

# Now and the Future

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

Nigeria



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Nigeria

January 2021

# 1. Introduction

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

The research methodology involved a desk literature review and key informant interviews (KIIs) with 20 participants. The KIIs targeted organisations working on issues of women, peace and security (WPS) in 10 states of Nigeria (Bauchi State; Borno State; Cross River State; Enugu State; Federal Capital Territory (Abuja); Kaduna State; Kano State; Lagos State; Ogun State; and Osun State).

The findings demonstrate the disproportionate impacts of the pandemic, and responses to the pandemic, experienced by women and girls in Nigeria. These impacts are underpinned by the exacerbation of patriarchal norms that limit women's and girls' rights and mobility and that entrench traditionally assigned gender roles. The findings highlight a broad range of gendered impacts related to social protection issues, particularly for women and girls further marginalised because of poverty, sexual orientation and/or gender identity, living with disabilities, or as survivors of violence against women and girls (VAWG).

The research findings also indicate frustration with official responses to COVID-19, perceived to be inadequate from both the Government of Nigeria and the international community. Nigerian civic space, and feminist organisations in particular, have been significantly impacted by the pandemic and lockdowns, including restricted ability to operate and scarce resources – all while continuing to work to provide essential relief and life-saving services to women and girls and advocating for improved international, national and local response.

For safety reasons the participant organisations are not named in this report, but all project partners are grateful for their time, knowledge and expertise.

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# 2. Recommendations

- 2.1. Recommendation 1:** The Government of Nigeria, development partners and humanitarian organisations must ensure their **COVID-19 prevention and response plans are informed by gender analysis** so that the plans acknowledge the gendered implications of COVID-19 and are gender responsive. They should design long-term resilience and recovery programming based on the collection and analysis of data disaggregated by sex, gender, and other identities that impact experiences.
- 2.2. Recommendation 2: Healthcare:** Support efforts to minimise delays in accessing and receiving care by providing information and protective clothing and equipment to reduce exposure to COVID-19, particularly for women and girls living with disabilities, and LGBTQ women and girls. Promote ante- and post-natal care so that they continue to be accessible and are not deprioritised during the pandemic.
- 2.3. Recommendation 3: Livelihoods:** Economic models should be people-centred and should respond to gender inequalities and increased violence and insecurity. The Government of Nigeria should institutionalise a systemic, nationwide welfare programme with interventions designed to target the grassroots level. There should be special attention to women in the informal sector who have lost their jobs or been forced to suspend businesses and income-generating activities in order to help them survive and re-establish pre-pandemic sources of income.
- 2.4. Recommendation 4:** The Government of Nigeria should take urgent action to address the increased prevalence of **violence against women and girls (VAWG)** during COVID-19 lockdowns and the restricted access to life-saving services for survivors of VAWG, including services related to **sexual and reproductive health and rights (SRHR)**. This should include the adoption of the Gender Equality bill and the meaningful implementation of the Violence Against Persons bill.
- 2.5. Recommendation 5: Women's participation and leadership in decision-making** should be ensured so that policy-making and implementation during and post-COVID-19 are gender responsive. The Government of Nigeria, supported by the international community, should implement higher quotas for women's participation and leadership in decision-making. There is need to advocate for the inclusion of women, girls and women's rights organisations (WROs) in all decision-making related to governance and response to the pandemic.

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- 2.6. Recommendation 6: Funding for women’s and girls’ rights and feminist-led civil society organisations (CSOs)** should be a priority. The international community should strengthen commitments to funding for women, peace and security (WPS), gender equality and women’s and girls’ rights – including core, flexible, accessible and long-term funding for organisations to implement their self-defined priorities informed by their communities’ own realities, needs, knowledge and contexts. This must be situated in broader commitments to protect civic space and women’s and girls’ full, equal and meaningful engagement with civic space, such as informal support networks and community-based organisations.
- 2.7. Recommendation 7: Gender-based (in)security and militarism:** The Government of Nigeria and the international community should prioritise engagement with civil society working in the area of gender equality, peace and security in responding to the pandemic, rather than military actors. Engagement with civil society should include technical and financial support. The security sector in Nigeria should receive training on gender equality and human rights to enable them to interface effectively with citizens.

