



## Borno, Northeast Nigeria

Northern Nigeria, especially Borno State, is facing a crisis within a crisis. COVID-19 comes on top of armed conflict and people having to flee their homes since 2009. Adding reduced services, increased fear, and fewer economic opportunities for both men and women to an already fragile setting has put more people at risk and created a climate that is rolling back gains in gender equality.

Borno State, Nigeria has registered 536 COVID-19 cases and 35 deaths, the highest number for any state in Northeast Nigeria. As a response, the government has restricted movement, especially for people in camps for Internally Displaced People (IDPs). Women are finding that these restrictions are making it especially challenging to access information and health care services.

This Rapid Gender Analysis builds on the July [Rapid Gender Analysis for 3 states in Northeast Nigeria](#), and added primary data collection for 142 people (87 women and 55 men) between August 10 and 14, 2020. It included interviews with people in 5 out of the 32 IDP camps in the state, and covered adults between the ages of 20-65.

- [We] only get information from our husband through their phones, we don't have radio stations, we prefer phone."

- Female IDP, Dikwa

### Key Findings

- **Incomes and economic activity are restricted for everyone.** ALL respondents said that they have had delays in their income or salaries. Men are generally considered to be breadwinners, and so loss of income is hitting them especially hard. Women are also losing access to the income generating activities they had, such as tailoring.
- **Women still need to ask for permission for many things, and men control most decisions.** Women still need their husband's permission and resources for activities like leaving the house, seeking medical care, and getting access to information. For women between 20 and 30, they have very little autonomy in family planning, although women over 30 have somewhat more discretion there. Men still exercise the final say over most decisions. Only one male respondent pointed out an opportunity to share the load stating that even if the father makes the decisions "*...the women also help in one way or the other because since the pandemic the load is too much the man can't control all*" (**Male community Leader – Bama**).

“When you give women phone, they will not do their [domestic] work at time

- - Male Community Leader,  
Dikwa

- **Traditional gender roles limit women’s access to information.** Most women are reporting that it is hard to get access to information about COVID-19 because they depend on their husband’s phone. Men frown on women having access to phones or the internet because they feel it interferes with women’s traditional duties.
- **People have less food and fewer options about how to cope.** Both men and women are reporting rising food insecurity from a combination of fewer humanitarian services on the ground and steeply rising market prices. Both men and women are prioritizing food access for their children,

and sometimes selling off household assets to afford it. “...whatever the men bring to the house we manage, sometimes we don't even eat” (Female IDP, Dikwa).

- **GBV is rising and services are limited.** Activists and service providers in Northeast Nigeria have been reporting rises in GBV. While humanitarian actors successfully lobbied to have GBV response included on the list of essential services, people are still struggling to consistently and safely access these options.
- **Fewer people can access health services, and women struggle to access sexual and reproductive services.** Everyone cites lower access to health services, longer wait times, and fewer resources available. Because women must seek permission from men to go to a hospital, and because women have higher needs for Sexual and Reproductive Health, they are having a harder time accessing services. Women especially are reporting reverting to traditional medicines because they cannot access modern health services.

## Recommendations

- **Prioritize women’s economic empowerment:** Because of the effect that COVID19 has had on businesses and employment, livelihood actors, including state ministries involved, should support women’s economic empowerment. This could include supporting women small business owners to access markets through trade fairs and exhibitions and accessing flexible loans and grants to boost their businesses and to cushion them from the impact of the pandemic.
- **Reduce barriers to access health services.** Health service providers must address obstacles and barriers to accessing health care in order to enable women, girls and vulnerable people to access health care services, including SRH services and psychosocial support services, for survivors of GBV. This should be a combination of mobile care to reduce the transmission of COVID-19 and static care for critical cases, including those not COVID-19 related. Health service providers must raise awareness on continuation of services with the public and be provided proper PPE to give care.
- **Build more diverse ways to share information that include and prioritize women and other who cannot currently access information.** To bridge the information gap that women and girls experience, humanitarian organizations should ensure better access to information in rural areas by not only relying on community radio stations and SMS platforms but also in local meetings e.g. chiefs’ meetings, community dialogues and VSLA meetings where women are present to get the message across. In the longer term, governments should invest in infrastructure and adult learning to increase digital literacy of women and girls.
- **Work with community leaders to prioritize access to GBV services.** To increase access to GBV services, NGOs should mobilize religious leaders (including women) to promote better understanding of the health measures put in place and engage them in raising GBV and COVID-19 awareness of populations. These efforts should be complemented by working reporting systems on PSHEA to protect community members and mitigate risks.

This brief summarizes the findings from the CARE Rapid Gender Analysis Northeast Nigeria – Borno, authored by Peninah Kimiri in October 2020.