



# INTERSECTIONAL GENDER ANALYSIS IN NORTHEAST NIGERIA

BORNO, ADAMAWA & YOBE (BAY) STATES

*EXECUTIVE SUMMARY*



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## **BORNO, ADAMAWA & YOBE (BAY) STATES**

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programming in emergencies (GEPIE) in Nigeria and other humanitarian operations.*

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**Gender Technical Team (GTT)**  
**Nigeria Humanitarian Operation**  
**Co-chaired by UN Women and OCHA**

## **EXECUTIVE SUMMARY**

### **INTRODUCTION AND BACKGROUND**

The protracted armed conflict in Nigeria's Northeast, particularly in Borno, Adamawa, and Yobe (BAY) states, has caused unprecedented humanitarian and protection crises in the region, forcing millions of women, men, and children into survival mode. Women and girls are disproportionately affected by the humanitarian situation in the northeast of Nigeria, according to statistics. 59% of the 8.4 million people in need of humanitarian assistance in the BAY states are female; 55% of the 2.2 million IDPs are female; and the same pattern holds true for returnees (54% female), host communities (52% female), and inaccessible populations (52% female). Multiple studies have confirmed that these gendered aspects of the conflict are deeply rooted in discriminatory and unequal social norms, gender inequality, and stereotypes.

There is thus a need to understand how humanitarian operations in the Northeast can provide gender responsive humanitarian assistance by taking into account intersectional dimensions and structural factors that prevent IDPs, refugees, returnees, and host communities from accessing humanitarian assistance and meaningfully participating in the operation. This intersectional gender analysis (IGA) was premised on the assumption that updated data is required to strengthen the integration of gender and social inclusion considerations into humanitarian operations in the Northeast. The IGA provides evidence to help identify target populations, tailor responses, and allocate resources where they are most needed.

### **THE PURPOSE**

The purpose of the IGA study was to understand the specific vulnerabilities, needs, capacities, and coping strategies of IDPs, refugees, returnees and host communities (women, girls, boys, and men) in the conflict-affected states of Borno, Yobe, and Adamawa in North East Nigeria; and to develop actionable recommendations for the various humanitarian response sectors.

### **METHODOLOGY**

The IGA study employed a mixed method approach and drew from a variety of primary and secondary data sources, including a desk review, surveys, focus group discussions (FGDs), and key informant interviews (KIIs). Primary data was collected from nine communities across the three states from December 12-17, 2022. The research team solicited and gathered information from 1,791 individuals, including 93 individuals with disabilities, across the three states. Purposively selected respondents included Government of Nigeria officials, United Nations (UN) agencies officials, INGOs, NGOs/CSOs, community leaders, traditional rulers, religious leaders, women and youth leaders, and people with disabilities (PWD). Kobo Collect was used to analyze quantitative data, while Nvivo was utilized for qualitative data analysis.

## **DATA LIMITATIONS**

Among other limitations, the research team could not conduct thorough investigations into the collection methodologies for the secondary data used for this IGA study and could not confirm reliability of the (secondary) data. To mitigate this, the IGA research team complemented and triangulated the data. Also, some study participants demonstrated low understanding of the interview and discussion questions. Hence, adaptation and harmonization of the data collection tools was ongoing throughout the entire primary data collection period. The purpose of the adaptation was to ensure that the questions from the KII and FGD guides suit the level of understanding and vocabulary of the respondents. Despite these limitations, the quality and validity of the data and the analyses was not affected.

## **KEY FINDINGS**

### **Gender Differences in terms of Needs and Interests**

Women and men identified several common needs and interests, but their priorities differed greatly. While access to food and nutrition, healthcare and reproductive health services, clothing, shelter, and security and protection were top priorities for women; men and boys prioritized livelihood opportunities, sources of income and capital to start or expand a business. Adolescent girls focused on the importance of education, vocational training, and computer literacy, believing that these will broaden their horizons.

### **Gender Risks and Vulnerabilities**

The most prevalent risk factors for violence against women, girls, and PWDs in the BAY states include trauma, depression, torture, emotional stress and mental breakdown, loss of means of support, contracting STDs, including HIV, and death; and suicide.

Men and boys were similarly reported as victims of violence, with negative outcomes including depression, trauma, disability, loss of income, torture, death, emotional stress and mental breakdown, the transmission of sexually transmitted diseases, and suicide.

In many communities, a lack of water and firewood necessitates that boys travel great distances to obtain these necessities, putting them at risk of abduction and forced recruitment by insurgent groups.