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# 3. Recommendations and Evidence

## 3.1. Recommendation 1:

The Government of Nigeria, development partners and humanitarian organisations must ensure their **COVID-19 prevention and response plans are informed by gender analysis** so that the plans acknowledge the gendered implications of COVID-19 and are gender responsive. They should design long-term resilience and recovery programming based on the collection and analysis of data disaggregated by sex, gender, and other identities that impact experiences.

**Recommendation for: governments, multilateral institutions, donors and INGOs.**

Globally, including in fragile and conflict-affected states (FCS), women's and girls' rights are already at risk. During crisis, it is vital that governments undertake rapid gender analysis and implement gender responsive measures to ensure pre-existing inequalities are not deepened and that interventions to respond also account for the differential needs of women and girls. When gender is not integrated into responses at all levels, women and girls suffer disproportionate consequences and are further marginalised, including in decision-making processes. This is particularly true for women and girls affected by further layers of marginalisation, including poverty, age, disability, sexual orientation and gender identity.

### Evidence:

Nigeria has experienced various health crises in its recent past. Some participants responded that lessons learned during those health-related crises have not been implemented or accounted for in the Government of Nigeria's response to COVID-19. Some examples include the late closure of international and local borders, poor communications around the use of contact tracing, and overall a prioritisation of a 'hard' security response to enforce measures rather than a people-centered response focused on identifying and addressing the needs of citizens.

Overall, participants noted a lack of integration of a gender perspective into the Government of Nigeria's COVID-19 response and recovery planning at all levels. The response to education is one example, where school shutdowns did not take into account the impact on women's economic activities. As schools have resumed activities, CSOs have pushed for the Government of Nigeria to increase the number of classes and teachers to ensure that all children are able to access education and that parents can undertake necessary income-generating activities. At the moment, schools continue to operate in morning and afternoon shifts to try to limit exposure, but resulting in extra work for both teachers and parents.

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Participants highlighted the importance of an intersectional perspective in responding to the pandemic. Women and girls living with disabilities, LGBTQ women and girls, rural women and girls, internally displaced women and girls, and women and girls living in poverty have experienced distinct struggles as well as amplified gender inequalities as a result of further marginalisation. Common to all of these groups is their continued exclusion from decision-making, and the design and implementation of interventions.

The need for gender analysis to be able to respond adequately to the needs of all Nigeria citizens underpins all further recommendations in this report, including on access to healthcare (3.2.), livelihoods (3.3.), ending and responding to VAWG, including the provision of sexual and reproductive health and rights services (SRHR) (3.4.), women's meaningful participation and leadership in decision-making (3.5.), funding to women's and girls' rights organisations and the protection of civil space (3.6.), and gender-based security concerns, including the Government of Nigeria's militarised response to COVID-19 (3.7.).

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### 3.2. Recommendation 2:

**Healthcare:** Support efforts to minimise delays in accessing and receiving care by providing information and protective clothing and equipment to reduce exposure to COVID-19, particularly for women and girls living with disabilities, and LGBTQ women and girls. Promote ante- and post-natal care so that they continue to be accessible and are not deprioritised during the pandemic.

**Recommendation for: governments, multilateral institutions, donors, INGOs and civil society.**

In patriarchal societies, healthcare needs particular to women and girls already lack resources, staffing and infrastructure. During the pandemic, Nigerian healthcare services have struggled to ensure that comprehensive healthcare services remain available to women and girls. Furthermore, women are overrepresented in the healthcare sector. Approximately 70 per cent of health workers are women,<sup>1</sup> placing them disproportionately at risk of infection. This is in addition to the expectation that women are responsible for care in the home. For some women health workers, the additional stress of caring for sick or vulnerable family members at home or for children who are not in school, meant that they were unable to meet the demands of their professional role, leaving service users without trained professionals to provide the care and counsel that they have the right to access. The lack of protective equipment available in the workplace meant that health workers were concerned about contracting COVID-19 and exposing their family members. Women who are not health workers and girls not in school were expected to care for sick relatives who were unable to access formal healthcare services.

