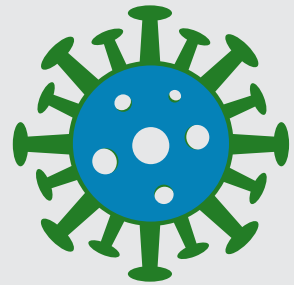


# MANAGING CONFLICT IN NIGERIA

## THE IMPACT OF COVID-19 ON CONFLICT, GENDER AND SOCIAL EXCLUSION IN NORTH EAST NIGERIA



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## RESEARCH REPORT



### AUTHOR

This report was written by Chitra Nagarajan.

### ACKNOWLEDGEMENTS

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# ACRONYMS

<b>AOG</b>	armed opposition group
<b>CJTF</b>	Civilian Joint Taskforce
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CSO</b>	civil society organisation
<b>GBV</b>	gender-based violence
<b>IDP</b>	internally displaced person
<b>IPV</b>	intimate partner violence
<b>ISWAP</b>	Islamic State West African Province
<b>JAS</b>	Jama'atu Ahl al-Sunna li-l-Da'wa wa-l-Jihad
<b>LGA</b>	Local Government Area
<b>MCN</b>	Managing Conflict in Nigeria
<b>MDA</b>	ministry, department and agency
<b>MHPSS</b>	mental health and psychosocial support
<b>NAPTIP</b>	National Agency to Prevent Trafficking in Persons
<b>NGO</b>	non-government agency
<b>NURTW</b>	National Union of Road Transport Workers
<b>SARC</b>	Sexual Assault Referral Centre
<b>SGBV</b>	sexual and gender-based violence
<b>SEA</b>	sexual exploitation and abuse
<b>SRHR</b>	sexual and reproductive health and rights
<b>UN</b>	United Nations
<b>VAWG</b>	violence against women and girls
<b>WASH</b>	water, sanitation and hygiene

# INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) pandemic and related government measures is having great impact in North East Nigeria, a region already experiencing high levels of insecurity and violence, unequal gender power relations, and social exclusion. Over a decade of violent conflict has led, as of March 2020, to 7.9 million people (2.5 million girls, 2.2 million boys, 1.7 million women, and 1.5 million men) in need of live saving assistance, including 3.2 million people living in host communities, 1.9 million internally displaced people, 2.1 million children under five years of age, and 900,000 people with disabilities.<sup>1</sup>

Since 27 February 2020 when the federal Ministry of Health confirmed Nigeria's first case of COVID-19 in Lagos State, there have been fears as to what the spread of the pandemic could mean for vulnerable populations in the North East. Research from other contexts as well as Nigeria show the impact health crises can have on society. Indeed, the most significant short-, medium- and long-term impacts of the pandemic may lay beyond the health sphere, and be most stark when it comes to livelihoods, levels of violence against women and girls (VAWG), conflict dynamics, and social relations. COVID-19 and related government response affect people differently and magnify already high levels of inequality along age, class, disability, gender, income, and other lines. Girls and women are disproportionately affected due to gendered power relations and persistent and structural inequalities. Other groups subjected to marginalisation and social exclusion such as people with disabilities also are at greater risk of negative health, economic and social impacts. Moreover, the current situation has more severe and sustained impact on people who experience multiple and intersecting discriminations, such as girls and women with disabilities, adolescent girls, or men subjected to poverty from minority ethno-linguistic backgrounds. At the same time, COVID-19 exacerbates fault-lines and creates new ones: within the household, within and between communities, and between people and community leaders and elected representatives.

Measures taken in response to the pandemic in the North East states of Adamawa, Borno and Yobe have varied between states and over time. In Adamawa, the Governor instituted movement restrictions for two weeks at the same time as President Buhari for the Federal Capital



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Measures taken in response to the pandemic in the North East states of Adamawa, Borno and Yobe have varied between states and over time. In Adamawa, the Governor instituted movement restrictions for two weeks at the same time as President Buhari for the Federal Capital Territory, Lagos and Ogun states. Restrictions were eased but, after the first index case in the state, this easing was reversed. Restrictions were reduced from 4 May onwards. At the time of writing, there was a curfew in Yola from 2000 to 0600 and restrictions on road travel to Mubi, where cases had been confirmed. In neighbouring Borno state, initially strict movement restrictions were lessened to allow people to buy necessary goods on Mondays and Thursdays and between 1700 and 1900. Movement restrictions were lifted towards the end of Ramadan. Meanwhile in Yobe state, the first COVID-19 case was confirmed on 29 April 2020. Inter-state and international borders were closed on 31 March and a curfew instituted on 4 May 2020.

In all three states, the reality of government restrictions in state capitals differed from that in other areas and measures were instituted by executive order rather than legislation. It is beyond the scope of this paper to give a detailed account of restrictions in each area of the three states and how they changed over time. It is expected we will see relaxing and tightening of measures and different kinds of restrictions over the next few months as infection rates change and in response to events in the rest of the country and measures instituted by the federal government.

<sup>1</sup> United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Response Plan: Nigeria', March 2020, p. 12.



# ABOUT THIS PAPER

The Managing Conflict in Nigeria (MCN) programme commissioned this paper on implications of the pandemic on conflict dynamics, gender roles and relations, and social inclusion in North East Nigeria to enable better adaptation and response. MCN's overall objective is to enhance state and community level conflict management capability to prevent escalation of conflict into violence in selected locations in Adamawa, Borno and Yobe states.<sup>2</sup> While acknowledging that COVID-19 has significant impact on other north eastern states, this paper focuses on Adamawa, Borno and Yobe.

It draws upon literature on the impacts of COVID-19 and other health crises in other relevant contexts, on interviews with people working on conflict management, VAWG, peacebuilding, and women's rights, and on the author's in-depth and grounded knowledge of conflict, gender and social exclusion dynamics. Unfortunately, it was not possible to talk with people directly affected by violent conflict and who are bearing the brunt of the

pandemic's impacts due to restrictions on travel and public gatherings as well as the ethical implications of meeting people face to face. Moreover, as it is based on data gathered during May and June 2020 and dynamics are rapidly developing, it presents a snapshot as to the situation as of this time and some indications as to how it may evolve rather than a comprehensive look.

The paper examines what is already happening and potential trajectories. It starts by looking at the implications of COVID-19 and related policymaking for access to health and other services and their economic impacts on jobs, incomes, livelihoods and workload. It then considers impacts on social relations and conflict dynamics, trends in VAWG, the (risk of) other human rights violations, and dynamics around decision making and communications. It ends with conclusions and recommendations. It is shared publicly to help others to adapt programming to be conflict sensitive, gender-transformative, mitigate violence, and build peace.



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<sup>2</sup> Its specific objectives are to: 1) To strengthen community level conflict management mechanisms; 2) To enhance reconciliation and stability within communities, in particular those affected by displacement; 3) To both support the involvement of women in peace-building and address the impact of violence on women and girls; 4) To enhance the reintegration of young men and women (affected by and involved in insurgency and counter-insurgency operations); and 5) To influence key decision-makers and opinion-formers through targeted research.

# ACCESS TO HEALTHCARE AND OTHER SERVICES

## Current data does not reflect COVID-19 infection or mortality incidence.

As of 16 July 2020, the Nigerian Centre for Disease Control had confirmed 765 cases in Adamawa, Borno and Yobe states (Table 1)<sup>3</sup> but these figures do not give an accurate picture as people can have no symptoms and there are significant barriers to reporting. Yobe respondents spoke of cases where people with COVID-19 like symptoms died without testing and some locations such as Gashua, Nguru, and Potiskum see rumours of increased unexplained deaths. The extent of these cases is unknown as is the cause of death which may be COVID-19, people unable to seek treatment for other illnesses due to barriers and constraints, another explanation entirely, or a mixture of factors.



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**Table 1:** COVID-19 in Adamawa, Borno and Yobe states

State	No. cases confirmed	No. cases on admission	No. of cases discharged	No. of deaths
Adamawa	110	20	83	7
Borno	593	94	464	35
Yobe	62	3	51	8
<b>Total</b>	<b>765</b>	<b>117</b>	<b>598</b>	<b>50</b>

## The legacy of a decade of violence increases risks.

Violent conflict makes management of epidemics more dangerous and challenging. People who live in crowded conditions, with variable access to healthcare, and immune systems weakened by high stress and without proper nutrition, are at risk of the virus spreading and negative (potentially fatal) outcomes. Those living in overcrowded camps and informal settlements for internally displaced people (IDPs) as well as in congested host communities are particularly at risk. Conflict-affected communities see higher numbers of people with disabilities (as many have been made disabled due to violence) who are more at risk. Moreover, high levels of socio-economic, gender and other inequalities have profound health consequences and impact resilience to absorb shocks and adapt.

## Men are the majority of national confirmed cases but gender differences

## in infection and mortality are unclear.

While sex-disaggregated data per state is not readily available, men made up 65 percent of confirmed cases across Nigeria.<sup>4</sup> The reason for this over-representation is unknown but women's barriers to healthcare include inability to pay healthcare costs, social norms that prevent them being examined by male health workers, and restrictions from husbands and men may be more likely to be present where testing is done. Women could have greater risk of contracting COVID-19. During the 2014-2016 West Africa Ebola outbreak, women were more likely to be infected due to their roles as family caregivers and as health workers.<sup>5</sup> However, COVID-19 may have different infection patterns and globally, men are more likely to die of the virus due to sex-based immunological differences or sociological gendered ones such as higher incidence of chronic illnesses.<sup>6</sup> If men's symptoms are more serious, they may be more likely to come to hospital and so be captured in the data. As yet, little empirical evidence on gender, COVID-19 infection, and health outcomes – and

<sup>3</sup> <http://COVID-19.ncdc.gov.ng/>, last visited 16.07.2020.

<sup>4</sup> As of 17 June: Nigeria Centre for Disease Control, 'COVID-19 Situation Report 110,' 17 June 2020.

<sup>5</sup> Sara Davies and Belinda Bennett, 'A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies,' 2016 92 (5) International Affairs 1041-1060.

<sup>6</sup> Clare Wenham, Julia Smith and Rosemary Morgan, 'COVID-19: The Gendered Impacts of the Outbreak,' 2020 The Lancet 395 (10227) 846-848; Carmen Niethammer, 'Do Women and Men have a Coronavirus Risk Gap?' Forbes, 6 March 2020.



related analysis - is available in Nigeria which sees different gender norms compared to countries where existing data comes from.

### **People with disabilities, the elderly, and those with pre-existing conditions are likely to be at greater risk of contracting COVID-19 but face significant barriers to access healthcare.**

Inaccessible public health information campaigns and water, sanitation and hygiene (WASH) facilities, difficulties enacting physical distancing and self-isolation due to support needs, and the need to touch things to obtain information and/ or for physical support mean they are at greater risk of infection.<sup>7</sup> They may also be at higher risk of developing a severe manifestation due to pre-existing health conditions and barriers to care.<sup>8</sup> Moreover, people who provide care may no longer be able to support them or may not comply with prevention measures.<sup>9</sup> Further, quarantine facilities may not be set up and organised in ways inclusive of their needs.

