



INTERSECTIONAL GENDER ANALYSIS IN NORTHEAST NIGERIA

BORNO, ADAMAWA & YOBE (BAY) STATES

FULL REPORT



INTERSECTIONAL GENDER ANALYSIS IN NORTHEAST NIGERIA

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ACRONYMS

ANC	Antenatal Care
BAY	Borno, Adamawa and Yobe states
BH	Boko Haram
CEFM	Child Early Forced Marriage
CSOs	Civil Society Organizations
FP	Family Planning
FGD	Focus Group Discussion
GAM	Gender Analysis Matrix
GBV	Gender Based Violence
GBViE	Gender Based Violence in Emergencies
GEIA	Gender Equality and Intersectional Analysis
GEPIE	Gender Equality Programming in Emergencies
GIWPS	Georgetown University's Institute for Women, Peace & Security
GESI	Gender Equality and Social Inclusion
GTT	Gender Technical Team
HAF	Harvard Analytical Framework
HIV	Human Immunodeficiency Virus
HCT	Humanitarian Country Team
IASC	Inter-Agency Standing Committee
ICA	Intersectionality Context Analysis
IDPs	Internally-Displaced Persons
IDW	Internally-Displaced Women
IGA	Intersectional Gender Analysis
INGOs	International Non-Governmental Organizations
IOM	(United Nations) International Organization for Migration
JTF	Joint Task Force
KII	Key Informant Interview
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
NGOs	Non-Governmental Organizations
NHF	Nigeria Humanitarian Fund
NORCAP	Norwegian Capacity to international operations
NSAG	Non-State Armed Groups
OCHA	(United Nations) Office for the Coordination of Humanitarian Affairs
PSS	Psycho-Social Support
PWDs	Persons with Disabilities
SARC	Sexual Assault Referral Centre
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Diseases
ToR	Terms of Reference
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations Children’s Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAPP	Violence Against Persons Prohibited (Act of the Government of Nigeria)
WASH	Water Sanitation and Hygiene
WHO	(United Nations) World Health Organization

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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.

1.0 BACKGROUND AND CONTEXT

Nigeria's Northeast has continued humanitarian emergencies as a result of perennial insecurity that has manifested in different forms of violence - on a continuum of varied fragilities especial in the BAY states of Borno, Adamawa and Yola – which is characterized by gender dynamics that have increased the vulnerability of women and children particularly, the girl child in the region.

Gender is a major dynamic of violent conflict across the globe – as unequal power relations and gender-based violence are prevalent in fragile contexts and are associated with increased vulnerability of vulnerable groups such as women and girls, children, persons with disabilities (PWDs), young boys and the elderly – which translates to discrimination and systemic gendered biases especially against women and girls.

In the case of women and girls, gender, age, social status, religion, disability and position in the family are some of the major factors that influence the experience of discrimination by internally-displaced women (IDW) in internally-displaced persons (IDPs) camps and shelters¹. Generally, gender and other socio-demographic factors such as age, social status, position in the family, and gender norms and practices determine major power relations which intersect to increase vulnerabilities and determine the distribution of productive resources as well as access to means of livelihood for persons who have found themselves in conflict situations.

For instance, in 2021 Georgetown University's Institute for Women, Peace & Security (GIWPS) introduced an innovative application that constructs separate indices for forcibly displaced and non-displaced women in five Sub-Saharan countries: Ethiopia, Nigeria, Somalia, South Sudan, and Sudan; and results indicated a negative impact of displacement on women's inclusion, justice and security - as displaced women experienced an average disadvantage of about 24 % compared to host community women and faced greater economic marginalization and financial exclusion, and often felt less free to move about².

In Nigeria's northeast, IDPs face social exclusion, and particular groups of IDPs, such as women, children and people with disabilities are particularly vulnerable and can be victims of abuse by authorities³. The region's religious and cultural norms have defined women's status through reproduction and largely confined them to a domestic role (despite their actual participation in agricultural tasks)⁴ – with women and youth (both boys and girls) generally missing from the decision-making structures, both at the community level and in high-level institutionalized decision-making processes⁵.

Specifically, the humanitarian situation in Nigeria's northeast is extremely dire – especially in the northeast states of Borno, Adamawa and Yobe (BAY states) where it is predicted that some 8.4 million people will need humanitarian aid in 2022; and of these, 2.2 million are internally displaced; 1.5 million

¹ Agbonifo, J. U. (2020). The plight of IDP women: A gender and intersectional analysis of the experiences of internally displaced women in IDP camps Borno Nigeria.

² Klugman, J., Kelly, J., & Ortiz, E. (2022). The women, peace and security index: a new perspective on forced displacement. *Forced Migration Review*, (69), 75-78.

³ Birchall, J. (2019). Overview of social exclusion in Nigeria.

⁴ Imam, A., Biu, H., & Yahi, M. (2020). Women's informal peacebuilding in North East Nigeria. CMI Brief, 2020(09).

⁵ Unaegbu, L.N., Kimiri, P. & Agada, S. (2020). Rapid gender analysis: North East region, Nigeria. UN Women Nigeria, CARE Nigeria, & Oxfam in Nigeria.

are returnees who lack essential services and livelihoods; and 3.9 million are members of communities affected by their hosting of IDPs – which includes the majority (an estimated 733,000) of the 1 million people in areas currently inaccessible to international humanitarian actors⁶.

Statistical figures of Nigeria’s northeast humanitarian context indicate gendered patterns which affects women and girls more than men. For instance, of the 8.4 million people in need in the BAY states, 59% are female; and out of the 2.2 million IDPs, 55% are female – with the same pattern replicating with returnees (54% female), host communities (52% female) and inaccessible populations (52% female), respectively⁷. Several studies have affirmed that these gendered aspects of conflict are deeply entrenched in unequal and discriminatory social norms, gender inequality and stereotypes^{8,9} which highlight disconnects between socially-constructed roles and power relations and gender in emergencies – especially in patriarchal social contexts such as Nigeria’s northeast; where the region’s religious and cultural norms have defined women’s status through reproduction and largely confined them to a domestic role (despite their actual participation in agricultural tasks)¹⁰.

Several gender studies have been carried out in and around the BAY states¹¹¹²¹³¹⁴¹⁵¹⁶ However, there is a recurrent need to understand unique vulnerabilities, needs, capacities and coping strategies of IDPs, refugees and returnees (women, girls, boys and men) and host communities in the conflict-affected states of Borno, Yobe, and Adamawa in North East Nigeria. Hence, the need for an intersectional gender analysis (IGA) which examines how different social stratifiers (such as gender, class, ‘race’, education, ethnicity, age, geographic location, religion, migration status, ability, disability, sexuality, etc.) interact to create different experiences of privilege, vulnerability and/or marginalization¹⁷ – and by taking an intersectional gender lens, we can explore how gender interacts with other social stratifiers to create difference¹⁸ in Nigeria’s northeast humanitarian emergency context – particularly in the BAY states.

⁶ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2022). Humanitarian needs overview: Nigeria. Humanitarian programme cycle, February 2022.

⁷ Ibid

⁸ Agbonifo, J. U. (2020). The plight of IDP women: A gender and intersectional analysis of the experiences of internally displaced women in IDP camps Borno Nigeria.

⁹ United Nations Population Fund (UNFPA) (2016). Sexual and gender-based violence assessment in North-East Nigeria.

¹⁰ Imam, A., Bui, H., & Yahi, M. (2020). Women’s informal peacebuilding in North East Nigeria. CMI Brief, 2020(09).

¹¹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2022). Humanitarian needs overview: Nigeria. Humanitarian programme cycle, February 2022.

¹² Imam, A., Bui, H., & Yahi, M. (2020). Women’s informal peacebuilding in North East Nigeria. CMI Brief, 2020(09).

¹³ Kimiri, P. (2020). CARE rapid gender analysis - Borno.

¹⁴ Unaegbu, L.N., Kimiri, P. & Agada, S. (2020). Rapid gender analysis: North East region, Nigeria. UN Women Nigeria, CARE Nigeria, & Oxfam in Nigeria.

¹⁵ Agbonifo, J. U. (2020). The plight of IDP women: A gender and intersectional analysis of the experiences of internally displaced women in IDP camps Borno Nigeria.

¹⁶ Nagarajan, C. (2017). Gender assessment of Northeast Nigeria. Managing Conflict in North East Nigeria (MCN).

¹⁷ Larson, E., George, A., Morgan, R., & Poteat, T. (2016). 10 Best resources on... intersectionality with an emphasis on low-and middle-income countries. *Health policy and planning*, 31(8), 964-969.

¹⁸ World Health Organization. (2020). Incorporating intersectional gender analysis into research on infectious diseases of poverty: a toolkit for health researchers.

1.1 Objectives of the Intersectional Gender Analysis

The main objective of the Intersectional Gender Analysis was to understand the unique vulnerabilities, needs, capacities and coping strategies of IDPs, refugees and returnees (women, girls, boys and men) and host communities in the conflict affected states of Borno, Yobe, and Adamawa in Northeast Nigeria; and to formulate recommendations for responsive actions for the different humanitarian thematic sectors.

The specific objectives of the IGA were:

1. Understand the gender differences (needs, interests, capacities, roles, relations, risks, vulnerabilities) amongst women, girls, boys and men and how they are affected by the conflict situation in North-East Nigeria.
2. Assess barriers, root causes and discriminating social norms and policies that perpetuate gender inequality and social exclusion in the context of the Nigeria Humanitarian Operation in each state (Borno, Adamawa and Yobe States).
3. Assess and identify livelihood options/preference identified by women and men that consider fair division of labour and access to and control over income generated.
4. Assess social cohesion and division, in terms of social groups (i.e. age, disability), IDPs, host communities and returnees considering a gender perspective.
5. Identify capacities and the current service delivery of duty bearers (Government, UN agencies, international and national NGOs, and CSOs) in responding to the needs of the affected women, girls, boys and men.
6. Present potential strategies, solutions and actions (individual, community and program based) that can be employed for gender-responsive humanitarian response across the sectors in line with the Inter Agency Standing Committee (IASC) Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action.

