IMPACTS OF THE COVID-19 PANDEMIC ON WOMEN IN NIGERIA

A snapshot study to assess the Physical, Economic and Social impact of the COVID-19 pandemic on women in Nigeria.

RULE OF LAW AND EMPOWERMENT INITIATIVE
also known as PARTNERS WEST AFRICA NIGERIA

MacArthur Foundation

iie The Power of International Education

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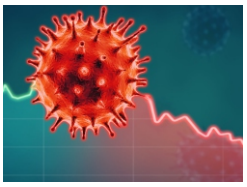


ACKNOWLEDGEMENTS

A rapid assessment of the impact of the lockdown on women across the country conducted by The Rule of Law and Empowerment Initiative also known as Partners West Africa Nigeria (PWAN)[1], has revealed amongst other issues, that there has been an increase in reporting of sexual and gender-based violence related offences across the country since the lockdown began. The economy of the country has not been spared, the organized private sector which plays host to the airlines, bank, fashion and manufacturing industry to name a few; the small-scale businesses are not exempted.

It is based on this that PWAN sought to conduct an in-depth assessment of the situation to enable various stakeholders including government at various levels, civil society and other stakeholders develop more informed strategies in cushioning the effects of the pandemic on the vulnerable population, particularly women, in Nigeria. The report highlights the socio economic, mental health and Sexual Gender Based Violence (SGBV) impacts of the pandemic on women in Nigeria.

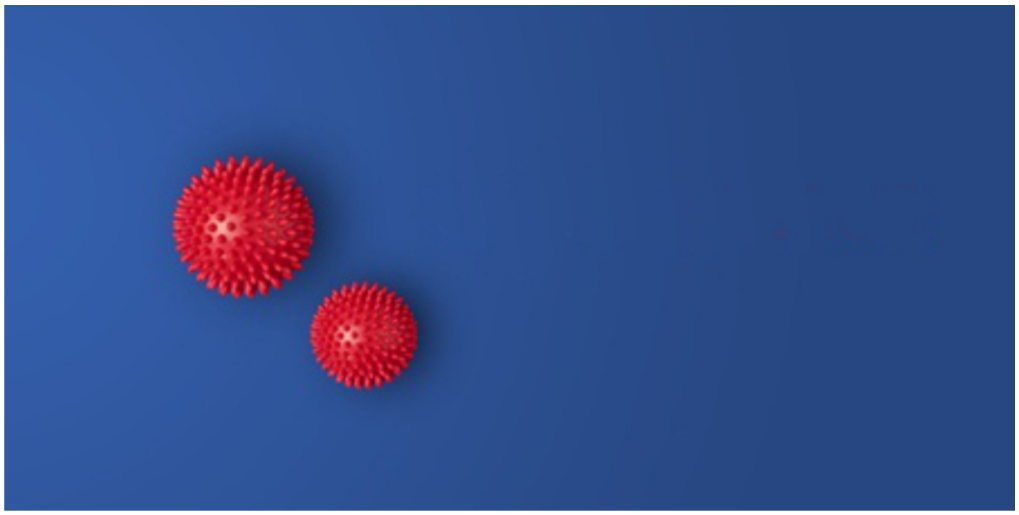
The development of this report would not have been possible without the support of the Macarthur Foundation, and the Institute for International Education (IIE). PWAN seeks to express its gratitude to both institutions for their support throughout this process. The research and reports were made possible by a team of researchers, working in collaboration with PWAN. They include Dr Maurice Ogbonnaya who also provided expertise in reviewing the research, Ms. Iheoma Obibi, and Ms. Millicent Lewis-Ojumu.

[1] https://www.partnersnigeria.org/rapid-assessment-of-covid-19-pandemic-on-nigerian-women/

We would like to also appreciate the Gender Accountability coalition of the Women's Rights Advancement and Protection Aternative (WRAPA) for contributing feedback towards the online and telephone surveys.

Finally, the efforts and commitment of PWAN staff led by the Senior Program Manager, Rule of Law, Ms. Barbara Maigari-Magaji, assisted by the Program Officer, Tolu Ojeshina should also be applauded. We also appreciate the guidance and leadership of the Executive Director of PWAN, 'Kemi Okenyodo, for her dedication and commitment in ensuring the success of the research.

EXECUTIVE SUMMARY



Background

Since its outbreak in December 2019 in Wuhan China, the Corona Virus Disease 2019 (COVID-19) has spread across 216 countries and territories of the world including Nigeria with 12,768,307 confirmed cases and 566,654 confirmed deaths[2].

As the disease continues to spread across the country, federal and state governments have enacted policies to reduce the spread, and to 'flatten the curve'. These include the shutting down of all educational institutions, restrictions on large public gatherings, and social distancing. Most notable however, is the restriction of movement instituted by the federal government in the Federal Capital Territory (FCT), Lagos and Ogun states.

Businesses and organisations have been shut down, and residents

[2] These figures, adapted from World Health Organisation (WHO), were correct as at July 13, 2020. Available at https://covid19.who.int/?gclid=CjwKCAjwi_b3BRAGEiwAemPNU6KLXPaNA9YQCoMhnzBXIpEiAcB9ZnF3SMJNzis6TD2yEWLsjNxWmhoClXwQAvD_BwE

have been instructed to work from home and only come out for the purchase of essential materials e.g. food and medication, and at stipulated times.

Both the outbreak of the pandemic and the public health measures by the governments at all levels have had variegated impacts on the society, especially on women, adolescent girls, among other vulnerable groups. These impacts include mental health and social well-being challenges, loss of jobs and income decline as well as increase in sexual and gender-based violence (SGBV).

Although the absence of gender-segregated data has made it difficult for these impacts to be quantified, this study that assessed the physical, economic, and social impact of the COVID-19 pandemic on women in Nigeria, has, among other things, bridged the gap created by the absence of data.

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Methodology

Using both qualitative and quantitative research data, which were generated through a dual methodology of desk research and field work that included nationwide[3] online and telephone[4] surveys, key informant interviews (KIIs), Focus Group Discussion (FGD)[5] and literature review, the study assessed the impact of COVID-19 on women and other vulnerable populations including persons with disabilities, older persons, and internally displaced persons, among others.

Emphasis was laid on the social determinants, perceptions, attitudes and behaviours that are associated with health and well-being of the targeted study population. Purposive and snowballing sampling techniques were used in selecting participants for the KIIs, which included Civil/Public Servants, Civil Society Organisation (CSO), self-employed women, unemployed women, and survivors of COVID-19.

Purposive and snowballing sampling techniques were used in selecting participants for the KIIs, which included Civil/Public Servants, Civil Society Organisation (CSO), respondents, self-employed women, unemployed women, and victims of COVID-19.

[3] 239 Respondents from 14 States and the FCT participated in the online survey: Borno, Enugu, FCT Abuja, Gombe, Kano, Kwara, Lagos, Ogun, Osun, Oyo, Rivers, Taraba, Zamfara.
[4] 530 Respondents from 30 States and the FCT participated in the telephone survey: Abia, Adamawa, Anambra, Akwa Ibom, Bauchi, Benue, Borno, Cross River, Delta, Edo, Ekiti, Enugu, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kwara, Lagos, Nasarawa, Ogun, Osun, Oyo, Plateau, Rivers, Yobe, Zamfara.
[5] FGD was only conducted for the Sexual and Gender-based Violence in Owerri.

Limitations of Study

The study was limited by the travel restrictions put in place by governments at all levels due to the COVID-19. This prevented a wider reach of participants and any targeted sector-specific study.

The online survey was shared on social media platforms which for connectivity reasons would not have reached respondents that do not have access to the internet or those that do not use social media platforms.

This study also had limitations in sourcing a broad range of research on pandemics which have been experienced in Nigeria and have considered the socio-economic impact on women from a gender perspective.

The survey results serve to provide a view of the impact of COVID-19 measures on the participants. They form only a small representation of the larger populace of women experiencing the impact of the pandemic in a variety of ways and which are worthy of a more in-depth study.

Findings

i. The outbreak of the COVID-19 pandemic and public health measures adopted by governments at all levels, which including lockdown, restrictions of movements, social distancing, closure of public spaces and institutions occasioned significant mental health, socio-economic well-being of women and other vulnerable groups as well as increase in sexual and gender-based violence across Nigeria.

ii. There is the evident absence of gendered-policy frameworks in state responses to COVID-19 at all levels of government. This may have been informed by the absence of synergy between

thematic and sector-based experts and low level of advocacy and engagement with policy actors and state agencies by women interest groups in response to state policy measures in the management of the spread of the virus.

iii. The key drivers of the mental health and socio-economic impacts included increase domestic stress, fear of uncertainties about the future, income decline due to job and business losses, loneliness, and reports of increase in sexual and gender-based violence.

iv. The spread of COVID-19 in highly congested displacement and IDP camps also resulted in increased health risks for IDPs, which was complicated by lack of access to healthcare and personal protection as well as poor housing conditions, which make self-isolation, social-distancing, or even access to water and sanitation difficult.

v. The closure of schools has negative implications for the education of children, especially the adolescent girls. It is expected that in post-COVID-19 era, there will be increased number of school dropouts by adolescent girls due to forced marriages and teenage pregnancies.

Lessons Learned and Implications for Policy

While it is expected that the continued spread of the disease will have overwhelming effect on health institutions, stretching the carrying capacity of health infrastructural facilities and personnel beyond limit, indicators in Nigeria show that the pandemic has been more of a socio-economic than medical problem, especially for women, adolescent girls, and IDPs, among other vulnerable groups in the society. For instance, the projections indicate job losses and income decline, especially among women, increase in SGBV and out of school children, especially for adolescent girls.

The implication of this is that Nigeria's economy will suffer from demand shock because of expected loss in jobs and revenue. Both in the public and private sectors, it is projected that the impact of COVID-19 on public finance will occasion a reduction in the workforce.

Although it is not certain at the moment how many jobs will be lost in both sectors, it is however estimated that over 10% of the total workforce will be lost to downsizing.

The economy is also projected to suffer from supply shock and financial risk shock. The fall in the Naira against international currencies, especially the US Dollar, will not only result in rise in the cost of production, which will in turn result in decline in production in the manufacturing sector, it will also occasion the fall in the value of fixed and movable assets both for the public and private sectors.

Beside the projected negative socio-economic and health consequences, it is expected that the pandemic will heighten crime and criminality, both in the urban and rural areas, especially against women and other vulnerable groups. This will add significantly to the

already existing threats to our internal security.

Already the Nigeria Police Force has begun to issue warnings and advisories on nature and character of emerging crimes, especially cyber and financial crimes, due to the pandemic.

Recommendations

Governments

i. Governments at all levels should develop gendered-policy framework in the state responses to COVID-19. State actors and policymakers need to incorporate a gender analysis into the development of COVID-19 policies and as the pandemic unfolds, there is urgent need for sex-disaggregated data to fully understand how women, girls, IDPs and people with disabilities are affected by the virus. Understanding the impact of lockdowns on women and girls could lead to the development and implementation of other effective policy measures.

ii. Governments at all levels including the private sector stakeholders should take practical steps to mitigate the effects of school closures on girls and their families by ensuring education continues. On the other hand, schools should be supported to prevent and control the spread of COVID-19, with attention paid to protecting students and staff from discrimination and stigma associated with infection. Most importantly, governments at all levels must ensure that education response plans are gender responsive and reflect the lived realities of girls, people with disabilities, and other marginalised groups.

iii. Governments at all levels should ensure that the spread of COVID-19 in displacement camps and IDP settlements where health facilities are insufficient is considered as a priority response by prioritizing and improving access to water, sanitation, and hygiene (WASH) facilities for the IDPs including the distribution of essential personal hygiene items including

soap and disposable towels, particularly for vulnerable populations, such as women and girls. As a short-term measure, governments at all levels should prioritize the decongestion, isolation, and quarantine of IDP camps by building isolation and quarantine capacities in camps and camp-like settings. Services such as food distribution and education in camps should be restructured to avoid large gatherings.

iv. The need for organised disaggregated data collection on the gendered impact of COVID-19 by the Federal and State Ministries of Women Affairs or statutory government agencies whose responsibility it is to collect the data cannot be over emphasized. The half-hearted measure in which it is currently being carried out by individual women's groups is not enough to ensure better planning for the future and ensure accountability by government.

v. Governments at all levels should develop operational plans to address COVID-19 that include capacity assessments and risk analyses to identify high-risk and vulnerable populations. Plans should include civil society and national NGOs to extend the reach of public health and socioeconomic interventions. National plans should also be developed for the prevention and mitigation of the social impacts of the crisis, including areas of the response that disproportionately affect women and girls.

CSOs

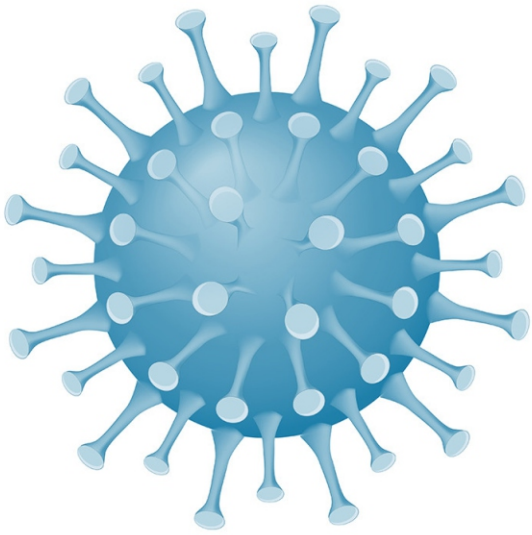
I. Civil Society Organisations (CSOs), especially women interest and gender-based groups should lead intensive and extensive high level advocacy and engagement with state agencies for a synergy between thematic and sector-based experts in state responses and policy measures in the management of the spread of the virus including providing psychosocial support for women who have been impacted negatively by public health response measure such as the lockdown.

ii. Women interest and gender-based groups should create nationwide awareness on the impact of COVID-19 pandemic on vulnerable women with a view to holding strategic stakeholders who have a mandate to alleviate the negative impacts accountable.

Donor Agencies and Development Partners

I. While it is important to keep growing work around intimate partner violence (IPV) and sexual violence given their prevalence, it is equally important to build up programming and the related evidence-based interventions around the many forms of violence that women face across their lifecycle and in all contexts of their lives – private, public and technology driven spaces. Partners in Nigeria need to consider investing in work on the different forms of violence - as per demand from communities and feminist movements to end sexual and gender-based violence.

1



INTRODUCTION

When Nigeria recorded its index case of Coronavirus (COVID-19) on February 27, 2020, it was expected that the disease would be more of a medical problem, which would have an overwhelming effect on health institutions, stretching the carrying capacity of health infrastructural facilities and personnel beyond limit. Thus, as the disease began to spread, governments at all levels began to adopt public health measures to curtail the spread.

On March 29, 2020, the Federal Government of Nigeria (FGN) and some state governments imposed a 14-day lockdown in the Federal Capital Territory (FCT), Lagos and Ogun States to stem the spread of the virus. This entailed restriction of movements, shutting down of public and private offices, and state institutions and establishments.

On April 13, 2020, the lockdown was extended for another two weeks and has since included restrictions on inter-state movement. Other measures that were employed by government to curtail the spread of the virus

included the closure of schools and restrictions of large gatherings including markets and places of worship.

As the virus spread, indicators in Nigeria and across the world showed that the pandemic would been more of a socio-economic than medical problem, especially for women, and adolescent girls, among other vulnerable groups in the society. For instance, global projections indicated that COVID-19 will affect about 50% of the world population and that 20% of those affected will be severe resulting in the death of between 1 to 3%.

The projections also indicated that quarantine measures being adopted by several national governments to curtail the spread of the virus will have severe global economic implications, sending almost all G20 countries into a recession (see Taylor, 2020).

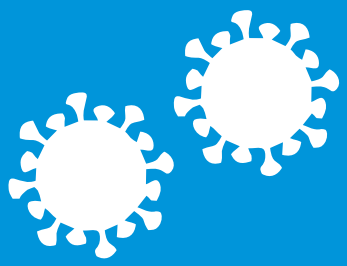
In Nigeria, the projections indicated income decline noting that the pandemic has cut N185b from monthly earnings of Nigerians and that about 39.4m Nigerians may lose jobs to COVID-19 (Daka, 2020).

Although the scarcity of gender disaggregated data on the impact of the virus did not allow for any effective comparative studies on the impact of the virus, researches on previous epidemics and on COVID-19 indicated that women are impacted differently by health crises and epidemics (Sili, 2020). For instance, a rapid assessment of the impact of the lockdown on women across Nigeria conducted by Partners West Africa, Nigeria (PWAN, 2020), indicated, among other things, that there has been an increase in reported cases of sexual and gender-based violence and related offences across the country since the lockdown began. The survey also found that incidences and reports of violence against women within the household have also risen, which are clear indications of psychological distress due to short-term loss of work and

earnings, and subsequent violent behaviour and/or confinement at home with abusive partners during lockdown.

The findings of the PWAN survey corroborate the concerns expressed by the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) over the rise in rape and domestic abuse since the lockdown (Punch, 2020). More precisely, Nigeria's Inspector General of Police (IGP), Mohsammed Adamu, indicated that a total of 717 rape cases were reported nationwide between January and May 2020 (Adetayo, 2020).

Consequently, a more detailed and evidence-based study on the impact of COVID-19 on women in Nigeria became imperative. Using both qualitative and quantitative research data, which were generated through a dual methodology of desk research and field work that included nationwide online and telephone surveys, key informant interviews (KIIs), Focus Group Discussion (FGD) and literature review, this study assessed the impact of COVID-19 on women and other vulnerable populations including persons with disabilities, older persons, and internally displaced persons, among others in three specific areas, namely, mental health and social well-being, economy, and sexual and gender-based violence. Emphasis was laid on the social determinants, perceptions, attitudes and behaviours that are associated with health and well-being of the targeted study population.



Rationale and Justification for the Study

Women are impacted differently by health crises, epidemics, and pandemics. The COVID-19 has not been an exception. Understanding how the outbreak of the pandemic and the consequent state responses have impacted on women, girls and other vulnerable members of the state will, among other things;

i. Create general awareness on the impact of COVID-19 pandemic on vulnerable women with a view to holding strategic stakeholders who have a mandate to alleviate the negative impacts accountable.

ii. Create the necessary opportunity for women interest groups to engage in targeted advocacy with policy makers at all levels of government on the focus and direction of state responses; and

iii. Contribute to the generation of body of knowledge that can assist with intellectual discourse on the subject matter.

Generally, examining the extent to which the outbreak of the virus and public health measures by governments at all levels impacted on the mental health, social well-being, economy of women in particular and other vulnerable groups in the society, including increasing in sexual and gender-based violence, is the central focus of this chapter.

2

SOCIO-ECONOMIC IMPACT OF CORONAVIRUS PANDEMIC ON WOMEN IN NIGERIA

The Gendered Nature and Impact of COVID-19 Pandemic

As with others, the COVID-19 pandemic is said to deepen pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems, which are in turn amplifying the impacts of the pandemic (UN, 2020). The April 2020 edition of the WHO's Weekly Epidemiological Report noted that the "measures taken to control transmission have had broad and deep socio-economic consequences[...and] such measures disproportionately affect disadvantaged groups, who most often live in overcrowded and under resourced settings, and depend on daily labour for subsistence," (WHO, 2020:95).

A recent policy brief by the UN paints a stark reminder that across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and

girls simply by virtue of their sex (UN, 2020). The policy brief identifies four main areas of concern:

i. Compounded economic impacts - women and girls who are generally earning less, saving less, and holding insecure jobs or living close to poverty.

ii. Impact on Health - women affected when resources and priorities are reallocated.

iii. An increased burden in care work (unpaid) - with children out-of-school, care needs of older persons now at risk from the virus and altogether health services overwhelmed with a growing number of COVID and other health cases.