<sup>1</sup> <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?ua=1>

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## Evidence:

Participants highlighted that women and girls are unable to access regular healthcare services. In instances where women and girls were prevented from accessing healthcare services, participants identified the following issues: lockdown restrictions on mobility; hostile attitudes of health officials towards patients suspected of being COVID-19 positive; a lack of availability of protective equipment to lower the risk of exposure to COVID-19 in hospitals for staff and patients; prohibitive travel costs as a result of loss of income; and the closure of health facilities or limited services. Many participants noted that women and girls with disabilities, internally displaced women and girls, LBTQ women and girls, and women and girls from poor and rural communities were particularly affected by difficulties in accessing healthcare. This highlights the need for responses that account for intersecting identities and that prioritise the needs of those in the most marginalised positions. Information on COVID-19, its symptoms and preventative guidelines were not readily available in braille, for example. In other instances, participants noted that women and girls actively refrained from accessing healthcare services out of fears of exposure to COVID-19.

Participants shared examples of an overall lack of gender perspective in the provision of health-related palliatives during lockdown. For example, menstrual health products were not included in the palliatives provided to households.

Women and girls were particularly affected by the negative impact of COVID-19 on comprehensive access to healthcare, including sexual, reproductive and maternal health (SRMH), and survivors of VAWG. Participants shared that VAWG and SRMH services were deprioritised as hospitals struggled to respond to COVID-19.

***COVID-19 made it worse because states had to divert the same resources that they could have used for maternal and infant health to COVID-19 which means that even when women want to access healthcare centres, they were not priority.***

Even where hospitals were providing VAWG and SRMH services, transportation to those facilities was a challenge because of the 24-hour restrictions on movement. The impact of this can be seen in decreased numbers accessing ante-natal services.

Participants reported disruptions in meeting the family planning needs of women and girls; it was estimated in KIIs that the family planning needs of 19 per cent of married women are unmet. The limited availability of contraception, for example, meant that women and girls were limited in the choice of contraception. Unable to access their preferred or familiar type of contraception, some women and girls were discouraged from using contraception altogether. Higher rates of pregnancies, adolescent pregnancies and unsafe abortions are anticipated.

Some participants highlighted the role of community-based organisations in being able to promote access to healthcare and provide basic protective equipment to reduce the risk of exposure to COVID-19. This demonstrates the importance of supporting and working with local organisations who understand the specific needs, experiences and challenges of their communities and who are already addressing gaps in access to healthcare.

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In addition to strengthening the work of community-based organisations, the international community should support the Government of Nigeria to have plans and infrastructure in place for future epidemics and pandemics so that all communities are able to access primary healthcare services, and to ensure that healthcare services for women and girls (including VAWG-related services, SRHR and maternal health services) remain accessible for users.

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### 3.3. Recommendation 3:

**Livelihoods:** Economic models should be people-centred and should respond to gender inequalities and increased violence and insecurity. The Government of Nigeria should institutionalise a systemic, nationwide welfare programme with interventions designed to target the grassroots level. There should be special attention to women in the informal sector who have lost their jobs or been forced to suspend businesses and income-generating activities in order to help them survive and re-establish pre-pandemic sources of income.

**Recommendation for: governments, multilateral institutions, donors and INGOs.**

Women are overrepresented in the informal economy in Nigeria, meaning that they have little to no economic security. During the economic uncertainty and instability created by crises, women's access to livelihoods and income generation are more likely to be impacted negatively. Research findings across Nigeria highlighted the negative impact of the pandemic on women's economic development and access to livelihoods, which in turn has had secondary impacts in the form of reduced decision-making power in the home and less autonomy. Traditional gender roles in Nigeria have also meant the expectation of providing care in the home falls to women and girls. During the pandemic, care needs have increased as children stay home from school or family members fall ill. This limits the ability of women to seek out income-generating activities and employment. In some instances, there may be opportunities for the transformation of gender dynamics where women find themselves as the main income provider of the household.