### **Diagnosis, treatment and recovery depend on access to healthcare, particularly challenging in rural areas.**

Confirmed COVID-19 cases are limited largely to urban centres and market towns but there are cases in peri-urban locations and the extent of infection in peri-urban and rural areas is unknown. Already, many people in these areas struggle to access healthcare due to insecurity, underfunding of rural healthcare provision, and lack of healthcare workers.

### **There are significant child protection concerns around quarantine.**

Who looks after children if parents must go to an isolation centre is unclear. Given stigmatisation and fears of infection, friends and family members may not be willing to look after them. On the other hand, there are concerns when it comes to safeguarding and as to whether facilities are child-friendly if children need to be housed, either because they test positive or as parents are in isolation centres.

### **Health systems scrambled to respond but significant gaps remain.**

State governments put COVID-19 response teams in place, turned existing facilities into temporary isolation centres, and engaged in public health campaigns. Yet there have been challenges. For example, health workers without passes were prevented from entering health facilities in Borno and restrictions meant they also could not access IDP camps. A recent IOM survey (which did not gender disaggregate) found 87 percent (67 percent in Yobe, 89 percent in Adamawa and 92 percent in Borno) of respondents felt health centres were not prepared for handling the threat of COVID-19.<sup>10</sup>

### **Many people cannot or will not adhere to public health guidance on physical distancing, hand washing, and wearing of masks.**

According to a Yobe respondent, "The [COVID-19] taskforce released circulars after the first case in Yobe... but you do not see even civil servants complying to directives." People do not take infection risk seriously. High heat makes it difficult for people to stay indoors and economic impacts of government restrictions leave particularly men with little to do but socialise. These dynamics are further discussed below.

### **Fear of health centres has caused more people to turn to self-medication, pharmacies, and herbs.**

People worry they will be (mis)diagnosed and forced to remain in isolation centres or that they will contract COVID-19 and die. Some doctors refused to go to work and people tried to discharge family members from hospital after the first confirmed case in Adamawa. Health centres do not treat patients if they have not first gone to the COVID-19 clinic in Borno. A respondent said, as a result, "People are deciding not to go to the hospital as they think that if you go, you will be confirmed as a COVID-19 case and die." Instead, people are more likely to seek alternatives and to take herbs as advertised on WhatsApp to prevent COVID-19.

<sup>7</sup> World Health Organisation, 'Disability Considerations during the COVID-19 Outbreak,' WHO/2019-nCoV/Disability/2020.1, 2020; Emma Pearce, 'Disability Considerations in GBV Programming During the COVID-19 Pandemic,' (GBV AoR, March 2020); International Disability Alliance, 'Toward a Disability-Inclusive COVID-19 Response: 10 recommendations,' March 2020.

<sup>8</sup> Ibid.

<sup>9</sup> CARE, 'Global Rapid Gender Analysis COVID-19,' 31 March 2020.

<sup>10</sup> IOM, 'COVID-19 Situation Analysis: North East Nigeria,' May 2020.

“

People are deciding not to go to the hospital as they think that if you go, you will be confirmed as a COVID-19 case and die.

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### Critical healthcare needs are not met due to restrictions, fears of infection, and focus on COVID-19.

Limited budgets, personnel, and other resources have been diverted into pandemic response from other services, prevention and resilience-building.

Communications campaigns encourage people to come to clinics only for emergencies but there is no clarity on what this means. Some women believe antenatal services and childbirth are not emergencies and that men will be treated more readily than women as health workers perceive men seek care only when critical.<sup>11</sup> Those with non-COVID-19 conditions struggle to receive care. For example, in Damaturu, while patients with minor health concerns are still treated, major surgeries have been almost suspended and there are few hospital admissions. These dynamics have potentially fatal consequences, for example during the malaria season where people may not seek treatment and implications for conditions with better prognosis if caught earlier will be known in the future.

### People with disabilities particularly experience increased barriers to healthcare.

Already, they were subjected to inaccessible facilities, lack of finances to pay costs, and stigmatising attitudes among healthcare workers.<sup>12</sup> There is no evidence for North East Nigeria to date but the Ebola pandemic is illustrative: in communities not affected by Ebola, 74 percent of people with disabilities compared to 52 percent of non-disabled people said access to health services had worsened and

98 percent of people with disabilities compared to 78 percent of non-disabled people needed medical treatment.<sup>13</sup> According to a global survey of people with disabilities, 61 percent of respondents said the pandemic had affected access to health services, medications, and equipment, with routine appointments and procedures pushed back and some respondents worried their age or disability may lead to their care being de-prioritised.<sup>14</sup>

### Women are also unable to access healthcare, especially sexual and reproductive health and rights (SRHR) services.

Women and girls cannot freely attend clinics due to movement restrictions, reduction in transport, harassment by security agents and community militia members, fear of going to health centres, and increased care burdens. The Federal Ministry for Health delayed approval of distribution of family planning items for the second quarter of 2020 as attention was focused on the pandemic.<sup>15</sup> This delay resulted in many states, particularly in the north, running low on or out of stock. Globally, 47 million women in 114 low- and middle-income countries are projected to be unable to use modern contraceptives if restrictions and disruption continue for six months, leading to an additional 7 million unintended pregnancies.<sup>16</sup> Increased time spent at home also heightens the risk of early and/ or unwanted pregnancy.<sup>17</sup> In addition, lack of contraceptives intensifies the risk of sexually transmitted infections<sup>18</sup> and unsafe abortion. Evidence from other health crises shows diversion of resources from SRHR,<sup>19</sup> limited access to pre-natal services, and women and girls often giving birth at home, placing their lives at risk.<sup>20</sup> These dynamics have fatal consequences. In Sierra Leone, where access to health reduced by 50% during the outbreak,<sup>21</sup> more women died of obstetric complications than Ebola, maternal mortality rates increased by 75 percent, and more women were pushed into unsafe abortion.<sup>22</sup>

<sup>11</sup> According to a researcher working on women's rights.

<sup>12</sup> Chitra Nagarajan, 'Gender Dynamics in Adamawa State,' (MCN, 2020); Chitra Nagarajan, 'Gender Dynamics in Borno State,' (MCN, 2020); and Chitra Nagarajan, 'Gender Dynamics in Yobe State,' (MCN, 2020).

<sup>13</sup> Leonard Cheshire, 'Research Briefing on the Impact of the 2013-2016 West African Ebola Epidemic on People with Disabilities,' 2020.

<sup>14</sup> Amanda McRae, 'COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey March to April 2020,' (Women Enabled International, 2020).

<sup>15</sup> According to a women's rights activist working in the SRHR field.

<sup>16</sup> United Nations Population Fund, 'New UNFPA Projects Predict Calamitous Impact on Women's Health as COVID-19 Pandemic Continues,' Press Release, 28 April 2020.

<sup>17</sup> Gender and Development Network, 'Written Submission to the International Development Select Committee Inquiry on the Impact of Coronavirus on Developing Countries,' May 2020.

<sup>18</sup> UN Women, 'Gender-Based Violence in Nigeria during the COVID-19 Crisis: The Shadow Pandemic,' May 2020.

<sup>19</sup> ActionAid, 'Creating Lasting Impact: The Power of Women-Led Localised Responses to COVID-19,' 2020.

<sup>20</sup> Ibid.

<sup>21</sup> Alyssa Parpia, Martial Ndeffo-Mbah, Natasha Wenzel and Alison Galvani, 'Effects of Response to the 2014–2015 Ebola Outbreak on Deaths from Malaria, HIV, and Tuberculosis, West Africa', 2016 22(3) Emerging Infectious Diseases 433–441.

<sup>22</sup> Julia Smith, 'Overcoming the 'Tyranny of the Urgent': Integrating Gender into Disease Outbreak Preparedness and Response,' 2019 27(2) Gender and Development 355–369.

## **Mental health and psychosocial support (MHPSS) needs are increasing but services are less available.**

Many people in the region already live with long-term psychological impacts of experiencing and witnessing violence, losing families and friends, and living in precarious and insecure situations. Economic impacts of COVID-19 related restrictions have added to this stress as have rumours, alarmist messages, and uncertainty which can both drive conflict and reduce immune system effectiveness. These mental health impacts have gendered dimensions: men struggle with being less able to fulfil breadwinner masculinity roles as women's responsibilities increase and they are more subjected to VAWG. At the same time, access to MHPSS services, limited before the pandemic, has decreased and in areas (LGAs) is no longer available.

## **Gendered impacts of COVID-19 on health workers in North East Nigeria are, as yet, unknown.**

The physical and psychological stress health workers are under can be significant, especially as they may face stigmatisation due to contact with COVID-19 patients.<sup>23</sup> Elsewhere, health workers, particularly women who represent 70 percent of the global health and social care workforce,<sup>24</sup> are subjected to verbal and physical abuse by patients, their relatives, and their colleagues.<sup>25</sup> Mental health impacts can have gendered dimensions too. For example, in China, women health workers are more likely to have depression, anxiety, and insomnia than male colleagues as they did most of the caring work for patients and had higher risks of infection from close, frequent contact.<sup>26</sup> Moreover, caring for the sick within families also tends to be performed by women,<sup>27</sup> putting them at the vanguard of prevention and treatment.

## **School closure affects access to education for children, many of whom have already experienced years of disrupted education due to violence.**

All schools have been closed since March 2020. While there are plans for continuing learning using television, radio and the internet, these means are not accessible to all. Other West African health crises show girls are more likely to experience sexual exploitation and abuse (SEA) and become pregnant during this time and less likely than boys to resume education when schools reopen.<sup>28</sup> At the same time, girls and boys with disabilities, already more excluded from educational opportunities than non-disabled counterparts, may also be more likely to stay out of school after schools reopen.

## **Lack of WASH access increases infection risk while water points can also be sites of transmission, particularly for women and girls.**

Washing hands is the primary way individuals reduce COVID-19 infection risk but not all had access to water even before the pandemic and this access has further reduced. The responsibility for procuring water and maintaining hygiene often falls to women and girls who now go farther to fetch water and are at risk of infection in crowded queues or from touching water-pump handles. There have also been some reports of fights, particularly between children, at water collection points in Borno and VAWG around water points can prevent women's access and place them – and children they send – at risk.

## **Inadequate public services will decrease further, disproportionately impacting those already impoverished and women and girls, in particular.**

Already, the federal government has proposed cutting the budget for the Basic Health Care Provision Fund (which supports primary healthcare centres) by 43 percent and the Universal Basic Education Fund (which provides greater access to free and quality basic education) by 54 percent due to a drop in crude oil prices and a fall in projected government revenue.<sup>29</sup> These cuts will hit those already subjected to poverty the most, disproportionately affect women and girls, and be particularly felt in the North East where a decade of violence has already gravely affected access to vital services.

<sup>23</sup> Fatouma Zara Louan, 'Rapid Gender Analysis on COVID: West Africa,' (CARE, April 2020).

<sup>24</sup> World Health Organisation, 'Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce,' Human Resources for Health Observer Series No 24, 2019.