### **Gender-Based Violence**

The high prevalence of gender-based violence (GBV) against women and adolescent girls in conflict-affected northeast Nigeria exceeds the scope of the current response. This requires humanitarian actors to collaborate to provide medical, psychological, and legal support to survivors, as well as to strengthen preventive measures such as economic empowerment, access to education, and legal protection. In addition, it is crucial to ensure that insecurity does not impede access to services and that aid reaches all survivors and vulnerable populations in an equitable manner. GBV prevention should also be integrated into conflict prevention and peacebuilding efforts and should be a humanitarian priority.

### **Capacities and coping strategies**

Women and girls in the BAY states have few opportunities for skill acquisition outside of their neighborhoods, despite their ability to earn a living and interest in entrepreneurship. The lack of access to skill acquisition opportunities is a result of the region's insecurity. Furthermore, cultural norms and gender stereotypes make it difficult for women and girls to pursue education and entrepreneurship.

### **Gender roles and relations**

While the conflict in northeast Nigeria altered intra-household gender power dynamics, it increased the burden and vulnerability of women. Because of the increased burden on women, they are more vulnerable to economic and physical violence, sexual exploitation, and forced labor. Women are also disproportionately affected by a lack of access to healthcare and other resources. Many men in the BAY states have been forced to take on an increased share of domestic duties as a result of the crisis and its impact on livelihoods.

### **Access and control of resources**

Targeting women as the direct recipients of humanitarian aid in northeast Nigeria has allowed many women to gain control over family resources, especially food and non-food items. In addition, targeting women as recipients of humanitarian aid enables them to influence decision-making and gain access to previously inaccessible resources. Also, targeting women as recipients of humanitarian aid contributes to the dismantling of traditional gender roles, promoting equality and reducing gender-based violence in the region.

### **Barriers and causes of inequality and social exclusion**

Although governments in the BAY states have domesticated a number of laws, policies, and regulations to promote gender equality and equity, little progress has been made in addressing gender equality barriers in the three states, owing primarily to inadequate political will on the part of the Federal Government of Nigeria.

Patriarchal social structures, which restrict women and girls to housewife and child-bearing roles, contribute to the region's prevalence of socioeconomic inequality and inadequate livelihoods for women and girls. These constraints have resulted in higher rates of poverty and food insecurity, limiting women's and girls' access to basic rights and services.

### **Livelihoods**

The protracted conflict in Borno, Adamawa, and Yobe (BAY) states has severely disrupted livelihoods, exacerbating existing gender inequalities and negatively impacting the coping capabilities of women, girls, people with disabilities (PWDs), the elderly, and children. Women and girls are especially vulnerable to the conflict's negative effects because of their multiple roles in the family and community, such as providing food and shelter, as well as caring for children, the elderly, and the disabled. Women and girls have limited access to livelihoods opportunities, leaving them with little power to improve their economic and social circumstances.

### **Social cohesion and division**

The experience of displacement as a result of the conflict has had a profound impact on the lives of those affected. Displaced persons have faced a range of challenges, including limited access to basic services, a heightened sense of insecurity, and limited employment opportunities. This has placed a significant strain on relations between displaced persons and host communities, particularly in areas with a diverse ethnic and religious makeup. These tensions have been further exacerbated by competition for limited resources, including access to land, housing, and services.

### **Health**

Traditional norms and expectations around masculinity are promoting men's adoption of risky health seeking behaviours, including unwillingness to access health facilities, substance abuse, which makes the burden of the gender roles in the home to largely fall on the women.

Distance to facilities, inadequate service providers, limitation of number of patients to be attended to in a day, and unprofessional conduct of some health workers in the facilities were reported as the major barriers to accessing health services.

### **Education**

Although gender parity in basic education enrollment is improving in the BAY states, the gap between the input and output remains alarming, because more boys complete school than girls, despite the latter's higher level of enrollment. This disparity is largely due to a combination of factors, including a lack of female-friendly learning environments, GBV, and a lack of support for girls to stay in school. Furthermore, girls are frequently pulled out of school to help with household chores and are married off at a young age, contributing to low completion rates.