### Evidence:

Most participants highlighted that women's economic development and livelihoods have reduced dramatically as a result of the economic impacts of COVID-19. Across Nigeria, job losses or reduced income opportunities have meant that poverty has increased. Women are particularly impacted by losses of informal employment, for example as food vendors or cleaners.

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Where households have been affected by job losses, salary cuts or other reduced income generation opportunities, the expectation has fallen to women, as those responsible for the household, to ensure that families have enough to live on. Participants noted that women have struggled to manage household unpaid care and employment during the pandemic either due to financial restrictions or due to time restrictions as they take on further work to secure some income:

***It became difficult for women to manage their households properly due to the hike in food prices and the loss of their jobs and source of livelihood.***

***The women I work with in low-income communities have had to take on more jobs in order to sustain their family. Our revolving loan scheme has been ended because they couldn't pay back and most of them have had to take on extra work for less money.***

***Some of the women said they had to start small scale farming as an alternative livelihood.***

Participants also reported on the livelihood impact of COVID-19 on women business owners. Lockdowns have affected the operations of markets, which are an essential space for women's income-generating activities and employment. With reduced income-generating opportunities in markets and increased financial needs in the home, women are unable to invest in their own small businesses. In some cases, participants noted that women traders had been arrested and detained for their inability to pay back loans collected from small-scale microfinance banks. Short-term needs are urgent and outweighing longer-term planning for economic investment and growth. This will be a long-term consequence of COVID-19 and requires particular attention in an economic recovery plan.

***Most women operate small scale businesses without insurance. With COVID-19, [there is] nothing to fall back on to. Women are forced to divert business monies into housekeeping and caregiving.***

Where households have not been able to access healthcare services (see section 3.2.), women and girls have been expected to meet the care needs of members of their household on top of other income-generating activities. This highlights how women and girls have taken on disproportionate responsibility in ensuring that households' needs are addressed during the pandemic and lockdowns.

One participant noted that in some cases, women have automatically become the breadwinner in a household where their husbands have lost their job due to the pandemic. In these cases, women have a greater say in household decision-making.

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The Government of Nigeria should be supported to design and implement an economic recovery plan that meets the diverse needs of its citizens. The design and delivery process should include the perspectives of women and girls and should be based on findings from consultations with women and girls at the grassroots level to ensure that the response is based on a gendered needs assessment. As part of such a plan, the Government of Nigeria and the international community should provide skill acquisition and empowerment opportunities for women and girls, and provide targeted support to women in small businesses. Women's and girls' economic empowerment and justice are essential factors in their agency and participation.

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### 3.4. Recommendation 4:

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

**Recommendation for: governments, multilateral institutions, donors, INGOs and civil society.**

Around the world, responses to COVID-19 have also seen a 'shadow pandemic' of VAWG.<sup>2</sup> In crises and insecurity, levels of VAWG increase. Governments, multilateral institutions, donors, INGOs and CSOs should be prepared to respond to increased levels of VAWG and needs for related services, including the provision of SRHR services. In Nigeria, this is taking place in the context of a deeply patriarchal society. Any response to ending VAWG and strengthening SRHR in crises should also adopt a long-term approach of social norm change in addition to the provision of urgent, life-saving services.

### Evidence:

Most participants reported that the response to COVID-19 has increased VAWG. This is both in the context of increased insecurity as a result of the pandemic, but also as a result of measures to respond to the pandemic such as lockdowns and social distancing. Higher prevalence of VAWG creates greater demand for services that are already underfunded and that are having to adapt to COVID-19 protocols. It has been particularly difficult, for example, to arrange alternative housing for survivors of domestic or intimate partner violence. In other cases, participants noted that there has been total suspension of services responding to VAWG. A number of participants expressed concern that women's and girls' rights and health were being compromised as a result of reduced VAWG prevention and protection efforts. Participants also pointed out that further marginalisations such as poverty or rurality exacerbate the risk of VAWG and the difficulty in accessing comprehensive services, including SRHR services.