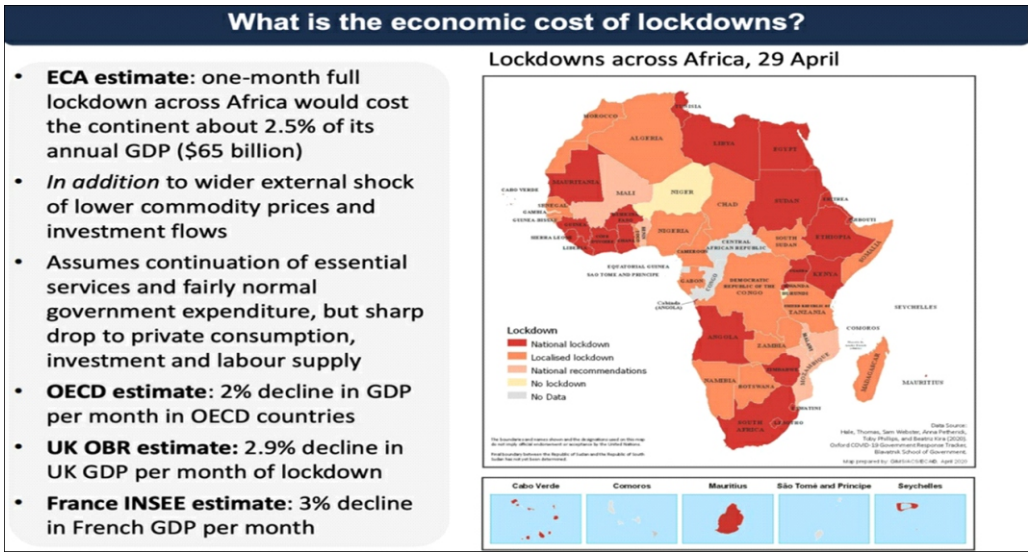
iv. Increase in SGBV cases – associated with economic and social stress coupled with restricted movement and social isolation measures.

The brief also reminds decision makers that these impacts will always be amplified in contexts of fragility and conflict, and in emergencies where social cohesion is already undermined, and institutional capacity and services are limited. There is consequently a need for a gendered approach to developing the right policy response to pandemics.

This research is therefore focused on the experience of women to ensure that the needs of women and girls are fully considered in all deliberations relating to the socio-economic impact of the pandemic and to make certain that they are not excluded from any decision-making process for policy formulation.

The Socio-Economic Impact of COVID-19 A time of Economic Recessions

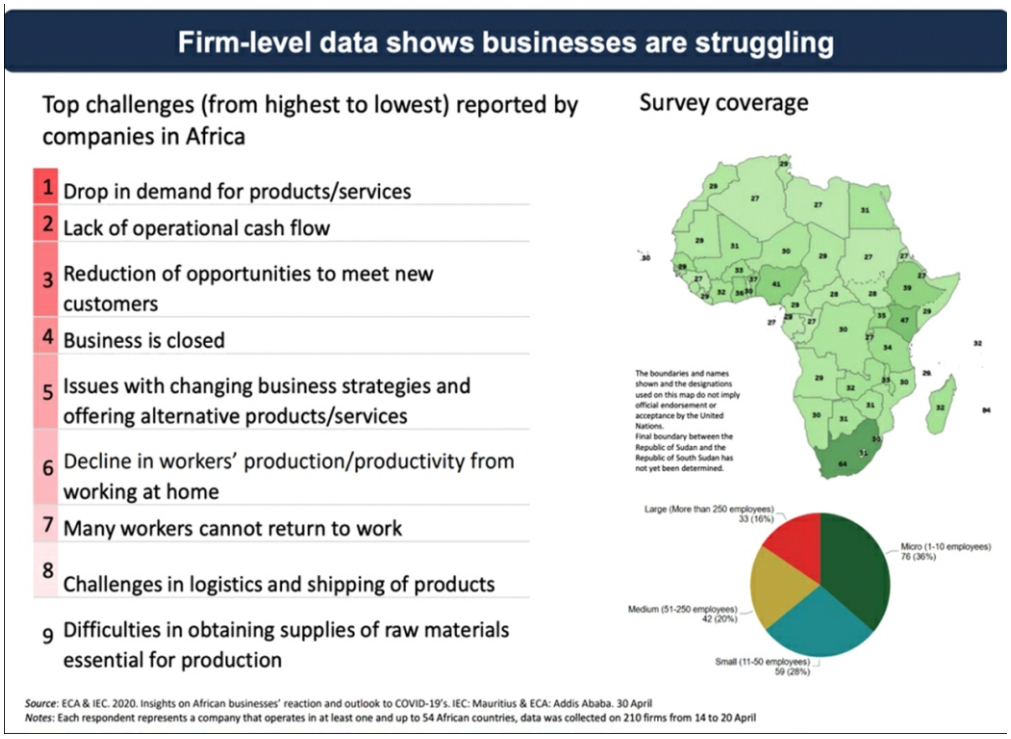
The impact of COVID-19 has been particularly felt on the global economy with disruptions to markets and supply chains, with businesses closing or scaling back on all operations other than those classed as essential services. Much of this has been due to the lockdown/quarantine measures put in place to slowdown or stop the progress of the disease rather than being due to employees falling ill or dying.



The International Labour Organisation (ILO) has estimated that full or partial lockdown measures have affected over 2.6 billion workers, representing around 81% of the world's workforce. Many people have or will lose their jobs and livelihoods as a result of the drop in private consumption, investment and labour needs. Sectors such as the airline industry project losses in excess of $300 billion for 2020 (Topham, 2020). A recent presentation by United Nations Economic Commission for Africa (UNECA) show businesses struggling in Africa

in a number of ways including from the drop in demand for products to difficulties in obtaining supplies and raw materials and lack of operational cash flow.

UNECA has also considered the economic implications of lockdown measures, estimating a whopping $65billion loss for each month of lockdown in Africa. This is not a new occurrence. The Zika virus was responsible for tangible losses to the gross domestic product in Latin America, estimated to range from US$7–18 billion over 2015–2017 alone (UNDP, 2017). This often will translate into a strain on the very resources needed to fight the disease but for any external support received by the countries affected.



The quarantine measures have therefore exacerbated the economic problems already faced by many countries and tilted even the strongest of economies towards an unforeseen recession. Moreover, with this recession, traditional recovery tools seem woefully ill suited when weighed against a health or social crisis with no clear end in

sight. As has been suggested in a number of news clips, this may be the new norm for a long while yet.

A Period of Great Crisis for Nigeria

The impact of the pandemic on the Nigerian economy has been acute. The administration has been faced with a steep decline in oil prices coupled with the adverse impact of the pandemic on economic activity. Any health crises will expose weaknesses in the health sector and in the broader social support infrastructure. Not surprisingly, the consolidated revenue funds for Nigeria has dropped significantly by 40%. This in turn reflected in reduced sector budgets including for the health sector seeing its budget slashed when most needed, from N44bn to N25bn this year.

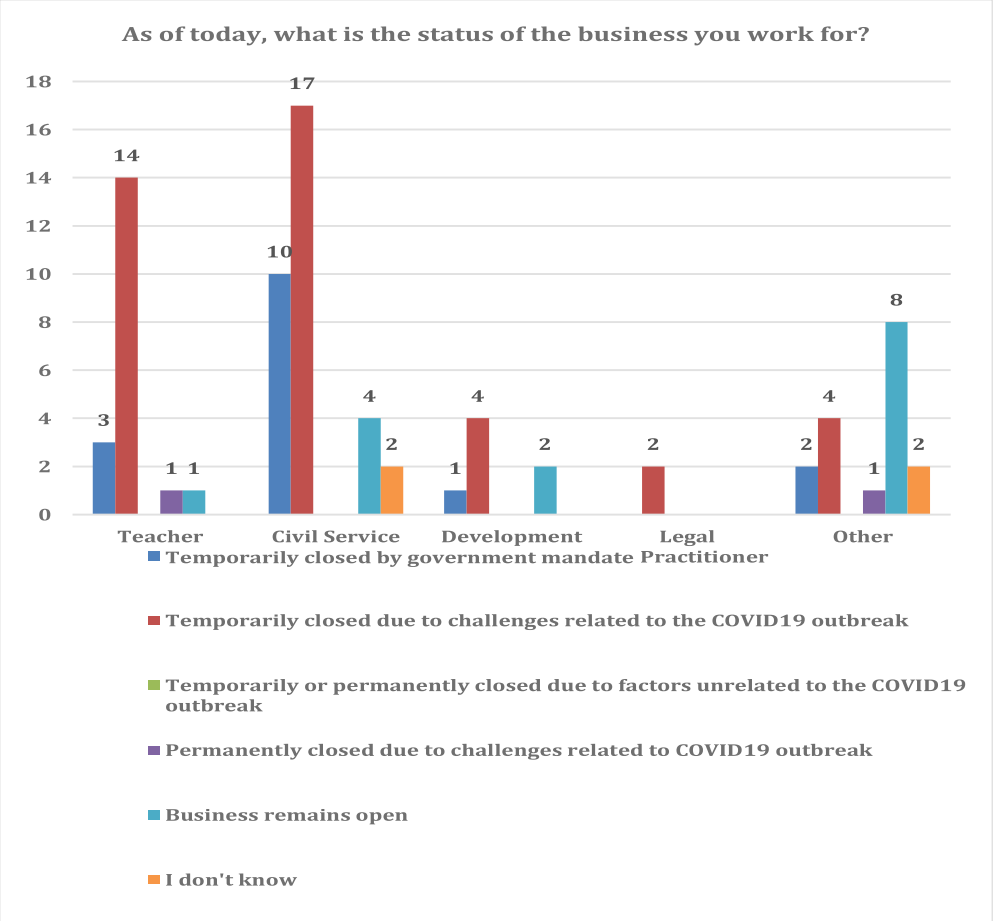
Lockdown measures began in Nigeria in March 2020. These measures include school closures, workplace closure, cancellation of public events, public transport closures, restrictions on domestic/internal movement and restrictions on international travel.

These measures designed to curb the pace of the COVID-19 virus have meant there is less need for most services with the majority of business clientele now at home e.g. tailoring, beauty/aesthetic treatments, hospitality, tourism. This resulted in loss of confidence in businesses made worse by the uncertainty surrounding the duration of the virus.

In the Survey conducted by PWAN (right graph), only few of the respondents were in businesses that remained open with some businesses permanently closed due to

challenges related to the COVID-19 outbreak.

In a national survey conducted by the Ministry of Women Affairs, 98% of the respondents stated that their businesses were badly/irreparably affected by the lockdown. In the same survey, respondents in the retail agribusiness sector in southern Nigeria revealed that they were cut off from their supply chains in northern Nigeria due to the restrictions on inter-state travel and transport. Their inability to replenish stock or establish new supply lines consequently diminished the confidence of their customers leaving entrepreneurs not confident that their businesses would survive the extended restrictions.



Limited Economic Stimulus Actions

In response to the downturn, the Federal Government of Nigeria has responded with a stimulus package as part of its national response.

In March 2020, the Central Bank of Nigeria (CBN) introduced a stimulus package to support households and Micro, Small and Medium Enterprises affected by the COVID-19 pandemic. Households could access up to N3million and SMEs up to N25million. The CBN also introduced a 1-year moratorium on loans and reduced interest rate on intervention loans from 9% to 5%. However, the survey conducted by the Ministry of Women Affairs[6] found that 61% of respondents were not aware of the stimulus for MSMEs thus limiting the benefits to few and ultimately less to the economy. The PWAN survey had a similar outcome with respondents saying they were not aware of the provisions made by the Government.

Provision has also been made for credit assistance for the health industry to meet the potential increase in demand for health services and products by facilitating borrowing conditions for pharmaceutical companies, hospitals, and medical practitioners. In addition, an Emergency Economic Stimulus Bill 2020 was passed by the House of Representatives to:

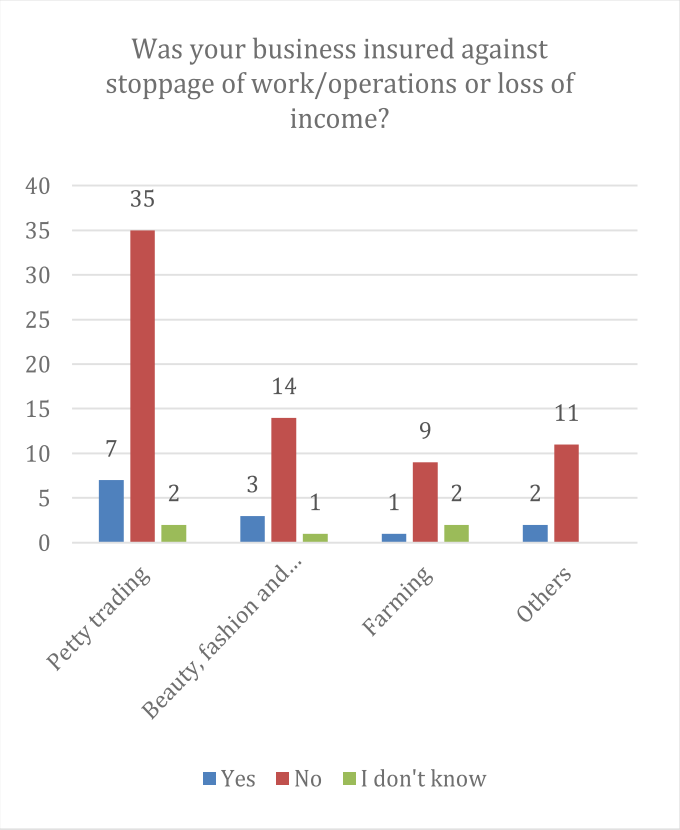
- Grant a tax rebate of 50% of the actual amount due or paid as pay-as-you-earn tax, to Nigerian companies who retain all their employees from 1 March 2020 to 31 December 2020.
- Suspend import duties on medical equipment, medicines and personal protective gears required for treatment and management of COVID-19 for six months, effective 1 March 2020.
- Introduce a new moratorium on mortgage obligations of Nigerians under the National Housing Fund.

[6] For details of National Survey Report on Impact of COVID-19 on Women-owned Small and Medium Enterprises by Ministry of Women's Affairs, visit https://bit.ly/3iiNrNJ

The Bill is however yet to become law and has been widely criticised for not being inclusive (see Nsofor, 2020). This is because it excludes unregistered businesses/employers as they would not meet the PAYE requirement due to their unregistered status. Such businesses include those in the informal sector which is the group in which the majority of businesses owned by women reside and accounts for 65% of the nation's GDP and 84% of jobs nationwide.

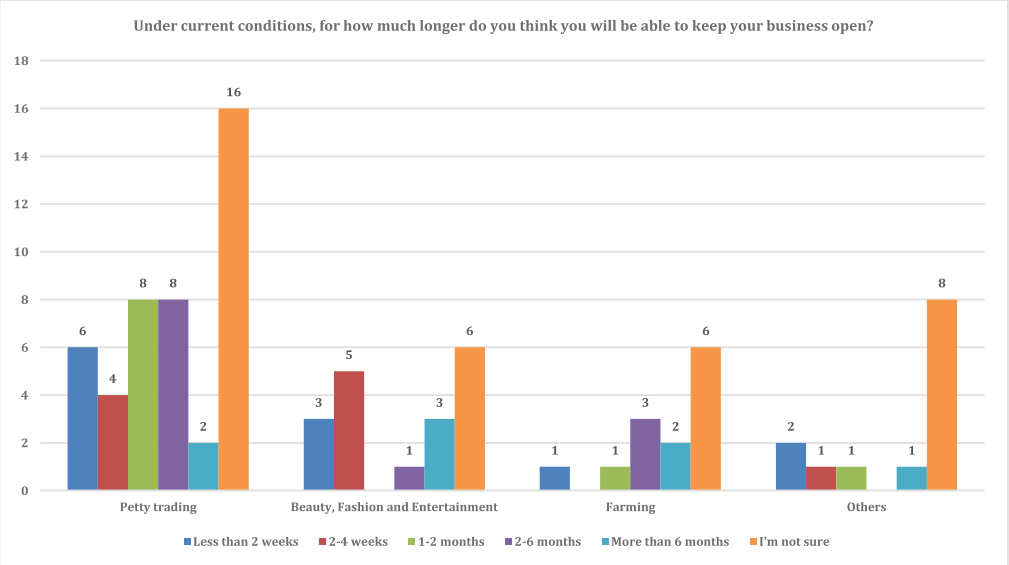
In numbers, there were 3.1million registered businesses in 2019 against 37.07 million MSMEs estimated by the Ministry of Trade and Investment (see Premium Times (2020) and it can be deduced that those that make up the larger portion of businesses will therefore not benefit when the Bill becomes law, due to their unregistered status.

In some countries, a buffer for work stoppages has been provided by governments for employees/employers without any wage insurance protection. The PWAN Survey results showed that few businesses were similarly insured in Nigeria (right graph). It is however noteworthy that some respondents operating businesses in the informal sector (petty trading) were insured against work stoppages. This can be looked into further to identify tailor-made solutions for MSME businesses in Nigeria.



With a crisis that has no end in sight, the insurance industry will have to be creative and possibly require support from the Federal Government in the form of suitable incentives and rewards to create packages that can be rolled out quickly as the recession deepens or similar periods of crisis in future.

When the respondents were asked how long they could keep their businesses open under current quarantine measures the responses were varied from 2 weeks to 6+ months (see graph below). What then will happen once these businesses are forced to close is a scenario for consideration in the present and these discussions must include women and the informal sector to rebuild their resilience and the economy in real terms if a depression is to be avoided post/during the current recession.



Inadequate Social Palliative Initiatives

As part of the COVID-19 response the Government of Nigeria also provided emergency palliatives in the form of cash transfers and

distribution of food. On April 1, 2020 the Humanitarian Affairs Ministry commenced with payments of 20,000 Naira to families registered in the National Social Register of Poor and Vulnerable Households which had been set up in 2016 to combat poverty. As lockdown measures hit the administration expanded the cover from 2.6million households to 3.6 households.

The palliative measures have been widely criticised with many not receiving the transfers or being missed because they are not in the register. Participants to the online survey indicated that the majority had not received palliatives (see Section 7.4).

There have also been public accusations of corruption and mismanagement of the distribution process. CSOs have called for accountability, urging the Government to publish the list of palliative beneficiaries[7]. A number of news publications have pointed to the inadequacy of the palliatives as transfers targeting 3.6 million is paltry for the 90 million falling in the poverty bracket.

The government is aware of these constraints and has had to start easing strict lockdown measures progressively as complaints have grown, notwithstanding that figures of those infected with the virus is now well over 30,000.

Poverty and Gender Implications of the COVID-19 Pandemic

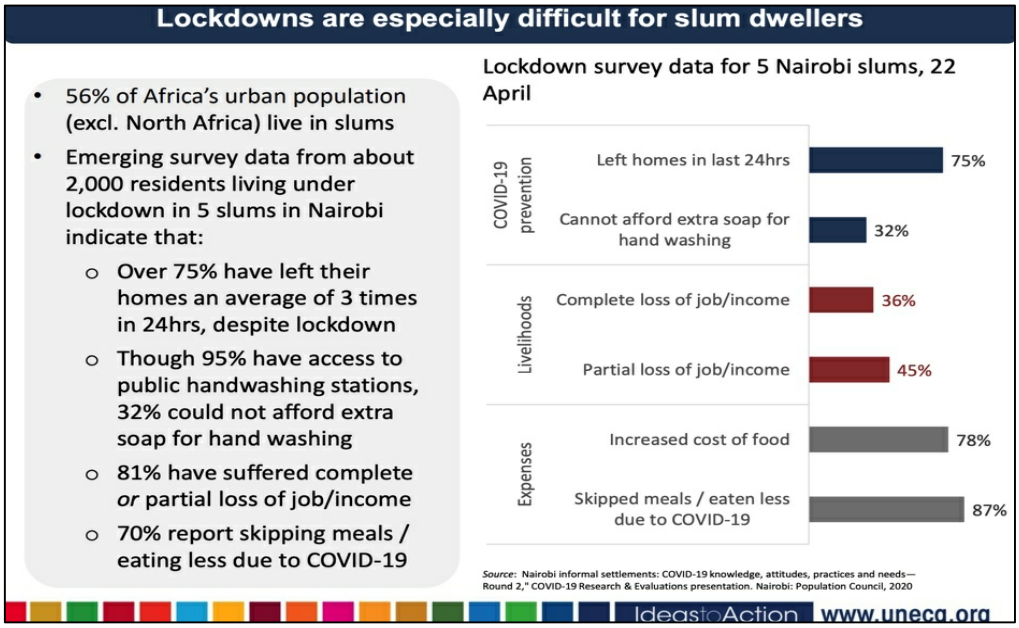
The COVID-19 Pandemic has invariably affected worst the poorest people in society. Within this bracket, women and girls are most at risk. From a gender perspective, women are particularly vulnerable to economic recessions as they are often over-represented in insecure lower paid jobs in the informal sector with many in small and micro

[7] See https://nigeria.actionaid.org/news/2020/press -release -COVID -19-publish -list-palliative -beneficiaries -anti-corruption -groups -urge

enterprises to ensure their day-to-day survival.

The restrictions imposed on the physical movement of citizens coupled with school closures have increased the burden of care on women for the household as well as for the sick including to extended families.