1.2 Research Questions

The IGA was guided by the following research questions:

1. What are the gender differences (needs, interests, capacities, roles, relations, risks, vulnerabilities) amongst women, girls, boys and men and how they are affected by the conflict situation in North-East Nigeria?
2. What are the barriers, root causes and discriminating social norms and policies that perpetuate gender inequality and social exclusion in the context of the Nigeria Humanitarian Operation in each state (Borno, Adamawa and Yobe States)?
3. What are the livelihood options/preference identified by women and men that consider fair division of labour and access to and control over income generated?
4. What is the social cohesion and division, in terms of social groups (i.e., age, disability), IDPs, host communities and returnees considering a gender perspective?
5. What are the capacities and the current service delivery of duty bearers (Government, UN agencies, international and national NGOs, and CSOs) in responding to the needs of the affected women, girls, boys and men in providing humanitarian services?
6. What are the strategies, solutions and actions (individual, community and program based) that can be employed for gender-responsive humanitarian response across the sectors in line with the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action?

2.0 METHODOLOGY

The methodological approach used for this IGA study was mixed method and drew upon a range of primary and secondary data involving a desk review, surveys, focus group discussions (FGDs), and key informant interviews (KIIs). These methods addressed the research questions by eliciting information from multiple sources and creating an opportunity to triangulate trends and themes. These sources served as the foundation upon which the IGA was built and helped the research team to gain insight and understanding into gender dynamics in the BAY states. The desk review informed the development of the data collection tools.

A thorough desk review of relevant documents was conducted. Following the desk review, survey questionnaire, interview and focus group discussion guides were developed and validated by the Northeast Gender Technical Team (GTT). Prior to the commencement of the field activities, the enumerators were trained on how to approach the data collection. The training was done virtually and took place between 7th - 8th of December 2021. The data was collected from 12th -17th December 2022.

The data collection was carried out in 9 purposively selected communities across the three states. The communities selected were in Gwoza, Bama and Maiduguri (Borno); Damaturu, Bade and Fika (Yobe); and Yola South, Michika and Numan (Adamawa). One community was purposively selected as a representative sample for the entire communities in each of these local government areas on the assumption that the geographic and cultural variety of the selected states and their populations represent the variety of views shared by the entire population affected by the lingering crisis in the BAY state. The data collection tools for the survey, KIIs and FGDs are available in Annex 1 and 2.

2.1 Data Collection

Data collection was carried out in three phases. Phase one included desk review of relevant literature. Phase two included household survey conducted simultaneously in nine communities across the BAY states. The third phase included data collection through key informant interviews and focus group discussions with stakeholders across the three states. Overall, the research team solicited and collected data from 1791 individuals including 93 persons with disabilities across the three states. Of this figure, 12.6% were Fulani, 15.4% Hausa, 0.3% Igbo, 34.4% Kanuri, 0.1% Yoruba, and others 37.0% showing a relative spread of respondents across the major tribes within the study location. Similarly, 70.35% were Muslims (1077), 29.54% were Christians, and 0.11% were Traditionalists. A breakdown of total number of KII participants is presented in Table 2.1, while Tables 2.1.2 and 2.1.3 present total number of survey respondents and FGD participants, respectively.

Table 2.1: KII Participants by Category

Respondents Category	Borno	Adamawa	Yobe	Total
Government officials	5	7	11	23
UN staff	2	-	-	2
NGOs/CSOs	2	2	5	9
Community leaders	9	9	9	27
Local people	11	12	11	34
Persons with disabilities	4	3	5	12
Total	34	33	41	107

2.1.1 Desk Review

The IGA research team conducted a comprehensive desk review of relevant documents. Documents reviewed included reports and situation analysis by several UN agencies, previous gender analyses reports prepared by donors and implementing partners, assessment reports, academic reports, newspapers reports, and other relevant publications. This information guided the identification of key stakeholders for interviews and discussions, and informed the design of the data gathering tools. The desk review also aided in the identification of existing knowledge gaps in gender issues as they relate to humanitarian operations in the BAY states.

2.1.2 Household Surveys

Household survey served as a major source of quantitative data. A quantitative survey was conducted using a questionnaire. The Kobo Collect App was utilized for mobile collection of the data. A questionnaire was designed and used to collect data from the affected households in IDPs and host communities and returnees' settlements. The target respondents were household heads in the targeted communities. The sample size was calculated using Taro Yamane's sample determination formulae. A total of 1350 questionnaires were administered, 450 in each of the three states, as shown in Table 2.1.2.

Table 2.1.2: No. of Household Survey Participants by Gender

Communities	Male (men & boys)	Female (women & girls)
Borno		
Gwoza	70 + 5 PWDs	72 +3 PWDs
Bama	71+ 4 PWDs	72 +3 PWDs
Maiduguri	71+ 4 PWDs	71 + 4 PWDs
Yobe		
Damaturu	70 + 5 PWDS	70 + 5 PWDs
Bade	69 + 6 PWDS	68 + 7 PWDs
Fika	71 + 4 PWDs	71 + 4 PWDs
Adamawa		
Yola South	71 + 4 PWDs	70 + 5 PWDs
Michika	71 + 4 PWDs	71+ 5 PWDs
Numan	70 + 5 PWDS	70 + 5 PWDs
Total	675	675
Grand total	1350	

2.1.3 Focused Group Discussions

This tool was used to collect qualitative data from the beneficiaries and other major stakeholders. It helped the research team to elicit vital and additional descriptive information besides data from questionnaire. The focus group discussions (FGDs) consisted of representative of IDPs, refugees and returnees (women, girls, boys, and men) in the BAY states in North-East Nigeria. Thirty-six FGDs involving 334 participants—161 males and 173 females—were conducted in nine communities across the three states, as shown in Table 2.1.3. Individual FGDs consisted of 6-10 persons drawn from the above-mentioned critical stakeholders.

Table 2.1.3: Number of FGDs and Participants

States	Borno	Adamawa	Yobe	Total
FGDs total	12	12	12	36
Participants				
Male	51	56	54	161
Female	54	61	58	173
Total	105	117	112	334

2.1.4 Key Informant Interviews

Key informant interviews (KIIs) served as a major source of in-depth qualitative information for the study. 106 key informants were purposively selected from among government officials, UN agencies, CSOs/NGO, respected community leaders, traditional rulers, religious leaders, women and youth leaders, local people including persons with disability (PWD), and were interviewed. The research team used semi-structured, open-ended interview guides designed to elicit information on gender dynamics in relation to humanitarian situation in the BAY states. This gave respondents the opportunity to freely express their views and share experiences within the time frame provided. The interview guides were subjected to a review by the Northeast Gender technical team (GTT) to ensure credibility, validity, and confirmability and were modified based on the results of this review (see Annex II for the KII guides).

Table 2.1.4: Number of KIIs Conducted and KII Participants

States	Borno	Adamawa	Yobe	Total
KIIs total	22	25	27	74
Participants				
Male	21	18	20	59
Female	11	15	21	47
Total	33	33	41	106

2.2 Data Management and Analysis

The interviews and discussions were recorded, and transcriptions written by the field enumerators. The audio recordings were used to clean and verify accuracy of transcripts. The data collected from the KIIs and FGDs were coded thematically using NVivo, a platform application for qualitative analysis, to address each IGA research question. The parent themes were created along the lines of the study objectives. This is appropriate as the study seeks to understand a set of experiences and thoughts across the different participants. Similarly, quantitative data was analyzed using Kobo Collect. Data from the desk review was used to compliment or triangulate the primary sources.

2.3 Data Limitations

The following limitations were identified:

- i. 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.
- ii. 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.

2.4 Ethical Considerations

The consent of all participants was sought before their participation. The privacy and confidentiality of the participants was ensured. The venues for interviews and FGDs were spaces that guaranteed privacy, safety and comfort of participants. Results for all respondents were presented in aggregate. No identifiable information was collected from the respondents, thereby ensuring that their identity is well protected. Respondent's participation was voluntary, and no respondent was coerced or induced to participate in the study. The choice of whether to participate or not, was solely with each respondent. Photographs were taken with the consent of the participants.

3.0 FINDINGS AND ANALYSIS

3.1 Demographic Profile

Over 13.4 million people live in the BAY states. The population comprised of Kanuri, Fulani and Hausa ethnic groups who are predominantly Muslim. Findings revealed that the 13-year-old armed conflict in the three states has placed more than 8 million individuals in need of humanitarian assistance in 2022. Of these estimated number, as was earlier stated in section 1.0 (Introduction and Background), 2.2 million are internally displaced; 1.5 million are returnees who lack essential services and livelihoods; and 3.9 million are members of communities affected by their hosting of IDPs – which includes the majority (an estimated 733,000) of the 1 million people in areas currently inaccessible to international humanitarian actors.

As was stated in the methodology section, a total of 1791 individuals (50% female) partook in at least one method of primary data collection, and were spread between the Borno (33%), Yobe (33%), and Adamawa (33%) states. See Annex V for detailed information about the demography of the participants.

3.1.2 Major means of livelihood

Reportedly, over 3 million people are internally displaced in Nigeria and forced to flee from their homes in the North-East by insurgency and conflict – with attendant disruptions of livelihood activities which push individuals to adopt coping strategies to deal with adverse impacts of the conflict situation. Findings revealed that individuals affected by the conflict in the BAY states have reported adoption of coping mechanisms which range from normal to harmful strategies for survival¹⁹. For instance, most men chose abandonment of families in order to escape from responsibilities to cope better with the socioeconomic impacts of the conflict situation. Pre- and post-conflict findings therefore indicated that whilst men and women participated in livelihood activities such as artisanship, petty trading, and farming, majority of them were unemployed and/or relied solely on aid for survival (see Table 3.1.2a for details) – and men still earn more than women before and after the conflict (see Figures 3.1.2a & 3.1.2b) which further illustrates glaring gendered social inequalities that impact negatively on pre- and post-conflict survival and coping ability of women and girls and persons with disabilities (PWDs) in fragile contexts.