<sup>25</sup> Erika Fraser, 'Impact of COVID-19 Pandemic on Violence Against Women and Girls,' VAWG Helpdesk Research Report No 284, 16 March 2020.

<sup>26</sup> Shira Feder, 'Frontline Healthcare Workers in China report high rates of anxiety, stress, depression, and insomnia since the coronavirus outbreak began,' Insider, 23 March 2020.

<sup>27</sup> Globally, women perform 76.2% of unpaid care work, and in conflict-affected countries - where unequal gender norms are often most pronounced - this imbalance is even higher: International Labour Organisation, 'Care Work and Care Jobs for the Future of Decent Work,' 2019.

<sup>28</sup> Teenage pregnancies in some communities in Sierra Leone increased by 65 percent and sexual assault of children increased during Ebola related school closures: UNDP, 'Assessing Sexual and Gender Based Violence During the Ebola Crisis in Sierra Leone,' 2015.

<sup>29</sup> However, given budgetary allocations to the National Judiciary Council, National Assembly, and other government agencies were cut by only approximately 10 percent, these high levels of cuts to basic services do not seem strictly necessitated: Eniola Akinkuotu, 'Revised Budget: FG Gives National Assembly N27bn for Renovation, Cuts Health, UBE Votes,' Punch Newspaper, 3 June 2020.

# IMPACTS ON JOBS, INCOMES, LIVELIHOODS AND WORKLOADS

## COVID-19 related restrictions have gravely impacted economic security.

Measures included prohibition of movement outside homes, a ban on inter-state travel, closure of roads and international borders, institution of a curfew, orders for civil servants to no longer come to the office, shutting of schools and religious spaces, and restrictions on passengers keke napeps (commercial tricycle operators) and private and commercial vehicles carry. Day labourers and keke napep drivers have seen demand for services drop. Pastoralists have been affected by closure of major cattle markets, particularly those that see significant cross-border trade, and reduction in demand for cattle. Incomes of traders in market towns such as Mubi in Adamawa and Gashua and Potiskum in Yobe have fallen due to restrictions on inter-state travel which have also increased prices of farming inputs from Kano and other states. Farmers who are unable to sell their produce due to low turnout even on days where trading is permitted, have been forced to leave vegetables to rot in the fields.

## Restrictions affect many livelihoods but have disproportionate impact according to levels of pre-existing financial resilience.

Many people, over a decade of violence, saw savings and capitals dwindle and have little resilience to financial shocks or sudden decreases in incomes. The urban poor, reliant on daily wages, are disproportionately impacted.

## COVID-19 livelihood impacts differ according to gender.

A survey in Borno state found 'it has affected my livelihood' was the number one impact of COVID-19 for 71% of women and 51% of men. Unemployment, underemployment and loss of income affect all but women, who tend to earn less than men, are more likely to live in poverty and less able to build up savings for times of hardship. Comprising the majority of informal sector workers, they are affected by

closure of public spaces, including when it comes to home businesses the products of which are sold by children. For example, market and hawker women and girls who are not allowed to sell goods in certain areas of Yola have had to travel to farther areas where there is increased competition. Even in formal employment, women can be the first to be dismissed from jobs or not paid.

## People with disabilities experience disproportionate impacts on livelihoods.

Due to levels of stigma, social exclusion, and discrimination that block them from education and employment, they were more likely to be self-employed, in informal work, with less access to labour protections, experiencing greater precarity, and on the brink of extreme poverty beforehand. As a result of the pandemic, they, particularly women, have seen livelihoods disrupted especially given restrictions have affected ability to access needed support services, wheelchairs and other assistive devices, their higher costs of living due to disability- and gender-related needs, and as family members and other sources of support may now not be able to assist.

## Livelihood impacts vary across locations.

Restrictions tended to be strictest in state capitals. According to a Borno survey, 71 percent of respondents in MMC and Jere as opposed to 47 percent of respondents in Damboa and Bama said COVID-19 lockdown has affected their livelihood. In Adamawa too, respondents said people in Mubi, who rely on trade, had been worse affected than those still able to pursue farming elsewhere. However, impact in peri-urban and rural areas varies. Those who live in areas with high insecurity and military restrictions face more hardship. For example, in Monguno where people are dependent on food, medicine, and goods from Maiduguri and humanitarian aid, residents experience great difficulty as transport has been disrupted. In Mafa too, restriction of movement has affected livelihoods and increased prices.

<sup>30</sup> Okapi, 'Survey Ndarason International Survey in Four Local Government Areas in North East Nigeria,' April 2020.

<sup>31</sup> Ibid.



## Humanitarian aid delivery has been significantly affected.

According to a IOM survey (which did not gender disaggregate), 49 percent (63 percent in Yobe, 51 percent in Adamawa, 43 percent in Borno) of respondents said there had been disruption to food distribution, markets, WASH, health, education, protection, and water trucking.<sup>32</sup> Government restrictions in Borno have affected delivery. The number of passes issued for humanitarian agencies to exempt them from movement restrictions were insufficient. There were restrictions on their presence in IDP camps. Miscommunications between government and military officials led to delays in cargo movements into Maiduguri from other states and to LGAs from Maiduguri. Some projects, such as shelter provision, have been suspended as have crucial development and peacebuilding activities.

## Humanitarian assistance is now less likely to reach all those in need and more likely to exclude women.

In Borno, the state government tried to step into the gap created by restrictions on the operations of non-government and United Nations (UN) agencies, with limited effect. The numbers and levels of food distribution has reduced, putting women, in particular, under pressure of how to provide for families. In some camps, people have not received food for over a month and/ or there is reduced access to water as the amount of time water is pumped has decreased. Modalities of distribution have shifted with food and other items given via IDP camp chairmen who then decide to whom to give and how. As a result, not everyone in need can access humanitarian assistance, with women, particularly those without male relatives, excluded.<sup>33</sup>

## Areas see increased food insecurity.

Prices increased due to movement restrictions within and between states, people hoarding items, and the rise usually seen during Ramadan. In Maiduguri, senior government officials acted to curtail inflation, regulating prices, visiting markets and shops, and making public statements. There were reports of people leaving Maiduguri to buy food in other LGAs due to scarcity. Price increases are greater in areas reliant on cargo arriving on certain days, prices fluctuate by as much as 50 percent. While some can buy in bulk when prices are lower, this limits availability for those on lower incomes who face shortages and are forced to buy at a higher price.



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## More men are unable to fulfil norms of breadwinner masculinity and women are forced to deal with reduced incomes and providing for the family.

Gender norms vary across different communities and, even before the pandemic, many women brought significant incomes into households. Violence meant many men were no longer present (due to death, displacement, migration in search of work and/or detention) or were unable or unwilling to adjust to changed economic realities. As a result, many women were forced to become the primary source of family income. The pandemic affected men's incomes further. More men are no longer able to provide as before, particularly worrying for men during Ramadan when they are expected to bring home delicacies for the family. Recent history has shown how, despite gender norms positing men as family breadwinners, in times of crisis (whether this be violence, financial hardship or a global pandemic) often it is women who must strategise ways to ensure continued family survival.

<sup>32</sup> IOM, 'COVID-19 Situation Analysis: North East Nigeria,' May 2020.

<sup>33</sup> According to a researcher working on women's rights.

## **Hard assets, particularly those held by women, are being sold so families can survive.**

As savings, hit by years of conflict, dwindle further, families turn to assets for incomes. Respondents said that women's assets, including gold and items saved for daughters' marriages, are often the first to be sold to enable the family to buy food and other essential items during this time.

## **Women's unpaid caring and household responsibilities have increased.**

This care work is largely rendered invisible despite its importance to households, families, and communities. Government restrictions see responsibility shift to women and girls. School closure means children are at home, accompany women as they engage in livelihoods, and/ or are left in the care of female relatives and friends. Women with some education feel pressure to ensure learning continues. Women are more burdened with household tasks as people spend more time at home leading to more cooking and cleaning. Care of the sick has increased as people fall ill – whether from COVID-19 or not (see above). Older women can engage in care work as younger women seek incomes, food and water, especially in multi-generational households. Moreover, women have had to expend significant time and effort to strategise how to ensure continued food and water, particularly given disruption in services, livelihoods, and distribution. For example, as many IDP camps and settlements experience reduced time windows where water is available, women have to wake up earlier to queue at water points. They are under pressure to provide food, particularly as new aid distribution modalities do not always reach women. During Ebola, women absorbed this additional care burden via 'self-exploitation, (leading to direct and indirect health impacts), reliance on family, or outsourcing care roles to poorer women.'<sup>34</sup>

## **These impact on incomes and livelihoods can lead to increased relationship breakdown.**

Respondents spoke of how these economic dynamics heighten tension and unhappiness in some families, resulting in women leaving husbands or men divorcing wives because men cannot provide. The impact on intimate partner and domestic violence is discussed below.

## **People (particularly women) are forced into negative coping mechanisms – eating last and least, transactional sex, and/ or going into debt to pay for food.**

These strategies were already seen in communities affected by food insecurity. While people of all genders reduce food intake and enter debt, doing so is more common among women. Respondents said more women now engage in these actions given increased economic hardship. A respondent recounted the experience of a woman who used to buy and sell provisions but, after increased prices drastically reduced profit margins, has reduced food intake to once a day. Some women engaged in fasting for longer periods than usual and older children were required to fast as adults. Increased levels of sex work are likely, both as this is an avenue through which women are documented to provide for families during times of hardship in the North East and given experiences in other pandemics in West Africa.<sup>35</sup>

## **Unconfirmed rumours of population movement to avoid overcrowding create fear of being returned to areas that remain unsafe and cannot provide sustainable livelihoods.**

Conversations as to how quickly COVID-19 can spread in overcrowded IDP camps have led to plans to decongest camps, including through moving people to more insecure areas of Maiduguri (e.g. Molai). The Borno State Government is committed to supporting displaced people to return to LGAs of origin. This movement was postponed as conditions for return had not been met but these plans are likely to be resurrected.

## **Interrupted livelihoods now have repercussions in the future.**

The pandemic arrived in the North East at the start of the agricultural season when people clear farms for planting. Yet, people have had difficulties obtaining farm inputs which will affect harvest. In other places, clearances of farms have stopped due to movement restrictions. Whether people will be able to prepare their farms in time and the impacts of delays on crop yield are uncertain.

<sup>34</sup> Sophie Harman, 'Ebola, Gender and Conspicuously Invisible Women in Global Health Governance,' 2016 Third World Quarterly 37 524–541.

<sup>35</sup> The economic effects of the Ebola outbreak for example, led to exacerbated risks of sexual exploitation and forced sex work for women and girls: UNFPA, As Pandemic Rages, Women and Girls Face Intensified Risks,' 19 March 2020.