Workers in the informal sector are also less protected against redundancy or sick leave. The example of domestic female workers in Asia has been documented, with many left stranded and unemployed during the periods of quarantine restrictions[8]. With limited access to social protection, women have put themselves at risk to survive. The Ebola virus showed that quarantines resulted in increased poverty for women when their economic and livelihood activities disappeared under lockdown measures. In Liberia where approximately 85 per cent of daily market traders are women, Ebola prevention measures (which included travel restrictions) severely impacted women's livelihoods and economic security[9].



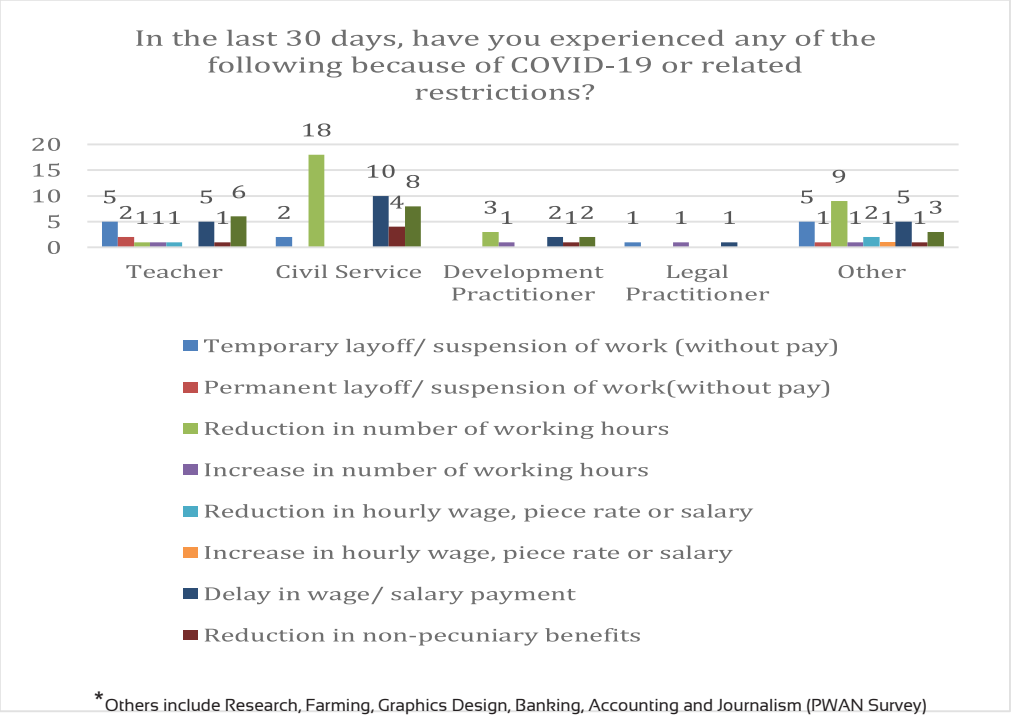
[8] Coronavirus: Hong Kong Families Await Return of Thousands of Stranded Domestic Helpers as the Philippines Lifts Travel Ban, South China Morning Post, February 18, 2020

[9] See: https://www.unwomen.org/en/news/stories/2014/11/in -liberia-mobile-banking-to-help-ebola-affected-women-traders

The COVID-19 pandemic has placed a strain on services and social protection systems, especially in the poorest communities. The national survey conducted by the Ministry of Women Affairs had cases of survey respondents expressing challenges of not being able to feed their families when the lockdown was extended.

UNECA has also conducted a survey on the impact of lockdown looking at residents of slums finding that over 75% left their homes despite lockdown measures in place and have had to skip meals or eat less with partial or loss of income/employment.

The strain on services not meeting the needs of the poor places a further layer of mistrust and frustration between communities and public sector institutions especially when expectations are not met such as when government palliatives distributed to the poor in response to the crisis are not distributed effectively.



*Others include Research, Farming, Graphics Design, Banking, Accounting and Journalism (PWAN Survey)

[10] For details of National Survey Report on Impact of COVID -19 on Women -owned Small and Medium Enterprises by Ministry of Women's Affairs, visit https://bit.ly/3iiNrNJ

Left unaddressed, these consequences could serve to further entrench structural social and economic inequities as well as exacerbate governance challenges. While short-term physical health needs are often prioritized during a health crisis, the impact of unaddressed psychosocial needs and social support for impacted individuals, caregivers, families and communities are often large and persist for years past the end of an emergency (IASC, 2015).

These difficulties can quickly lead to greater issues of poverty for women as little savings quickly disappear and their buffer to survive is vastly reduced. The survey conducted by PWAN showed that respondents were impacted from the very first month of the lockdown with some laid off or suspended from work without pay or faced with a reduction in their hourly wages. There was also a delay in wage or salary payment leading to further insecurity at a time of crisis. The national survey published by the Ministry of Women's Affairs also revealed that 17% of households affected by the virus are facing at least transient poverty.

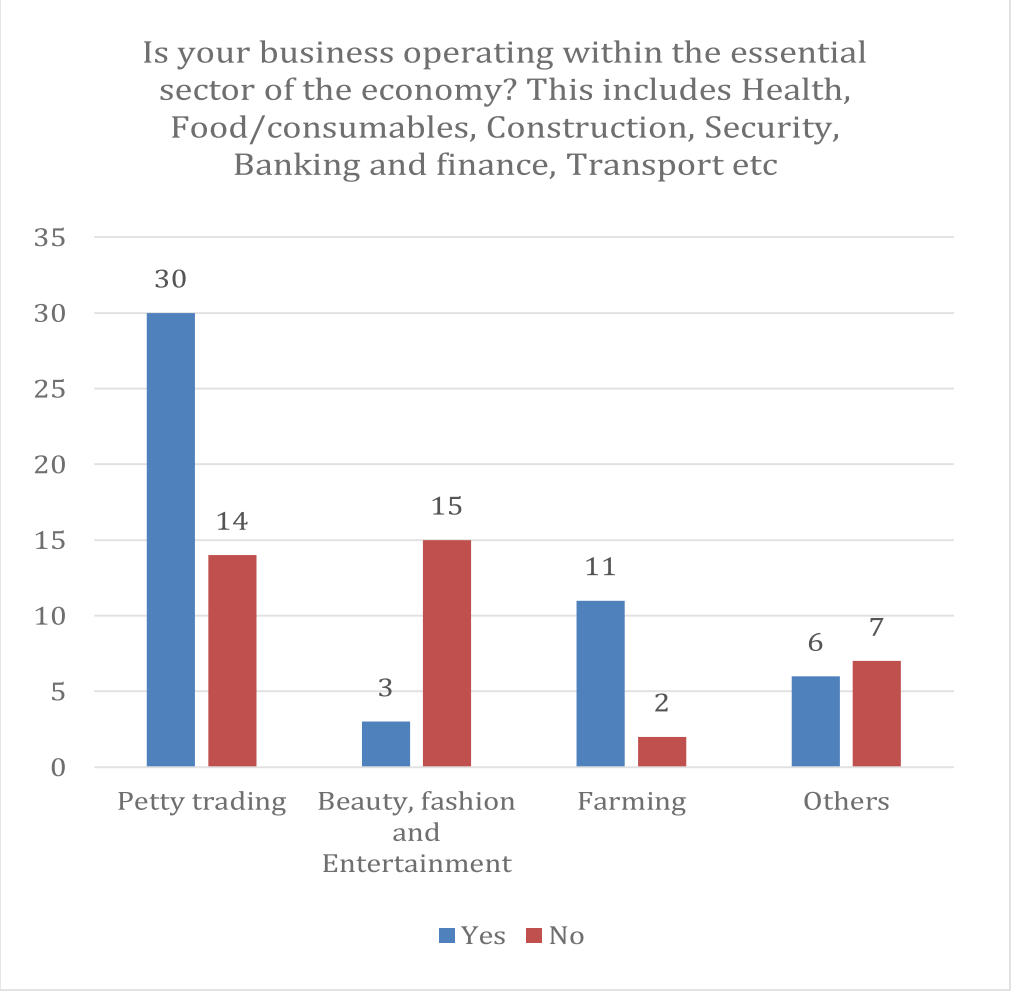
As women take on greater care demands at home, their jobs will also be disproportionately affected by cuts and lay-offs. Such impact risk rolling back the already fragile gains made in female labour force participation, limiting women's ability to support themselves and their families, especially for female-headed households (UN, 2020). As quipped, the COVID-19 virus is a disaster for feminism and has taken women back to the 1950s era (see Lewis, 2020). Women in businesses have also not adjusted in the same way as their male counterparts. The national survey on MSMEs conducted by the Ministry of Women Affairs also brought to the fore the digital divide between men and women, finding over 90% of the female business owners not making use of the internet for their businesses during the lockdown periods.

Key Findings of the PWAN Survey

The method of research for this paper was conducted by desk study and a survey. The survey was undertaken with a sampling of over 250 women both online and via telephone interviews during the month of May 2020. 185 participants responded to the questions relating to their economic status. Of those employed, there were 90 in self-employment, 82 working as employees and 13 both employed and in private business. The graph below captures the various industries in which the respondents worked.

The survey questions covered the following areas: how the pandemic affected businesses; the capacity of businesses to survive the lockdown; cross border operations, the ability to retain customers, perspectives on government interventions for businesses and any work stoppage insurance utilised.

The results of the survey conducted by PWAN mirrored much of the negative impact of the COVID-19 Pandemic on women as described in previous sections of this paper. The survey confirmed predictions that the socio-economic impact of COVID-19 on women has been monumental and cross cutting, depleting their physical, mental, spiritual, social, and economic resources against periods of crisis. Overall, of those that completed the survey, only 185 persons answered questions specifically posed in relation to their economic standing. The graph on the right presents the profile of those working in or outside of the essential sector.



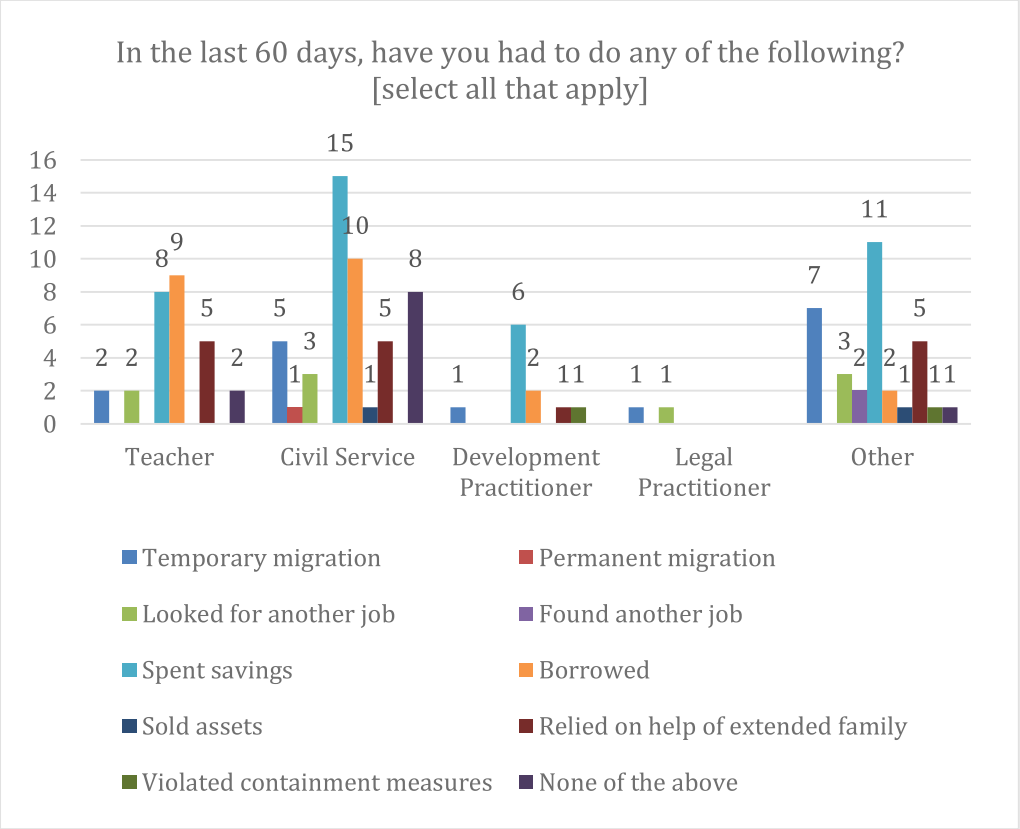
**Others include Catering, Consultancy, Cleaning Services, Artisan (PWAN Survey)*

Depleted Savings

Of those responding, it is noteworthy that in a period of just 2 months over 50% of the respondents claimed to have spent all their savings to cover just their living expenses with some even selling assets or violating their quarantine/lockdown measures to seek ways to earn.

Almost 66% of the respondents claimed to be spending more than their earnings during the pandemic thereby limiting their ability to increase their savings for the crisis.

Some of the respondents had borrowed or sold assets or have been forced to rely on help from their extended families. Curiously, some of these responses came from those working in the public sector (Civil Service) and for essential services (Banking).



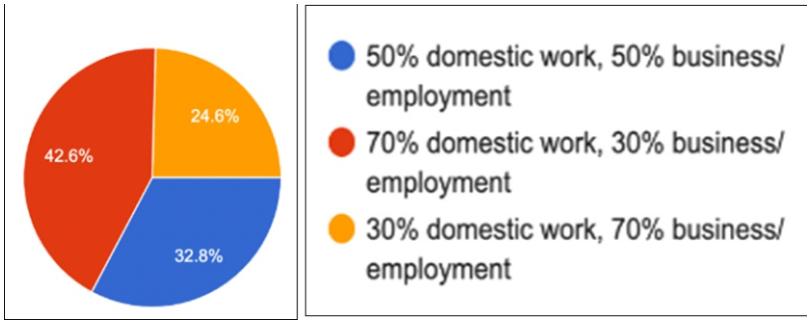
*Others include Research, Farming, Graphics Design, Banking, Accounting and Journalism (PWAN Survey)

Unpaid Care work and increased home stressors

The women surveyed also revealed the extent to which unpaid care work had taken much of their time during the lockdown, time previously dedicated to employment and earning an income. Over 60% of the women interviewed share their time between their

business/employment and domestic duties with some having to dedicate 1/3 of their time to domestic duties alone.

For those working in sectors defined as essential services during the pandemic, namely health, food/consumables, security, banking finance and transport etc., women were still required to find time to address family issues as the primary caregivers in the home and with some as frontline workers. This has affected the wellbeing of many women as household stressors have increased. In the PWAN survey 48% of the respondents work in the essential sectors.

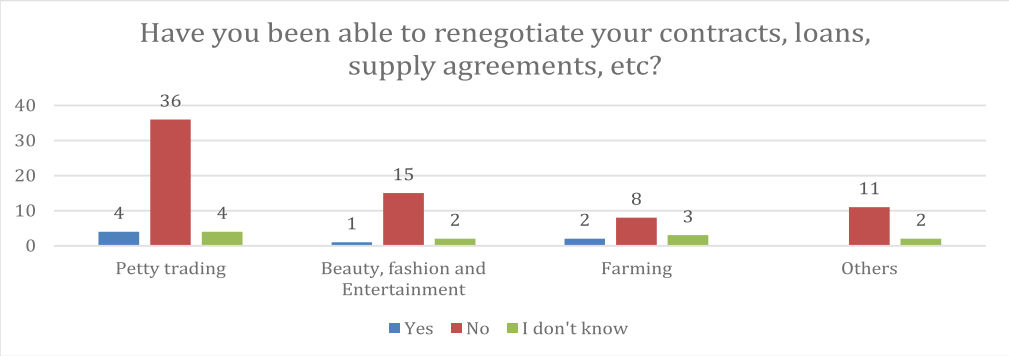


Business Downturn

The survey results showed that the majority with businesses had closed them with only 17% of the respondents having businesses that remained open. Of the 185 participants that responded to the survey question on business constraints, almost 66% of the respondents indicated that their businesses were not insured against stoppage of work/operations or loss of income. 14.6% were insured. This is an area for policy makers to encourage insurers to provide some cover especially to those most vulnerable or at risk.

The majority of respondents could not determine whether they could sustain their businesses for much longer under the current

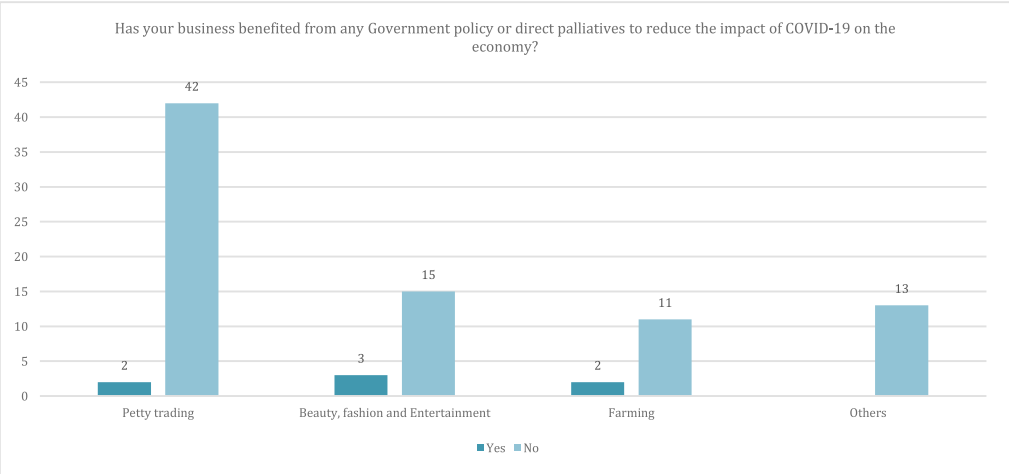
restrictions. Only 7% confirmed being able to renegotiate their contracts or supply agreements with the majority of over 73% not being able to do so.



Similarly, only 16% of the respondents have utilised or sourced other means of income with almost 83% responding that they had none in place. The interview of women at grassroot level presented a similar portrait with 87% of those interviewed out of work and not yet able to source alternative income.

Limited Access to Palliatives

Regarding the allocation/distribution of palliatives only 9.7% had benefitted, with the majority (53.3%) of the view that the approach employed to distribute the palliatives would prevent the palliatives from reaching them.



For those at grassroot level, 94% stated that they had not benefitted from any palliatives from the Government. Respondents therefore called on the Government to provide financial assistance and distribute effectively as well as provide basic amenities (electricity, water, healthcare and security) to ease the negative impact of the quarantine measures in place.

Implications for Policy

It has been said that the COVID-19 pandemic is a crisis like no other experienced on the African continent. It is not the result of bad policy or any political vendetta. The toolbox of policy responses has therefore been very limited.

The national survey by the Ministry of Women's Affairs noted that although the impact on women is often recorded or cited, it does not always translate into effective policies to combat inequality in health or social service distribution. The easing of lockdown has therefore become a fine balancing act between saving lives and preserving livelihoods rather than as a result of successful curtailing the spread of the virus. The cost of the socio-economic impact has proven to be too high even when weighed against health considerations.

The development of appropriate policies in response to the pandemic must therefore be seen to be consistent and fair with social justice seen as the hallmark of the response. Any policy developed must pay attention to equality, mobility and inclusiveness or risk total failure. The effect of the Pandemic on households, families, consumers and their lives and providing income support to households must be seen as more important than figures of economic growth.

In a recent online debate[11] the renowned economist Dr Kaberuka advised that counter cyclical measures of dealing with downturn economies may not work with the current recession because such traditional tools fit crises that could be foreseen whilst the COVID-19

[11] Emmanuel Chapel COVID-19 Talk Series– 19 June 2020

economic crisis was unforeseeable. Under the new reality, he recommends that social protection, social mobility, and income transfers should be the focus than the traditional indicators of past recessions.

The Government has been faced with taking decisions without adequate or comprehensive data. The social register used as the reference to determine persons for palliative support has been shown to be flawed and needs to be promptly updated. The National Bureau for Statistics should be properly resourced to lead a data collection mandate and make use of the quarantine measures in place to access citizens/communities under lockdown. The Bureau can also be tasked to harmonise all findings and data currently being collected by various public/private agencies on the impact of the economic and social crises as a key resource for any policy development flowing from the COVID-19 pandemic.

Recommendations

The respondents in the PWAN Survey were vocal in their suggestions on how the crisis they face should be addressed. Some suggested that the Government should waive more levies and taxes, appeal to landlords for rent holidays, develop economic employment programs for low income earners and set up a business administration programme offering grants to women in business.