### **CONCLUSION**

In conclusion, we observed that the needs and interests indicated by different individuals and groups in the three states were informed by the impacts of the conflict. The conflict has greatly affected and changed gender roles and relations in the three states, with many women taking the role of heads of households. GBV including rape and intimate partner violence as well as child early and forced marriages have remained prevalent and are attributed to food insecurity and poor living conditions in informal settlements and host communities. Despite their income earning capacities and interest in entrepreneurship, women and girls have limited opportunities for skills acquisition outside of their neighborhoods. Breakdown of livelihoods and insecurity have resulted in an increase in negative coping mechanisms such as survival sex, and child marriage. Despite the adverse impacts of the conflict on women and girls, there are certain opportunities for women empowerment in the BAY states. Finally, constrained by time, space, resources, and the ongoing conflict in the BAY states, the study couldn't do justice to sectors such as Camp Coordination and Camp Management, Shelter, Early Recovery, Emergency Telecommunications, Water, Sanitation, and Hygiene (WASH), and Logistics. Thus, further work may consider focusing on deeper analysis to analyzing gender gaps and nuances in these other sectors.

## **RECOMMENDATIONS**

### **General Recommendations**

#### **Humanitarian Country Team**

- 1) Scale up gender responsive initiatives in critical sectors of food security, health, nutrition, protection, water, sanitation and hygiene, education and others to meet immediate needs of IDPs and returnees.
- 2) Continue to invest in assisting communities in understanding and dealing with changing gender power dynamics by engaging in open and honest dialogue about current gender realities. This can help to avoid potential backlash from increased women's voices and agency in the home.
- 3) Establish effective monitoring mechanisms to hold donors and Implementing partners accountable to apply more gender-responsive approaches that responds to sex, age and disability status differentiated needs and interests.

#### **Government**

- 1) Invest in effective coordination efforts especially in bringing different humanitarian actors together and collaborate to drive the transformation of certain harmful social and gender norms in the BAY states.

#### **Implementing Partners**

- 1) Ensure that all sector programs are designed based on a gender analysis and inclusion and periodic gender sensitive needs assessment is conducted to guide the design and implementation of all sector programs, particularly those that addresses need of displaced persons.
- 2) Continue to improve disability inclusion through carrying out outreach, making humanitarian services more accessible and building service provider capacity.
- 3) Identify male gender champions across the BAY states and create a programmes and activities to recruit, sensitize, train and mobilize them about the importance of gender equality and equity.
- 4) Design and implement programs that would foster greater sensitization around discriminatory social and gender norms.

#### **UN and Donor Agencies**

- 1) The Nigeria Humanitarian Fund (NHF) and other funding mechanisms should make it easier for emerging local Women CSOs to access funding and provide needed services in hard-to-reach communities by relaxing the stringent conditions for accessing humanitarian funding.
- 2) Invest in gender analysis, gender transformative research, gender risks assessment and establish effective gender sensitive monitoring mechanisms.
- 3) Invest in building the capacity of women-led CSOs to advocate for increased budgetary allocations and the release of funds to carry out gender-related programs and activities.



## **SECTOR SPECIFIC RECOMMENDATIONS**

### **Food Security**

#### ***UN and Donor Agencies (World Food Program and Food and Agricultural Organization and others)***

- 1) Work with other donors to develop and implement a comprehensive and effective operational plan to combat food insecurity in conflict-affected areas.
- 2) Continue to collaborate with government of Nigeria to ensure that more areas for farming and other livelihood activities are secured. This will make more farmlands available to returnees who are struggling to meet their food needs due to a severe scarcity of farmlands in returnee communities.
- 3) Invest more funds in training and empowering more women in agro-processing businesses such as poultry feed pellet, fish smoking oven, maize sheller, rice transplanter, fruit harvester, potatoes slicer, etc.

#### ***Government of Nigeria***

- 1) Work with various stakeholders to improve security concerns in hard-to-reach communities to facilitate delivery of food and nutrition assistance.
- 2) Invest in subsidized fertilizers and climate-resilient seedlings to increase food production.

#### ***Implementing Partners***

- 1) Partners should conduct periodic needs assessment to guide the design and implementation programs, particularly those that addresses food needs of displaced persons.

### **Sexual and Reproductive Health Rights (SRHR) and other Health Services**

#### ***UN and Donor Agencies (WHO, UNFPA and others)***

- 2) Invest more in strengthening local health system capacity, particularly at primary health care level, to ensure effective and quality service delivery and welcoming environment for care seekers.
- 3) Invest in the integration of psycho-social support (PSS) services to address needs of traumatized men and women.

#### ***Implementing Partners***

- 1) Collaborate with local CSOs, religious and traditional leaders to develop innovative approaches and spaces for safe dialogue around sexual and reproductive health issues, specifically targeting women/girls and boys/men.
- 2) Develop strategies to support and reach out to male children-survivors of sexual violence, ensuring that access healthcare services and perpetrators face justice.