## Men's incomes are likely to recover faster than those of women.

Economic recovery will be slow. World Bank projections forecast a decrease in global economic growth from 3.2 percent to 1.8 percent due to the pandemic.<sup>36</sup> In Nigeria whose economy has been hit by falling oil prices, the forecast is bleaker. This predicted trajectory will hit women harder as they dominate the informal sector and bear the brunt of COVID-19 related financial shocks. Unless policies and programmes are gender transformative, ensuring the most vulnerable and marginalised women and girls benefit from economic stimulus and social protection and support to sectors is based on a gender value chain analysis, women's economic recovery will lag behind that of men, as has been the case in the aftermath of previous pandemics in West Africa.<sup>37</sup>

## Levels of humanitarian, development and peacebuilding donor funding will decline (as budgets are diverted from aid to domestic response) and/or be diverted to COVID-19 response away from other critical life-saving aid.

More humanitarian spend is going towards the COVID-19 response and away from other sectors, most crucially livelihoods where support is urgently needed to offset economic impacts. At the same time, many respondents working on development and peacebuilding have been required by donors to reorient programming away from other critical needs towards COVID-19. While it is important to address the conflict, humanitarian, and development impacts of COVID-19, the pandemic does not mean other issues disappear. Continued focus on them is important to ensure they do not worsen. Moreover, many respondents believe the impact of COVID-19 will be more felt on as donor countries restructure their systems and reallocate budgets to assist with domestic economic recovery later in the year.



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<sup>36</sup> United Nations, 'Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of COVID-19,' March 2020.

<sup>37</sup> Alisha Haridasani Gupta, 'Why Women May Face a Greater Risk of Catching Coronavirus,' New York Times, 12 March 2020.

# IMPACTS ON SOCIAL RELATIONS AND CONFLICT DYNAMICS

## Epidemics can drive increased insecurity and violence.

There is no evidence as yet in North East Nigeria, but each new infection confirmed per 100,000 people during the West Africa Ebola outbreak increased conflict risk in that area over the following two weeks by 10 percent.<sup>38</sup>

## The primary way COVID-19 affects conflict is worsening high levels of grievances related to governance.

According to a respondent, “Government measures have created more hunger and people feel it is the government vs the people and they need to fight to get meals.” There can be significant gendered differences: a survey on community perceptions in 4 LGAs in Borno found 18 percent of men but only 4 percent of women appreciated the government more.<sup>39</sup> In addition to grievances related to economic impacts of restrictions, people in Borno were also unhappy about access to health being conditional on having attended the COVID-19 clinic first and denial of choice of how to bury family members during the pandemic.

## Widespread disbelief in government messaging show the extent of the trust deficit.

In all three states, many see COVID-19 as a (government perpetrated) hoax. Rumours that state governments are exaggerating the situation abound. According to a respondent, “People felt it was a sickness for white people, then a sickness for rich people, then that the government is trying to collect money from donors and the federal government. This is everyone, even people who are supposed to be educated.” As a result, many people do not take the threat of infection seriously. In Adamawa, there is more awareness of COVID-19 and adherence to public health guidance in the centre and south compared to the northern axis. In Yobe, respondents said narratives are fuelled by lack of serious government restrictions, as the Governor is yet to make a public statement about COVID-19 despite being in Damaturu, and as politicians and civil servants continue to attend crowded public gatherings. In Borno too, many perceive that those who stand to benefit are trying to create panic. Some people believe deaths from other causes are labelled as COVID-19-related to

inflate figures. Other popular narratives are that COVID-19 is a form of population control, the virus will not survive heat, Nigerians are unaffected as their immune systems are strong, that taking bitter kola, honey and garlic can prevent infection, that door to door tests spread COVID-19 infections, and that Bill Gates produced COVID-19 so everyone would buy his vaccine. These narratives should be seen against a history of rumours that polio and other vaccines are intended to control births, low levels of community sensitisation efforts, and politicians using conflict to divert subsequently increased public funds into personal pockets.

## People believe distribution of palliatives is based on political connections due to lack of clarity on selection criteria and past experience.

In one state, a respondent spoke of seeing a Commissioner compile the list for distribution of money in his residence. In another state, rumours are that selection is skewed more to Muslims than Christians. According to a respondent speaking of conflict analysis in Borno, “People see aid as insufficient, too late, too little and this reinforces the perception that the government does not have the interests of the people in mind – making sensitisation around COVID-19 ineffective as government are the primary messengers.” Moreover, these palliatives tend to go to men who are more likely to be in these political networks than women. In addition, sharing through party political networks has increased tensions between followers of the APC and other political parties. There have also been attacks against people managing distribution and at least one case where a woman involved was threatened to be killed if she did not include the group making the threats amongst those able to access them.

## Given the disproportionate impact on people subjected to poverty, anti-elite sentiment has risen – and may catalyse demands for change.

Some people blame rich people who travelled within Nigeria and internationally for bringing COVID-19 to the North East. They are seen to be suffering its impacts less,

<sup>38</sup> International Rescue Committee, 'COVID-19 in Humanitarian Crisis: A Double Emergency,' 2020.

<sup>39</sup> Okapi, 'Survey Ndarason International Survey in Four Local Government Areas in North East Nigeria,' April 2020.

particularly in states where politicians and wealthy individuals received passes to move freely. These dynamics exacerbate existing divisions between those with wealth and power and others, particularly given perceptions of party-political palliative distribution and uneven enforcement of restrictions. Although no group is mobilising around this at present, grievances may lead to increased demand for change. The form this will take, the level of violence, and potential for co-option by political interests or armed groups is unclear.

### **A national economic crisis may increase insecurity and reduce state-citizen relations.**

State and federal governments, elected only a year ago, struggle to fulfil campaign promises. Ministries, departments and agencies (MDAs) see budgets slashed, with particular implications for health, education, and basic services. Due to falling oil prices and reduced tax revenues, the government faces economic difficulties. If these dynamics translate to non-payment of salaries, for example to the military, police and civil servants, it will have implications for extortion and on public security.

### **Distribution of palliatives increases grievances against community leaders, already high due to perceived politicisation, diversion of aid, and biased decision making.**

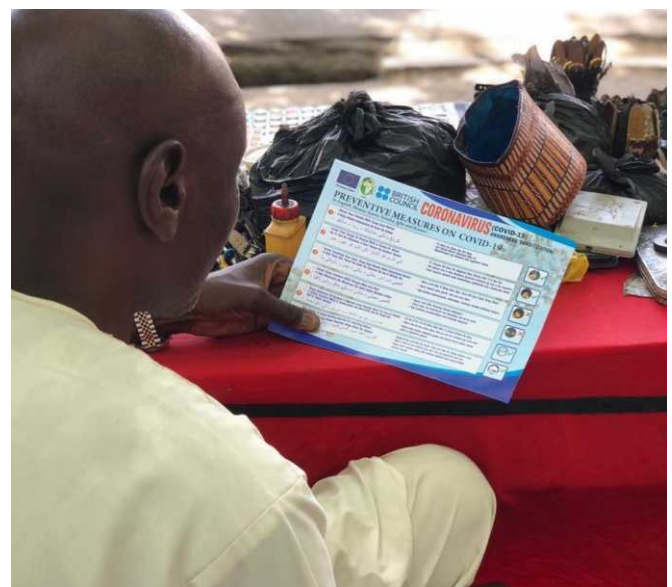
There were already tense relations between communities and those appointed as leaders, particularly in Borno. While some leaders are respected and seen as effective and genuinely motivated, trust and confidence has broken down in many locations. Where leaders are seen as gatekeepers to aid, now reaching even fewer people in need, relationships have deteriorated further. In parts of Borno, leaders are accused of taking personal protective equipment (hand sanitisers, masks, and washing stations) for personal use. According to a conflict analyst, politicisation of palliative support has further eroded the credibility of community leaders seen as “pandering to political godfathers and those in power so aid is... delivered to those who are political party loyalists.”

### **In Borno, religious leaders are seen as politicised if they abide by government regulations.**

Prior to the pandemic, there had been some erosion of trust in religious leaders but less than that for community leaders. However, closing religious spaces is seen by many as evidence of collusion with politicians pushing COVID-19 narratives motivated by personal gain.

### **There is anger at security agencies for (mis)enforcement which affects livelihoods and food security.**

This pandemic comes after years of military restrictions that severely affect livelihoods, particularly in rural areas. Further restrictions have heightened grievances against security agencies. For example, IDP camps in Ngala had restricted movement for 48 hours with little advance notice, which prevented people from collecting firewood and water. There is tension between security agents and drivers from the National Union of Road Transport Workers (NURTW) in Monguno whose arrests for allegedly contravening movement restrictions (NURTW says these arrests happened on days movement restrictions were relaxed but the military says the road was closed) led the NURTW to stop going to Monguno, thereby increasing prices there.



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## **Heavy handed actions by security agencies (and yan gora) has added to existing tensions.**

As described below, the police (and yan gora in Borno) have engaged in extortion and arbitrary detention of those seen as breaking government regulations in Adamawa and Borno states. In Gwoza and Pulka in Borno, people express concern over the yan gora both detaining those in the community seen as linked to looting and that those engaged in looting were not arrested due to concerns around public health impacts of overcrowding of prisons according to a conflict analyst. At the same time, people of all ages and genders are concerned by the aggressive and sexually exploitative behaviour of yan gora members against young women (discussed below) which, in addition to constituting a human rights violation, fuels tensions between yan gora members and other young men who feel the yan gora have more access to women than them.

## **Competition between the police and the yan gora (Civilian Joint Taskforce – CJTF) has risen in Borno.**

Present before the pandemic, this competition has worsened given the yan gora has taken on much of the policing of pandemic restrictions. Having this role fulfilled by groups outside the state security apparatus has created unhappiness among some police officers.

## **People engage in solidarity, but tension, aggression and misunderstanding have increased.**

During a decade of violence, people have hosted others displaced, supported neighbours, family and friends to access educational and livelihood opportunities. They have been the primary means of support for one another. However, social cohesion is under strain as increased stress, anxiety, and distress manifest in aggressiveness within and outside the home.

## **People with disabilities are at risk of increased social exclusion, neglect, and abuse.**

They experience reduced support structures, access to services, and social networks due to government restrictions. They may be falsely associated with COVID-19 infection and so at greater risk of marginalisation and stigmatisation, for example if they have existing respiratory issues. More dependent on family members and care givers, they are also at greater risk of violence. During the

Ebola pandemic, 80 percent of disabled households reported a decreased social life compared to 31 percent of non-disabled households. Moreover, 84 percent of people with disabilities in communities affected by Ebola reported people changed their behaviour toward them, they were treated as an outsider, and they were rejected/shunned, with 17% of respondents not allowed to return home. This study took place in a different country during another health crisis but its findings are worrying. Urgent research is required to build an evidence base in this area for North East Nigeria and identify programming and policy responses.

## **Respondents reported higher intra household tensions around incomes and decision making.**

Men are under pressure to provide for families, unable to do so, and trapped in the house. Women feel husbands are unwilling to work to earn incomes. As husbands spend more time at home, women need to discuss decisions they would previously have made unilaterally, which can lead to arguments. Moreover, some men with more than one wife have brought their wives and children together in the same household resulting in increased household conflict.

## **Pandemic-related restrictions have affected social relations and eroded norms of mutual reliance.**

People are unable to socialise with others outside their household as before. While naming and wedding ceremonies continue and religious places of worship remain open in some areas, such gatherings were banned in others. Women's involvement in social events, important for building and maintaining social networks as well as a source of fun and respite, has been affected. In some areas, men still gather in groups (despite public health advice) but women, whose time is now more accounted for, cannot. Young people, whose schools have closed, leisure activities restricted, and employment prospects curtailed, have been particularly affected.