The World Health Organisation (WHO) has provided recommendations for governments faced with the challenge of addressing the negative impact of the COVID-19 pandemic. Governments are advised to act on the following (WHO, 2020b):

I. To provide adequate social protection mechanisms for those affected by mobilizing all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response. A social security plan is

therefore warranted and must be a top priority for the Government.

ii. To adopt an approach that unites in common cause every individual and community, every business and non-profit, every department of every government, every non-governmental organization, every international organization, and every regional and global governance body, to harness their collective capacity into collective action.

iii. Private companies must ensure the continuity of essential services such as the food chain, public utilities, and the manufacture of medical supplies. Private companies can provide expertise and innovation to scale and sustain the response, most notably through the production and equitable distribution of laboratory diagnostics, personal protective equipment, ventilators, medical oxygen and other essential medical equipment at fair prices, and the research and development of diagnostic tests, treatments and vaccines.

iv. National authorities should develop operational plans to address COVID-19 that include capacity assessments and risk analyses to identify high-risk and vulnerable populations. Plans should include civil society and national NGOs to extend the reach of public health and socioeconomic interventions. National plans should also be developed for the prevention and mitigation of the social impacts of the crisis, including areas of the response that disproportionately affect women and girls.

The above model should be adopted in the design of a lockdown exit strategy that is gender sensitive and family oriented. The Government must undertake to adopt an approach that provides for ongoing assessment or surveys of the at-risk population. This will determine if the socio-economic stressors/challenges are progressively easing/worsening as lockdown measures are progressively eased and guide the Government in determining the need for more palliatives or

targeted support in other ways e.g. financial, service provision etc.

There should also be advocacy for income security for the informal sector. With support from the Government, insurance firms can be called upon to provide bespoke insurance cover for work stoppages in times of health or social crises and include a tailored package for women and/or single headed households.

Additionally, there should be an assessment of the impact/repercussions of the removal of lockdown and how it impacts the lives of women:

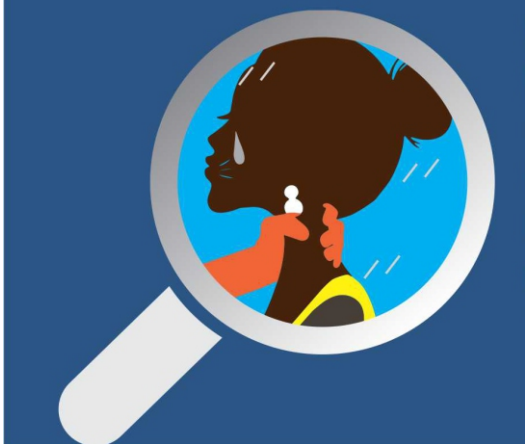
i. Are they more at risk of catching the disease?
ii. More stress to send children to school (pay for transportation, lunch etc) especially if phased with exam going children first to return given that they often care for younger siblings whilst parents go out to fend for their daily wages;
iii. More worry about kids catching the disease and returning home to infect at risk or elderly parents.

If there is a second wave of the virus necessitating another full lockdown or sections/states that require such measures, the Government should use the opportunity to offer prepacked learning tools on subjects useful to the community whilst on lockdown. These can include, civic studies, community/neighbourhood related programmes, financial education, health education etc.

It is important to use the 'extra time' afforded by lockdowns to rapidly put in place the appropriate health response and carefully design the exit strategies for the current quarantine measures in place. It is hoped that the overall response will be tailored effectively and include plans of how the country will recover from an economic recession all the while under a 'new normal' where the virus remains around for a lot longer than was initially projected.

The 2030 Agenda for Sustainable Development sets out a development agenda for 'people, planet and prosperity,' with world

leaders pledging that no one will be left behind in development targets and activities. A health emergency like COVID-19 is an opportunity for all countries to act in consonance on their pledges. Coupled with SDG 5 on gender equality, addressing the socio economic impact of COVID -19 with a particular attention to the impact on women, will ensure progress across Agenda 2030 and result globally in governments being more appreciative of health as an economic resource.



3

IMPACT OF COVID-19 PANDEMIC ON SEXUAL AND GENDER-BASED VIOLENCE IN NIGERIA

Context

On April 13, 2020, the Federal Government of Nigeria announced that a lockdown, in place since March 30 in Lagos state, neighbouring Ogun state, and Abuja, the nation's capital, would continue for another 14 days. Several other state governments, including Rivers, Kaduna, and Ekiti, initiated full or partial lockdown.

As cities went into lockdown to stop the spread of COVID-19 in Nigeria, the public health measure to save lives have put the vulnerable group more at risk. This vulnerable group consisting of women, children, adolescence girls, IDPs and PWDs, have borne the brunt of the lockdown and restrictions of movements issued by the Federal Government and partially observed by some states.

Historically, public emergencies have always magnified the structural drivers and root causes of gender inequality (World Bank, 2019) leading to a rise in SGBV. That SGBV is a hidden and silent consequence of the COVID-19 pandemic is not surprising. Evidence from the increase in SGBV during the 2013-2015 Ebola (Adhiambo, 2020) pandemic in neighbouring Sierra Leone, Liberia and Guinea is well documented with lessons proffered for future reference.

Nigeria, during the lockdown, experienced increase in sexual and gender-based violence. For instance, statistics from the Nigeria Police Force indicated that between January and June, 2020, about 717 rape cases were reported, just as Brazil, among other countries in the world, reported a 40-50% increase due to the restrictions of movement (see Awodipe, 2020; Graham-Harrison, 2020).

In Nigeria, SGBV acts have often manifested as rape, sexual abuse, sexual harassment, sexual enslavement, defilement (minors), intimate partner/ domestic violence often referred to as battery, forced pregnancy, trafficking, emotional and psychological violence, forced circumcision, forced/ early marriage, and harmful traditional practices. What become clearer through the FGD and KIIs with grassroots women, was that as NGOs, service providers and activists scrambled to provide some form of front line services, has been the recognition that the pandemic has reinforced social norms and the patriarchal normative status quo was invigorated, by justifying decision-making exclusionary of women, girls, and other marginalised groups.

While this study found that SGBV increased during the lockdowns, the reality is that it has been exacerbated by the pandemic of COVID19 and lack of political will to ensure perpetrators are held accountable whilst providing justice to victims of SGBV. A very clear illustration of this is shown

even by how the government excluded women from its planning and decision making in the provisions of essential services such as the distribution of palliatives. It did not consider the provision of sexual and gender-based services by civil society groups, shelters or even their own services such as those of the sexual assault trauma centres (SARCs) as essential services. This singular act alone created the desperation in which rape and other victims of violence could not move around to seek help at hospitals, shelters or anywhere else.

According to key findings of the Nigeria Demographic Health Survey (NDHS) 2018[12] among women aged 15-49, 31% have experienced physical violence, 9% have experienced sexual violence; whilst 6% have experienced physical violence during pregnancy. Spousal violence is not forgotten, with 36% of ever-married women have experienced spousal physical, sexual, or emotional violence. The prevalence of one or more of these forms of spousal violence was higher in 2018 than in 2008 (31%) and 2013 (25%). 28% of ever-married women who have experienced spousal physical or sexual violence have sustained injuries: 26% reported cuts, bruises, or aches, and 9% reported deep wounds and other serious injuries.

More than half the women, 55% who have experienced physical or sexual violence, have never

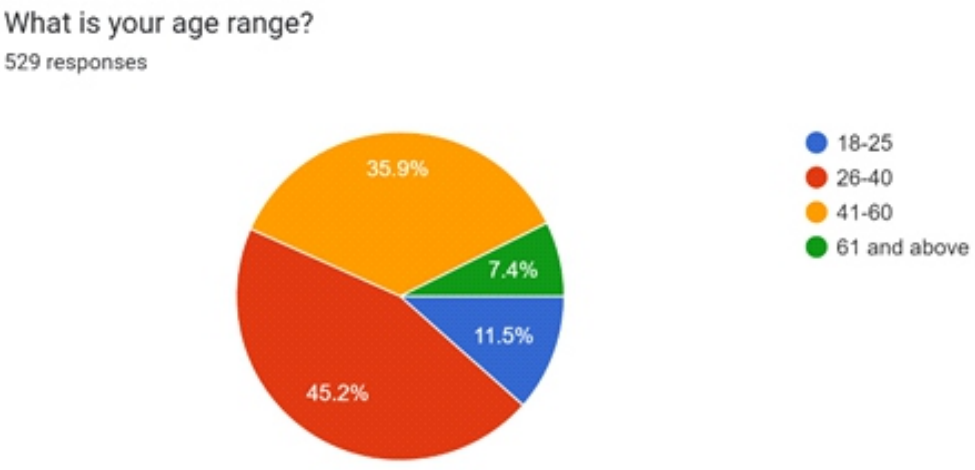
[12] See Nigeria Demographic and Health Survey 2018, accessed June 4, 20
https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf

sought help to stop the violence. Only 32% have sought help, approximately the same percentage as in 2013 (31%). Women's own families are the most common source of help.

Data Presentation and Analysis

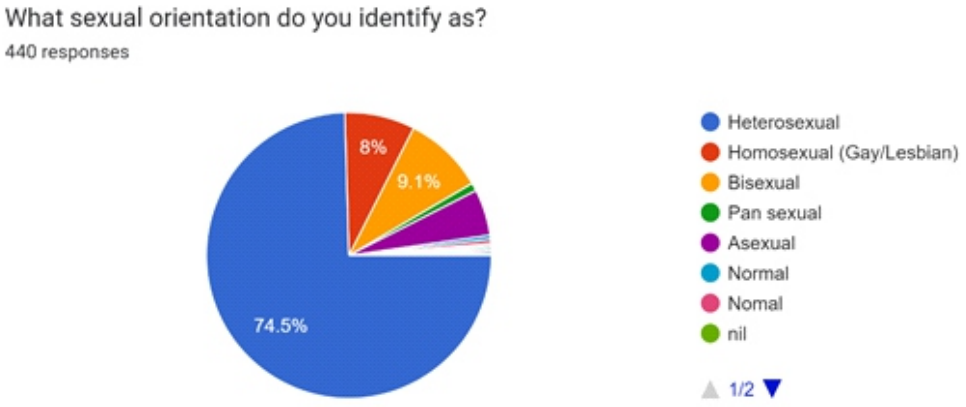
530 women responded and completed the questionnaire online in anonymity which meant that it can be assumed that deeply personal questions around sexuality or being victims of SGBV could be answered candidly. 239 responders for the simplified form used for grassroots communities were not asked certain questions. The questionnaire started by asking them if they had personal experiences of SGBV.

With regards to the age range, 239 (45.2%) of urban responders were within the age bracket 26-40 years. 190 (35.9%) were within 41-60 years, 61 (11.5%) were 18 – 25 years and 39 (7.4%) were over 60 and above. For peri-rural grassroots responders, 43% were between 26-40 years, 32% were 41-60 years, 17% were aged 18-25 years and 8%



58% of grassroots women were in legally recognised marriages and mirrored the 304 (57.5%) for those in urban settings. 24% of rural responders classified themselves as single whilst it was 134 (25.3%) for urban responders. Grassroots responders 4% divorced and 2% separated mirrored slightly the 9 (1.7%) divorced and 13 (2.5%) separated for the urban responders. There was a difference in the numbers of widowed women 11% grassroots and 36 (6.8%) urban. Urban responders 1 (0.3%) identified themselves as single mother and engaged whilst 30 (57%) identified themselves as in a relationship. It could be inferred here that as none of the respondents with below the age of 18, they understood clearly what SGBV.

The anonymity of the online questionnaire encouraged responders to be honest, 40 (9.1%) identified themselves as bisexual, 35 (8%) as gay/lesbian, 4 (0.9%) as pansexual and 23 (5.2%) asexual.



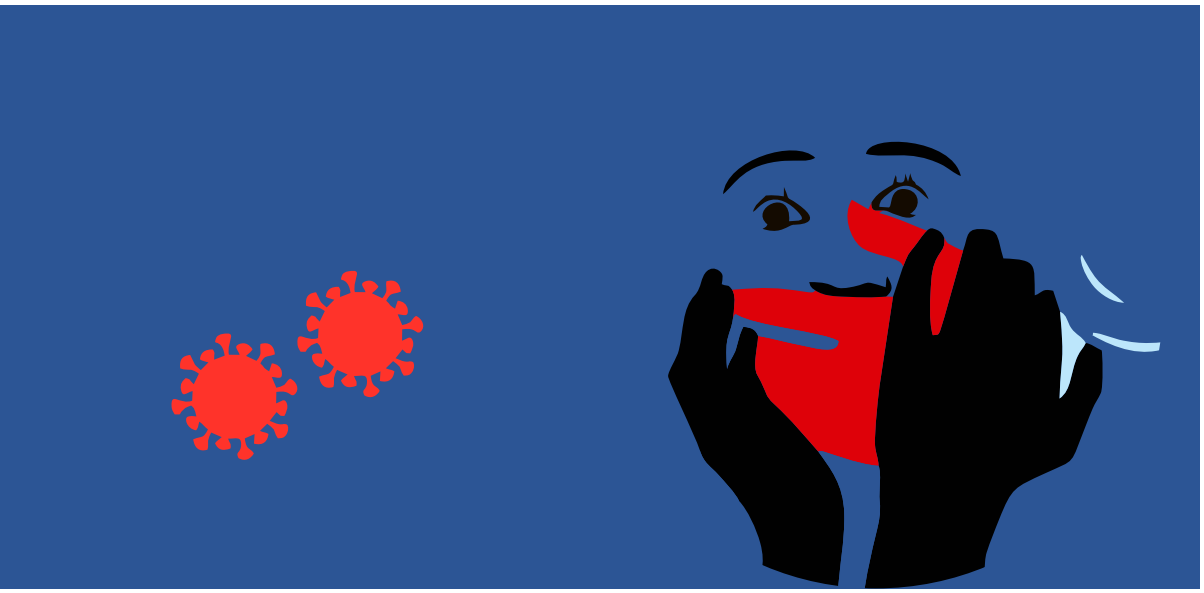
422 (79.8%) urban responders said they had no experience (personal or otherwise) of SGBV during the lock down 65 (12.3%) said they would like to respond on behalf of someone else. 31 (5.9%) said they had personal experience and 11 (2.1%) had work related experience by providing services to prevent and combat SGBV. This question was missing from the simplified questionnaire to grassroots communities. 67% grassroots said they had not heard, witnessed or

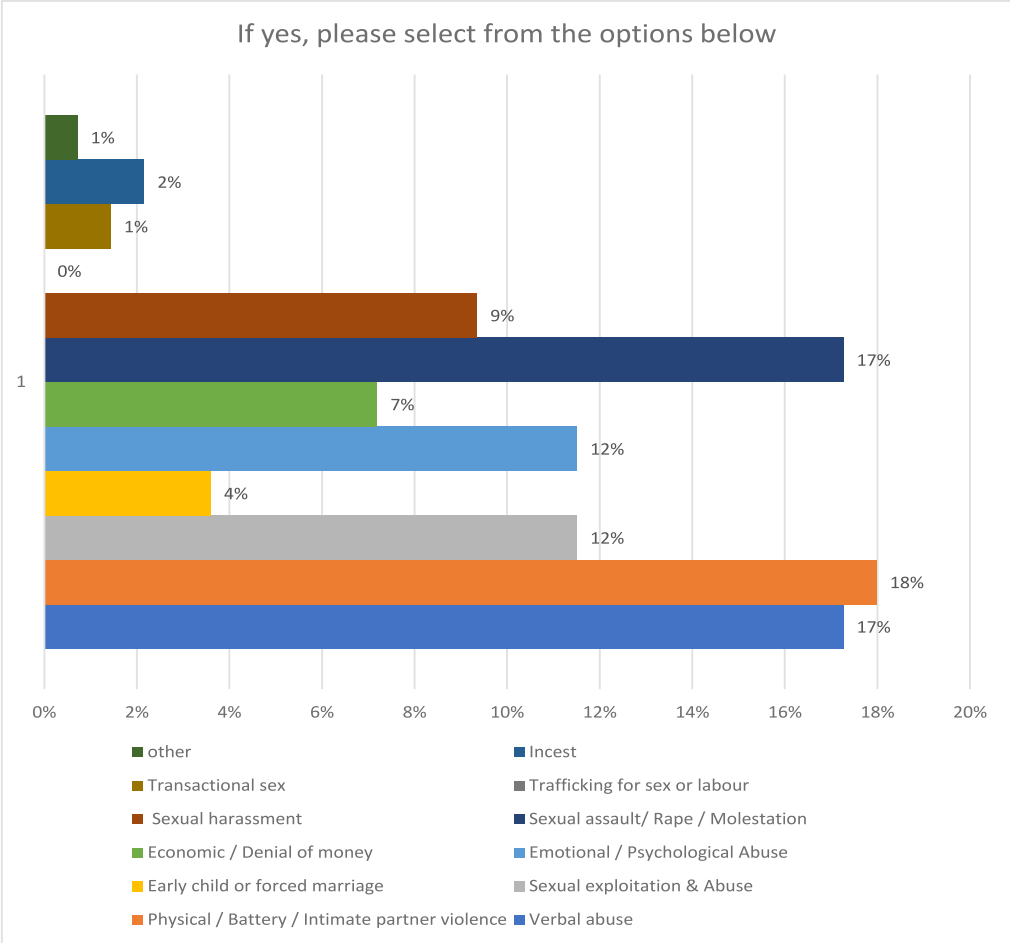
experienced any cases of SGBV whilst 33% said they had. For urban responders, 24 (77.4%) said yes and 7 (22.6%) said no.

We can deduce that the culture of silence is still very strong in the grassroots community. Lots of things are happening all at once and preserving your dignity and perception of you amongst the community is important.

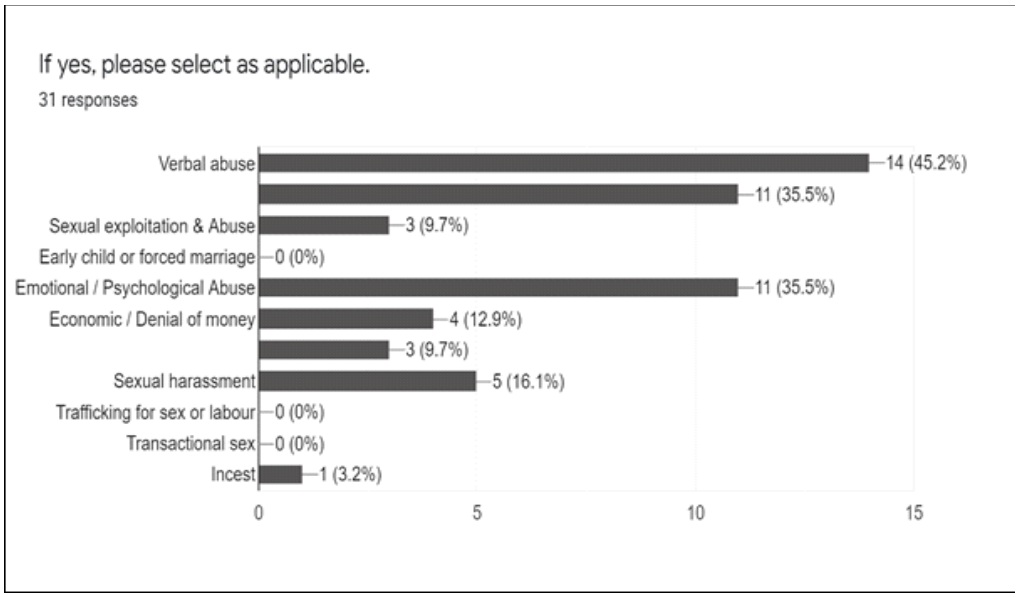
For grassroots responders to having heard, witnessed or experienced SGVB since the lock down started, 18% intimate partner/ battery/ physical violence, 17% verbal abuse, 12% emotional / psychological abuse, 9% sexual harassment, 7% denial of money/ economic abuse, 17% sexual assault/ rape/ molestation, 12% sexual exploitation, 4% early child and forced marriage, whilst 2% was reported for incest, 1% for transactional sex and other.

Urban responders to same question, verbal abuse 14 (45.2%), emotional/ psychological abuse 11 (35.5%), sexual harassment 5 (16.1%), intimate partner, battery, physical violence 11 (35.5%), sexual exploitation and abuse 3 (9.7%), sexual assault/ rape/ molestation 3 (9.7%), economic / denial of money 4 (12.9%) and incest 1 (3.2%).

