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# COVID-19 in Nigeria: UN Key Recommendations on Gender

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This brief was prepared by the UN Gender Theme Group  
and the UN Communications Group, representing all  
resident UN entities in Nigeria



This guidance provides recommendations on gender issues and how they should be mainstreamed in the response to the COVID-19 pandemic and its impacts in Nigeria. The messages below are developed by the UN Gender Theme Group and the UN Communications Group, representing all UN agencies and entities in Nigeria. They articulate key actions that need to be taken to integrate gender into the COVID-19 response to reduce its impact on existing gender inequality in Nigeria.

*Following the call from the United Nations Secretary-General, António Guterres, the United Nations in Nigeria urges all agencies, partners and governments to make preventing and addressing women and girls' specific needs a priority and a key part of their national response plans for COVID-19.*

*Cover photo: Internally displaced woman at a safe space built and managed by local civil society organization Jireh Doo Foundation, with funding from the Nigeria Humanitarian Fund. There she can meet other women and girls and talk freely, play games, learn new skills and receive support from specialized aid workers. Jireh Doo Foundation is providing capacity building on sewing caps and basic clothing, as well as making soap and detergents, for internally displaced women and girls. Photo: OCHA/Eve Sabbagh, March 2020, Dalori 2 IDP Camp, Maiduguri, Borno State*

# THE CURRENT SITUATION AND CHALLENGES

## Why Are Women More at Risk?

Disease outbreaks affect men, women, boys and girls differently, and this is also the case during the COVID-19 pandemic. Though the proportion of men who have contracted the virus is higher than that of women, vulnerable groups – including low-income households with women and children, marginalized communities, and persons with disabilities – are most affected by the lasting secondary impacts of the pandemic.

Women and children are disproportionately affected by COVID-19, as overstretched health-care services often divert resources away from critical health and social protection services for women and girls.

The pandemic in Nigeria has significantly increased the domestic roles women and girls play in caring for elderly and ailing family members.

The closure of schools and day-care centres also has a different impact on mothers or guardians, who have additional responsibilities minding children and ensuring a continued education. School closures will disproportionately affect girls and boys from the most disadvantaged backgrounds.

Women also play a major role in the health-care system in the prevention of and response to COVID-19. They are frontline health-care workers, community mobilizers, doctors, midwives, nurses, cleaners and laundry attendants, which increases their risk of contracting the virus.

Women and girls may be overburdened by unpaid work, including domestic tasks and childcare support, and therefore are less able to continue with educational activities. This exposes them to economic and sexual exploitation.



Girls kick out violence with Grassroot Soccer. Photo: UN Women

## A Jeopardized Future

During school closures, adolescent girls face increased risk of early and forced marriage and early pregnancy, jeopardizing their return to school.

When households are placed under strain, particularly during lockdown, sexual and gender-based violence – including intimate partner violence – is more likely to occur. This is already being seen in Nigeria during the current COVID-19 pandemic.

Women have less access to essential information related to human rights, personal safety, socio-economic support, and the provision of water and sanitation services, all of which are critical to protecting families and individuals, especially during a lockdown. Gender data and gender-responsive plans are likely to be left out during policy implementation processes, putting women and girls even more at risk.

## Further Challenges to Providing for their Families

Economic stress on families due to the outbreak may put children, and girls, at greater risk of exploitation, child labour and gender-based violence. COVID-19 prevention measures, such as school closure, movement restriction and quarantine should be accompanied by a tailored support package for vulnerable households and those with specific needs.

Economic challenges during the outbreak pose a serious threat to young women's work and business activities and expose them to increased risk of exploitation or abuse.

Girls and young women facing severe economic shocks are more likely to take on high-risk work for their economic survival. Responses to the outbreak must protect and support women's economic empowerment.

# ACTIONS AND RECOMMENDATIONS

In light of the above-mentioned challenges, the UN Gender Theme Group has identified key actions that United Nations agencies, government actors, civil society actors and other key partners can take to reduce the impact of the COVID-19 pandemic on women and girls in Nigeria.

## 1 Access to Health Care, Food Security and Nutrition

Women, adolescent girls and young children are at heightened risk of food insecurity and malnutrition, which may in turn increase their susceptibility to infectious diseases such as COVID-19.