Table 3.1.2: Means of livelihood before and currently

Occupation	Before conflict		Currently	
	Female	Male	Female	Male
Petty trading	148	65	141	67
Artisanship	24	5	20	31
Civil/public service	13	23	177	275
Civil/public service/ Farming	11	15	62	34
Farming	200	288	2	3
Farming / Artisanship/petty trading	71	63	3	7
Farming / Fishing	5	39	18	15
Rely Solely on Aid	46	49	94	44
Others (Specify)	28	38	30	78
Unemployed	111	68	110	106
Fishing	22	22	18	15
Total	675	675	675	675

¹⁹ Laouan, F.Z. & RGA Cooperative (2022). Northeast Nigeria – Borno, Adamawa and Yobe States: Rapid Gender Analysis.

Prior to the conflict, agriculture was the major livelihoods activity engaged by over 90 % of the individuals living in the BAY states.²⁰ Desk review showed the people mainly engaged in crop cultivation, animal husbandry, and fishing. Other livelihoods mentioned by both male and female respondents include cloth weaving, woodcarving, and embroidery. However, with the insurgency many people in the three states are now struggling to maintain their livelihoods activities because of the disruptions caused by the conflict. For example, agriculture, which used to provide livelihoods for the vast majority of rural population of the three states has been severely ravaged by the activities of the insurgents.²¹ Key informants report that farm outputs, income and non-farming activities have been greatly reduced, stating that the conflict has posed a serious threat to the lives of individuals in the three states and the Northeast in general.

Figure 3.1.2a: Distribution of means of livelihood before conflict

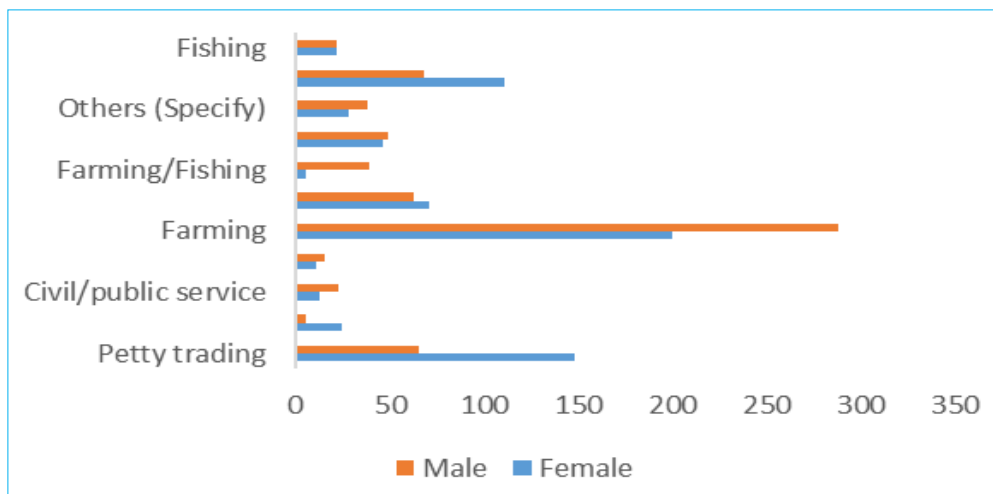
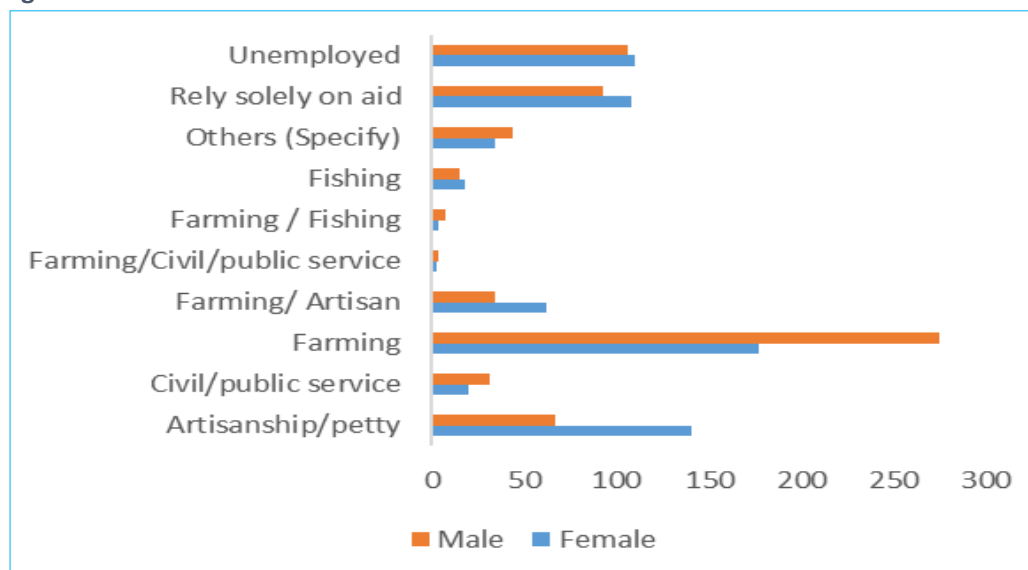


Figure 3.1.2b: Distribution of current means of livelihood



²⁰ FAO's Nine-month Action Plan: Mitigating the impact of the conflict on livelihoods (2017). FAO, <https://www.fao.org/3/i6328e/i6328e.pdf>.

²¹ Ibid

According to a government official in Borno: “They [men] had access to farmlands before the conflict but with the conflict it’s difficult to access farmlands because of security challenges. Vast land is still being occupied by insurgents. They cannot farm for more than 5 kilometers – beyond 5 kilometers you cannot access farmlands. Sometimes they even farm but the insurgents go to harvest the crops.” This development has resulted in an unprecedented reduction in the number of individuals depending on agriculture as their major source of livelihood. Consequently, many people became jobless and heavily depended on humanitarian assistance. However, many individuals in the three states have started practicing several income generating activities, as shown in Table 3.1.2.

In Yobe, a key informant told the IGA research team that many women engage in petty businesses, but have no access to loans. According to her, many of the women are into food business and are finding it difficult to register with NAFDAC due to stringent conditions and this is affecting their businesses. Desk review showed that multiple taxations in Nigeria (BAY states inclusive) are crippling small businesses,²² including business operated by women.

3.1.3 Income Generating Activities

The need to meet basic necessities of life has compelled many people in the BAY states to partake in various income generating activities (IGAs) including engaging in new business activities. According to the data from both KIIs and FGDs, before the conflict men and women’s involvement in IGAs often follow traditional gender roles: women partook in income earning activities largely within the family compound; whereas men practiced income earning activities outside the home. Findings revealed that pre-crisis the movement of women and girls outside the home is restricted, as they require their husbands’ or guardians’ permission to leave home, even for seeking healthcare services or paying a visit to their own relatives. A 2018 CARE study showed that before the conflict a married woman doing business in the street or at marketplaces is usually perceived negatively in the community.

However, with the insurgency such negative perception of women doing business outside the family compound has drastically reduced. Female respondents across the three states report that many women and girls now have free mobility to shops and market stalls in the neighborhoods. However, movement outside the community is still limited for many women and girls than for men and boys, particularly in Yobe and Borno.

Findings showed that men who returned to their home communities mainly partake in IGAs such as farming, fishing, herding; and women practice hand-made trading activities and running petty businesses usually within family compound. While at informal camps, men generally work as manual laborers, and women engage in cap knitting and other hand-made trading activities. Similarly, adolescent boys partake in IGAs such as cap making, carpentry, shoe shinning, tailoring, welding, tricycle driving, selling water, and menial work. Adolescent girls practice IGAs such as cap knitting, making soaps and traditional perfumes, tailoring, street hawking of foods and non-food items, and paid domestic work (cooking and cleaning). However, findings showed that adolescent boys take part in IGAs at a relatively higher rate than adolescent girls.

²² Gatt, L. & Owen, L. (2018). Multiple taxation as a bane of Business Development in Nigeria. *Academic Journal of Interdisciplinary*. Vol.3 (1).

Another relevant finding related to IGAs is that both male and female respondents report lack of capital, lack of skills and equipment, and insecurity as hindering their participation in some IGAs. Specifically, female respondents across the three states lamented that lack of equipment such as sewing machines and limited opportunities to acquire vocational skills due to their domestic chores and limited mobility are limiting their participation in IGAs.

3.2 Gender Differences in Terms of Needs and Interests

3.2.1 Needs and interests of women and girls

In order to understand the gender differences, an intersectional approach was used to recognize the needs, interests, capacities, roles, relations, risks and vulnerabilities which intersect to shape the lives of women, girls, boys and men in the fragile context of North-East Nigeria. In this context, sex- and age-disaggregated data about the respondents' needs and concerns were gathered and findings indicated that the priority needs and interests for women before the conflict situation included food and nutrition (70.10%), healthcare (36.40%), education (31.60%), security and protection (21.60%), shelter (19.40%), clothing (18.70%), marriage (14.40%), and leadership (1.19%) (see Table 3.2.1a for details). Similarly, findings showed that women show little interest in leadership while food and nutrition remain the top priority need after the conflict.

Table 3.2.1a: Women's basic needs before and currently

	Before Conflict		Currently	
	Priority	%age	Priority	%age
Education	213	31.60%	206	30.50%
Food and Nutrition	473	70.10%	490	72.61%
Health care	246	36.40%	231	34.20%
Clothing	126	18.70%	198	29.30%
Security and protection	146	21.60%	164	24.30%
Shelter	131	19.40%	168	24.90%
Leadership	8	1.19%	16	2.30%
Marriage	97	14.40%	131	19.40%

Girls' priority needs and interests before the conflict situation included food and nutrition (59%), education (56.40%), clothing (45.90%), marriage (28.10%), healthcare (25.20%), security and protection (16.10%), shelter (14.50%), and leadership (0.40%). Interestingly, after the conflict, education has become the top priority need for girls (39.14%) followed by clothing (35.66%); which implies that the conflict has affected girls' lives to the extent that most of them are no longer able to clothe properly. In a similar instance, the desire for leadership is of the least interest for girls as in women – given the patriarchal context of the region which limits leadership and decision-making for women and girls in the region. Post-conflict interest in marriage for girls has also relatively increased as the need for food and nutrition, clothing and education increases. Table 3.2.1b provides more details.