<sup>2</sup> <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

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While some participants suggested that numbers of incidences of VAWG could be increasing as a result of higher rates of reporting, others noted that underreporting of VAWG is likely due to fear of stigmatisation and issues related to confidentiality while in lockdown.

Some participants noted that travel restrictions as part of COVID-19 measures have reduced the number of staff who are able and/or willing to work from healthcare facilities that specialise in responding to VAWG and in the provision of SRHR services. This means that survivors of VAWG have reduced access to expert care when accessing services, as well as reduced access to the service.

CSOs have been on the frontlines of providing the few services that have been able to continue, as well as being instrumental in advocating for a national level response. For example, CSOs successfully called on the Nigeria Governors' Forum to declare a national state of emergency on GBV during the lockdown.

Ending and responding to VAWG requires resources being available to provide immediate, short-term services – including SRHR – to ensure the health and wellbeing of survivors, as well as longer-term interventions that address harmful social norms, strengthen women's participation and leadership in decision-making, and promote the economic empowerment of women and girls. Legislative change is an important part of addressing harmful social norms and creating a more gender just and gender equal society. The Government of Nigeria should prioritise adopting the Gender Equality bill to ensure that protections for women's and girls' rights are part of the national legal framework.

Evidence provided in section 3.2. also outlines concerns and recommendations regarding SRHR services, which are an essential part of any response to VAWG.

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### 3.5. Recommendation 5:

**Women's participation and leadership in decision-making** should be ensured so that policy-making and implementation during and post-COVID-19 are gender responsive. The Government of Nigeria, supported by the international community, should implement higher quotas for women's participation and leadership in decision-making. There is need to advocate for the inclusion of women, girls and WROs in all decision-making related to governance and responding to the pandemic.

**Recommendation for: governments, multilateral institutions, donors, INGOs and civil society.**

Women are underrepresented in decision-making at all levels of governance in Nigeria. For example, parliamentary representation of women in Nigeria is at its lowest in a decade, at 3.5 per cent.<sup>3</sup> Decision-making processes are male-dominated and, by design, exclude women's and girls' voices and preclude women's participation. COVID-19 has exacerbated

<sup>3</sup> <https://www.indexmundi.com/facts/nigeria/indicator/SG.GEN.PARL.ZS>

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women's and girls' ability to participate in, contribute to or influence decision-making in Nigeria. As a result, their perspectives, experiences and proposed solutions are not considered, resulting in outcomes that do not address women's and girls' needs, and in some cases that perpetuate and amplify harmful gender norms.

## **Evidence:**

Participants reported that COVID-19 has severely impacted women's and girls' ability to influence decision-making and that existing gaps in their participation have been worsened. Participants noted that this was at all levels, from the personal (for example bodily autonomy), to the household, and to public spaces. LGBTQ women and girls, and women and girls living with disabilities, were two groups identified as particularly underrepresented and silenced in decision-making spaces.

***Sometimes when a woman wants to talk, it is often for her to hear: "Shut up, you are a woman. When the men are talking, you don't talk."***

Among the various factors identified by participants as barriers to women's and girls' participation, patriarchal norms, historical lack of representation, and a reluctance to implement commitments were cited most often. However, participants also shared that women and girls have also resisted being silenced by creating platforms and amplifying each other's voices, for example through the use of social media. Participants identified quotas as an important tool for encouraging an increase in women's participation and leadership in decision-making, from both the top down and the bottom up. In order to be impactful, these commitments should be implemented transparently and with accountability mechanisms.

Two participants noted that increased discussion around inequalities as a result of COVID-19 has meant that women and girls have had some more opportunity to have their perspectives and voices heard and have been motivated to organise together for their rights.

Some participants linked a decrease in women's participation and leadership to the worsening economic situation for women during the pandemic (see section 3.3.).

Concrete steps that the international community and the Government of Nigeria can take to strengthen women's and girls' participation and leadership in decision-making include: providing capacity strengthening support for women and girls interested in being political representatives; supporting and creating platforms for women and girls to share their experiences in decision-making and as leaders; introducing higher quotas for women's political representation; and strengthening women's and girls' engagement in civic space. Women and girls in civil society should also be consulted as part of any government response to the pandemic to ensure the inclusion of a gender perspective.