## **Almajirai are returned to states of origin and suspected as being COVID-19 carriers.**

Many of these children have been forcibly moved to home states amidst narratives that have religious undertones, stigmatise them as vectors of infection, and signal pre-existing social exclusion. In Yobe, 209 almajirai boys were returned from Adamawa, Gombe and Nasarawa states, kept in a secondary school, then reunited with families. Yet, not all almajirai ejected from other states are in state

<sup>40</sup> Leonard Cheshire, 'Research Briefing on the Impact of the 2013-2016 West African Ebola Epidemic on People with Disabilities,' 2020.

<sup>41</sup> Ibid.



custody with reports of increased numbers on Potiskum's streets. Social anxieties are often projected onto these children: narratives of being COVID-19 carriers overlay earlier ones of susceptibility to recruitment into armed opposition groups (AOGs).

### **COVID-19 dynamics negatively impact reintegration of children associated with armed groups.**

On one hand, increased power and status given to the *yan gora* to carry out policing of restrictions is as a disincentive for children associated with such groups, particularly teenagers, to reintegrate into civilian life. According to a woman who works on reintegration in Borno, "If they see the government giving more power to these groups, they will think of re-joining." On the other hand, the child protection subsector is concerned about the potential rejection of children associated with AOGs returning to communities, including due to fears of infection.

### **There is anger against people seen as benefitting.**

According to a respondent, in Monguno in Borno where goods arrive from Maiduguri, "People are looking at sellers like they are bad people because they are increasing prices due to road closure." Security agents, immigration agents, and customs agents are also seen as benefitting as they open borders at night for trade— for a fee. Some soldiers and *yan gora* members allow inter-state travel in exchange for payment. Others making money include those manufacturing facemasks and hand sanitisers - there are unverified reports of these causing skin damage and there is uncertainty about their safety.



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### **Unhappiness with aid disruption can manifest in protests and looting.**

For example, in Mafa, only one international NGO was able to distribute food in April 2020, creating tensions as many people did not receive food. There have been at least three documented cases of looting of humanitarian cargo. Due to restrictions on numbers that can gather in a location, people go to distribution points hours beforehand to wait. In some locations, agencies told those who had been queuing for many hours that food was finished, leading to accusations of diverting aid.

### **Initial suspicion of aid workers as having COVID-19 has largely dissipated.**

The Borno State Government was concerned that non-Nigerians working for humanitarian, development, and peacebuilding organisations could spread infection. It barred them from entering IDP camps and some people felt abandoned by humanitarian actors in the early days. Agencies set up a two-week isolation period for anyone returning from international travel. That the first confirmed case in Borno (in Pulka) was a man who worked for an international NGO exacerbated fears, particularly given rumours of aid workers having the virus as far back as March 2020. This narrative is no longer as prominent as before, but the wearing of masks creates a barrier to interactions which agencies must work hard to overcome. Nevertheless, levels of trust in non-governmental organisations (NGOs) seems higher than in government: According to a conflict analysis, "There is still a sense that INGOs are their lifeline while the government has politicised assistance."

### **There is perceived increase in criminality linked to hardship, impunity and uncertainty.**

Adamawa and Borno states in particular have seen increased robbery. In Yola, particularly the Jimeta axis, groups have gone into homes, sometimes with machetes, and stolen food, telephones, money, and other items. These incidents can become violent and people are injured. In Mubi too, incidence of crime has increased. Lamurde has seen aggrieved young men, unable to engage in business activities, fighting and burning houses. In Borno, crime is said to have also increased.

### **Some of this criminality is gang-related and gang activity has increased.**

In Adamawa *yan shilla* (a gang active in the state) activity had reduced due to police action but activities restarted. Recently, three young male members stole the bag of a

woman. Members of the community surrounded them, beat them up and set them on fire. In Borno, gangs are a legacy of politicians engaging them in political thuggery around elections (including recent ones in 2019) and, as they have been used and then abandoned by these politicians, they started engaging in criminality.

### **Geographical areas and LGAs are stigmatised for having COVID-19 cases.**

In Adamawa, communities with confirmed COVID-19 cases are listed by neighbouring communities as a red zone that people should not go near people from these areas are marginalised, for example not able to buy in markets. In Borno too, in response to a rumour of COVID-19 cases being confirmed in Gwoza in the early days, some people reportedly left for Damboa due to fears that intra-state movement would soon be stopped. In response, people in Damboa were supposedly worried about going out for fear of coming across those from Gwoza who could be carrying COVID-19. These were unconfirmed rumours, but they show the sense of panic and fear during this time.

### **Many people in Adamawa and Borno were unhappy at restrictions on religious gatherings.**

In Adamawa, communities with confirmed COVID-19 cases are listed by neighbouring communities as a red zone that people should not go near people from these areas are marginalised, for example not able to buy in markets. In Borno too, in response to a rumour of COVID-19 cases being confirmed in Gwoza in the early days, some people reportedly left for Damboa due to fears that intra-state movement would soon be stopped. In response, people in Damboa were supposedly worried about going out for fear of coming across those from Gwoza who could be carrying COVID-19. These were unconfirmed rumours, but they show the sense of panic and fear during this time.

### **There are some increased inter-ethnic tensions.**

For example, peacebuilders spoke of friction between some Kanuri and Shuwa people in Dikwa and Gwoza and that rumours around who is likely to have COVID-19 may overlay narratives around Kanuri people being more likely to be linked to AOGs. In Mafa LGA, the majority of those living in villages are of Gamargu background, those in LGA headquarters are Kanuri and Shuwa, and those seen as 'controlling' Mafa are Kanuri. The Gamargu complain of ethnic discrimination, saying names do not appear on food distribution lists if people do not say they are either Kanuri or Shuwa, denying their Gamargu identity. These grievances have heightened given increased hardship and disruption to assistance. Similar dynamics are likely in other areas where comparable fault-lines and grievances exist.

### **COVID-19 is worsening already existing tensions between IDPs and host communities.**

Despite initial welcome, relations have deteriorated as displacement, which significantly impacts host communities, continues with no end in sight and humanitarian agencies focus assistance on IDPs. Many humanitarian COVID-19 conversations tend to be about vulnerabilities in IDP camps and settlements rather than also assessing COVID-19 impacts on host communities. If conflict insensitive humanitarian assistance (by government, NGOs and UN agencies) is not responsive to the realities of host communities, IDPs, and returnees alike – and seen to be such – with the result that IDPs are more food secure, it will exacerbate conflict. Moreover, public health campaigns have led to increased stigmatisation of IDPs, who tend to have lesser access to WASH facilities, as being dirty and unhygienic and so more likely to have COVID-19.

### **Dynamics caused by COVID-19 and related restrictions feed existing inter-generational conflict and stigmatisation of young people.**

Those who left communities for economic opportunities elsewhere (particularly in Abuja and Lagos) are suspected to transmit the virus upon return. Young men are blamed for looting, theft, participation in gang activities, and other criminal acts. There is community panic as to the consequences of school closure on 'idle youth' and concern, particularly in communities seen as having high numbers of AOG supporters (such Bulabulin and Ngarannam in Maiduguri), that this may lead to increased recruitment into AOGs. Girls and young women not going to school are perceived as more likely to engage in sex outside marriage (with or without their consent) and be subjected to SEA. Many people believe that young people are not abiding by public health guidance, a perception may be more reflective of increased visibility of young people, lower levels of tolerance, and widespread perceptions (including those internalised by young people themselves) than any difference with older people.

### **There is increased risk of farmer-pastoralist conflict becoming violent.**

Restrictions affect pastoralists and farmers, reducing resilience to absorb financial shocks and increasing stress levels, and thereby increasing chances that confrontation may escalate to violence. Added to the mix is suspicion that pastoralists herding cattle from Cameroon will bring COVID-19 into Nigeria (there is no evidence proving this). This worry is one of the reasons why international cattle markets linked with Cameroon were closed in Adamawa



state. There is a risk of pastoralists being blamed for any rise in confirmed cases or stigmatised as being infected after their return from Cameroon to Adamawa in June. These narratives as well as decreased financial buoyancy may increase potential for violence when cattle destroy farmlands (including where farmers have encroached onto grazing routes). Urgent mitigation measures need to be put in place.

### **AOGs are still active and attacks are likely to increase.**

The military has launched two operations during this time: Operation Scorpion Sting 4 in April and Operation Kantana Jimlan in May but AOG attacks still occur, for example by Islamic State West Africa Province (ISWAP) in Gujba and Geidam in Yobe State and by Jama'atu Ahl al-Sunna li-l-Da'wa wa-l-Jihad (JAS) in Michika in Adamawa State. As yet, there seem to be no restrictions on people fleeing violence entering neighbouring towns and those displaced are largely accepted by the nearest community. These attacks may be partly driven by government restrictions limiting AOGs' supply of food and non-food items. There has been an increase in predatory attacks and a number of cases where ISWAP targeted trucks conveying food. AOGs have set up checkpoints, conducted searches, and taken away items along the Gubio-Damasak, Monguno-Gajiram, and Maiduguri-Damaturu roads. The start of the rainy season may see more attacks as groups aim to stock up before roads become unpassable due to the rains. If state governments reinstate movement restrictions, only allowing intra-state movement once or twice a week, AOGs will know when food cargoes are passing and are likely to exploit this certainty to their advantage. The way that movement restrictions are organised can greatly help or hinder opportunities for diversion, including of humanitarian aid, with grave consequences for those who rely on this assistance and state economies.

### **COVID-19 and related restrictions have the potential to help AOG recruitment.**

There have been some statements by AOG leaders about COVID-19. For example, Shekau, the JAS leader, released a video stating COVID-19 is a punishment for sins for the rest of the world excepting his followers who, due to doctrine and beliefs, will not be affected. Previous recruitment efforts by AOGs, capitalising on frustration with military actions, restrictions on livelihoods and perceived lack of

responsiveness to people's material realities, continue. There is a possibility that AOGs, particularly if the health situation deteriorates and numbers of COVID-19 cases rise, will use the situation, for example by claiming those who join them will be exempt from infection. Moreover, increased frustration with government handling of the pandemic, amplified resulting inequalities, and grievances against security force actions may drive recruitment. Already, letters from AOGs have been delivered to communities, including in Jere and Monguno, offering people large sums of money to join them.

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### **Although conflict dynamics are changing, in some cases negatively, peacebuilding activities are hampered.**

Restrictions have led to peacebuilding activities being suspended or scaled back at the time it is crucial that platforms meet to analyse local conflict dynamics and intervene. The platforms that are still meeting restrict numbers. While these limits are understandable given public health concerns, they can lead to less inclusivity in decision making as those able to participate are more likely to be able-bodied older men with relative power which means issues discussed and solutions proffered are less likely to integrate perspective of young men, women of all ages including those with disabilities, men with disabilities, and other groups usually socially excluded and marginalised from decision making.