Table 3.2.1b: Girls' basic needs before and currently

	Before Conflict		Currently	
	Priority	Percentage	Priority	Percentage
Education	762	56.40%	532	39.14%
Food and Nutrition	796	59.00%	401	29.48%
Health care	340	25.20%	380	27.92%
Clothing	620	45.90%	485	35.66%
Security and protection	218	16.10%	129	9.48%
Shelter	196	14.50%	83	1.38%
Leadership	6	0.40%	0	0.00%
Marriage	380	28.10%	451	33.10%

3.2.2 Needs and interests of men and boys

Findings indicated that priority needs and interests for men before the conflict included food and nutrition (70.50%), employment (37.10%), education (29.80%), security and protection (24.30%), shelter (18.70%), marriage (15.90%), clothing (14.50%) and leadership (14.50%) (see Table 3.2.2a for details). However, post-conflict needs and interests for men shifted to more needs typically associated with displacement and fragilities with food and nutrition (70.50%), shelter (57.70%), security and protection (31.70%) and clothing (18.60%) – with a significant disinterest in leadership.

Table 3.2.2a: Men's basic needs before and currently

	Before		Currently	
	Priority	Percentage	Priority	Percentage
Clothing	98	14.50%	126	18.60%
Education	201	29.80%	182	27.80%
Employment	237	37.10%	205	30.37%
Food and Nutrition	476	70.50%	390	70.50%
Shelter	126	18.70%	120	57.70%
Security and protection	164	24.30%	214	31.70%
Leadership	98	14.50%	34	5.03%
Marriage	107	15.90%	83	12.29%

Findings also showed pre-conflict needs and interests for boys to include education (45.90%), food and nutrition (41.90%), employment (35.70%), clothing (29.80%), marriage (24.20%), security and protection (19.90%), shelter (17.80%), and leadership (11.10%) (see Table 3.2.2b for details). However, boys' post-conflict needs, and interests shifted to food and nutrition (48.90%), education (42.60%), employment (38.70%), clothing (28.30%), security and protection (28.00%), marriage (15.20%); and as with men, significantly no interest in leadership.

Table 3.2.2b: Boy's basic needs before and currently

	Before Conflict		Currently	
	Priority	Percentage	Priority	Percentage
Clothing	402	29.80%	385	28.30%
Education	620	45.90%	580	42.60%
Employment	482	35.70%	526	38.70%
Food and Nutrition	566	41.90%	610	48.90%
Shelter	240	17.80%	129	9.40%
Security and protection	268	19.90%	381	28.00%
Leadership	150	11.10%	80	5.90%
Marriage	328	24.20%	208	15.20%

Findings from both KIIs and FGDs showed that before the conflict both men and women indicated economic empowerment, capital to expand agricultural activities, potable water, education for the children, and healthcare services as their major needs. However, their current needs have varied greatly. For example, while men identified means of livelihood as the current greatest need; food, capital to start a business or purchase equipment and tools for business purposes, vocational skills, and access to health services top the list of the needs indicated by women across the three states. Moreover, some women particularly those in urban areas in Borno and Adamawa expressed needs for power and leadership, with one female key informant in Borno stating that “many women have begun to realize that to improve their lots, they need to access power and actively participate in decision-making at community level.” Further analysis of qualitative data revealed that these “new” needs (as indicated by some female respondents) arose as a result of activities of donors and local civil society organizations (CSOs). According to an official of a local NGO in Borno: “Donor interventions have brought more attention to women’s participation at the community level as women have gained voice and increased agency as a result of their participation in project level committees.” Findings also showed that many women have expressed interest in becoming self-reliant, with one female respondent in an FGD in Gwoza stating that “we want to work and earn a living for ourselves. [...] The era of depending on our men has gone. They [men] themselves need lots of help.”

In Yobe, a government official stated that the greatest need of many individuals who were displaced by the conflict is reintegration into their communities. According to her, “over 85 % of communities in the State have been secured and therefore what people need most is reintegration, quality education for the children, increased access to health services.” Although this claim cannot be verified by the IGA research team, many respondents in the State particularly the younger ones identified schooling, vocational training, livelihood, and increased access to health services as top current needs. An adolescent girl in an FGD stated that: “Insecurity forced many girls to drop out of school and now their most important need is to go back to school. They also need basic healthcare and hygiene kits.”

Findings also showed that the shutting down of IDP camps particularly in Borno has pushed many IDPs deeper into destitution, leaving them struggling to eat and meet other basic needs. As one returnee in Bama stated: “In the camp we ate three times a day but now many people are finding it difficult to eat two times a day.” Desk review revealed that government unilaterally closed down camps without making adequate arrangements to meet the food needs of the growing IDP population. Although, 90% of the respondents have acknowledged receiving financial and food support from the government, they all stated that the support was grossly inadequate.

Data from both KIIs and FGDs suggest that food insecurity is a major factor affecting physical and mental well-being of many individuals in the three states. Food insecurity was brought about as a result of many factors including limited access to land for farming. Many returnees could not access their farmlands because of security concerns. As one returnee lamented that “we are afraid to go to our farms, collect firewood or even go to surrounding communities to trade because it can be dangerous.”

During FGDs, many adolescent girls and boys in Borno and Adamawa indicated interest in entrepreneurship, in going back to school, vocational skills, and computer literacy, with one group of adolescent girls in an FGD in Borno stating that, “many young married women want to go back to school even at the expense of their marriages.” Significantly, the needs and interests identified as part of the focus group with adolescent boys and girls are in line with the KII findings which also indicated

that going back to school and vocational skills are among the major needs of adolescents across the three states.

Although many women particularly those in urban areas indicated interest in taking part in public governance and decision-making process, they are constrained by gender norms that allocate limited roles for women outside the home environment. Key informants in Borno and Adamawa pointed out that cultural norms that treat women as subordinate to men and encourage men to take on leadership positions continued to slow down the progress of women’s active and meaningful participation in public leadership. Such norms and beliefs have continued to prevent many people from voting women into elective positions because they create the perception of women as “weak” and unsuited for public leadership. According to a female key informant in Maiduguri, “women vying for public office are usually not taken seriously due to misperceptions about their ability to govern outside the home environment.”

3.2.3 Needs and interests of persons with disabilities

Findings showed that the common forms of disability among the respondents were amputees, visually-impaired, deaf, generally handicapped, and stroke; and prior to the conflicts in the BAY states, the needs and interests of persons with disabilities (PWDs) included food and nutrition (45.90%), security and protection (35.70%), education (24.30%), shelter (18.70%), employment (17.80%), clothing (15.90%), marriage (14.50%) with leadership (0.40%) of little interest to PWDs (see Table 3.2.3 for details). However, post-conflict experiences of PWDs in the BAY states indicated that security and protection (32.27%), education (22.43%), clothing (21.32%), and food and nutrition became the priority needs of PWDs given due to the fragile situation of the region – as conflict situation result to loss of livelihoods for vulnerable persons and increases the safety risks for PWDs

Table 3.2.3: PWDs’ basic needs before and currently

	Before Conflict		Currently	
	Priority	Percentage	Priority	Percentage
Clothing	214	15.90%	290	21.32%
Education	328	24.30%	305	22.43%
Employment	240	17.80%	238	17.50%
Food and Nutrition	620	45.90%	480	20.33%
Shelter	252	18.70%	162	11.91%
Security and protection	482	35.70%	439	32.27%
Leadership	6	0.40%	4	0.29%
Marriage	198	14.50%	226	16.61%

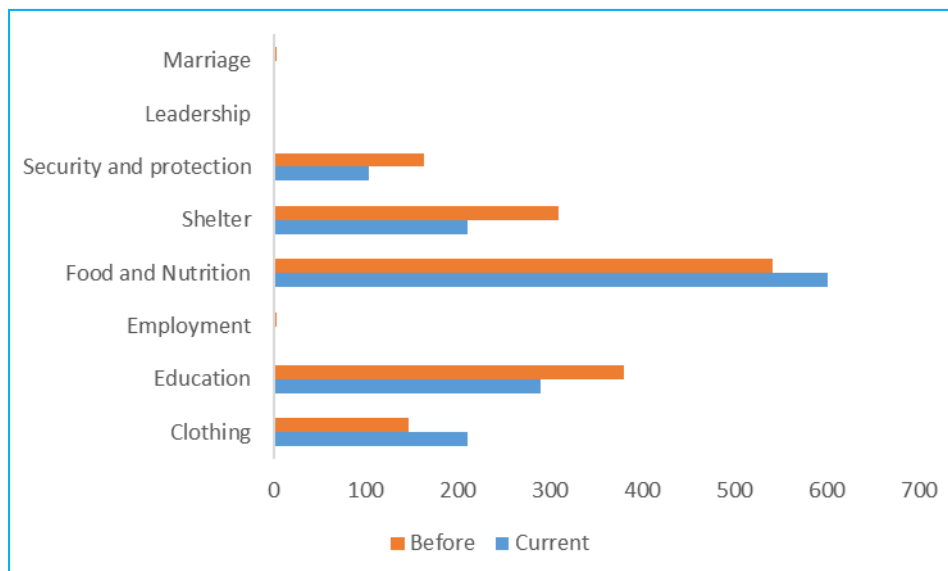
Based on interviews and FGDs with PWDs, it is evident that the needs and interests they had before the conflict remain unchanged. Both young and elderly male and female PWDs identified several common basic needs, but the order of their top needs varied greatly. For example, food, shelter, education, and vocational trainings were mentioned as the major needs of young PWDs, while elderly PWDs indicated needs for capital to start a business that will enable them to provide for their families without begging on the street, shelter and access to healthcare services as their top needs.