### *Recommendations*

- Ensure women and survivors of sexual and gender-based violence (SGBV) have unfettered access to sexual and reproductive health services and are able to make informed choices about their reproductive health rights through information sharing and provision of sexual and reproductive health services.
- Develop information, communication and education materials – particularly for women, girls, men and boys – on basic hygiene practices, infection precautions, danger signs and how and where to seek related services.
- Scale up maternal health care services where possible, including the provision of phone/hotline support services.
- Be sure not to deprioritize or compromise access to health services during the outbreak response. They are essential life-saving services that need to be part of the critical response to this crisis.
- Ensure the principle of do no harm, and reduce protection risks in food distributions, monetary transfers and emergency agricultural support to vulnerable women and girls, including persons with specific needs. In this, it is paramount to consider safety and security measures related to SGBV.

## 2 Pregnant Women

Given that pregnant women are more likely to have contact with health services (for antenatal care and delivery), they experience greater exposure to possible infection in health facilities, which may discourage attendance.

### *Recommendation*

Promote quality sexual and reproductive health systems and services during the COVID-19 outbreak, including HIV prevention, antenatal and postnatal care, access to modern contraceptives, safe abortion and post-abortion care, and nutrition programmes.



*Duste Makaranta antenatal care clinic, rehabilitated by UNFPA.  
Photo: UNFPA/K.H.*

## 3 Addressing Weather, Water and Sanitation Vulnerabilities

Failure to sustain climate change mitigation efforts could lead to greater human life and economic loss during the COVID-19 pandemic. In addition, one of the most effective ways to slow down transmission of the new coronavirus is to wash or sanitize our hands. However, 55 per cent of the world's population does not have access to even basic handwashing facilities at home. Lack of access to clean water increases vulnerability to disease and ill-health. This is especially true for those living in extreme poverty in rural areas, as well as in informal urban settlements.

### Recommendations

- Coordinate and engage with partners, including UN agencies, international non-governmental organizations (NGOs) and national government authorities, to sustain action on Sustainable Development Goals 6 and 13 to strengthen the resilience of vulnerable households to weather, water and sanitation hazards during the COVID-19 pandemic.
- Coordinate and engage with partners, including UN agencies, international NGOs and national government authorities, to strengthen the knowledge of women in rural areas on safe water, sanitation and hygiene (WASH) practices to improve household resilience to COVID-19 infection.
- Ensure that SGBV services are mainstreamed in the WASH sector through dissemination of key SGBV messages and information on referral mechanisms during health and safety awareness and during the distribution of personal protective equipment kits.



UNICEF supported sensitization campaigns on hand washing and good hygiene for communities in Lagos State. Photo: UNICEF Nigeria, 2020, Ojo

- Strengthen community-based protection mechanisms (community leaders, women's support groups, community-based organizations) through provision of community engagement resource materials related to COVID-19 and WASH for continued awareness, especially in hard-to-reach locations.

## 4 Community Engagement for Effective Participation

The COVID-19 pandemic is a fast-changing situation, and access to some communities can quickly become limited due to restrictive measures or other access-related difficulties. To reduce the risk to communities and staff, there will need to be changes in the way we interact with the communities we support. People from within these communities, such as mothers, religious leaders, elders and volunteers, can play important roles in support of our COVID-19 response programmes.

### Recommendations

- Work with diverse community members of different ages and both sexes, as well as traditional and religious leaders, to adjust traditional practices in order to avoid the spread of COVID-19, and train those well placed to care for vulnerable women and children during the outbreak.
  - Ask communities what support they need for their own initiatives when thinking about how to support existing structures.
  - Ask communities what means of communication they prefer, what available technologies they are comfortable with, what languages they prefer, what engagement they can ensure, and what role they can and want to play. Communities are always the experts on their own lives and needs and will be better placed to advise on how to engage.
  - Ensure that there is space to listen to concerns, feedback, myths and rumours about COVID-19, as well as communicating information about the virus. Adapt your responses based on what you hear from communities, including correcting misinformation, changing the way you work, and closing the feedback loop.
- Correct misinformation in communities that may result in the stigmatization of certain groups or individuals.



*Aisha Issa, 40, has been trained as a hygiene promoter in this informal settlement where internally displaced persons from Mafa LGA have been living for more than three years. Photo: OCHA/Eve Sabbagh, March 2020, Golongolong, Maiduguri*



# 5 Addressing Sexual and Gender-based Violence

Quarantine measures imposed as a response to the COVID-19 pandemic are putting girls, young boys and women at heightened risk of violence in the home and cutting them off from essential protection services and social networks. Intimate partner violence may increase due to heightened tension in the household resulting from economic uncertainty and food insecurity. Stringent movement restrictions may prevent women from leaving their home at moments of violence or moving to places of refuge.