### 3.6. Recommendation 6:

**Funding for women's and girls' rights and feminist-led CSOs** should be a priority. The international community should strengthen commitments to funding for women, peace and security (WPS), gender equality and women's and girls' rights – including core, flexible, accessible and long-term funding for organisations to implement their self-defined priorities informed by their communities' own realities, needs, knowledge and contexts. This must be situated in broader commitments to protect civic space and women's and girls' full, equal and meaningful engagement with civic space, such as informal support networks and community-based organisations.

**Recommendation for: governments, multilateral institutions, donors and INGOs.**

CSOs, particularly women-led and feminist organisations, have been at the forefront of working with, and for, women and girls to provide relief and services during the pandemic. They have worked to hold the Government of Nigeria accountable to its commitments to gender equality and human rights. Most participants noted that CSOs have been adversely impacted by the pandemic and lockdowns in terms of operations and resources. This is against a backdrop of shrinking civic space in Nigeria, including state-led violent crackdowns against the End SARS protests.

#### **Evidence:**

All participants noted the importance of the work of CSOs in responding to women's and girls' differential needs. Civil society work on gender equality has been vital at various levels. Some participants, for example, highlighted the national impact of civil society in strengthening gender equality through successful advocacy and lobbying for the Government of Nigeria to adopt the Violence Against Persons bill.

CSOs have also led local strategies to raise awareness on COVID-19, including the distribution of face masks and hand sanitiser in communities to help the containment and reduce the spread of COVID-19, and negotiating with community gatekeepers to enable community-wide sensitisation on the impacts of the pandemic. CSOs have also monitored the Government of Nigeria's distribution of palliatives during the pandemic and advocated for the inclusion of women in COVID-19 palliative distribution committees. One participant noted that women's and girls' voices were not heard during the lockdown until CSOs interrogated the exclusion of women in palliative distribution. This is evidence of the vital work of civil society in Nigeria and the importance of supporting this work.

***Civil society actors like us supported community leaders and community structures to disseminate information, address misinformation and refer/provide services where possible.***

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Some participants reported that CSOs are struggling as a result of reduced funding opportunities or of inflexible donor conditions that have not enabled organisations to adapt programming to the emerging crisis. Where donors have been flexible or have included COVID-19 explicitly in calls for proposals, CSOs have used the funds to adapt programming and strategies and meet needs based on their local expertise and understanding of the realities of women and girls (for example by moving advocacy, activism and service delivery online where possible).

***Some donors have expected projects to continue as planned, refused to grant no-cost extensions or withdrawn grants.***

Linked to this, some participants noted that lockdowns have inhibited the work of CSOs, preventing them from fulfilling their mandates to support women's and girls' needs in crises.

***CSOs within [...] State were not able to satisfactorily respond to the COVID-19 pandemic because they were not categorised as essential services during the period.***

Some participants noted a reduction in participation in community-level support networks and groups, as well as a reduction in the number of groups meeting at all. Contributing factors to this include the security situation, the increase in cost of holding meetings due to compliance measures with COVID-19 protocols, and the transition to online meetings not being accessible for all participants.

All participants noted the worsening situation for gender equality and women's and girls' rights in Nigeria during the pandemic. In light of barriers to gender equality and of the successful work of women-led civil society to address these barriers, it is essential that the international community scales up its technical and financial support to civil society in Nigeria. This would increase the availability of safe spaces for women, girls and their networks to interact and continue to organise against their marginalisation in society. An example of this could be that CSOs continue lobbying for the consideration of the Gender Equality bill by parliament in Nigeria, leading to its adoption by the Government of Nigeria.

***Networks were affected as funds could not be effectively mobilised during the period due to movement restrictions. The [international community] can support by the provision of cash and other resources to help cushion the effect.***

### 3.7. Recommendation 7:

**Gender-based (in)security and militarism:** The Government of Nigeria and the international community should prioritise engagement with civil society working in the area of gender equality, peace and security in responding to the pandemic, rather than military actors. Engagement with civil society should include technical and financial support. The security sector in Nigeria should receive training on gender equality and human rights to enable them to interface effectively with citizens.