Although there are several interventions by development partners to meet needs of different groups of displaced persons particularly PWDs, key informants in Borno and Adamawa pointed out that the issue is not in the number or quantity of interventions, but the right and quality interventions is what really matters. According a government official in Borno, most of the interventions are overlapping and are being duplicated. He also observed that often donors come with particular mindset, stating that “many interventions are not culturally sensitive to the culture and norms of beneficiaries and target areas, and this could impact implementation.”

3.2.4 Needs and interests of children before and during the conflict

Protracted crisis in the BAY states have negatively impacted access to essential needs for women and children who comprise the demography most affected by the conflict – out of the over 2.2 million individuals internally displaced in the BAY states as of December 2021²³. Accordingly, pre- and post-conflict analysis of the crisis in the BAY states indicate that food and nutrition, shelter, education, clothing, as well as security and protection remain priority needs for children in the region; especially given the fact that continuous attacks on schools and conversion of educational facilities into IDP camps coupled with loss of livelihoods of parents as a result of the conflicts has made access to essential needs difficult for children.

Figure 3.2.4: Distribution of children's basic needs before and currently



3.2.5 Access to basic services

In the BAY states, access to services has been adversely impacted by the prolonged conflicts especially for IDPs and host communities in the region. Findings show that respondents in the IDP camps and host communities are relatively not satisfied with food items delivery, distribution of NFIs, education services, security services, healthcare, shelter, sanitation services, and water services – with elderly

²³ World Food Programme (WFP) (2022). Essential needs analysis northeast Nigeria: October 2021 & February 2022 assessment Report.

persons, men, women, children, boys and girls, and PWDs usually left out or totally under-served (Figures 3.2.5a –3.2.5h).