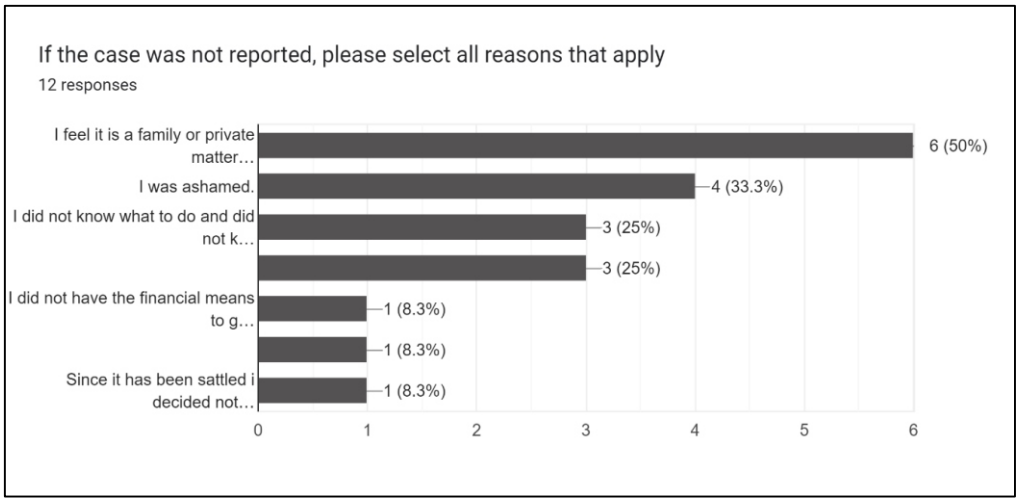




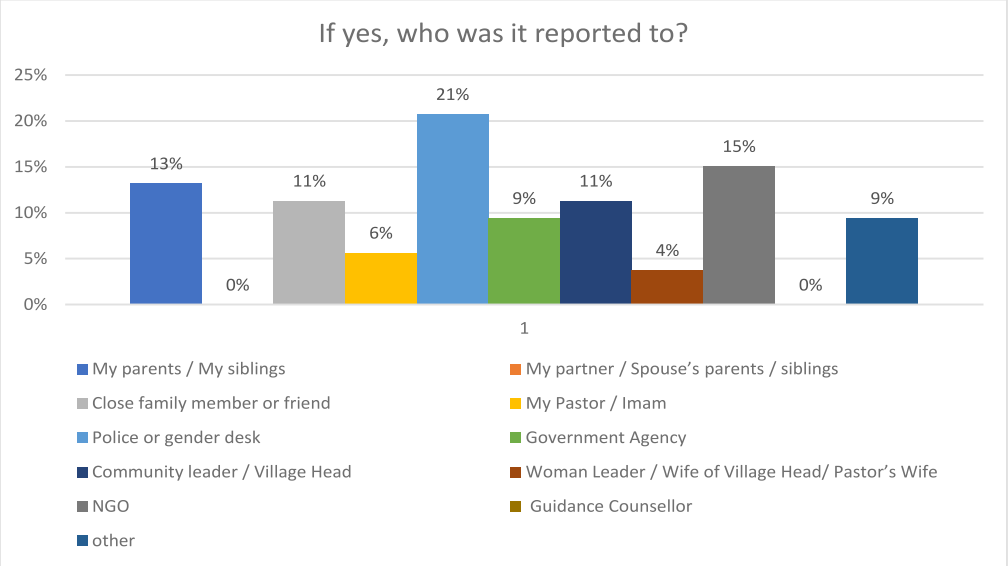
For urban responders, the figures below illustrate the percentage and types of violence experienced with verbal abuse getting the highest percentage.



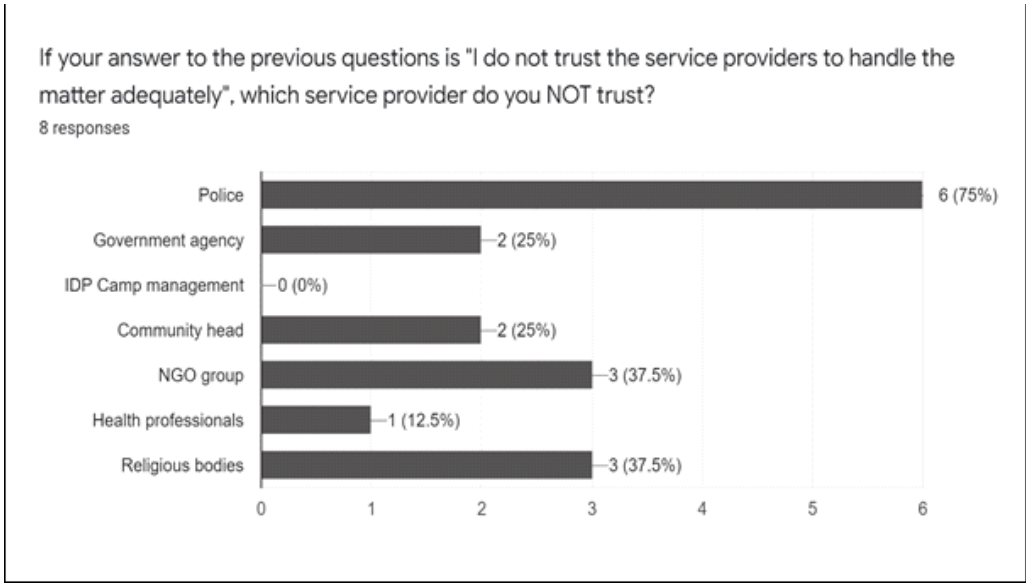
When asked if the abuse was ever reported, grassroots responders 44% said no, and 56% said yes. Urban responders 13 (41.9%) said no and 18 (58.1%) said yes. What can be inferred here is how strong the culture of silence is. No difference between the urban and rural responders



Those that responded yes, were then asked, who did you report the violence to? Grassroots responders, 13% my parents/ siblings, 11% close family member or friend, 21% police or gender desk, 9% government agency, 11% community leader or village head, 9% NGO, 15% NGO and only 4% would report to the woman leader/ wife of village head/ Pastor's wife. 8 (44.4%) of urban responders said they reported to my parents/ siblings, 3 (16.7%) partners siblings, 7 (38.9%) close family member, 5 (27.8%) police or gender desk and 2 (11.1%) government agency, community leaders and NGOs.



When asked were they satisfied with the services received, 10 (52.6%) of urban responders said they were satisfied, 5 (25.3%) were not satisfied, 3 (15.8%) were very satisfied whilst 1 (5.3%) were somewhat satisfied. 20 (74%) of grassroots responders said they were satisfied with the services received whilst 7 (26%) indicated they were not satisfied. When asked have they reported, urban respondents ticked the box that said they did not trust the service provider to handle the matter adequately. 6 (75%) did not trust the police, 2 (25%) did not trust government agency and community head, 3 (37.5%) did not trust NGO groups and religious bodies, 1 (12.5%) did not trust health professionals.



The reasons for not trusting the service providers were identified by the urban responders as 5 (50%) not having confidence in the system, there was an even tie of 3 (30%) having fear, and facing economic and financial reasons, and 1 (10%) they said I was over reacting, they probably do the same and try to curb such situations. In terms of being aware of or knowing any survivors, online respondents 23 (32.4%) were under 16 years, 29 (40.8%) were adults over 21 years, 10 (14.1%) were young adolescent 16-18 years, 8 (11.3%) were young adults aged 18-21 years and 1 (1.4%) was elderly above 65 years. For the grassroots respondents, 23% were minors under the age of 16 years, 27% were young adolescents aged 16-18 years, 16% were young adults aged 18-21 years, 30% were adults and 4% were over elderly over 65. When asked what would you recommend should be done going forward that would enable a survivor to get the necessary assistance? 330 (63.5%) of online responders said better sensitization of the citizens on the services being provided and where to get the services. 173 (33.3%) said better information in local languages. For grassroots respondents, 24 (59%) said awareness on access to relevant authorities was important, (5) 12% wanted access to justice for victims, 4 (10%) suggested a sexual victims support fund, 2 (5%) wanted protection from abusers and wanted the cases to be reported.

Discussions on Impact of COVID-19 on SGBV

530 respondents completed a detailed online survey whilst 239 completed a simplified survey for grassroots respondents, this included FGD specifically in Imo State.

It could be argued that aspects of the government's response to the covid19 pandemic led to certain SGBV that young girls experienced. For example, by shutting down places of worship and educational facilities, allowed for young women to be in places where their abusers had direct access to them or where they joined their parents

to make an economic living such as street hawking, selling of street foods or generally in supposed places of safety.

So it is a valid argument to observe, that over a fourteen day window, Nigeria saw the deaths of 3 young females Uwavera Omozuwa (BBC Africa, 2020) the University of Benin student who was raped and murdered in a Redeemed Church where she had gone to study, Tina Ezekwe (Lambo, 2020) who was 16 at the time of her death was shot by a police officer who has since been arrested, and the rape of a 12 year old in Jigawa State who had been kept as a sex slave for two months by twelve adult men who have since been arrested (Hassan-Wuyo, 2020).

These three young women became the catalyst for demanding from the federal government to declare a state of emergency on sexual and gender-based violence, and accountability from all government agencies to attempt to solve the crisis and seek justice for the victims. All these girls should have been in educational facilities.

In Bauchi State, the Ash Foundation indicated that between March and June 2020, 108 cases of rape were reported. 58 of this number are currently being prosecuted.

Further analysis from the FGD and service providers spoken to during the KIIs, demonstrates that the pandemic has exacerbated the conditions that too often lead to violence. The stress and anxiety brought on by the outbreak left abusers feeling out of control, triggering violence that is rooted in a sense of entitlement and power. With culture and religion not far behind stoking fragile egos.

So, the measures to control the spread of COVID-19, while important for public health, has clearly created more danger for women, girls and the marginalised. Social distancing reinforces the isolation that abusers impose. Lockdown cuts off avenues of support and escape. Young women, especially girls, are vulnerable and exposed to the leery attentions of idle males who have access to them as visitors to the home.

Economic Instability, Lack of Livelihood and Poverty Related Stress[13]

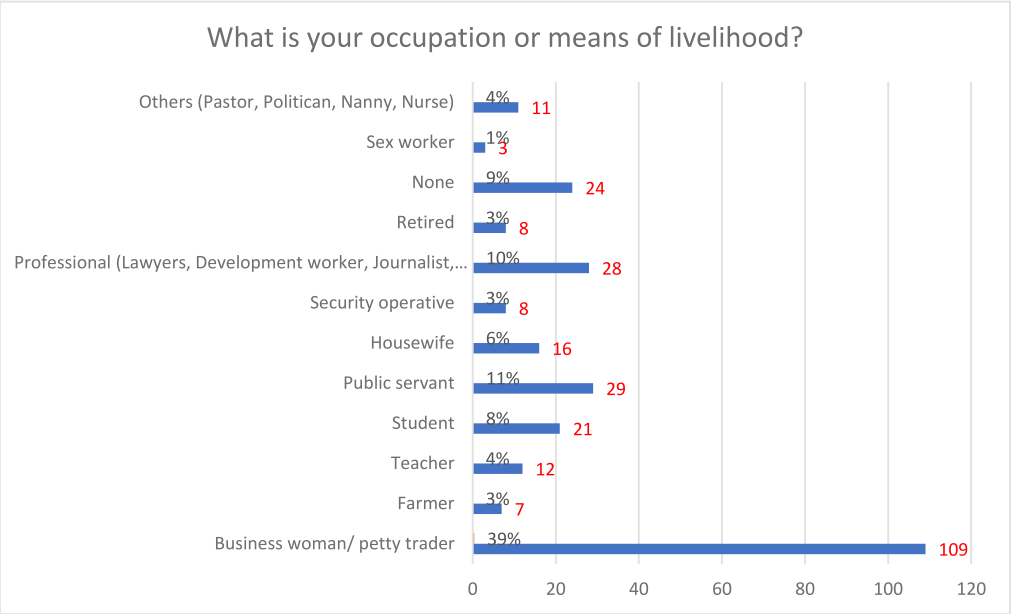
More than 80% of Nigeria's population are daily wage earners, working outside the formal economy, the informal sector (ILO, 2020) and includes a wide range of occupations, from street traders, taxi drivers, tradesmen, and artisans to food vendors and hairdressers. The lockdown, however, prevented many Nigerians working in informal sectors from traveling to work or conducting their business. Local food vendors and traders expressed fears over their ability to feed their families during the lockdown, with their daily earnings their only source of sustenance (HRW, 2020).

An increase in food prices because of the lockdown also means that many cannot stock up on necessities. Respondents complained that "hunger is bigger than COVID19" and that the government should "have pity on them."

In Lagos alone, according to research by NGOs, 65 percent of the estimated 25 million people work in the informal sector (Heinrich Boll Foundation and Budgit, 2017). Informal workers have lower incomes, often do not have savings, health insurance, or pensions that provide a basic social safety net, and 72 percent are poor (Bonnet, et al, 2019).

109 (39%) respondents to the simple survey tool identified themselves as petty traders/ businesswoman, 3 (1%) sex workers, 16 (6%) housewife, 28 (10%) professionals including lawyer, development worker, etc. Majority earned their livelihood, through daily subsistence.

[13] A more detailed analysis of the Economic ramifications of COVID19 pandemic is already be covered by another researcher.



In many contexts, where traditional gender roles dictate that men should provide for their families, this reality can create a sense of inadequacy, uncertainty and loss of control, provoking the assertion of power, including through violence towards their partners/spouses, children or others living in the household (O'Donnell, 2020).

Where poverty and the inability to meet basic needs results, girls are at higher risk of being married early or being sexually exploited. Nigeria's federal and state governments have failed to safeguard the rights to food, shelter, and other necessities for people losing jobs or income during the COVID-19 pandemic. The economic assistance that the government announced in response to the virus exposed inadequacies in Nigeria's social protection systems and risked excluding the country's poorest and most vulnerable people. The palliatives as proposed by the government was grossly inadequate for the population size, and clearly could not reach the very group of people the government said it would reach.

Reduced Health Services, SRHR Availability and Access to First Responders

First responders in Abuja, such as the Dorothy Njemanze Foundation reported that they struggled to reach victims who called and had trouble accessing state services because the courts, hospitals were closed, and those not closed were not taking non COVID-19 patients making it difficult to access any other services, and other necessary services needed such as shelters were not taking any new cases because of the fear of those in their custody becoming COVID-19 victims. The referral pathway mechanism for managing SGBV victims failed completely in Abuja and in other parts of Nigeria.

Health providers and emergency first responders are often the first point of contact for survivors and victims, as well as sources of short-term physical protection for women and children. With all hands-on deck needed to respond to the pandemic, first responder resources and referral pathways that survivors rely on were not available. In addition, women avoided seeking health services for physical abuse and injuries, for fear of possible infection. Lagos state Domestic and Sexual Violence Response team was the only functioning referral management pathway for SGBV victims that was open because they had moved their services online and partnered with NGOs to fill in any outstanding gaps.

The crisis has ensured that additional burdens on women and girls as caregivers to the children who are no longer in school, the sick and the elderly with chronic diseases in the family, has been well documented and a signal that may increase their risks of COVID-19 infection. For those women and girls in IDP camps, the overcrowded housing conditions may also exacerbate

the risks of women and girls' caregivers succumbing to COVID-19 infection.

The Country Director of Marie Stopes International, during a webinar with the Federal Ministry of Health, confirmed that there has been a 22 percent increase of clients visiting supported facilities during the COVID-19 pandemic. In a comparison of client visits and service uptake, service delivery centres witnessed 772,628 total client visits during the lockdown compared to 415,343 pre-COVID-19 for those that can get to the service centres. It can be inferred from the presentation that women visited the clinics to get emergency reproductive services due to the COVID-19 shut down.

He further reported that a close look at the data indicated there was an increase in the practice of unsafe termination of unintended and unwanted pregnancies during the lockdown. In the two months pre-lockdown, 31,087 persons received post abortion care, but demand increased in the following three months with 62,980 persons receiving the services[14].

Grassroots women at the FGD in Imo State, complained of the constant demand for sexual intimacy from their husbands with the added knowledge that they were already not on any long-term family planning method. This supports the points by Dr Effiom, that there was a preference and high demand for short-term family planning methods during the three months of the lockdown compared to the two months previously. Whilst the permanent method, implants, and IUD doubled within the said period. The closure of government hospitals and family planning centres were confirmed by participants at the focus group discussions in Imo State, on the pressure they felt to engage in sexual intimacy with husbands who were now at home full time.

The Director/Head Reproductive Health Division, FMOH, Dr.

[14] Dr Effiom Nyong Effiom, Country Director, Marie Stopes International, during a webinar on "MSION Perspective: Sustaining family planning & sexual reproductive health services delivery amid COVID-19 pandemic", June 13, 2020

Kayode Afolabi, said the impact of the COVID-19 pandemic on the provision of reproductive health and family planning services at the global level exposed the fragility of the supply chain, especially as manufacturing, shipping logistics were slowed or halted. He said there was a sharp decline in the uptake of family planning services during the initial phase of the lockdown. Services were interrupted at tertiary, secondary and primary health facilities essential because reproductive health and family planning services were not prioritised in the response plan at national and state levels.

Secuity Under COVID - 19

The enforcement of the Federal Government's lock down measures resulted in some deaths. The National Human Rights Commission reported the deaths of 18 people since March 30th, 2020 when the lock down was announced with more than a hundred complaints across 24 states – including Lagos, Ogun and Abuja (BBC News, 2020). The NHRC also reported "8 separate incidents of extrajudicial killings leading to 18 deaths".

In order to stem the high level of criticism they were experiencing on social media, the Nigeria Police Force on April 2, 2020 via their official twitter handle @PoliceNG issued a series of e-flyers encouraging the public to report any of their officers, who has engaged in abuse of human rights they witness to the NPF hotlines. The statement said, "for the enforcement of the lockdown and social restriction orders to ensure that the rights of Nigerians are not infringed upon under any pretext".

DSP Bala Elkana, PPRO Largos State noted they were faced with new policing challenges, the safety of their officers and callers to the station vis the need for face masks and hand sanitizers;

need to decongest the cells, courts not sitting, and the prisons were not accepting new inmates. Additional challenges included the provision of dedicated lines for complaints, getting few courts to sit during the lockdown, provision of temporary detention facility at Area J command Elemero and finally strict observance of safety guidelines[15]. Lagos State report that as of June they had 46 cases during this period in the following order, sexual abuse - 24, domestic violence – 18, child stealing – 2, child trafficking – 1, child abuse – 1.

Key Findings

1. Independent women's groups have been the single most important factor in addressing SGBV in the current pandemic in many parts of Nigeria, many with no resources and no "essential services pass" issued by the necessary government agency.

2. There was a complete breakdown in referral pathways for victims of SGBV because of the "stay at home" edict issued by the federal and state governments. All victims regardless of class could not be treated or get the necessary help they so desired. Telephone hotlines promoted by some states were not working and even when they did work, many victims had mobility constraints (no money, no transport), government facilities (even their own shelters) were closed and therefore access to collect samples (hospitals), document (police services) and clerk victims (courts) did not happen.

3. Exception was DSVRT Lagos which had moved provision of its referral pathways and all its services online and ensured local service providers were given essential service passes and able to fill the gaps by it going online.

4. Cultural and religious beliefs were a major factor in women not reporting violence not wanting to shame the family by acknowledging such violence is taking place, many worried about how others perceived them.

[15] DSP Bala Elkana, "Policing sexual and gender -based violence during COVID19 stay at home", Nigerian Police Force, webinar slide presentation on June 9, 2020 organised by Project Alert, Lagos.

5. Service providers DSRVT[16], Project Alert, WHER[17], PATA[18] have witnessed and reported new trends in SGBV which have taken the form of "revenge porn", cyber stalking etc, and for which we need to develop evidence-based data, in recognition to the various types of contextual violence women face in their daily lives (Olofintuade, 2020). The violence being experienced by women and girls is evolving, intimate partner violence and sexual assaults are not the only type of violence happening to women in the pandemic in Nigeria.

6. The level of excessive and unnecessary use of force attributed to the Nigerian Police Force and other security agents as they attempted to enforce the "stay-at-home" policy of the federal government has been alarming with more than 18 people registered killed by the NPF.

7. Grassroots women in the FGD in Imo State, and through KIIs in Kano complained that in the first fourteen days of the lockdown, the initial access to sexual and reproductive health services was very difficult for everyone especially women in rural communities and those within marginalised communities, sex workers, LGBT and persons living with disabilities.

Lessons Learned and Implications for Policy

1. A key lesson learnt as voiced by a grassroots respondent, "report case so that husband can be called to order," illustrating the fact that the home has not been a safe place for women and girls during this COVID-19 pandemic. The closure of educational institutions, houses of worship, etc exposed women and girls to direct access to their abusers who were often in the homes, neighbours, or relatives.

[16] Domestic and Sexual Violence Rapid Response Team, L
[17] Women's Health and Equal Rights Initiative, FCT Abuja.
[18] Positive Action for Treatment Access, Lagos State.

2. A key lesson learned during this period for those involved in policy formulation and decision making is the critical importance of not neglecting the needs of a large part of the population. Governments must ensure the protection of women and girls from the beginning of an epidemic and sitting at the centre issuing orders is not enough. Adding them on after key strategic decisions have been made without their input in the design of the intervention is not the best either.