## Recommendations

- Coordinate and engage with partners, including UN agencies, international NGOs and national government authorities, for critical response measures in mitigating SGBV, in collaboration with community-based protection mechanisms.
- Strengthen coordination of and support to high-profile interventions such as the Spotlight Initiative to address violence against women in the context of the COVID-19 pandemic, and agree on key activities to be implemented immediately across the 36 states.
- Invest in capacity building of health workers to respond to SGBV, including providing mental health and psychosocial support to survivors of SGBV; adapting SGBV referral pathways and developing SGBV referral guidelines; and training government staff in facilitating sessions on topics related to mental health and psychosocial support.
- Innovate to ensure the continuity of safe and accessible SGBV prevention and response services for women, men, boys and girls, including the provision of hotline services and remote case management.
- Ensure the continuity of mainstreaming SGBV into health services, with increased awareness of protection against sexual exploitation and abuse and SGBV in relation to HIV/AIDs prevention and response.
- Provide access to vital information on sexual and reproductive health services and other services such as hotlines, crisis centres, shelters, legal aid and protection services.
- Strengthen community support systems through increasing awareness about SGBV service provision centres, the increased risk of violence against women during the pandemic, and the need to ensure follow-up and continued support for women at risk.
- Build the capacity of security personnel on SGBV prevention and response.
- Promote the use of virtual solutions for access to justice and other legal interventions by advocating for the use of mobile courts to

- ensure prosecution of SGBV cases and prevent impunity during the COVID-19 pandemic.
- Treat SGBV services as essential and lifesaving services that should remain operational during lockdown.
- Expand shelters' capacities to align with quarantine measures for SGBV survivors who test positive for COVID-19.
- Train law enforcement and health staff on appropriate response and referral mechanisms for SGBV prevention and response.
- Assess the risks in crowded places such as camps, make sure of women's engagement, and ensure coordination to mitigate SGBV risks.
- Develop and disseminate information, education and communication materials related to SGBV prevention and COVID-19.



*Rally staged in November 2017 to kick off the 16 Days of Activism against Gender-based Violence by the female wing of the National Association of Nigerian Students, to advocate for the passage of the Sexual Harassment in Tertiary Educational Institutions Prohibition Bill. Photo: UN Women*

## 6 Gender in Humanitarian Action

Humanitarian settings pose challenges for COVID-19 prevention and control. Access constraints, congestion in camps for internally displaced persons, and poor health and sanitation infrastructure are obstacles to disease prevention and treatment under the best of circumstances; when coupled with gender inequality, and in some cases insecurity, public health responses become immeasurably more complex.

### *Recommendations*

- Identify the different needs, capacities and voices of women, girls and all vulnerable persons, including marginalized groups in emergencies or high-risk locations, including through inclusive consultation.
- Conduct rapid gender assessments in the north-east to inform programming and targeting of the most vulnerable groups.
- Ensure the integration of gender and inclusion issues – highlighting the differences in needs and capacities – into emergency response policies, plans and processes, including gender-disaggregated data collection, assessments, profiles, delivery of assistance packages, capacity development efforts, and communication and advocacy messages, in close collaboration with women’s groups and marginalized groups.
- Prioritize the safety and dignity of affected populations and the principle of “do no harm”, with attention to the specific needs of women and girls. Provide personal protective equipment for humanitarian personnel to facilitate interaction with and support to people living in camp settings.
- Ensure meaningful participation and equal access to tailored COVID-19 prevention, testing and treatment services, as well as to all other essential aid services.
- Encourage all UN staff to complete the IASC Gender in Humanitarian Action e-training “Different Needs: Equal Opportunities”, and ensure familiarity with the *IASC Gender Handbook for Humanitarian Action*.
- Ensure that the IASC Gender with Age Marker is applied to all appeals and funding mechanisms.
- Strengthen the leadership and meaningful representation of women, girls and excluded groups in all decision-making processes related to emergency preparedness and response.
- Ensure dissemination of accessible information on preparedness and response, recognizing that women play a major role as conduits of information in their communities, and that they typically have less access to information than men, particularly in geographically remote areas.