Figure 3.2.5a: Level of satisfaction with food items delivery



Figure 3.2.5b: Level of satisfaction with NFI delivery

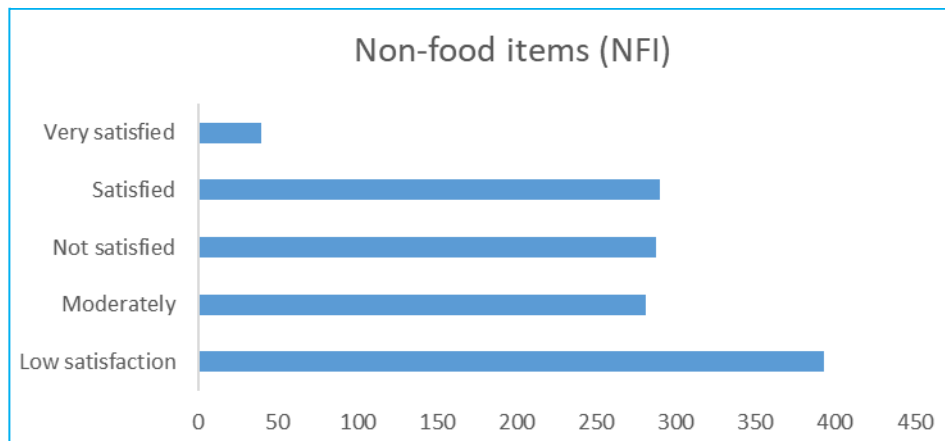


Figure 3.2.5c: Level of satisfaction with education services

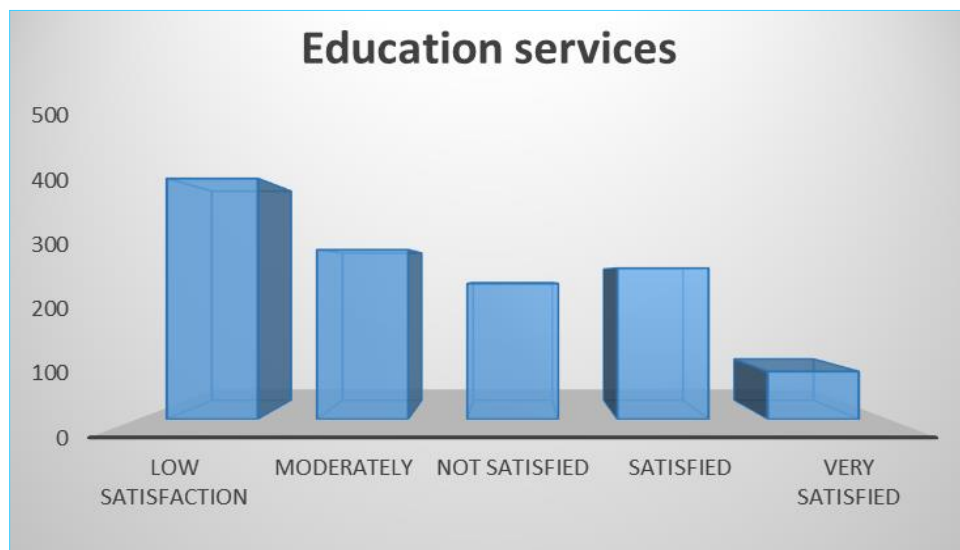


Figure 3.2.5d: Level of satisfaction with security services

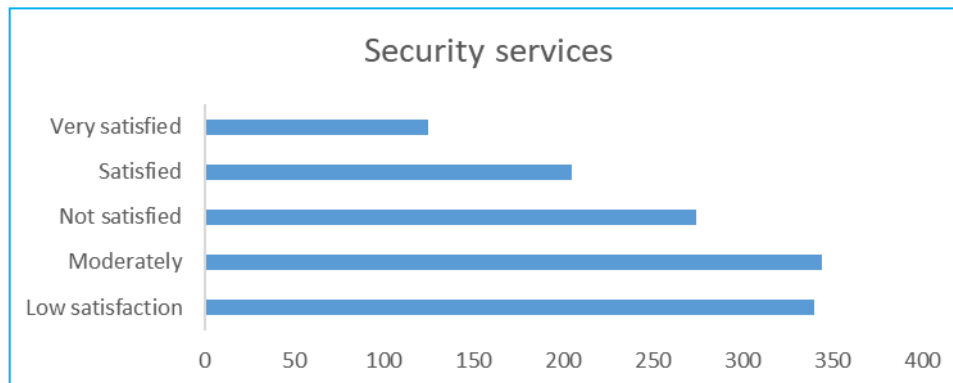


Figure 3.2.5e: Level of satisfaction with healthcare delivery

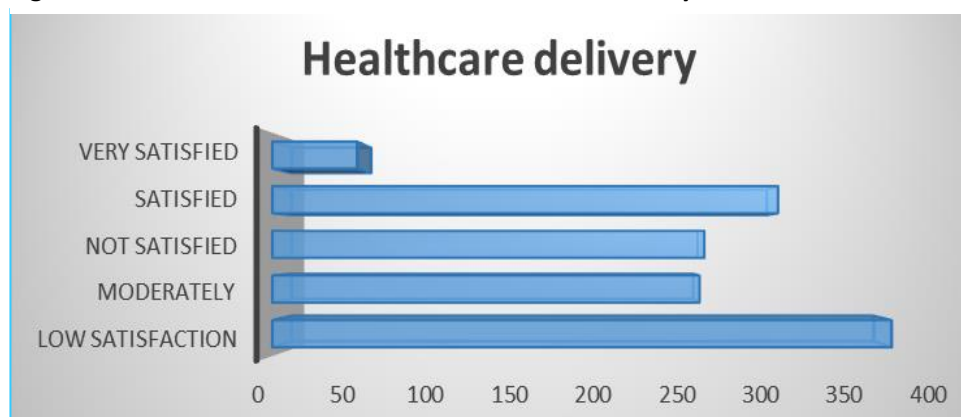


Figure 3.2.5f: Level of satisfaction with shelter

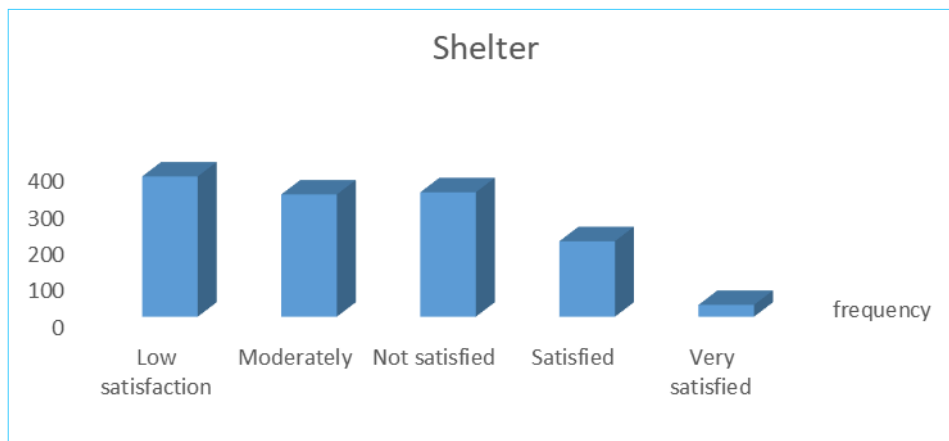


Figure 3.2.5g: Level of satisfaction with sanitation services

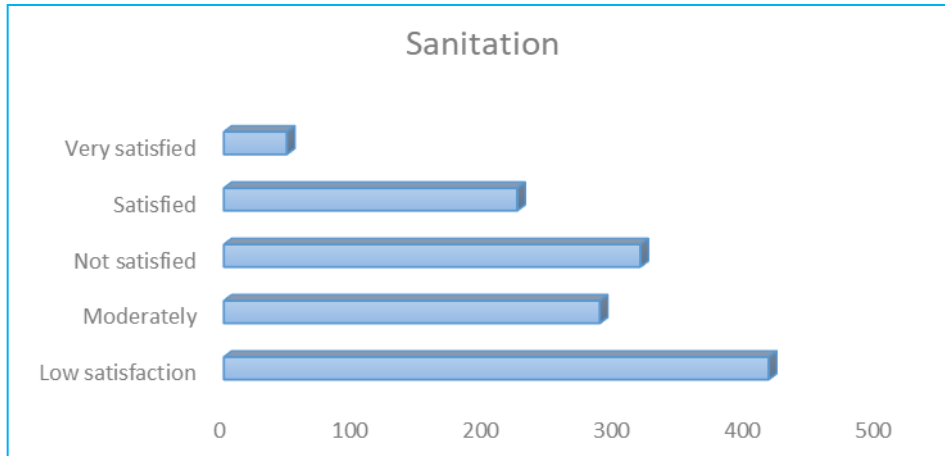
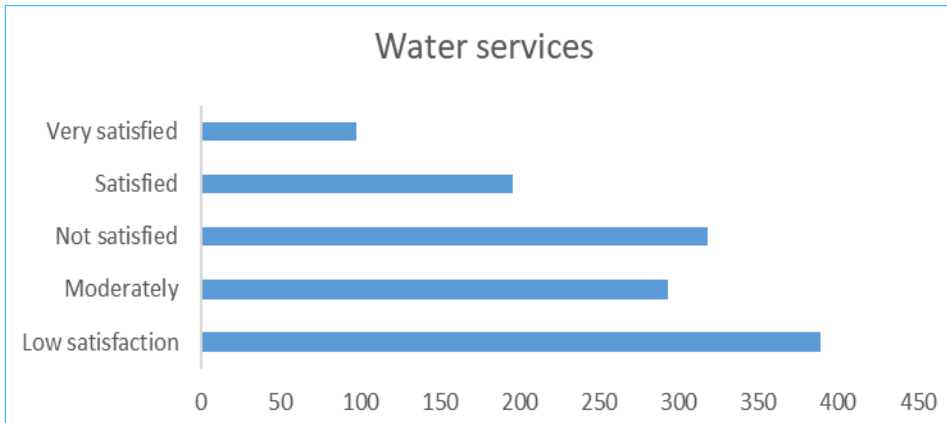


Figure 3.2.5h: Level of satisfaction with water service delivery



Findings also indicated that there is strong government presence in the BAY states along with armed forces, NGOs, UN agencies and private individuals providing various services to IDPs and host communities in the region. However, more needs to be done to adequately meet the needs of IDPs, returnees and host communities in the region especially taking into cognizance that many factors combine with risk factors of the conflicts and limit the access of vulnerable persons to services in conflict situations.

3.2.6 Service delivery of duty bearers

Findings revealed that lack of strong partnership between government and development partners remains a challenge and is affecting the expected impact of interventions. This lack of close collaboration often leads to duplication of efforts and hinders maximization of opportunities and results. A government official in Adamawa pointed out that implementing partners should ensure that they co-create interventions and engage both the government and the beneficiary communities to ensure that interventions address the needs and interest of beneficiaries. “There should be proper mapping so that interventions will be tailored to address the gaps,” another Adamawa state government official advised. Similarly, in Borno a government official suggested that, “it's important

for donors to come together and understand what the areas of comparative advantage of each development partner are and how they can pool resources, and have those kind of bigger, better, impactful projects designed and implemented based on needs assessments.”

3.2.6.1 Health services

The protracted crisis in the BAY states, exacerbated by the insurgency, have led to the breakdown of healthcare system already experiencing decades of neglect and underfunding by successive governments. Desk review revealed that even prior to the conflict, there was shortage of health infrastructure in the Northeast and the BAY states in particular. Evidence showed that the prolonged armed conflict in the three states affects the provision of health care services. While the conflict affects the health status of the entire BAY population, women, adolescent girls and children suffer worse health outcomes due to certain gender and social norms.²⁴ Both interviews and FGDs showed that across the three states, women, adolescent girls, PWDs all reported multiple barriers to accessing healthcare services as a result of the crises impacting their communities. For example, women and adolescent girls in Bama and Gwoza (Borno State) reported multiple barriers such as 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.

Similarly, women and male and female PWDs in Kasaisa community in Bade (Yobe State) reported that barriers such as distance to facilities and movement restriction from 7:00 pm to 7:00 am are hindering their access to health facilities. “There is no health facility in the camp or community where we can get health services. If we fall sick, we have to go down to the town and at times we don’t have money to pay for medical bills. The health care facility is not functioning well and [there is] often there are no single health worker [in the facility]. I lost my daughter as a result of lack of health services. Drugs are very expensive to buy since we don’t have any means of income.” (FGD with women in Damaturu).

Both adolescent girls and adolescent boys in Borno and Yobe reported difficulty in accessing health services without been accompanied by their parents or an adult. “We are denied access to health services [if we go to hospital] without our parents and they [the parents] are mostly going to their farms,” an adolescent boy in Gwoza lamented. These barriers are making it difficult for many sick adolescents to access and utilize health care services.

The IGA research team were told that due to abject poverty and the inability of many people to access health services, many displaced persons across the BAY states have turned to cultural practices to cure their sicknesses, including seeking traditional or religious healing. This situation is reinforced by the lack of adequately equipped health facilities with health professionals to deliver health services.

Findings also revealed that certain traditional norms and expectations around masculinity are promoting men’s adoption of risky health behaviors, including an unwillingness to access health facilities. In an FGD with male respondents in Adamawa, it emerged that some local people believe that primary health care services is a “feminine affair,” an activity not well-suited for men.

²⁴ Humanitarian Situation Overview in Hard-to-Reach Areas: Adamawa and Yobe States | Nigeria (January 2022). REACH, <https://reliefweb.int/report/nigeria/humanitarian-situation-overview-hard-reach-areas-adamawa-and-yobe-states-nigeria> .

Poor access to health care was also mentioned by respondents across the BAY states as one of the major factors affecting the well-being of PWDs. Several reasons for limited access were mentioned by the respondents, including insecurity, distance to health facilities, lack of access to free healthcare services, lack of PWD-friendly facilities, and poor quality of services. At the same time, respondents in Borno and Yobe expressed their opinion that PWDs' access to health care is also often limited by their lack of knowledge of available services and inability to come to health facilities on their own due to their disability status.

3.2.6.2 Sexual and Reproductive Health Services

Desk review showed that in Borno, 10 to 17 % of adolescent girls (ages 15 to19) have begun child-bearing. While in Yobe and Adamawa states the figure sits at 18 to 25 %. Findings from interviews and FGDs with female respondents across the BAY states showed that adolescent girls, particularly those in Borno and Yobe continued to face risk of miscarriage due to the relatively early age at which they are married off. Similarly, FGDs with adolescent girls across the three states revealed that sexual and reproductive health and rights (SRHR) services are generally restricted to married women and married adolescent girls. However, access to SRHR services such as family planning (FP) requires husband's approval. Findings also revealed that due to certain socio-cultural norms that prohibit sex outside of wedlock, many unmarried women and adolescent girls particularly in Borno and Yobe are ashamed to seek FP services.

3.2.6.3 Water, Sanitation and Hygiene

Findings revealed that the insurgency resulting from the Boko Haram crisis in the BAY states has caused huge population movements and large influxes to IDP camps and host communities. Desk review showed that over 80% of IDPs reside in poor host communities with overstretched water, sanitation and hygiene (WASH) resources.²⁵ Similarly, findings revealed that camps, which house one-fifth of the IDPs in the Northeast, are characterized mostly by poor housing and hygiene conditions, inadequate water supply and hygiene facilities. These factors, coupled with poor sanitation habits of many IDPs and refugees and the overcrowded nature of the camps, heighten the risk of sanitation related diseases and infections.

Reportedly, WASH infrastructure such as toilets, water supply, and sewage systems were damaged in conflict affected communities across the three states. A 2017 UNICEF report revealed that in conflict-affected areas in northeast Nigeria, 75% of water and sanitation infrastructure has been damaged or destroyed, leaving an estimated 3.6 million people without adequate water, sanitation and hygiene facilities.²⁶ In Borno and Yobe, poor sanitation in IDP camps and host communities was cited by 67% of the respondents as an underlying or primary cause of death in under five-year children. A key informant in Borno stated that "most deaths of under-five year children are not from direct causes

²⁵ Awosusi, 2017. Aftermath of Boko Haram violence in the Lake Chad Basin: a neglected global health threat. *BMJ Glob Health*. 2017; 2(1). doi: [10.1136/bmjgh-2016-000193](https://doi.org/10.1136/bmjgh-2016-000193)

²⁶ Boko Haram destroyed 75% water, sanitation infrastructure in Northeast – UNICEF <https://www.vanguardngr.com/2017/08/boko-haram-destroyed-75-water-sanitation-infrastructure-northeast-unicef/>

such as war-related trauma, but are attributable to WASH related factors such as diarrheal disease, cholera, malaria, diarrhea, typhoid and respiratory infections” account for a large percentage of illnesses and deaths.

Over 77% of the key informants across the three states reported that women and girls suffer disproportionately from the lack of adequate WASH services, with one respondent in Borno stating that, ‘in many communities’ girls bear the burden of water collection over long distances, which has affected their school attendance, and exposed them to a higher risk of gender-based violence.’ Across the three states, women and adolescent girls reported that unsanitary condition of their communities coupled with inadequate toilet facilities and lack of access to clean water have resulted in a rise in diseases such as malaria and cholera that mostly affect women, men and children. 70% of men interviewed in Gwoza stated that, “our challenge is lack of toilets because we don’t have land of our own to dig pit latrine.”

Although, 55% of the key informants acknowledged that development partners and the Government of Nigeria have constructed many Water Points, and sanitation compartments and hygiene facilities, they all agreed that the scope of the WASH unmet needs outweigh provision by key actors across the three states, calling attention for provision of more WASH facilities in host communities.