# TRENDS IN VIOLENCE AGAINST WOMEN AND GIRLS

**Before the pandemic, levels of VAWG were high across the country and in the North East.**

Globally, women living in conflict-affected situations are more likely to be subjected to violence.<sup>42</sup> In North East Nigeria, MCN gender assessments found high levels of abductions, attacks against sex workers, denial of resources, domestic violence, early and forced marriage, intimate partner violence, sexual violence, and witchcraft accusations.<sup>43</sup>

**Data on COVID-19's impact on VAWG is lacking but that which exists shows increase in all six geopolitical zones (Figure 1).**

There was a 56 percent increase in reports between March and the first part of April, in just two weeks of lockdown.<sup>44</sup> Lagos, which has a proactive State Domestic and Sexual Violence Response Team that encouraged reporting and added hotlines to enable this, saw the biggest increase – although this does not necessarily mean increased incidence was less elsewhere.

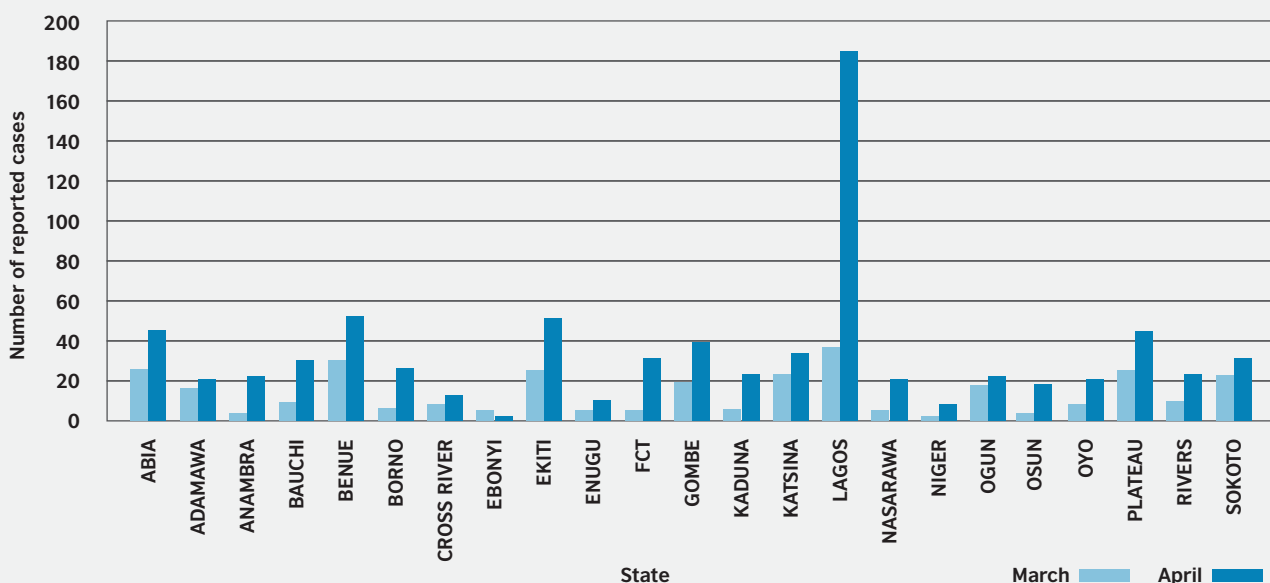
**As a result of multiple barriers, reports received do not reflect changing dynamics of incidence.**

While respondents spoke of higher VAWG incidence and the data in figure 1 corroborates this, reports received do not provide an accurate picture of extent or trends. SARCs across the three states spoke of numbers of those who used the service (not necessarily those ringing and asking for help) having significantly reduced during the pandemic period.



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**Figure 1: Numbers of Reported GBV Cases in Nigeria<sup>45</sup>**



<sup>42</sup> Lindsay Stark and Alastair Ager, (2011) 'A Systematic Review of Prevalence Studies of Gender-Based Violence in Complex Emergencies', 2011 12(3) Trauma, Violence, Abuse 127-134.

<sup>43</sup> Chitra Nagarajan, 'Gender Assessment of North East Nigeria,' (MCN, 2017); Chitra Nagarajan, 'Gender Dynamics in Adamawa State,' (MCN, 2020); Chitra Nagarajan, 'Gender Dynamics in Borno State,' (MCN, 2020); and Chitra Nagarajan, 'Gender Dynamics in Yobe State,' (MCN, 2020).

<sup>44</sup> UN Women, 'Gender-Based Violence in Nigeria during the COVID-19 Crisis: The Shadow Pandemic,' May 2020.

<sup>45</sup> Source: Federal and State Ministries of Women's Affairs. Graph is taken from UN Women, 'Gender-Based Violence in Nigeria during the COVID-19 Crisis: The Shadow Pandemic,' May 2020, p. 5.

## Women and girls with disabilities are at greater risk of violence due to restrictions.

They are disproportionately affected by health, economic, and social impacts of the pandemic and, as a result, are at greater risk of being subjected to SEA. Their reduced access to services and social networks, increased dependence on others to meet basic needs and financial obligations, and inaccessibility of information about both COVID-19 and support to escape violence increase the coercive power and control family members and caregivers have over them.

## There is increased likelihood and severity of intimate partner violence.

Globally, intimate partner violence (IPV) rises by 35 percent during armed conflict and health crises also prompt increases.<sup>46</sup> The current situation exacerbates known IPV drivers including rising poverty, food insecurity, household tensions, and mental health issues.<sup>47</sup> Economic uncertainty, increased substance abuse,<sup>48</sup> changes to family lives, and more stressful and precarious environments have increased tensions and compounded violent situations. Respondents said increased household conflict lead to more cases of physical violence, psychological violence, and denial of resources. Even respondents who do not work on VAWG now came across more cases than before. A way husbands exert coercive and controlling behaviour is threatening wives with divorce. Respondents spoke of men beating their wives when they asked for money for food, threatening them with divorce, or accusing them of having COVID-19 due to a cough and saying they would therefore send them back to their families - as a way to escape responsibilities. Yet, despite IPV being the most common form of VAWG,<sup>49</sup> this was an area SARC personnel knew little about. Not all of them see IPV included in their mandate and so do not conduct outreach and provide services accordingly. Moreover, women and girls subjected to IPV face high barriers to reporting, not least attitudes which normalise violence perpetrated by husbands against wives - within limits.

## Violence committed by parents against children may be rising.

It was not possible to get clear data on violence against children. However, increased stress parents are under, coupled with loss of sense of self many men experience, makes it likely. Girls and young women complain of fathers getting angry easily since they are at home and unengaged in tasks, and that anger is expressed in verbal abuse against children who are tense any time fathers are around.<sup>50</sup>

## There are indications of more marital rape incidence.

It is difficult to find empirical data on marital rape but this type of VAWG can increase in North East Nigeria during times of household stress and changed gender relations.<sup>51</sup> Respondents reported women talking of pressure from husbands to have sex while they struggled with increased care burdens of looking after husbands, children and the household and heightened stress due to lack of money and rising food prices. According to one respondent in Yola, "The husband wants to have sex even when the wife doesn't want to. She is tired with all the stress and he is waiting and bored."

## There seems to be higher incidence of non-marital sexual violence.

Almost all respondents recounted incidents including male family members and neighbours raping young girls, women fearing sexual violence linked to armed robbery (and at least one case in Yola where this happened), cases in Biu and Potiskum where men have broken into homes while people were sleeping to rape teenage girls, and abduction of young women for rape. An organisation that tracks security incidents said that, after receiving no report of sexual violence from December 2019 to February 2020, they had received 10 cases between March and early May 2020 during the period of government restrictions. It is unclear to what extent these incidents point to a trend of increased sexual violence or are more indicative of increased awareness and reporting. MCN colleagues in Yobe said there was a sharp increase in cases in Potiskum, perhaps due to sensitisation efforts that encouraged reporting. Conversely, male perpetrators may be taking advantage of lesser security, increased impunity, more limited reporting, and reduced access to an already weak justice system to commit sexual violence.<sup>52</sup>

<sup>46</sup> Lucia Hanmer and Jeni Klugman, 'Exploring Women's Agency and Empowerment in Developing Countries: Where Do We Stand? 2016 22(1) Feminist Economics 237–263.

<sup>47</sup> 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).

<sup>48</sup> UNODC, 'Coronavirus Disease (COVID-19) Response: Thematic Brief on Gender-based Violence against Women and Girls,' 2020.

<sup>49</sup> Sinead Murray and Jeanne Ward, 'Research, Evidence and Learning Digest: Intimate Partner Violence in Emergencies,' (GBV AoR Helpdesk, 2020).

<sup>50</sup> According to a researcher working on women's rights.

<sup>51</sup> Chitra Nagarajan, 'Gender Dynamics in Adamawa State,' (MCN, 2020); Chitra Nagarajan, 'Gender Dynamics in Borno State,' (MCN, 2020); and Chitra Nagarajan, 'Gender Dynamics in Yobe State,' (MCN, 2020).

<sup>52</sup> UN Women, 'Gender-Based Violence in Nigeria during the COVID-19 Crisis: The Shadow Pandemic,' May 2020.

## **In Borno, some yan gora members are taking advantage of their increased power to commit sexual exploitation and abuse.**

Even before the pandemic, there were cases of male yan gora members using their power and link to resources, including food, to commit sexual exploitation and abuse. Respondents said members' sense of power has increased as have cases of sexual harassment, exploitation and abuse as the yan gora has been charged with policing pandemic restrictions. The two cases reported to the SARC in Maiduguri during the first two weeks of lockdown both concerned yan gora men. A girl around 12 years old in northern Borno had been raped by a yan gora man while going out to collect firewood. The second case was a 14 year-old girl, repeatedly raped by a yan gora man in Maiduguri, who was brought to the SARC six weeks pregnant. As of May 2020, the perpetrator was still running checkpoints around the city. A women's rights activist in Maiduguri said, "They think they are untouchable... The government is giving them too much power and we are going to have a lot of [sexual and gender-based violence – SGBV] cases coming out from this."

## **Sexual exploitation and abuse tend to rise during times of financial hardship and disrupted humanitarian distribution – and this pandemic is no different.**

The financial hardship many families face, how humanitarian assistance has been affected, and ways food prices and insecurity have increased due to disordered transportation chains (described above) risk factors of SEA. Women and girls speak of being sexually harassed by those now in charge of humanitarian distribution since assistance by international agencies and local NGOs has been disrupted.<sup>53</sup> Women and girls risk being forced to exchange sex for movement (crucial to pursuing livelihoods), safety, food, shelter, and other resources.<sup>54</sup>

## **Adolescent girls face particular risks of early and forced marriage, increased sexual exploitation and abuse, early pregnancy, and child labour to alleviate family hardship.**

Recent years have seen a drop in early and forced marriage levels, with girls and their mothers fighting for

girls' right to education and delaying marriage. However, financial hardship risks reversing these gains, particularly given school closures and fears girls may be sexually exploited or engage in consensual sex. Families may believe the best solution is to marry off daughters, even if this means doing so at age earlier than otherwise.