Maimuna Umar (left) and Amina Abubakar (right) are both 16 years old. They met at this safe space created by local organization Jireh Doo Foundation with funding from the Nigeria Humanitarian Fund. Photo: OCHA/Eve Sabbagh, March 2020, Dalori 2 IDP Camp, Maiduguri, Borno State

- Put in place the necessary actions to protect women, girls and all persons from all forms of SGBV, including intimate partner violence, domestic violence, and sexual exploitation and abuse, in line with the UN Secretary-General's bulletin on special measures for protection from sexual exploitation and abuse (A/74/705).
- Stress the importance of the provision of psychosocial support services, including counselling sessions, through helplines or other modalities, to mitigate the impacts of social distancing and segregation, especially on children and female-headed households with additional vulnerabilities and care burdens.
- Prioritize access to sexual and reproductive health rights, including pre- and post-natal care, and efforts put in place to meet menstrual hygiene and contraceptive supply needs.
- Develop targeted women's economic empowerment strategies to mitigate the short- and long-term economic impact of emergencies, support recovery, and build resilience for the future.
- Ensure that monitoring and evaluation mechanisms are gender- and inclusion-responsive and capture the different needs of, and impacts for, women, girls and all persons in the humanitarian response.
- Develop targeted women's economic empowerment strategies to mitigate the impact of the COVID-19 outbreak and its associated measures, including supporting women to recover and build resilience for future shocks through cash-based interventions and other livelihood intervention programmes to enhance social protection.
- Ground sector plans for preparedness and response in strong gender analysis, taking into account gender roles and the differential impact on women, men, girls and boys. This includes ensuring that mitigation measures address risks related to SGBV.
- Disaggregate data by sex, age and disability, analyse to understand the gender differences in exposure and treatment, and design differential and preventive measures.

## 7 Women as Frontline Responders

Women make up 89 per cent of nurses in Nigeria and the majority of frontline health workers and caregivers. Frontline providers dealing with COVID-19 might experience stigmatization, isolation and social ostracization. Cultural factors may restrict women's access to information and services. Some women may be particularly affected, including female heads of households, older women living alone, and migrant women in an irregular situation. Isolation may lead to an increased risk of violence in the home.

### *Recommendations*

- Ensure that health managers or facility administrators have plans to address the safety of their health workers.
- Ensure the provision of psychosocial support, non-performance-based incentives, additional transport allowance and child-care support.
- Provide specific interventions for women caring for children and others in isolation and quarantine who may not be able to avoid close contact with others.
- Strengthen the capacity of female heads of households and mothers in early detection of symptoms suggestive of COVID-19 and referral.
- Ensure that information and communication on treatment, support and availability of services are culturally and gender sensitive in order to ensure access for women – with an emphasis on gender balance among medical personnel.
- Ensure that measures are in place to mitigate the risk of sexual and gender-based violence against women in quarantine facilities and isolation processes and procedures.
- Ensure that all staff and volunteers working on telephone helplines or providing services are trained on how to respond to reports of SGBV (especially intimate partner violence), with clear referral mechanisms to designated service providers or specialists.

## 8 Sexual and Gender Minorities, including LGBTQI People

This group may face additional challenges in accessing health-care systems due to stigma and discrimination, especially in contexts where they are criminalized. Older LGBTQI people are more likely to be isolated. Thus, programming must take into consideration the need to address bias among health-care workers to ensure LGBTQI persons' access to health services.



*The lives of members of the lesbian, gay, bisexual, transgender and intersex community are not always easy. Photo: UNAIDS, Lesotho 2019*

### Recommendations

- Include existing LGBTQI groups, communities and centres in engagement and outreach, as they have key roles in prevention efforts and supporting access to medical care.
- Ensure that measures are in place to mitigate the risk of sexual and gender-based violence in quarantine facilities and isolation processes and procedures.
- Ensure that targeted programming does not exacerbate potential stigmatization or discrimination due to gender, age, citizenship status, disability, sexual orientation and identity, and other factors.

## 9 Women with Disabilities

Some women with disabilities (physical and mental) may have specific communication needs, be at higher risk because of pre-existing conditions, and lose access to their regular support mechanisms.