#### ***Government of Nigeria***

- 1) Improve accountability and trust in state health systems by providing platforms where communities and health service providers can discuss barriers and needs related to sexual and reproductive health and other health services.

## **Education Sector**

### ***UN and Donor Agencies (UNICEF, Save the Children and others)***

- 2) Collaborate with WASH sector to provide and scale up gender-sensitive wash and sanitation facilities in schools.
- 3) Provide more funding for education in emergencies programmes and ensure that girls who dropped out are supported to return back to school.
- 4) Continue to invest in engaging more traditional and religious leaders in sensitization campaigns on the importance of girl-child education and the effects of child labor.

### ***Implementing Partners***

- 1) Support local CSOs to continue to advocate for more funding and attention to education in emergencies as a life-saving activity.

### ***Government of Nigeria***

- 2) Continue to collaborate with UNICEF to ensure that gendered barriers to girl child education are broken through community awareness programmes.

## **Protection Sector**

### ***UN and Donor Agencies (UNHCR)***

- 3) Provide more funds to support creation of more systems to address GBV concerns of girls and women as well as boys in host communities.
- 4) Continue to support women-led CSOs in their efforts to engage communities in the fight against child marriage and forced marriage.
- 5) Continue to invest in training security agencies including civilian JTF and vigilantes on GBV protection and response.

### ***Implementing Partners***

- 1) Continue to prioritize women, girls and PWDs' access to GBV services.
- 2) Implementing partners should design programmes that would leverage on existing community-based structures to build IDPs' capacity to respond to some protection risks at their level.
- 3) Support local CSOs to continue to advocate for the effective implementation of the Violence Against Persons Act, Child Protection Act and other related instruments.
- 4) Collaborate with both traditional and religious institutions to create more GBV awareness and response to mitigate risks and vulnerabilities.

### ***Government of Nigeria***

- 1) Provide more funds and ensure timely release of funds to facilitate effective implementation of the Violence Against Persons Prohibition (VAPP) Act, Child protection Act and other related instruments.

## **WATER, SANITATION AND HYGIENE (WASH)**

### ***UN and Donor Agencies (UNICEF)***

- 1) Invest more in the provision of more toilets and other WASH related facilities in host communities and informal settlements.

### ***Implementing Partners***

- 2) Advocate for more funding and attention to creating more WASH facilities in host communities.
- 3) Design programs to educate more IDPs and host communities on the importance of maintaining personal hygiene and sanitation.

### ***Government of Nigeria***

- 1) Intensify efforts at constructing more water points, and sanitation compartments and hygiene facilities in host communities.

### **Early Recovery**

#### ***UN and Donor Agencies (UNDP and others)***

- 2) Invest in training women in mediation, conflict resolution, and peacebuilding and ensure ongoing mentorship so they are able to put these skills into practice in their communities.
- 3) Collaborate with women's and youth groups to strengthen cooperative societies and create smooth channels for female entrepreneurs to secure funding for their businesses.
- 4) Work with women's and youth's organizations as a starting point for fostering social cohesion, tolerance, and peaceful coexistence in host communities and IDP informal settlements.
- 5) Invest more in promoting and ensuring social cohesion by building local capacity to prevent and mitigate discriminations against persons based on their gender, ethnicity, religion, and affiliations.

### ***Implementing Partners***

- 1) As many IDPs have background training in skill areas such as perfume and soap making, cap knitting, tailoring, farming, and welding, design and implement programmes that will upgrade skills the IDPs already acquired.
- 2) Implementing partners should support religious leaders to drive reintegration of people formerly affiliated with the insurgents. This can facilitate acceptance of this group of people and promote peace and harmony in communities. They can prevail on parents and community leaders and members not to discriminate against victims and returnees.

### ***Government of Nigeria***

- 1) Invest more in the "Humanitarian-Development-Peace Nexus" to promote development for all Nigerians, strengthen resilience in affected communities, and address the root causes of the country's humanitarian challenges.
- 2) Collaborate with traditional, community and religious institutions to foster social cohesion, tolerance, and peaceful coexistence in host communities.

## **IMPLEMENTATION OF RECOMMENDATIONS**

To ensure effective implementation of the recommendations, a collaborative or partnership approach should be adopted. This should also involve co-development and co-implementation of a GESI Action Plan that will allow tracking of progress in terms of GESI outcomes and issues. The plan should indicate the roles each partner agency should play, an estimated schedule for completing each component of the action plan and milestones to measure progress implementing the plan.