3. There must be a multisectoral approach to designing prevention, mitigation initiatives, responses to SGBV and these need to be integrated across all sectors. There is no need for the Ministry of Women's Affairs to be completely in the wind and not the centre piece to the designing of prevention strategies, engagement, and strategic policy engagement that is unifying and able to reach all sectors and communities. For example, each state ministry of women's affairs working with justice, health and education should develop an effective mid-term and long-term action plan for combating SGBV. It's concrete and timely.

4. At some point we need to have a realistic and concrete discussion as Nigerians, on whether to focus on reducing violent acts (through laws) versus our focus on reducing violent norms or possibly, a strategically combined effort in ensuring that we have the laws in place to ensure victims of SGBV get rapid response to fast track justice. We must tackle the underlying social norms that support and reinforce behaviour in men by deconstructing the power dynamics within the societies that places women in a position of oppression. At the same time, we can begin to invest in effective communication messaging and other activities that addresses violent cultural norms that justify and normalise SGBV in language, “rape apology”, popular culture, violent acts, entertainment, etc.

5. Information sharing and analysis of the information shared is a lesson learned. This is critical in assisting to design strategic intervention measures which will have the desired impact we seek. It is important that information targeted at women and girls is in a manner safe and contextualised (be it in pidgin, or a local language), and

that it addresses the needs, priorities and concerns of women and girls in relation to COVID-19.

6. Women and girls should be involved in the development and delivery of services during COVID-19 and for any future disaster. All protective services for women and girls must be classified as "essential" during any disaster. Domestic violence hotlines, safe spaces, sexual and reproductive health services, opening hours, female staff (Drs, nurses), referral pathways, and justice mechanisms are necessary in pre-pandemic times, and even more important in a crisis.

7. The Nigerian Police Force have a critical role to play in enforcing law and order, but they have a more important role of ensuring the safety of everyone. Therefore, the importance of family support units and gender desks, - if possible upgraded to SGBV Units, - in all area commands is necessary and timely, with dedicated officers fully trained and units equipped with the necessary logistics to respond to cases. It is also important that the gender units of the State Investigation Bureaus (SIBs) and Federal Criminal Intelligence and Investigative Department (FCIID) collaborate and work effectively.

8. Data produced by relevant authorities (NPF, NHRC) was not disaggregated. It is important, to the extent possible, feasible, and appropriate, to collect and analyse sex, age and disability disaggregated data to monitor and respond to the implications of COVID-19 for women and girls for long term structural and institutional planning.

Recommendations

In tackling SGBV, certain **basic** and **key principles** need to be considered and upheld when designing strategic programmatic entry points for/ by all those involved such as funders and women's organisations who are usually the service providers and implementing partners in these communities.

I. Efforts made to use an intersectional gender-power analysis – programming based on systemic analysis of drivers of SGBV from a gender-power perspective which allows organisations[19] to understand the context and culture, as well as related issues and oppressions;

ii. Include a sustained, multi-sectoral, and coordinated strategy – systematic, coordinated, and longer-term programming - that is adequately equipped with financial and human resources – is more impactful than one-off activities, such as a training or ad-hoc campaigns;

iii. Work across integrated and coordinated programming that engages both women and men—using strategic and diverse activities—ensures that a critical mass of the community explores and addresses SGBV in a contextually appropriate way.

[19] In this case funders as they seek to fund programmatic entry points and service providers as they design their intervention programmes.

If these principles are adhered to and considered when designing programmes, then our recommendations to the various sectors would be as follows:

Civil Society Organisations (independent women's organisations, CBOs, FBOs)

i. 63% of urban and 59% of grassroots respondents recommended better sensitisation of the citizens on the services being provided and awareness on where the services can be accessed by victims and their families.

ii. 33.3% of urban respondents recommended better information on SGBV in local languages.

iii. There has to be a concerted and aggressive community sensitization efforts using all forms of medium (radio, TV skits, print, Nollywood, Kannywood, social media, jingles, community & traditional rulers) to change societal and behavioural norms on issues related to sexual and gender-based violence. It has to be intentional and deliberately planned. It has to be long term and CONSISTENT, it has to be focused on effecting a life changing acceptance of SGBV and the culture of silence. This is a possible WIN-WIN but it is a life time affair.

Donor/Funders

i. While it is important to keep growing work around intimate

partner violence (IPV) and sexual violence given their prevalence, it is equally important to build up programming and the related evidence-based interventions around the many forms of violence that women face across their lifecycle, and in all contexts of their lives – private, public and technology driven spaces. Partners in Nigeria, need to consider investing in work on the different forms of violence - as per demand from communities and feminist movements to end sexual and gender-based violence.

Governments, Federal, State and Local

i. Both urban and grassroots respondents, wanted "*better access to justice*" and this can only happen if the domestication of the VAPP and Child Rights Act happens at state level and would support the state of emergency on SGBV declared by the President and the Governors Forum;

ii. Grassroots respondents, noted the need for *"synergy between relevant stakeholders"* and demand the establishment of SGBV response teams made up of service providers – state and nonstate actors in each state. The response teams have to have a representation from justice, social welfare, health, police, community and religious leaders and CSOs.

iii. Both urban and grassroots identified the need for a *"one stop shop for victims,"* therefore, the importance of having a Sexual Assault Referral Centre (SARC) in every state and a minimum of one per geopolitical zone. The walking wounded young girls becoming women and

suffering from PTSD unable to function properly because of lack of adequate or any treatment needs to be addressed in order for us the grow as a community. If we say we care for the girl child, then this is fundamental to their very existence and growth.

iv. "*For the police to take the complaints seriously"* and "*rapid response by law enforcement agents"* were expressed both by urban and grassroots responders. Efforts must be made to ensure that the Nigeria Police Force.

v. The need for organised disaggregated data collection on the gendered impact of COVID-19 by the MoWA or statutory government agencies whose responsibility it is to collect the data cannot be over emphasised. The half-hearted measure in which it is currently being carried out by individual women's groups is not enough to ensure better planning for the future and ensure accountability by government.

4

IMPACT OF CORONAVIRUS PANDEMIC ON THE MENTAL HEALTH AND SOCIAL WELL-BEING OF WOMEN IN NIGERIA

Context and Issue Areas of Coverage

Generally, this chapter presents the findings of a nationwide assessment and desk research of the social and mental health impacts of the COVID-19 pandemic on women. Specifically, it examines the impact of COVID-19 on the mental health and social well-being of women including the social determinants (root causes), and perceptions, attitudes and behaviours that are associated with health and well-being, the effects of the virus on vulnerable populations including persons with disabilities (PWDs), older persons, and internally displaced persons, among others. It also examined the impacts of the outbreak of the virus on the mental health and well-being of women across social classes.

Data Presentation and Analysis

For the impact on mental health and social well-being, 239 respondents from 15 states participated in the telephone survey (see Figure 1a) while 165 respondents from 5 states participated in the online survey (see Figure 1b)

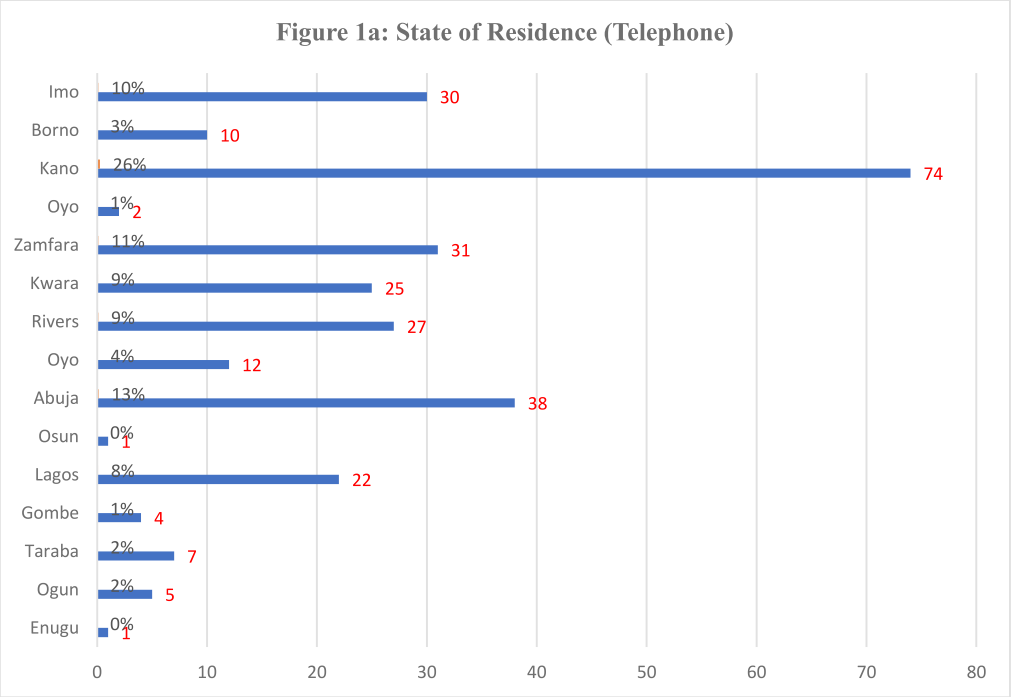
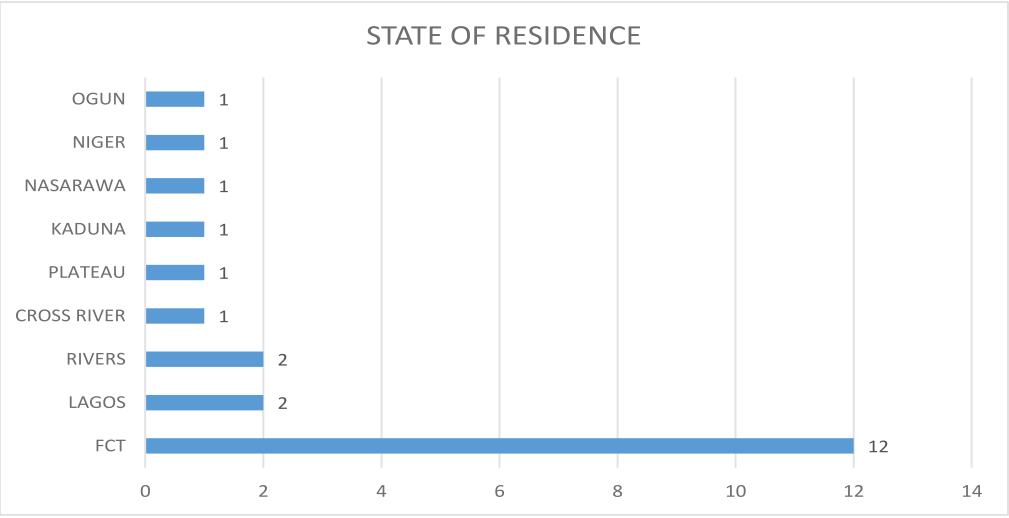


Figure 1b: State of Residence (Online)



The difference in the response rates in both surveys are clear. While Enugu and Osun states recorded very low response rates (1) each, which constitute 0 per cent of the total number of respondents in the telephone survey, Enugu has the highest response rate 43 (26.2%) in the online survey. Surprisingly, Lagos, which records the highest number of active cases of COVID-19 infections maintained low responses rates in both the telephone (8 respondents, which is 22%) and online surveys (3 respondents, 1%). One similarity, however, is that the data indicate a wide geographical spread of both surveys.

Respondents' age distribution in both surveys ranged from 18 years and above. There is almost an equal distribution in the response rates in both surveys with the highest number of respondents ranging between 26 and 40 years (43% in the telephone survey and 39% in the online survey) and 41 to 60 (32% in the telephone survey and 43.9% in the online survey) (see Figures 2a and b). That over 75% of the respondents fell between 26 and 60 years of age in both surveys is expected, given that this age bracket are the most concerned about the COVID-19 pandemic outbreak.

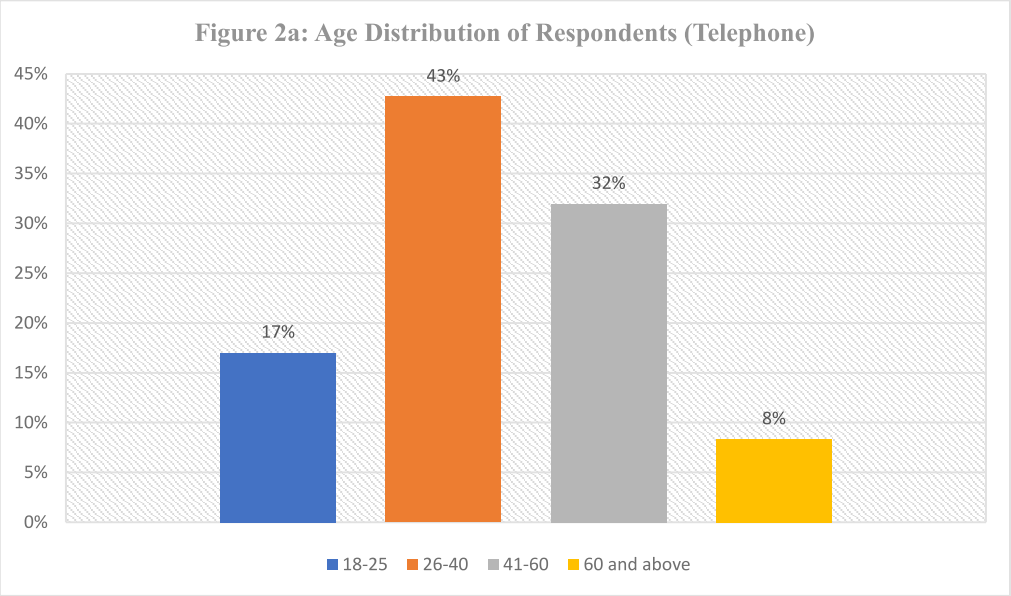
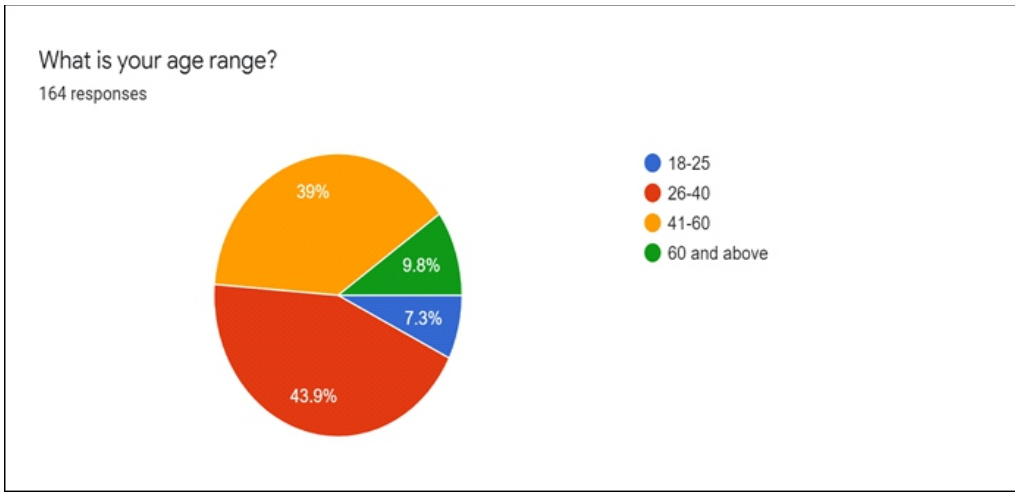
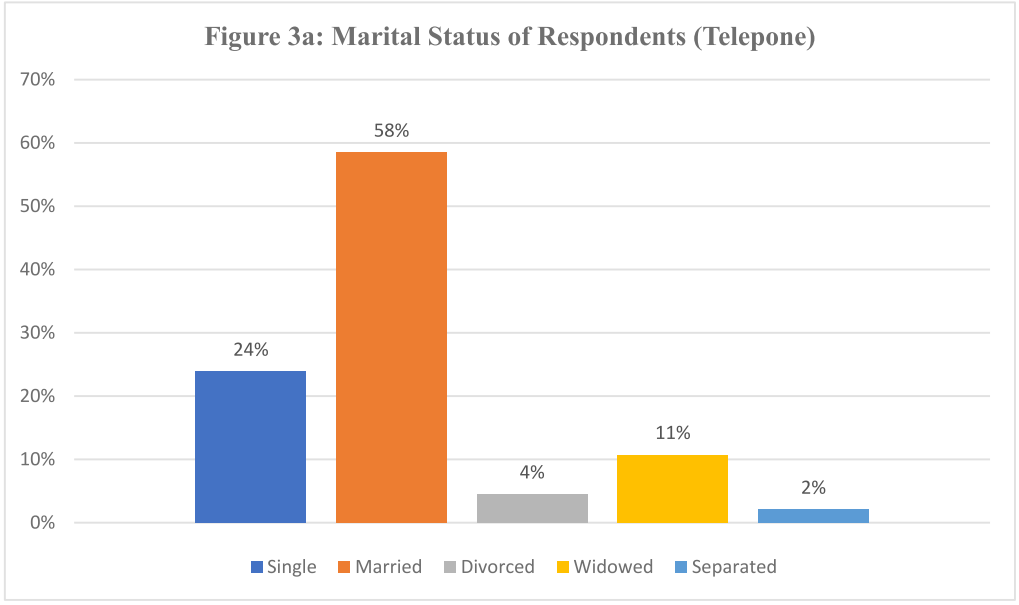


Figure 2b: Age Distribution of Respondents (Online)

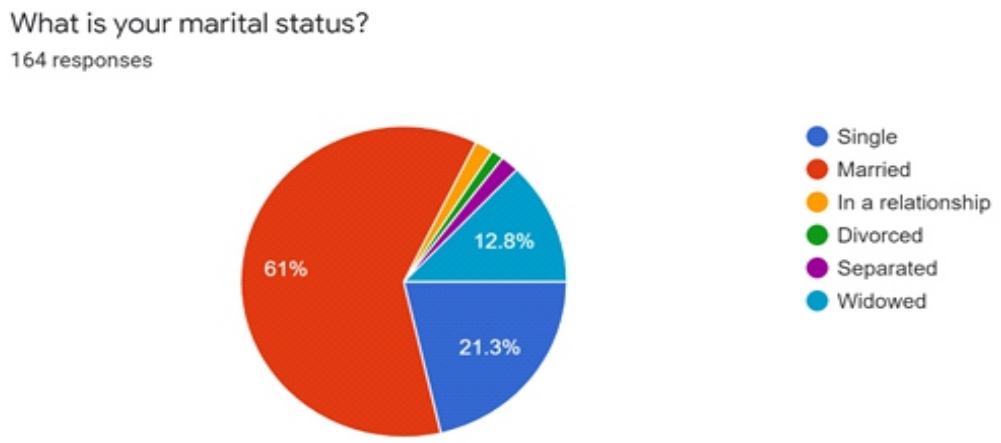


The response rate on marital status of respondents in both surveys are almost evenly distributed between married respondents (51% for telephone and 61% for online) and single respondents (24% for telephone and 21.3% for online) (see Figures 3a and b)

Figure 3a: Marital Status of Respondents (Telepone)



Figures 3b: Marital Status of Respondents (Online)



The distribution of respondents that have children and those that do not have are almost similar in both surveys; 79% and 76.8% have children in telephone and online surveys respectively while 20% and 23.2% do not have children in telephone and online surveys respectively (see Figures 4a and b).