Women's rights activists felt this risk was particularly high for teenage girls whose mothers had been killed and whose fathers had not remarried. A respondent quoted one man who had not remarried after his wife was killed as saying: "What do I do with these girls especially now they are not going to school? They don't have a mother." She reported that he was thinking of marrying his daughters to lessen his financial burden. Moreover, school closures and economic pressures may result in increased SEA. Already in North East Nigeria before the pandemic, there were cases where girls felt pressure to provide, including through selling their bodies.<sup>56</sup> Early marriage is also seen as a protective mechanism against social stigma resulting from sexual violence and there is a substantial risk of increased rates of early pregnancy linked both to SEA and to early and forced marriage.

## **Violence occurs online and offline.**

While many women and girls do not have access to mobile telephones and other technology, there is a risk of increased non-consensual sharing of personal information, conversations, and even intimate photographs among those who do if relationships between unmarried couples break down under lockdown stress. In such cases, it is the girls and women not the men involved who bear the brunt of disapproval and stigmatisation.

## **Decreased access to support makes escaping and recovering from VAWG more difficult.**

North East Nigeria's culture of silence around VAWG was partially breaking before the pandemic when it came to non-marital sexual violence against children. High barriers to reporting still existed for other forms of VAWG. Globally, less than 40 percent of women who experience violence seek help and, if they do, they turn to family and friends.<sup>57</sup> Access to support networks and services which could help stop the violence and mitigate its impact has been eroded by pandemic-related restrictions.

<sup>53</sup> According to a researcher working on women's rights.

<sup>54</sup> Ibid.

<sup>55</sup> Chitra Nagarajan, 'Gender Dynamics in Adamawa State,' (MCN, 2020); Chitra Nagarajan, 'Gender Dynamics in Borno State,' (MCN, 2020); and Chitra Nagarajan, 'Gender Dynamics in Yobe State,' (MCN, 2020).

<sup>56</sup> Chitra Nagarajan, 'Gender Dynamics in Borno State,' (MCN, 2020).

<sup>57</sup> UN Women, 'COVID-19 and Ending Violence Against Women and Girls,' 2020.



## **Government restrictions, worries of going to hospital, reduced economic circumstances, and fears of security force harassment mean people cannot easily seek help.**

Survivors are unable to access critical life-saving services including post-exposure prophylaxis, emergency contraception, and psychosocial support. Women with disabilities in particular are less likely to leave homes due to inaccessible infrastructure and lack of support. Even when an offer is made for someone to transport them to the SARCs, many survivors have felt unable to avail of services due to worries of contracting COVID-19 at hospital.

## **VAWG services struggle to function.**

SARCs across the three states have faced grave challenges. They experienced difficulties, particularly in Borno, in getting passes to exempt staff from movement restrictions to come to work, leading to concerted advocacy efforts and increased costs to cover the hire of the one vehicle for which this exemption was finally obtained. SARC management and staff worried of the potential for infection, particularly given lack of hygiene materials. The Adamawa SARC was temporarily closed down while materials were procured. MCN has since provided hygiene materials and personal protective equipment to SARCs in all three states. Personnel have had to devise arrangements to enforce physical distancing. In Adamawa, as a SARC health worker has been pulled into the COVID-19 response and away from SARC duties and a replacement has not been forthcoming, SARC management have had to train nurses to cover this gap. In one SARC, a doctor who had contact with a patient confirmed to have COVID-19 subsequently had to spend 14 days in isolation, leading to disruption in services. Moreover, services are worried of risk from increased levels of criminality, particularly in Yola.

## **COVID-19 related restrictions affect functioning of referral systems.**

While the SARC can refer those in need of shelter to National Agency to Prevent Trafficking in Persons (NAPTIP) in Borno, in Adamawa and Yobe, there is no agency to which referrals can be made. Plans to open up a shelter in Adamawa were put on hold due to COVID-19. In Yobe, the SARC admits those in need of emergency accommodation to the hospital's women's ward. Counselling services have been affected, for example with in-person appointments limited to when movement is permissible and urgent matters outside these hours dealt with by telephone.



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The police are less available to attend to VAWG. Justice systems have struggled to adapt. In Borno, selected criminal cases (including VAWG) are heard by the High Court and some magistrates' courts via virtual court proceedings. This greatly affects the provision of survivor centred justice and increases the emotional and mental trauma of giving testimony. Yobe has moved some criminal cases online but it is unclear how many, if any, cases of VAWG this includes. In Adamawa, trials of people already before the courts are stalled and people arrested are unable to be arraigned. This state of affairs infringes survivors' rights to justice and alleged perpetrators' due process rights.

## **Lack of proper data gathering, collation and analysis remains a significant barrier to understanding current VAWG dynamics and implications for policy and programming.**

According to UN Women, VAWG data management 'is still largely problematic, as there are no systems to ensure the safety, confidentiality and other ethical considerations necessary to collect and share [gender-based violence – GBV] data... there is no central body that is collating a data set and providing real-time analysis to inform the short- and long-term national response.'<sup>58</sup>

## **Action to prevent violence continues to be missing.**

Many agencies working on VAWG are focusing on effective response and outreach, leaving an important gap in prevention. There is significant scope for interventions that engage community militia groups, mitigate circumstances that increase vulnerability to SEA, mobilise family and community networks to increase social sanction against domestic violence, and undertake other work aiming at preventing violence.

<sup>58</sup> UN Women, 'Gender-Based Violence in Nigeria during the COVID-19 Crisis: The Shadow Pandemic,' May 2020.

## All three state governments have not prioritised VAWG in their response.

There has been little effort by State Executive Councils or Governors to investigate how incidence and trends are changing and what should be done in response. For example, although VAWG services are lifesaving, those working for them were not automatically exempt from movement restrictions.

## The full scale of VAWG in North East Nigeria and how it has been affected is, as yet, unknown but likely to become clearer as time goes on.

That government restrictions are being eased does not necessarily mean a spike in violence is over. Many of the known drivers of violence, including those linked to economic hardship, will last for some time. High levels of urgency to put in place proper measures to prevent and respond remain.

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# THE RISK OF OTHER HUMAN RIGHTS VIOLATIONS

**Globally, COVID-19 has been used as a pretext to curtail human rights and civic space.**

While effective action is needed to mitigate public health emergencies, action must be proportionate, timebound, and in line with human rights frameworks. So far, Adamawa, Borno and Yobe Governors have given end-dates to restrictions and State Houses of Assembly have not passed emergency legislation that give the executive wide-ranging powers with little oversight.

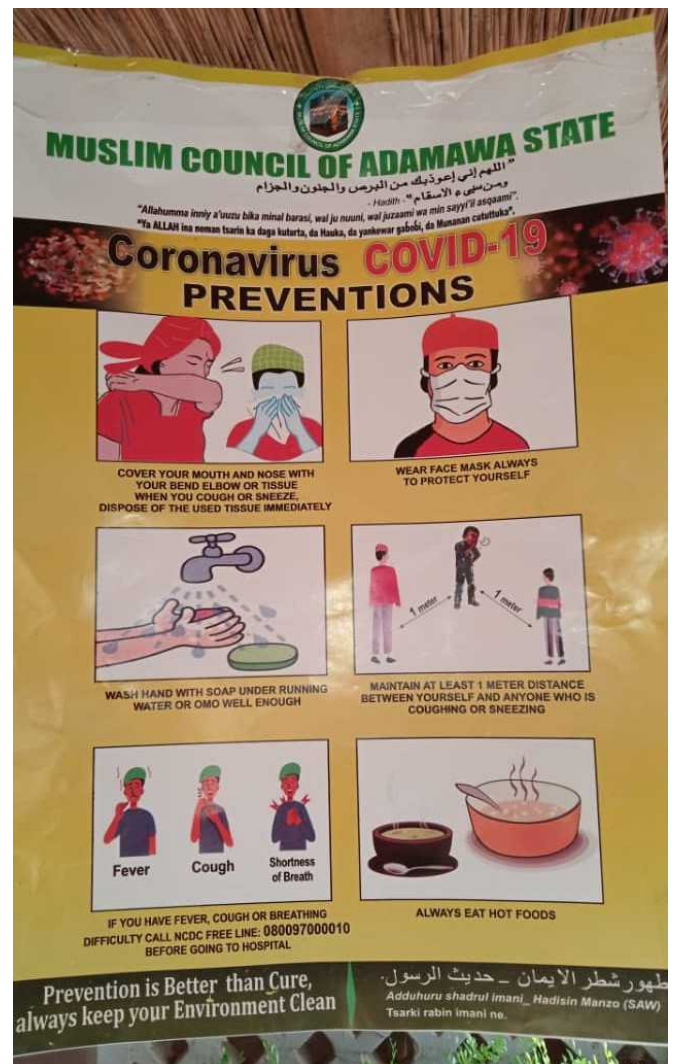
**The North East sees uneven enforcement of restrictions linked to harassment and extortion by security agents and community militia members.**

In Adamawa, although the Governor said people were able to go outside to buy food and medicine, people were also told they needed to have a pass but given no instructions about how to obtain one. This state of affairs led to harassment by police officers in Yola who people perceived as creating checkpoints to extort money rather than acting to combat the increase in armed robberies. The early days of the lockdown in Maiduguri saw some civilians beaten and arrested. Extortion is said to continue by both the police and the yan gora. Despite closure of inter-state and international borders, movement is still possible if payment is made to security agents, for example on the Maiduguri to Damaturu road and at border crossings. In at least one instance, this practice of payments has led to clashes between security agencies and community militia members.

**There is suspicion against individuals and groups perceived to have COVID-19.**

Earlier sections discussed stigmatisation of almajirai children, those from particular communities where cases have been confirmed, and people who were working in Abuja and Lagos and subsequently returned home. According to one respondent, "There is the idea that we

should stay away from these people as they may have the virus." There is, as yet, no stigmatisation against people of Chinese or East Asian appearance, perhaps as they are not present in as high numbers in the North East as elsewhere in the country. This may be a risk moving forward, particularly if efforts by world leaders to blame China for the virus continue. At present, stigma largely manifests in avoidance but there is a risk of this escalating into mob action, restriction of movement, and violence in the name of preventing the spread of infection as seen in other contexts.



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# COMMUNICATIONS AND DECISION MAKING

## There is general lack of adherence to public health guidance.

According to a survey, 74 percent (75 percent in Borno, 69 percent in Adamawa, and 65 percent in Yobe) of respondents (65 percent in camp and camp like settings and 76 percent in host communities) said they were not taking any measures to prevent infection.<sup>59</sup> This report did not provide gender disaggregation but there is some indication that uptake of precautionary measures may be gendered – and that this varies between states. A gender analyst said there is a perception in Yobe that more women are adhering to these standards than men who have less trust in the government while it is the other way around in Borno where men are more able to comply as they have access to information and materials such as masks. The reason for this difference between states was unclear but could be due to greater numbers of humanitarian agencies in Borno carrying out sensitisation efforts and greater belief in statements made by 'NGOs' (a term used to cover local, national and international NGOs as well as UN agencies) compared to government.