3.2.6.4 Food items

Desk review revealed that millions of people in the BAY states are facing food insecurity²⁷ and nutrition challenges. According to the latest UN OCHA report on food insecurity in the three states, food insecure population is estimated to be 4.1 million.²⁸ Of this figure, 62% are living in host communities, 14 % are IDPs, while returnees and people in hard to reach areas make up 14 % and 8 % respectively.²⁹ Further, the UN OCHA report showed that adolescent boys constitute 27.5 % and adolescent girls make up 31.3 % of the individual facing high risk food insecurity in comparison with adult men (19.6 %) and adult women 21.6 %. followed by IDPs (16%), returnees (14%), and people in inaccessible or hard-to-reach areas (8%). Additionally, adolescent girls and boys make up a larger proportion of the food insecure population (31.3% and 27.5%, respectively) in comparison to adult women and men (21.6%, 19.6%). This leads to health effect including acute malnutrition affecting adolescents at a disproportionate rate. According to some statistics, 1,477,620 persons in Borno; 1,133,211 in Yobe; and 866, 345 in Adamawa are living in phase 3 of food insecurity (i.e., the ‘crisis stage’) or phase 4 (i.e., the ‘emergency stage’) during the 2022 lean season.³⁰ Moreover, approximately 13,000 people are estimated to be in phase 5 (i.e., the ‘catastrophic stage’).³¹

According to the data from both KIIs and FGDs, food has been identified as a top need for both men and women, boys and girls. However, further analysis of the qualitative data revealed that food

²⁷ Food insecurity refers to a situation in which one does not know when or where his or her next meal will come from.

²⁸ Surviving the Food Crisis in North-east Nigeria. <https://reliefweb.int/report/nigeria/surviving-food-crisis-north-east-nigeria>

²⁹ Ibid.

³⁰ Current developments affecting the humanitarian response, BAY states as of 31 January 2022. OCHA, <https://www.humanitarianresponse.info/en/operations/nigeria/document/ocha-nigeria-situation-report-borno-adamawa-and-yobe-states-no-17> .

³¹ Ibid.

insecurity is currently more severe in Yobe and Adamawa states due to flood that destroyed farm products in many communities in the two states, with one adult male respondents' group in Kasaisa community in Bade (Yobe) lamenting that: "The flood was very heavy. We never witnessed such heavy a flood before. It destroyed our farm products, our homes and killed some of our people. It left many families with no farm products to feed their children." As a result, thousands of people are forced to resort to begging and negative coping strategies such as survival sex to avoid starvation, particularly for women and adolescent girls. "I have no access to food and have to resort to begging on the street to feed my three orphaned children," a female respondent in Lawan Fannami in Bade stated. Similarly, a community leader in the same community report that: "Due to food insecurity many girls hawking on the streets have turned themselves to sex-workers and prostitute."

3.2.6.5 Education

Perception of insecurity of schools is hindering girl-child education. According to some statistics, 58 % of the over 18.5 million out-of-school children in Nigeria are in the Northeast geo-political zone, with girls constituting over 60 % of these children.³² A key informant in Borno informed the IGA research team that due to food insecurity, rising inflation, and need to engage in livelihood activities, many adolescent boys and adolescent girls are dropping-out of school. However, other key informants pointed out that enrollment of girls into school has increased in recent years, with a government official in Borno stating that: "Many women and girls are now enrolling in secondary and tertiary institutions to train as midwives, nurses, doctors and teachers."

Findings also revealed that insecurity also affects boys' retention in school in the BAY states. According to 80% of respondents in Borno and Yobe, some adolescent boys who lost their fathers due to the activities of insurgents tend to drop out of school and engage in a trade to provide for their younger siblings.

Although desk review revealed that 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. According to the Nigeria Education Indicator, across Nigeria only 64.8 % of girls complete primary school, compared to 70.8 % for boys.³³ For PWDs, lack of special schools for the PWDs in many host communities was identified as hindering their access to education. Most conventional schools across the three states lack PWD-friendly facilities.

3.2.7 Provision of basic needs for IDPs and host communities

IDPs in the BAY states largely rely on donor assistance to meet the most basic needs albeit the harsh reality that unmet basic needs outweigh provision by key actors in the region. It is recorded that an estimated 8.4 million people in the BAY states (of whom 2.2 million are internally displaced) are in acute need of humanitarian and protection assistance³⁴. However, the need for other essential items by IDPs in Nigeria's northeast has further strained institutional assistance in the region leading to low satisfaction for services provided by the actors. In this context, findings show that majority of the

³² <https://www.voanews.com/a/millions-nigerian-children-are-out-of-school-unicef-says/6569716.html>

³³ EduCeleb (2018). Website. Retrieved from: <https://educceleb.com/primary-school-enrolment-rate-in-nigeria/>

³⁴ OCHA (2022). Humanitarian needs overview: Nigeria Humanitarian Programme - February2022

needs of the IDPs and persons in host communities were provided by households (47%), government (22%), friends (21%), NGOs (15%), UN agencies (14%), Armed Forces (10%) and FBOs (7%) – with majority of the food, nutrition products, education, and healthcare provided by families specifically considering the needs of women, girls and children more than men, boys and PWDs.

Similarly, respondents also revealed that friends also contributed food, clothes and educational support to IDPs for women, girls and children more than men, boys and PWDs. On the part of government, findings indicate that there is more focus on education, food and nutrition, security and healthcare; prioritizing the needs of women and children. Armed Forces in the region prioritized the security of women and children while UN agencies focus more on education, provision of food items, and healthcare for women and children. NGOs, FBOs and private individuals also focus more on education, provision of food items and healthcare for women and children. This finding highlights the unequal focus of service provision for men, boys, PWDs and girls in the region.

3.2.8 Capacities and coping strategies

In terms of capacities, although 90% of the respondents acknowledged that certain social and gender norms affect the capacities and coping strategies for women, they (the respondents) all agreed that women have an edge over men when it comes to starting a business with small capital. “Give a woman five thousand Naira, she can start a business that will allow her to take care of her family, but a man needs hundreds of thousands of Naira or even millions to start a business,” a community leader in Yola South observed. However, qualitative data showed that adolescent boys across the three states have more opportunities to develop livelihood skills than adolescent girls because of certain gender norms that keep girls busy with domestic chores at home. Both male and female respondents interviewed all agreed that women and girls are generally not as educated as boys and men and they (women and girls) tend to have limited means of livelihood. Adolescent girls interviewed expressed the concern that adolescent boys could engage in any kind of manual work to earn money and take care of themselves, but girls could not. Due to certain cultural norms particularly in Borno and Yobe women are not expected to engage in some manual jobs because traditionally such jobs fall within “male domain”. This gives boys an edge over girls. “Boys can cope with the challenges of the conflict and easily move on with their lives, but girls cannot,” a government official in Borno stated.

With regards to coping strategies, women, adolescent girls, men and adolescent boys all reported that they adopted various coping strategies as a result of the lingering crisis. These strategies range from normal to harmful ones. Qualitative data showed that women, adolescent girls, men and adolescent boys have all started or increased their participation in different income earning activities in order to meet their food and non-food needs. Because of rising food insecurity, displaced persons particularly women adopted harmful strategies such as reducing the quantity and quality of the food they eat. 65% of female respondents in Borno reported that some women tend to reduce the number of daily meals they take, reducing the quality of the ingredients used to prepare meal. While female respondents in Yobe report that some women often give priority to feeding under five-year old children before themselves. These may have a negative impact on the nutritional status of the women, particularly pregnant and breastfeeding ones. Findings also showed that some women who lost their male breadwinners to the conflict, resorted to negative coping mechanisms (such as prostitution) that are unhealthy, and which expose them to risks of sexually transmitted diseases (STDs) including HIV.

Adolescent boys harmful coping strategies include dropping out of school. According to a key informant in Borno, “boys who lost their fathers due to the activities of insurgents often drop out of school and engage in nefarious activities such as stealing in order to provide for their younger siblings.” Similarly, male respondents in Borno and Yobe report that some men took to drugs and stealing, while others abandoned their families and hid in areas where they cannot be easily traced.

3.3 Gender Risks and Vulnerabilities

Desk review showed that the most vulnerable populations in the BAY states include elderly persons, adolescent girls, PWDs, pregnant women, and under five-year children. According to a CARE 2022 Rapid Gender Analysis, the 13-year-old conflict has disproportionately affected women and adolescent girls, as well as at-risk groups that include but not limited to under five-year children, elderly, pregnant women, PWDs, and people living with chronic diseases.³⁵ However, both male and female respondents across the three states identify PWDs and adolescent girls as the most vulnerable groups.

Key informants gave several reasons for identifying PWDs as vulnerable. For instance, a mother of a female PWD child identified two major factors that made PWDs the most vulnerable populations: “Firstly, they are disabled, and they can’t do anything on their own without help from [other] people. Secondly, they don’t have any special school where they can learn. I have a daughter that is disabled as well, and she is always at home and vulnerable to threat. During the conflict most of them are been left behind and got killed in the process. They can’t fetch water, they can’t farm, they don’t have access to opportunities or resources.” Other respondents report that in many rural communities across the three states young female PWDs are vulnerable to sexual abuse and other forms of GBV.

Another finding regarding the vulnerability of the PWDs in the BAY states is related to the challenges they faced when it comes to accessing and utilizing healthcare services. For instance, discussions with PWDs revealed that female pregnant PWDs experience unique barriers, different than their male counterparts – such as discrimination and poor service provider treatment during antenatal care (ANC). They report that many health workers across the three states and the Northeast in general felt physically challenged women are not capable or equipped to handle a pregnancy due to their disability status. Moreover, within many communities in the three states disability is perceived as a curse. A female PWD lamented that: “We are being considered as a bad luck.” Similarly, a male PWD in a host community in Damaturu stated that “begging is the main source of our income and we are sometimes ignored or sent away when we go out to look for a means of survival.”

Key informants report that adolescent girls are also at risks of child early and forced marriage (CEFM). A community leader in Borno observed: “Pressure on girls to get married from their family and peers and the urge to get married put many girls into problems. Once she grows tall, pressure will be on her to get married. Most girls hardly go beyond secondary school. It is more complicated for children of the poor people who don’t go to school.”