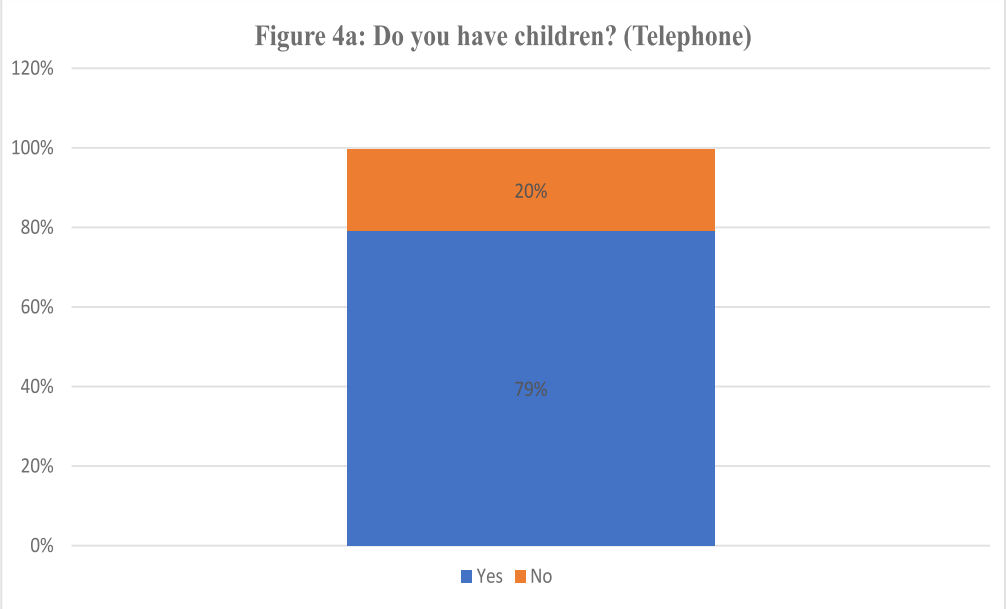
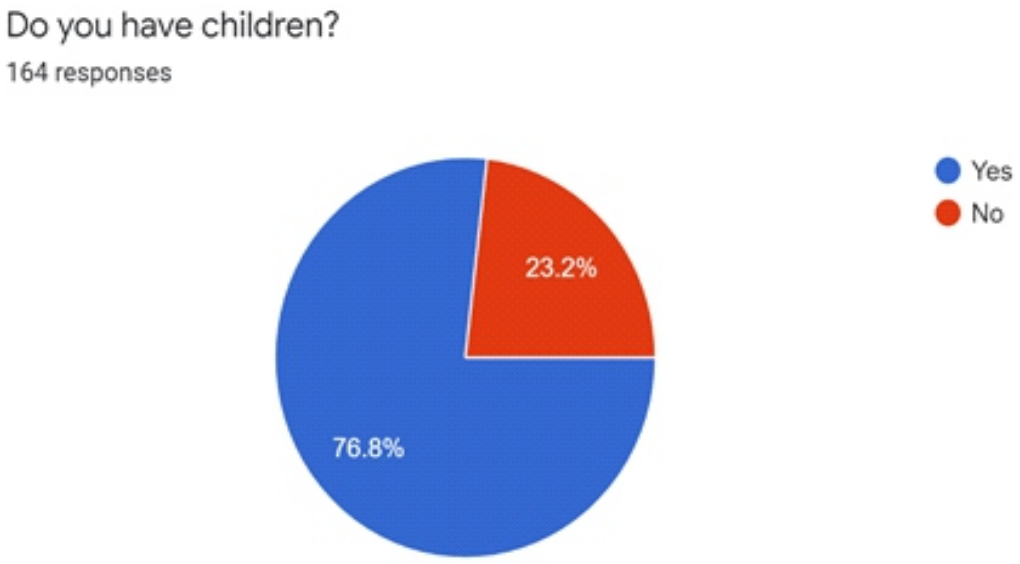


Figure 4b: Do you have children? (Online)



The knowledge of the coronavirus among respondents in both surveys is very high (98% telephone) and almost 100% in the online, although the degree of knowledge varied significantly among the online respondents with rate of knowledge being higher among 62.6% of the respondents.

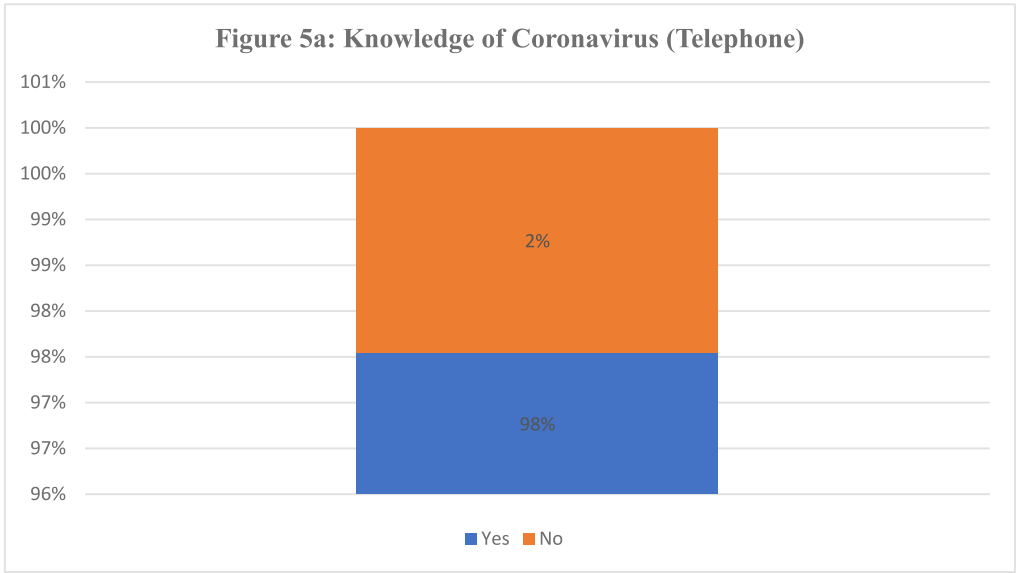
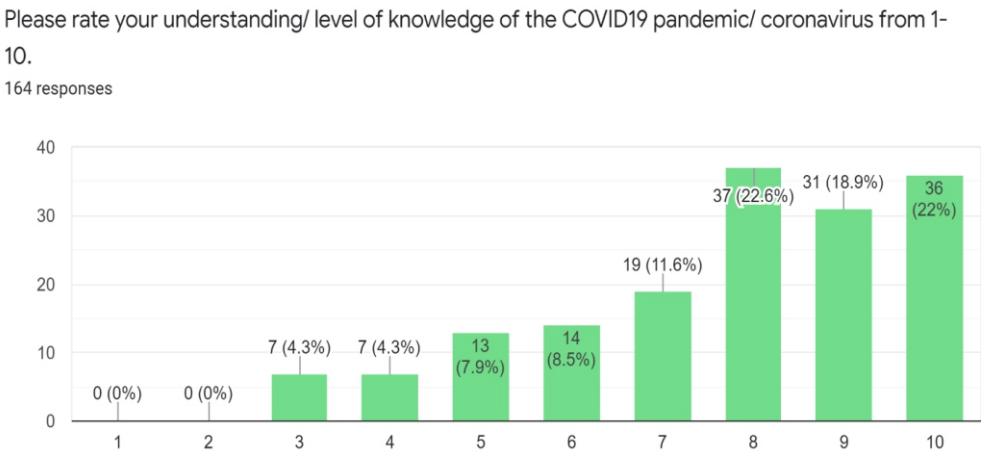
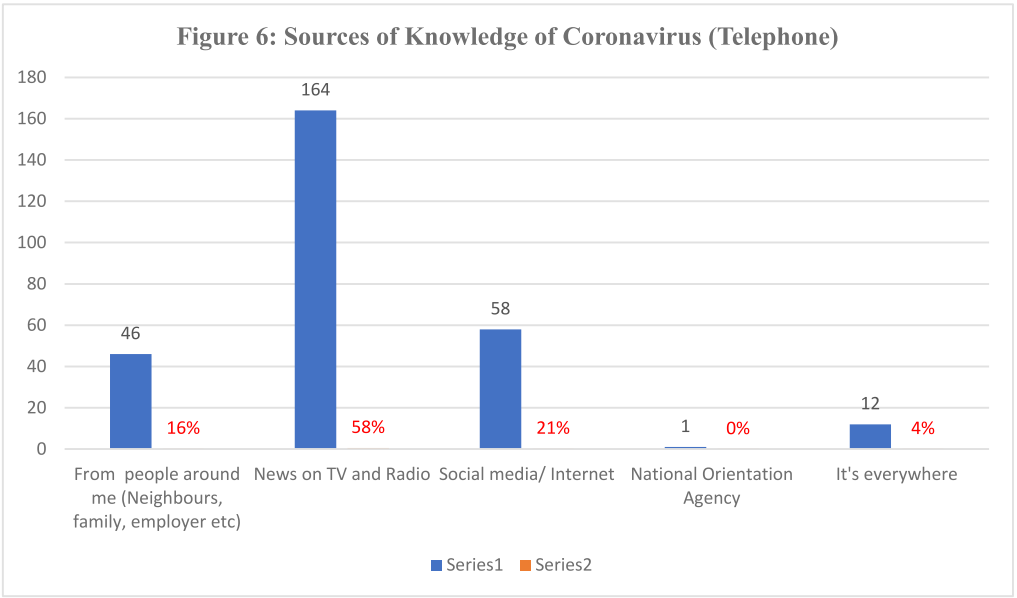


Figure 5b: Knowledge of Coronavirus (Online)



The knowledge of the pandemic is acquired through various sources, with a cumulative 79% deriving their knowledge from news on TV, radio, and social media including state institutions such as the National Orientation Agency (NOA) (see Figure 6).



Discussion on the Impact of COVID-19 on Mental Health and Social Well-Being of Women

Part of the response measures by both the federal and state governments in Nigeria to curtail the spread of COVID-19 was the introduction of lockdowns, which entailed restriction of movements, shutting down of public and private offices, state institutions and establishments, closure of schools and restrictions of large gatherings of people including markets and places of worship. This had implications for movements and social interactions.

Parts of the implications is that while some respondents reported being "in mandated quarantine", others were in "self-isolation", practicing social distancing and only coming in contact with other people at work (see Figure 7a). A further implication of the lockdowns and restrictions is that a cumulative 81.7% of the respondents either "rarely" went out of their homes or only went out "two to four times a week" with only 18.3% going out "regularly" (that is, more than 5 times a week) (see Figure 7b).

Figure 7a: Implications of Lockdown

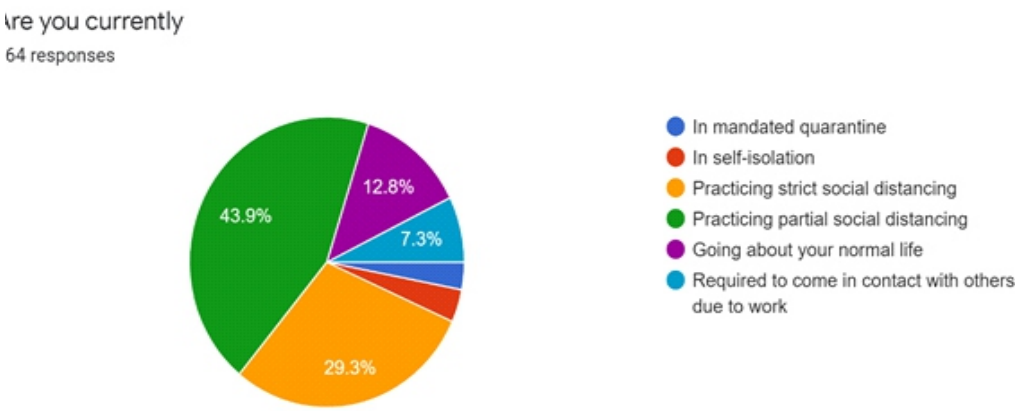
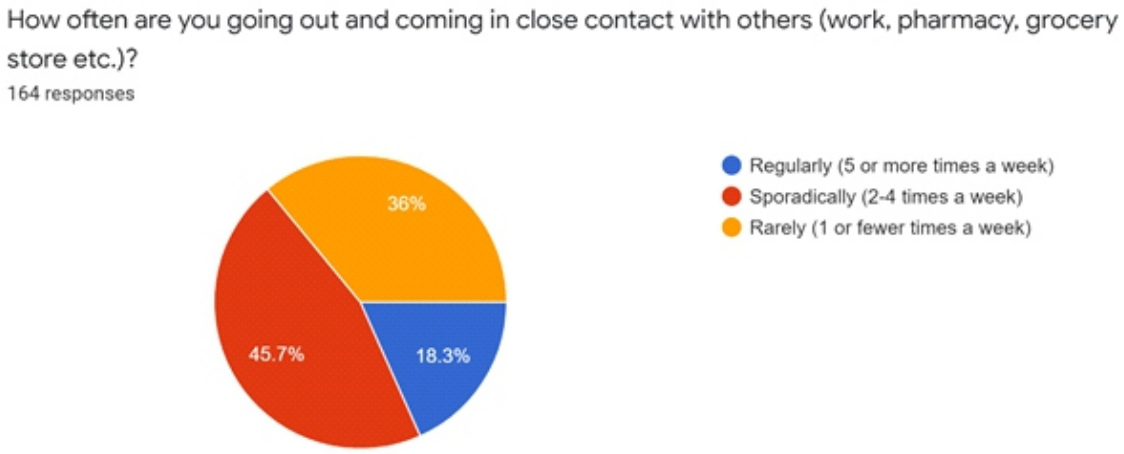


Figure 7b: Lockdown and Restrictions of Movements



Outcomes of the key informant interviews support the above information. While a respondent informed that "as a nursing mother, I only went out of my house during my daughter's immunization. Otherwise, I had no reason to go out of my house[20]", another respondent in Jos, Plateau State reported that she "was completely locked down with no means of interacting physically with friends and loved ones[21]."

Impact on Mental Health

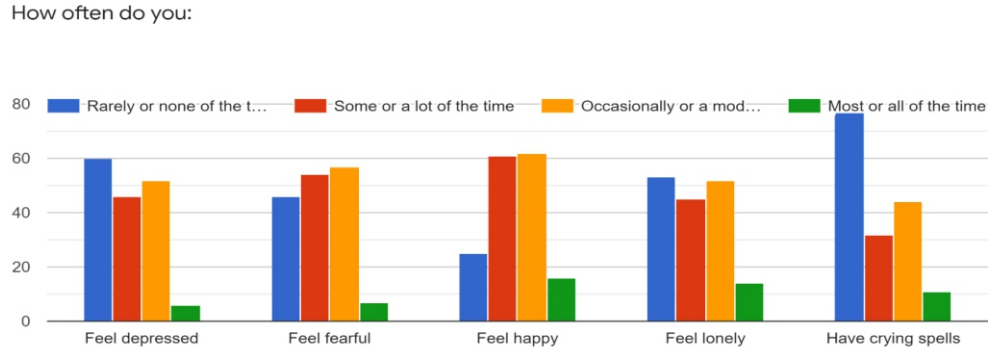
Mental health, within the context of this study, refers to people's emotional, psychological, and social well-being. It includes how people think, feel, and act, which has implications for how they handle stress, relate to others, and make choices, especially in crisis. Mental health also refers to the level of psychological well-being or an absence of mental illness. It is the state of someone who is "functioning at a satisfactory level of emotional and behavioral adjustment" (WHO, 2001).

[20] Interview with Kemi Okeyendo, Executive Director, Partners West Africa Nigeria
[21] Interview with Nkechinyere Ogbonnaya, a housewife, resident in Jos, Plateau St

The extent to which COVID-19 pandemic and state responses to the pandemic has impacted on mental health of the people, especially women, children and other vulnerable groups such as people living with disabilities (PWDs) and internally displaced persons (IDPs) has attracted varied responses. For instance, a respondent noted that "while there are no statistical data to ascertain whether there has been an increase in mental health challenges during the COVID-19 or otherwise, there is no doubt that both the outbreak of the pandemic and state responses have created mental stress to people in different ways and at different levels. Increase in stress impacts on mental health because it lowers the immune capability[22]." This was also highlighted by another respondent who noted that the outbreak of the pandemic and the resultant lockdown and restriction of movements have occasioned increased domestic pressure for women, especially single mothers[23]."

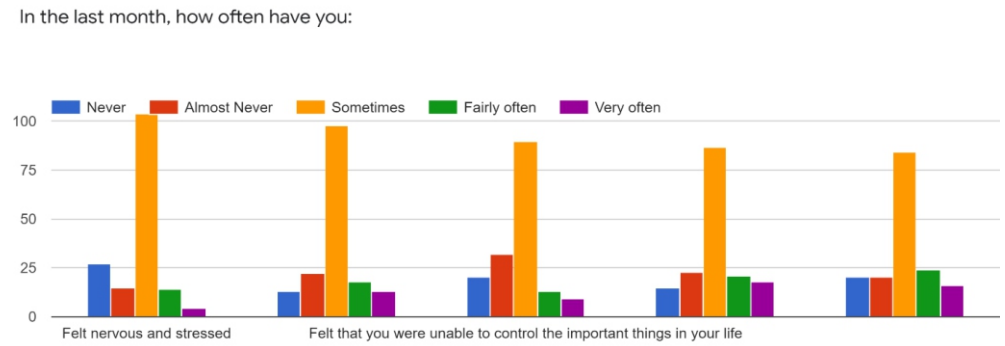
The assertions align perfectly with responses from the online survey, which showed that COVID-19 has had significant impact on the mental health of respondents. For instance, while some respondents reported of having feelings of depression, fear, unhappiness, loneliness, or "having crying spells" (see Figure 8a) others said that in the first one month of the lockdown and restrictions, they sometimes felt "nervous and stressed" and also had the feeling that they "were unable to control the important things" in their lives (see Figure 8b).

Figure 8a: Respondents' Feelings During the Lockdown and estrictions of Movements



[22] Interview with Dr. Olusola Ephraim-Oluwanuga, Head, Department of Psychiatry, National Hospital, Abuja.
[23] Interview with Dr. Plangsat Bitrus Dayil, Director/Coordinator, Centre for Gender and Women Studies, University of Jos.

Figure 8b: Respondents' Feelings within the First Month of the Lockdown and Restrictions



The negative impact of COVID-19 on mental health and social well-being of women was much more evident by the feelings, for several days and nearly every day of the lockdown, of anxiety, worry over different things, easily angered and irritated and "fear as if something awful might happen" (see Figure 9a) as well as feelings of being upset. In Figure 9b, a cumulative 90.2% of the respondents felt "a little bit", "moderately", "quite a bit", and "extremely" upset when reminded of COVID-19. In Figure 9c, respondents said they lost interest in activities they used to enjoy. They also had "trouble experiencing positive feelings."