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## Communications campaigns reach more men, non-disabled, and younger people compared to women, older people, and people with disabilities.

Given their increased burdens, women have less time to socialise with others, listen to the radio, be present during sensitisation campaigns, and otherwise receive information. They also have lesser access to radio and mobile telephones and lower literacy levels. Past pandemics show people with low literacy or proficiency in the national language face higher disease rates.<sup>60</sup> While men tend to receive information directly, women are informed via men in their families which limits passage of information, reduces its accuracy, and gives scope for misinformation. Modes of sensitisation are also frequently not inclusive of people with disabilities. People with hearing impairments are unable to get information from radio, often seen as the most inclusive and wide-reaching method. Not only those with visual impairments but most people with disabilities, disproportionately blocked from educational access, are unable to read pamphlets or banners. Meanwhile, people with mobility impairments are more likely to get information from the radio or town criers and pass it on. Government restrictions on movement and prohibition of gatherings exacerbate these barriers to information as they make person-to-person information sharing more difficult.

## Almost half of people in Borno do not take the threat of COVID-19 seriously with these rates higher among women and older people.

According to a survey conducted in Bama, Damboa, Jere, and MMC, 45 percent (51 percent of women, 33 percent of men) of respondents disagree or strongly disagree that COVID-19 is 'real and can cause death.' The older the respondent is, the more likely by a small degree, they are to disagree or strongly disagree: 58 percent of younger people (18-24), 55 percent of 25-34 year olds, and 51 percent of 35-59 year olds agree or strongly agree that COVID-19 is real and can cause death.<sup>61</sup> While it would have been interesting to see the figures for those over 60, these perceptions were not captured.

<sup>59</sup> IOM, 'COVID-19 Situation Analysis: North East Nigeria,' May 2020.

<sup>60</sup> Kathy Peach and Ian Gray, '5 Ways Collective Intelligence Can Help Beat Coronavirus in Developing Countries,' The Conversation, 20 April 2020.

<sup>61</sup> Okapi, 'Survey Ndarason International Survey in Four Local Government Areas in North East Nigeria,' April 2020.

## **Evidence from the Ebola pandemic shows door to door canvassing by local residents is effective at increasing adherence to safety precautions, support for contentious control policies, and general trust in government.**

An evaluation of the Liberian government's campaign whereby those from the community spread information shows this method can help governments in low-trust settings overcome credibility deficits.<sup>62</sup> Their embeddedness in communities meant people engaging in informational campaigns were subjected to monitoring and sanction which assured fellow residents they were accountable and thus credible.

## **Government COVID-19 policies do not integrate gender considerations sufficiently in design and implementation.**

Policy and practice are not based on analysis of the gendered impacts of COVID-19 and developed in ways that mitigate negative impacts on women and girls. According to one respondent who works on women's rights in Borno, "Gender is really off the radar of most people's minds which is focused on health and economics in ways that are gender-blind." At one point, Borno state introduced relaxation of restrictions on movement to enable women street vendors to sell food, reportedly not for their own benefit but to cater for men living alone who reportedly unable to cook for themselves.

## **Women's meaningful participation in COVID-19 decision-making is uneven.**

Commissioners for Women's Affairs are part of state COVID-19 committees as are women led civil society organisations (CSOs) to some extent. However, respondents said the percentage of women in these committees, particularly in leadership, is poor. Research has documented barriers to women's meaningful participation in decision making in Adamawa, Borno and Yobe states and highlighted the crucial role of development, humanitarian and peacebuilding organisations in enabling this.<sup>63</sup> At the community level, women's participation in decision-making structures has therefore been affected by the limited presence of these actors. Women are disproportionately 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 bodies, particularly as restrictions on gatherings cuts the number of attendees and women's increased responsibilities mean they are even less able to participate in meetings. 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.<sup>64</sup>



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<sup>62</sup> Lily Tsai, Benjamin Morse, and Robert Blair, 'Building Credibility and Cooperation in Low-Trust Settings: Persuasion and Source Accountability in Liberia during the 2014-2015 Ebola Crisis,' Massachusetts Institute of Technology Political Science Department Research Paper No 2020-3, 2020.

<sup>63</sup> Chitra Nagarajan, 'Gender Dynamics in Adamawa State,' (MCN, 2020); Chitra Nagarajan, 'Gender Dynamics in Borno State,' (MCN, 2020); and Chitra Nagarajan, 'Gender Dynamics in Yobe State,' (MCN, 2020).

<sup>64</sup> 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).

# CONCLUSIONS AND RECOMMENDATIONS

This paper has highlighted impacts of the COVID-19 pandemic and related government response on access to health and other services, on jobs, incomes, livelihoods and workloads, and on social relations and conflict dynamics. It has also presented available evidence on the effect on VAWG trends, the risk of other human rights violations, and dynamics around communications and decision making. It has demonstrated the need for policies and programmes that are more conflict sensitive, gender transformative, and socially inclusive. Rather than look more broadly, for example at health or education interventions, the recommendations provided below focus specifically on ways to mitigate conflict risks and respond to VAWG trends.

## TO MITIGATE RISK OF VIOLENT CONFLICT AND INCREASING INEQUALITIES

### Re-establish community platforms in ways that are inclusive and mitigate infection risk by:

- Making demarcations such as tape on the floor to indicate 2m distances between seats and the route that people are expected to walk in the meeting space.
- Assessing how best to enable women to participate, particularly given their additional burdens, and making changes accordingly.
- Instituting alternative facilitation techniques to ensure inclusivity and diversity of participation and mitigate risk.<sup>65</sup>
- Ensuring women's voices and perspectives are meaningfully represented in these discussions, ideally by holding a separate women-only session beforehand, given the disproportionate impact of COVID-19 on women's health, livelihoods and safety and security.
- Putting in place measures to increase disability inclusion including through sessions that expressly focus on disability, invite people of all genders and with different kinds of disabilities to present evidence as to the impact of COVID-19 on them and what is needed.

### Support communications campaigns led by those with reach that provide a two-way flow of information on public health guidance and grievances and impacts of government action by:

- Engaging in information analysis in order to counter misinformation.
- Identifying people (at least 50 percent women) from groups excluded from current information campaigns to be volunteers to ensure the peer to peer approach most likely to engender trust and be well received. These groups include adolescent girls, people with low literacy levels, women of all ages and people with disabilities, which also are more likely to have lower levels of both information and trust in government.
- Training these volunteers in public health messaging around COVID-19, taking care to address their attitudes and any misinformation in a non-judgemental manner. This public health messaging should include content on the risk of all forms of VAWG (beyond a sole focus on sexual violence against girls), how to support those subjected to violence (including by safeguarding anonymity and confidentiality), how to report for help, and how communities can come together to prevent this violence. This training should also include how to carry out this work in ways that mitigate infection risk.

<sup>65</sup> For example, rather than having everyone discuss in plenary, four small groups of 5-6 people each can discuss issues and appoint one person each (total: 2 women, 2 men) to feed back to a group of these representatives who then report back to their group on discussions taking place in the other groups and, in a process of back and forth, come to consensus decisions.



- Developing mechanisms of reaching individuals and groups in ways that are accessible in consultation with volunteers who will be engaging with this work. As they are from these currently excluded groups, they have valuable insights on how to increase information access, for example to those with low literacy, poor hearing and/ or difficulties with mobility.
- Supporting volunteers to collect and analyse COVID-19 related grievances.
- Facilitating volunteers and community platforms to advocate on grievances and concerns to those in power at community, LGA and state levels, including with state COVID-19 committees and have these grievances addressed to ensure this work not only aims at sharing public health guidance but serves as a channel for a feedback loop with government officials.

### **Improve stress- and anger-management as critical to well-being and conflict mitigation by:**

- Discussing with individuals living in conflict- and COVID-19 restrictions-affected communities their stressors and what works to improve well-being.
- Developing public messaging and sensitisation campaigns based on these discussions and guidance from people working in the well-being or MHPSS fields.
- Drawing on information analysis conducted to counter the rumours, false news and misinformation that exacerbate fear and stress.
- Exploring a variety of mediums to pass these messages including radio, community discussions, and door to door conversations.
- Integrating volunteers from socially excluded communities (see above) into those who engage in this work.
- Strengthening knowledge of referral pathways so those engaged in this work know how and when to refer to MHPSS services if needed.

### **Adapt livelihood interventions to prepare for current and future COVID-19 economic impacts by:**

- Assessing effectiveness of current interventions including how they have already been affected by the pandemic and future impacts on both livelihoods and programming.
- Developing adaptation strategies that centre support to women and 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.

### **Work with community leaders and religious leaders to address grievances citizens have by:**

- Discussing commonly held perceptions on politicisation and collusion and building their will to act to address these.
- Supporting these leaders to engage in communications and outreach to community members to explain measures taken, invite sharing of concerns, and act as a result.
- Ensuring these leaders specifically reach out to those who tend to be excluded from community discussions, including but not limited to people with disabilities, young men, women, and adolescent girls.
- Finding ways to address leaders' actual involvement in diversion or politicisation of palliatives where that exists by supporting civil society to monitor, track, and otherwise engage and media platforms to discuss.

### **Improve conflict sensitivity, gender integration, disability inclusion, and social inclusion more broadly by:**

- Supporting volunteers and community platforms to share grievances with relevant state government officials and MDAs and advocate for them to be addressed.

- Improving conflict sensitivity, gender integration, social inclusivity, and transparency of palliative measures, including through adoption and enactment of clear selection criteria.
- Training relevant government officials and those involved in state COVID-19 response teams and palliative committees on conflict sensitivity, gender integration, disability inclusion, and social inclusion and how to integrate these principles in their work.

## TO BETTER RESPOND TO AND PREVENT VAWG

**Consider pivoting services to providing in-community care to enable access given significant barriers that currently exist mean, despite incidence having increased, survivors cannot come to health facilities.**

Doing so requires the development of strategies that ensure maintenance of confidentiality, anonymity and high-quality care.

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

Key points include the need to ensure communications are available in a variety of accessible formats (e.g. radio, television, community platforms, volunteers that reach socially excluded groups, social media) and that they address the barriers to help-seeking behaviour in each state and as they change over time.

**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.**

This work should place emphasis on all forms of violence. It should stress how people can support survivors, including through maintaining anonymity and confidentiality (no sharing of photographs on social media), appropriately engaging with the perpetrator, reporting to services, and combating stigma.

**Prevent VAWG committed by yan gora men by engaging with leadership, the military, the police, and relevant government officials.**

Previous experience shows that stopping VAWG perpetration by community militia members is possible if you have strong relationships with their leaders and security agents in charge of the area (for example the Brigade Commander) and can persuade them to intervene.<sup>66</sup>



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<sup>66</sup> For example, during the author's time working there, the Center for Civilians in Conflict (CIVIC) reduced SEA incidence by yan gora members in an IDP camp in Borno state by supporting the (community) protection committee of the area to discuss what was happening with the Brigade Commander and yan gora leadership. They subsequently spoke with yan gora members and put in place measures to prevent them from having the opportunity to commit SEA.





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. The four-year programme (2017-21) is funded by the European Union and implemented by the British Council.

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