### Recommendations

- Prioritize the continuity of services supporting women with disabilities, and scale up communication with the provision of phone/online support.
- Ensure as much as possible that assistive devices remain available.
- Offer multiple forms of accessible communication, such as text captioning or signed videos, for people who use assistive technology.
- Provide a tailored approach to meet individual needs, working with personal caregivers and community support networks.
- Respond to COVID-19 in a way that is inclusive for women and girls with special needs, especially support related to livelihood and self-reliance services during a lockdown. Ensure the availability of disability-friendly isolation centres.
- Intensify support and preventive measures in existing displaced people's camps for women with disabilities to increase access to basic needs such as food, water and critical gender-based items (sanitary pads), especially if they need to isolate.



16 Days of Activism against Gender-based Violence 2019.  
Photo: UN Women/Angela Muruli

# 10 Women's Participation

Women are taking up a central role in community and grass-roots decision making, but cultural contexts and societal roles dictate procedures for both men's and women's participation in outbreak preparedness. Without adequate representation of women at the local and national levels to advocate for gender mainstreaming and policy advancement, women will remain more adversely affected by outbreak impacts. Given the gender gap in literacy rates, women could be more vulnerable than men to rumours and misinformation and have limited access to correct information.

## *Recommendations*

- Encourage and improve women's representation in national and state COVID-19 policy spaces; the WHO Executive Board recognizes the need to include women in decision making for outbreak preparedness and response.
- Ensure access to information among women, as they play a key role in interfacing between family and communities.
- Empower women to play a key role in decision making, awareness raising and information sharing within their communities, and support those who act as first referents or first responders.
- Engage existing women's and youth rights networks to support connectivity and the vital flow of information. Strengthen communication channels by ensuring that women and men are reached with easily understood information about COVID-19 prevention and response.
- Ensure that all data and information gathering efforts from needs assessments shape monitoring and evaluation processes and include dedicated consultations with women and girls, women's groups and organizations, and women leaders from the community in a modality that is accessible, safe and culturally appropriate.
- Collect and refer to sex- and age-disaggregated data in the COVID-19 pandemic policy responses.
- Ensure the participation of women's civil society groups and the Ministry of Women Affairs in senior task teams and decision-making bodies that are mandated with shaping COVID-19 response plans in Nigeria.



# 11 Socio-economic Impacts

Many livelihood opportunities that women rely on will be at risk due to movement restrictions and government response strategies. This category includes daily wage earners; small business owners; those engaged in cleaning, caring, cashiering and catering work; those working in restaurants and bars; and those in the informal economy (e.g. market vendors and hawkers). Small-holder farmers (predominantly women) are likely to face challenges accessing markets due to travel restrictions, and food prices will rise accordingly.

## *Recommendations*

- Put in place targeted cash transfers for women who have lost income due to childcare responsibilities, children's grants, strengthened parental leave programmes, food vouchers targeting women-headed households, and in-kind assistance and other livelihood programmes targeting women in order to mitigate extreme poverty and the risks of child marriage, child labour, trafficking in persons, especially women and girls, and a consequent rise in SGBV.
- Promote approaches that address gender inequality and the provision of reproductive health rights, including the prevention of HIV/AIDS.
- Procure protective equipment from women-led and women-owned businesses.
- Limit the extent of possible lockdown measures that negatively impact street vendors and market women.
- Buy food and agricultural products from women's cooperatives and women farmers.

# 12 Men's Vulnerability to COVID-19

Gender equality must be at the heart of the COVID-19 response, system-strengthening support, and advocacy. As men are more vulnerable to COVID-19 itself, it is equally important to help them avoid negative coping mechanisms that would affect them and their families.

## Recommendations

- Conduct analysis on the higher rate of COVID-19 infections and the higher mortality rate among men.
- Ensure that health-related key messages reach men and boys to address gender-specific issues related to masculinity and behaviour change in prevention of COVID-19 infection.



COVID-19 sensitization with traditional leaders at Teachers Village Camp. Photo: IOM/Kazi Made, 24 March 2020

# 13 A Coordinated and United Response

Humanitarian and development actors must ensure effective, efficient and equitable responses to COVID-19 (including those that save lives).

## *Recommendations*

- Use findings from gender analyses when designing and implementing interventions.
- Provide information on COVID-19 in local languages and through locally available platforms.
- Ensure that diverse teams of gender-competent women and men are responsible for developing and implementing responses related to COVID-19.
- Work in collaboration with the federal and state governments to ensure that social protection (palliative) initiatives reach the most vulnerable (women-headed households and persons with disabilities).