Figure 9b: Respondents' Feelings when Reminded of COVID-19

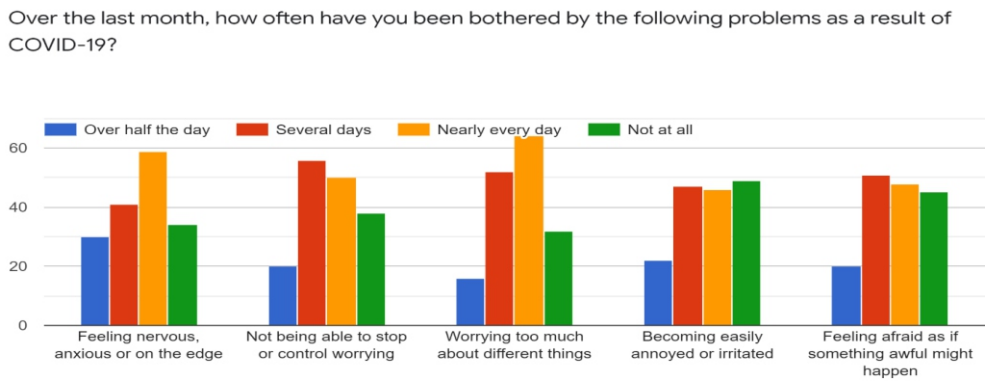


Figure 9b: Respondents' Feelings when Reminded of COVID-19

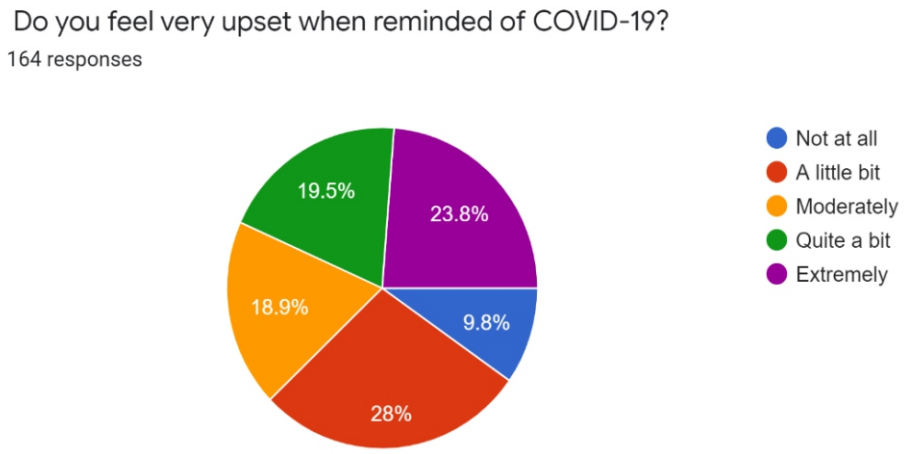
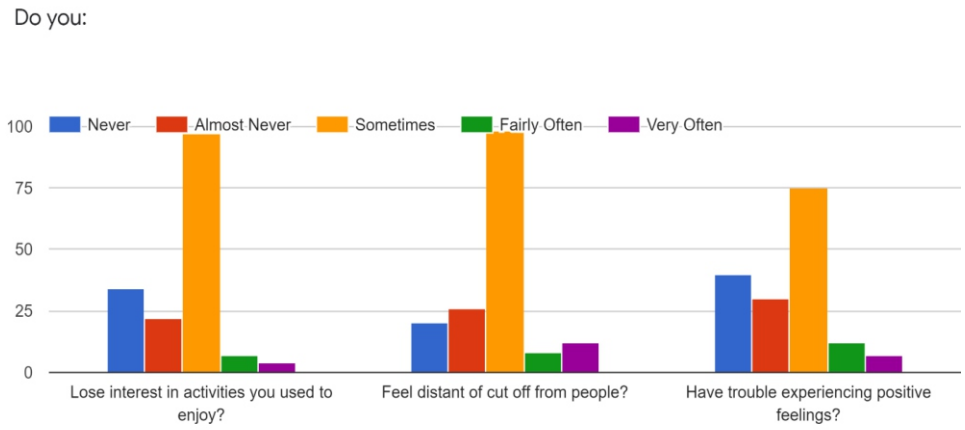


Figure 9c: Respondents' Emotional Experiences during the Lockdown and Restrictions

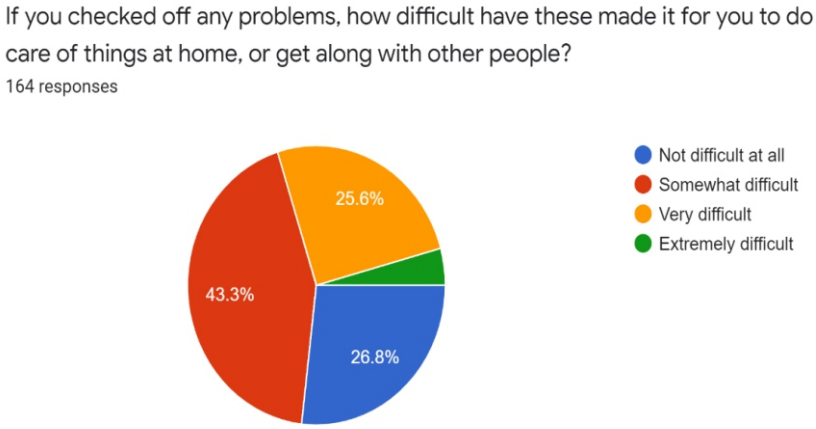


Responses from the telephone and online surveys were similar to those from the KIIs. For instance, a respondent from Kano informed that at the beginning of the lockdowns and restrictions of movement, she "felt optimistic" that the spread of the virus would be contained but after the first two weeks of lockdown, she "felt agitated, despondent and fatigued" given the challenges the restrictions posed to her ability "to manage and deliver on her official engagements, family issues and dwindling finances." She further noted that the

negative turn in the dimension of the outbreak in Kano State added to her "fear and pressure that had a significant toll on my mental health[24]." Similarly, another respondent in Bauchi State informed that she was "terribly depressed, panicked with fear of lack of food and necessary household utilities, and felt lonely because I did not have access to my family members. Irregular supply of electricity and too much negative information on how the virus was spreading led to the buildup in my depression that resulted in my loss of weight[25]."

On whether the lockdown and restrictions made it difficult or possible for them to do their work, a cumulative 73.2% of the respondent said the COVID-19 situation has made it "somewhat difficult", "very difficult" and "extremely difficult" for them to do their job (see Figure 10).

Figure 10: Respondents' Difficulties due to COVID-19 Lockdown and Restrictions



These responses were corroborated by those from KIIs. For instance, one respondent said she "felt lazy, idling away and unable to do anything including taking a walk around my estate[26]." Another respondent said she "felt confused and weak and could not do anything meaningful[27]." These feelings generally impacted on

[24] Interview with Hajiah Saudatu Mahdi, Administrative and Programme Head of Women's Rights Advancement & Protection Alternative (WRAPA).
[25] Interview with Comfort Attah of Ash Foundation, Bauchi
[26] Interview with Lucy Irem a mother and self-employed business manager, resident in Jabi, Abuja.
[27] Interview with Christina Ukpai, self-employed business manager, resident in Port Harcourt.

productivity of most respondents. However, one respondent stated that despite the fear and feelings of despondency, she was able to collaborate with other Civil Society groups within Bauchi State, the Police and Chairman of her Local Government to establish "Safety Community and Peace Observers" through which they provided palliatives, sensitized communities on personal hygiene and monitored cases of sexual and gender-based violence in the area[28].

The feelings occasioned by the lockdown and restrictions were heightened by some other issues that were also related to both the outbreak of the COVID-19 pandemic and state responses to manage the spread. These include increased job losses, income decline and total dislocation of economies and livelihoods. In Nigeria, for instance, the maiden report of COVID-19 impact

monitoring survey recently released by the National Bureau of Statistics (NBS) indicated that the impact of COVID-19 pandemic on employment and income of Nigerians have been widespread. Details provided by Nigeria Bureau of Statistics (NBS, 2020) showed that Nigerians working in almost all the sectors were affected by the COVID-19 pandemic. In specific terms, for instance, the report noted that out of the 1,950 households surveyed on a nationally representative sample, 42% of the respondents who were working before the outbreak were no longer working the week preceding the interview for reasons related to COVID-19. Further breakdown showed that the poorest households (from the lowest consumption quintile) reported the highest share of Nigerians who stopped working (45%), while 35% of the wealthiest households were equally affected. Also, a high rate of households reported income losses since mid-March 2020, as 79% of households reported that their total income decreased. Basically, while income from all sources were affected, the rate

[28] Interview with Comfort Attah of Ash Foundation, Bau

was highest for income from non-farm family businesses (85%) compared to household farming, livestock or fishing (73%) and wage employment (58%) (see Adesoji, 2020). The general impact of job losses, income decline and total dislocation of economies and livelihoods as reported by the NBS on the mental health of the people may have been exacerbated by the assertion of the Vice President Yemi Osinbajo-led Committee on Economic Sustainability Plan that 39.4m Nigerians may lose jobs to COVID-19. The Committee also informed that the pandemic has cut N185b from monthly earnings of Nigerians (Daka, 2020).

Another issue that may have heightened the feelings occasioned by the lockdown and restrictions was the increasing rate of sexual and gender-based violence, especially rape[29]. A respondent noted that she was devasted "by the news of rising cases of sexual and gender-based violence during the lockdown but more because I could not do anything to help out the victims due to restrictions in movement[30]." Nigeria's IGP Mohammed Adamu, indicated that a total of 717 rape cases were reported nationwide between January and May 2020 (Punch, 2020). The report of the IGP aligned perfectly well with the fears expressed by the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) and the United Nations Development Programme (UNDP) over rising cases of sexual and gender-based violence during the lockdown (see Punch, 2020; UNDP, 2020). For instance, the UNDP noted that "the COVID-19 outbreak has intensified domestic and gender-based violence (GBV) globally. The number is likely to increase as security, health, and money worries heighten tensions and strains and are accentuated by cramped and confined living conditions." Thus, the figure provided by the IGP may not have been comprehensive enough. For instance, in Bauchi State

[29] The economic impacts of COVID-19 on women and the challenges of rising gender and sexual-based violence during the period of COVI-19 have been discussed in detail in two different chapters of this report.

[30] Interview with Hajiah Saudatu Mahdi, Administrative and Programme Head of Women's Rights Advancement & Protection Alternative (WRAPA).

alone, the Ash Foundation reported that between March and June, 108 cases of rape were reported to the organisation out of which 58 are currently being handled in collaboration with the police and a legal firm[31].

Most fundamentally, women's mental health and social well-being were also impacted by factors such as increased responsibilities at home during the lockdown and restrictions. For instance, because children were at home due to closure of schools, mothers combined their routine chores with doing office work at home and attending to the needs of husbands and children including taking school lessons for their children. While one respondent reported; "like most mothers whose children are at home from school, I have become an emergency teacher[32]," another cited "challenges of parenting with all children at home" as some of the things that made it difficult for her to even work from home[33]."

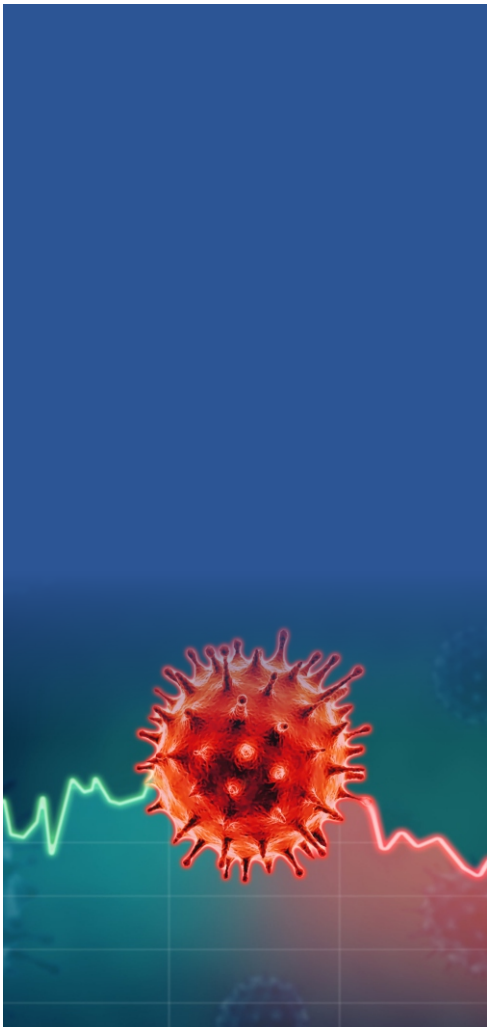
The findings from both the surveys and interviews on the impact of COVID-19 on the mental health of women and the general population align with the findings of similar researches around the world. For instance, one study projected that as the pandemic wears on, it is likely that the mental health burden will increase as measures taken to slow the spread of the virus, such as social distancing, business and school closures, lead to greater isolation and potential financial distress. Though necessary to prevent loss of life due to COVID-19, these public health measures expose many people to experiencing situations that are linked to poor mental health outcomes.

Additionally, feelings of anxiety are increasingly common, as people are fearful of themselves or loved ones falling ill and are uncertain of the repercussions of the pandemic" (Achenbach, 2020). Similarly, another study, which linked social isolation and loneliness to poor mental health, noted that the new realities of working from home, temporary

[31] Interview with Comfort Attah of Ash Foundation, Bauchi
[32] Interview with Kemi Okeyendo, Executive Director, Partners West Africa Nig
[33] Interview with Comfort Attah of Ash Foundation,

unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues take time to get used to. Adapting to lifestyle changes such as these and managing the fear of contracting the virus and worry about people close to us who are particularly vulnerable, could be challenging socially and mentally.

The foregoing confirms that the outbreak of COVID-19 and public health measures by the state to contain the spread, namely lockdown, social distancing and general restrictions of movement, have had implications for the mental health and social well-being of people, especially women and other vulnerable groups in society such as children and mostly the girl-child (WHO, 2020). Specifically, for women and girls, some other studies have noted that the outbreak of the virus has increased girls' and young women's duties caring for elderly and ill family members, as well as for siblings who are out of school. It also showed that girls, especially those from marginalised communities and with disabilities are particularly affected with increased tendencies for exploitation and teenage pregnancies (Albrectsen and Giannini, 2020).



Impact on Social Well-Being

1. Education

A fundamental impact of COVID-19 on social well-being, especially for the girl-child and adolescent girls, is the closure of schools. Across the world, studies show how COVID-19 has exposed huge inequalities in global education. Reports have indicated that due to the ongoing COVID-19 pandemic, 1.2 billion children are physically out of school across the world and that in both the developed and developing countries, including Nigeria, schools have been more than just places of learning; policy designs have molded them into safety nets for children. However, the present pandemic has torn those structures apart and revealed gaping inequities. With the need to maintain physical distancing, schools are shut in 146 countries, which means that for many children, this vital safety net has disappeared (see Sharma, 2020; UNESCO, 2020).

On March 19, 2020, a circular[34] from Nigeria's Federal Ministry of Education granted an approval for the closure of all public and private schools, across the country, with effect from Monday 23 March 2020, to prevent the spread of COVID-19. The closure, is according to the Education in Emergency Working Group (EiEWG) (2020), affecting close to 46 million students throughout the country, 4.2 million of which are the most vulnerable groups of children living in Borno, Adamawa and Yobe (BAY) States. Moreover, as COVID-19 pandemic is revolutionizing digital and online education globally, kids in rural and underserved communities in Nigeria are being left behind as they are not equipped to adapt or transit to the new methods of learning (see Amorighoye, 2020).

Some studies are projecting a very bleak future for the girl-

[34] Available at https://drive.google.com/file/d/1fD3kjB_NRrOOR0edqCQUYAF_MRp92C/view

child. Darso (2020) for instance, has noted that in post-COVID-19 pandemic, statistics will show an increased number of school dropouts by adolescent girls due to forced marriages and teenage pregnancies. More worrisome is the fact that given the economic difficulties wrought by COVID-19, many girls will be unable to go back to school again. This projection is expected to complicate an already precarious situation in Nigeria where a UNICEF report indicated that 10.5 million of children aged 5-14 years are out of school, only 61% of 6 to 11-year-olds regularly attend primary school, while some states in the northeast and northwest have more than half of the girls not enrolled in schools as marginalisation ensures that girls are deprived of basic education[35].

2. Housing, Health, and Internal Displacement

In Nigeria, places with high levels of internal displacement such as the northeast and the northwest regions lack the capacity to cope with the pandemic. According to WHO (2020), there are approximately 2 million internally displaced persons (IDPs) in the BAY states with nearly 475,000 people in highly congested camps/sites. All these heighten the threat of COVID-19 in those areas[36].

The spread of COVID-19 in displacement and IDP camps located in conflict or disaster-affected area in Nigeria, is increasing with health risks for IDPs. This is especially the case in IDP camps with limited spaces and in emergency shelters or informal settlements. Thus, poor housing conditions are causing increased vulnerability of IDPs to COVID-19 (Refugee International, 2020). The absence of economic opportunities make it almost

[35] See https://www.unicef.org/nigeria/education

[36] Available at https://www.who.int/health-cluster/news-and-events/news/Nigeria-multi-sector-covid-19/en/

impossible for IDPs to access healthcare and buy protection, such as face masks or alcohol-based hand sanitizers, while their poor housing conditions mean they may not be able to self-isolate, implement social-distancing or even access water and sanitation to follow instructions from health authorities (Dillon, 2020). With IDPs already at higher risk of anxiety, depression and other forms of distress (see Cazabat, 2019), lockdown measures are having further impact on their mental health.

Another fallout of the outbreak of the COVID-19 pandemic is access to health, especially by women. There are two dimensions to this. The first is that the outbreak resulted in the deliberate refusal of people generally to go to hospitals for medical examination or treatment due to the fear of contacting the virus. This was confirmed by mostly all the respondents during the KIIs including mental health experts. For instance, while one respondent informed during an interview that "people are avoiding hospitals because of COVID-19[37]," another noted that she was afraid to go anywhere including hospitals because I had the fear that the virus was everywhere[38]."

The second dimension to this was that there were instances where hospitals refused to admit or attend to patients including women and those on antenatal care, except on cases of emergency either because the hospitals were full and had no bed spaces for new patients or because they did not want the hospitals be infected by the virus. In Zamfara State, for instance, Advocacy Nigeria reported that in Yerima Bakura Specialist Hospital, Faida General Hospital and the Federal Medical Centre, all in Gusau, refused to allow outward patients access to the hospitals including pregnant women and children[39].

[36] Available at https://www.who.int/health-cluster/news-and-events/news/Nigeria-multi-sector-covid-19/en/
[37] Interview with Dr. Olusola Ephraim Oluwanuga, Head, Department of Psychiatry, National Hospital
[38] Interview with Comfort Attah of Ash Foundation, Bauchi.
[39] Interview with Rabiu Sambo, State Focal Person, Advocacy Nigeria, Gusau, Zamfara St

Key Findings

1. The outbreak of the COVID-19 pandemic and public health measures adopted by the governments at all levels including lockdown, restrictions of movements, social distancing, closure of public spaces and institutions occasioned significant social and mental stress that have had significant impact on the mental health and social well-being of women and other vulnerable groups in Nigeria.

2. Key drivers of the mental health and social well-being impact include increase domestic stress, fear of uncertainties about the future, income decline due to job and business losses, loneliness, and reports of increase in sexual and gender-based violence.

3. The spread of COVID-19 in highly congested displacement and IDP camps is occasioning increased health risks for IDPs. This has been complicated by lack of access to healthcare and personal protection, such as face masks or alcohol-based hand sanitizers. Their poor housing conditions predispose them to increased vulnerability to COVID-19 because they are not able to self-isolate, implement social-distancing or even access water and sanitation.

4. The closure of schools has negative implications for the education of children, especially the adolescent girls. As some other studies have noted, in post-COVID-19 pandemic, statistics may show an increased number of school dropouts by adolescent girls due to forced marriages and teenage pregnancies.

5. There is the evident absence of gendered-policy frameworks in state responses to COVID-19 at all levels of government. This may

have been informed by the absence of synergy between thematic and sector-based experts and low level of advocacy and engagement with policy actors and state agencies by women interest groups in response to state policy measures in the management of the spread of the virus.

Recommendations

1. Governments at all levels should develop gendered-policy framework in the state responses to COVID-19. State actors and policymakers need to incorporate a gender analysis into the development of COVID-19 policies and as the pandemic unfolds, there is urgent need for sex-disaggregated data to fully understand how women, girls, IPDs and people with disabilities are affected by the virus. Understanding the impact of lockdowns on women and girls could lead to the development and implementation of other effective policy measures and influence programming.

2. Governments at all levels including the private sector stakeholders should take practical steps to mitigate the effects of school closures on girls and their families by ensuring education continues. On the other hand, schools should be supported to prevent and control the spread of COVID-19, with attention paid to protecting students and staff from discrimination and stigma associated with infection. Most importantly, governments at all levels must ensure that education response plans are gender responsive and reflect the lived realities of girls, people with disabilities and other marginalised groups.

3. Governments at all levels should ensure that the spread of COVID-19 in displacement camps and IDP settlements where health facilities are insufficient must be given as a priority response by ensuring

improved access to water, sanitation, and hygiene (WASH) facilities for the IDPs including the distribution of essential personal hygiene items including soap and disposable towels, particularly for vulnerable populations, such as women and girls. As a short-term measure, governments at all levels should prioritize the decongestion, isolation, and quarantine of IDP camps by building isolation and quarantine capacities in camps and camp-like settings. Services such as food distribution and education in camps should be restructured to avoid large gatherings.

4. Civil Society Organisations (CSOs), especially women interest and gender-based groups should lead intensive and extensive high level advocacy and engagement with state agencies for a synergy between thematic and sector-based experts in state responses and policy measures in the management of the spread of the virus including providing psychosocial support for women who have been impacted negatively by public health response measure such as the lockdown.

5. Women interest and gender-based groups should create nationwide awareness on the impact of COVID 19 pandemic on vulnerable women with a view to holding strategic stakeholders who have a mandate to alleviate the negative impacts accountable.

5

CONCLUSION

As this report has demonstrated, the outbreak of the COVID-19 pandemic and the attendant public health measures adopted by governments at all levels including lockdown, restrictions of movements, closure of the public space and institutions has had variegated impacts on women, girls, among other vulnerable members of the Nigerian society. Some of these impacts, as this study has found, include increased stress, worries, and concerns that have had significant impact on the mental health and social well-being of women, children, and other vulnerable groups; job losses, income decline, and increase in sexual and gender-based violence.

The consequences of these impacts will be wide scale, longstanding, and likely generational. Thus, response, recovery planning, and programming must ensure that those most impacted by COVID-19 are not forgotten. For instance, the intersections of violence on women and girls intersect in many ways and the constant evolving of new trends in the sexual and gender-based violence they are experiencing necessitates that there is investment in feminist

informed evidence-based programming which will provide a contextual analysis of these experiences. Additionally, this will enable a deeper understanding and feminist analysis of sexual and gender-based violence whilst contributing to further knowledge production and evidence-generation. Finally, it is important to collaborate across movements to deepen intersectional approaches to fight for the rights of the girl child to be a woman, and for the woman to be recognised as human with ambition, opportunities, and the desire to live life on her terms without the fear of violence.

The development of gendered-policy framework in the state responses to COVID-19 and the creation of sex-disaggregated data to fully understand how women, girls, IPDs and people with disabilities are affected by the virus will result in the development and implementation of effective response measures that will address the impact of the outbreak and public health measures by the state on women and other vulnerable groups in Nigeria.

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