**Recommendation for: governments, multilateral institutions, donors and INGOs.**

The COVID-19 pandemic has decreased security and stability for women and girls in Nigeria. Evidence continues to illustrate that the situation and experiences of women and girls deteriorate when crisis response is militarised or securitised. Rather than increasing the stability of a situation, the increased presence of security personnel in crises can contribute to decreased security for citizens. Instead of relying on 'hard security' approaches to the pandemic, the Government of Nigeria and the international community should prioritise engaging with community-based CSOs to increase peace and security. Their local expertise, knowledge and vested interest in the wellbeing of their community makes them a reliable partner in implementing interventions and in ensuring peace and security.

#### Evidence:

Participants highlighted the increased levels of fear as a result of the pandemic, resulting in higher levels of community-level violent conflict and insecurity. This insecurity is gendered: women and girls face an increased risk of targeted violence, as well as reduced mobility in contexts where security-based fears compound existing lockdown restrictions. The perpetration of, and response to, the violence and insecurity is dominated by men. One participant gave an example of increased armed robbery and attacks from 'Awawa' boys,<sup>4</sup> which has in turn seen increased activity from men-dominated community vigilante groups. Women and girls continue to be disproportionately impacted by security concerns during COVID-19, and yet are excluded from decisions on the response and the implementation of the response.

Some participants noted the masculinised approach to the Government of Nigeria's COVID-19 response, which has prioritised the use of the security sector to enforce the lockdown, wearing of face masks, and other COVID-19 protocols. Participants linked increased presence of security personnel to heightened insecurity for women and girls, including examples of police brutality and harassment of women and girls, even in their own neighbourhoods.

<sup>4</sup> A gang in Lagos, Nigeria known for their use of armed violence, including violence against women and girls.

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*Unfortunately, the military, the police have been part and parcel of government response to the pandemic. They were the ones... enforcing the restrictions. We had videos showing how women were brutalised by militaries. The other way in which it impacted women was that the women who live on daily income, they were desperate to access the market. They tried accessing the market and it was not possible. It actually created a source of corruption for the police.*

In some cases, KII participants noted that the police and military contributed to increased stability at the community level. Where it is necessary to engage security personnel in responding to the pandemic, the Government of Nigeria should ensure that all security actors receive training on gender equality and human rights so that the rights of citizens are at the heart of any response.

Where possible, the Government of Nigeria and the international community should prioritise longer-term, community-level approaches to crisis response based on gender analysis and the meaningful participation and leadership of women and girls. These approaches should be designed and delivered in partnership with local CSOs, which should be afforded adequate financial support and, where necessary, technical support.

# 4. Partners

**Women Advocates Research and Documentation Center (WARDC)** is a feminist non-governmental, non-profit, civil rights, gender-based group, established with a mission to promote respect for human rights, gender equality, equity, and social justice for women and girls in Nigeria. The organisation was established in 2000 and duly registered with the Corporate Affairs Commission (CAC) Abuja in 2002. WARDC contributes to women's capacity, voice, participation, and decision-making in the society and provides women with opportunities to combat gender-based violence and poverty that have continued to ravage the large population of women. WARDC's work is framed by a commitment to five, broad women's rights-based aims: the right to freedom from any forms of discrimination and violence; the right to sexual and reproductive health and human dignity; the right to economic justice, life, and security; the right to participate and be heard; and the right to an identity. WARDC also has long and extensive research experience on women and gender rights and accountability in Nigeria, the latest being the '[Rapid Gender Analysis of the Impact of Covid-19 on Households In Nigeria](#)'.

**Women for Women International** supports women who live in some of the world's most dangerous places. Women enrol on the charity's year-long training programme, where they learn how to earn and save money, improve their family's health and make their voices heard at home and in their community. Since 1993, the charity has helped almost half a million marginalised women survivors of war in Afghanistan, Bosnia and Herzegovina, the Democratic Republic of Congo, Iraq, Kosovo, Nigeria, Rwanda and South Sudan.

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

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