Findings also revealed that although boys are not at risk of CEFM. However, they face risks of sexual abuse, especially sodomy. Key informants report that although sodomy is pervasive it has remained underreported. Desk review showed that: “1 in 10 boys are [sic] sexually abused before their 18th

³⁵ CARE (2022) RGA.

birthday in Nigeria, and ... [only] 4% of boys receive any help.”³⁶ A government official in Borno observed that “while boys face certain risks and need protection, most of the programmes launched by NGOs are for the purpose of protecting and assisting women and girls.” FGDs with many groups of adolescent boys showed that shortage of water and firewood in their communities is exposing them to risks of abduction and forceful recruitment into insurgent groups because they often have to trek long distances to get the commodities.

Furthermore, FGDs with groups of boys in Borno and Yobe revealed that many unaccompanied and separated boys are at high risks of joining insurgent groups. The boys interviewed lamented that thousands of boys had lost their parents to the insurgency and even those whose parents are alive; they are too busy to look after them. As one boy in Gwoza lamented, “we are experiencing poor parental guide as a result of the conflict, nobody to take good care of us, even our parents are struggling to take care of themselves.” Similarly, boys in the Muna informal settlement in Maiduguri report that in the absence of parental guidance, some boys have turned to gangs to fill the gap. Fighting and violence often break out within and between gang members.

Findings also revealed that as a result of the conflict, many women have become single parents, and the fact that they have to become providers, they are faced with the challenge of providing for themselves and their children. When they lack food, they are forced to resort to survival sex to prevent starvation. Key informants pointed out that this has increased their vulnerability and exposed them to sexual abuse and exploitation. Further, across the BAY states many widows who have returned to their home communities have no shelter of their own and some of them end up at the mercy of men who are reportedly sexually abusing them.

However, a female key informant in Adamawa lamented at the way in which women and girls are constructed and viewed as victims, devoid of any agency. According to the respondent, “women and girls tend to be stereotypically constructed and depicted as victims, constituting at-risk population, which is not always the case.’

3.3.1 Violence against women in IDP camps and host communities

The armed conflict in Nigeria’s northeast has exacerbated the risk of violence against women and girls in the region – with many forms of gender-based violence being perpetrated ranging from sexual assault, rape, female genital mutilation, marital rape, violence against female parents and older women, wife battery, sexual harassment, child marriage, sex in exchange for food and non-food items etc. In this regard, respondents revealed that currently in IDP camps in the BAY states, sex in exchange for food and non-food items is the most common form of violence against women (see Table 3.3.1a for details). Before the fragile situation in the region, respondents recalled that female/wife battery (38.3%), sexual assault (29.5%), sexual harassment (29.3%), intimidation in schools and workplaces (22.4%), rape/sexual abuse (21.9%), violence against female parents and older women (20.6%), sex in exchange for food and non-food items (15.0%), and marital rape (14.9%) were the most common forms of violence against women.

In the host community, respondents reported that currently, sex in exchange for food and non-food items was the common form of violence against women compared to before the conflict where female/wife battery, marital rape, intimidation in schools and workplaces, sexual harassment, physical

³⁶ <https://www.globalgiving.org/projects/stop-child-sexual-abuse-in-nigeria/>

assault and sex in exchange for food and non-food items (NFIs). Before the conflict, findings showed that risk factors for women as a result of violence against women included trauma (14.8%), depression (13.4%), torture (12.4%), disability (9.3%), loss of means of livelihood (7.8%), contracting STDs including HIV (7.2%) and death (6.0%). Currently, there was significant increase in trauma (22.1%), torture (18.5%), loss of means of livelihood (15.2%), disability (15.1%), depression (15.1%), contracting STDs including HIV (8.0%) and death (7.2%) (see Table 3.3.1a for details); which shows that the conflict has relatively increased the vulnerability of women to incidents of gender-based violence – especially common in fragile contexts characterized by misogyny and systemic patriarchy.

Table 3.3.1a: Violence against women in IDP camps

Violence against women in IDP camps	Currently		Before conflict	
	Frequency	%	Frequency	%
Kidnapping/abduction	20	1.5%	4	0.3%
Assault	105	7.7%	128	9.4%
Rape/ sexual abuse	23	1.7%	298	21.9%
female genital mutilation/cutting	20	1.5%	81	6.0%
marital rape	23	1.7%	203	14.9%
violence against parents (mother) and older women	50	3.7%	280	20.6%
Female/wife battery	46	3.4%	521	38.3%
sexual assault	38	2.8%	401	29.5%
sexual harassment	69	5.1%	398	29.3%
intimidation in schools, offices, workplaces	101	7.4%	305	22.4%
forced medical treatment	81	6.0%	89	6.5%
Trafficking	38	2.8%	51	3.8%
Child marriage	0	0.0%	8	0.6%
Sex in exchange for food and non-food items	152	11.2%	204	15.0%
Physical assault	24	1.8%	142	10.4%
Armed robbery	21	1.5%	143	10.5%

Table 3.3.1b: Violence against women in host communities

Violence against women in host communities	Frequency	%
Kidnapping/abduction	32	2.4%
Assault	98	7.2%
Rape/ sexual abuse	58	4.3%
female genital mutilation/cutting	17	1.3%
marital rape	68	5.0%
violence against parents (mother) and older women	34	2.5%
Female/wife battery	80	5.9%
sexual assault	67	4.9%
sexual harassment	60	4.4%
intimidation in schools, offices, workplaces	89	6.5%
forced medical treatment	8	0.6%
Trafficking	38	2.8%
Child marriage	3	0.2%
Sex in exchange for food and non-food items	102	7.5%
Physical assault	88	6.5%
Armed robbery	81	6.0%

Table 3.3.1c: Risk factors for women before the conflict and currently

Risks factors/category for women	Before conflict		Currently	
	Frequency	%	Frequency	%
Death	81	6.0%	98	7.2%
Contracting STDs including HIV	98	7.2%	109	8.0%
Disabled	126	9.3%	206	15.1%
Tortured	168	12.4%	251	18.5%
Trauma	201	14.8%	301	22.1%
Depression	182	13.4%	206	15.1%
Suicide	14	1.0%	20	1.5%
Emotional stress/mental breakdown	68	5.0%	90	6.6%
Loss of livelihood means	106	7.8%	207	15.2%

3.3.2 Violence against girls in IDP camps and host communities

Findings indicated that girls in IDP camps currently face gender-based violence in various forms – with sex in exchange for food and non-food items (13.9%), intimidations in schools and workplaces (6.6%), sexual harassment (6.5%), assault (6.5%), female/wife battery (6.5%), and physical assault (6.0%) as the most common forms of violence. Before the conflict, findings showed relative similarities in the pattern of violence against girls ranging from intimidation in schools and workplaces (15.7%), assault (15.3%), and sex in exchange for food and non-food items (14.9%), female/wife battery (14.8%), rape /sexual abuse (14.6%), sexual assault (10.9%), and sexual harassment (9.9%). According to 92% of the respondents, violence against girls in the host community currently includes sex in exchange for food and NFIs (10.4%), assault (6.6%), female/wife battery (6.6%), physical assault (6.6%), intimidation in schools and workplaces (6.4%), trafficking (5.1%) and child marriage (5.1%).

Before the conflict, respondents revealed that violence against girls in host communities in the BAY states included sex in exchange for food and NFIs (14.0%), physical assault (7.2%), intimidation in schools and workplaces (6.2%), trafficking (5.9%), child marriage (5.9%), female/wife battery (5.9%), and sexual harassment (5.1%); which shows that there are broad incidences of abuse and violence against girls in the region which are further exacerbated by conflict. Findings also showed that before and after the conflict, the most common risk factors of violence against girls in the region included trauma, depression, torture, emotional stress and mental breakdown, loss of livelihood, contracting STDs including HIV and death; with suicide as the least common risk factor.

Table 3.3.2a: Violence against girls in IDP camps

Violence against girls in IDP camps	Frequency	%
Kidnapping/abduction	21	1.5%
Assault	89	6.5%
Rape/ sexual abuse	58	4.3%
female genital mutilation/cutting	20	1.5%
marital rape	32	2.4%
violence against parents (mother) and older women	22	1.6%
Female/wife battery	89	6.5%
sexual assault	50	3.7%

sexual harassment	89	6.5%
intimidation in schools, offices, workplaces	90	6.6%
forced medical treatment	15	1.1%
Trafficking	69	5.1%
Child marriage	62	4.6%
Sex in exchange for food and non-food items	189	13.9%
Physical assault	81	6.0%
Armed robbery	18	1.3%
Cattle rustling	0	0.0%

Table 3.3.2b: Violence against girls in host communities

Violence against girls in host communities	Frequency
Kidnapping/abduction	26
Assault	90
Rape/ sexual abuse	60
Female genital mutilation/cutting	5
Marital rape	38
Violence against parents (mother) and older women	46
Female/wife battery	90
Sexual assault	61
Sexual harassment	65
Intimidation in schools, offices, workplaces	87
Forced medical treatment	12
Trafficking	70
Child marriage	70
Sex in exchange for food and non-food items	142
Physical assault	90
Armed robbery	18
Cattle rustling	0

Table 3.3.2c: Risk factors for girls before the conflict and currently

Risks factors/category for girls	Before Conflict		Currently	
	Frequency	%age	Frequency	%age
Death	46	3.4%	22	1.6%
Contracting STDs including HIV	126	9.3%	102	7.5%
Disabled	67	4.9%	67	4.9%
Tortured	182	13.4%	178	13.1%
Trauma	241	17.7%	219	16.1%
Depression	190	14.0%	204	15.0%
Suicide	18	1.3%	15	1.1%
Emotional stress/mental breakdown	148	10.9%	165	12.1%
Loss of livelihood means	127	9.3%	87	6.4%

Findings showed that before the conflict, women and girls were less vulnerable to injury, torture, contracting STDs including HIV, death, trauma, and disability. However, there are now more vulnerable to the risk factors. This shows that as a result of the conflict in the BAY states and attendant forced displacement, the prevalence of sexual and gender-based violence in the region has led to the disruption of livelihoods of women and girls as well as physical and emotional stress which may live with the women and girls permanently for the rest of their lives³⁷.

Figure 3.3.2a: Distribution of the extent of exposure / vulnerabilities of women and girls to risk factors before the conflict

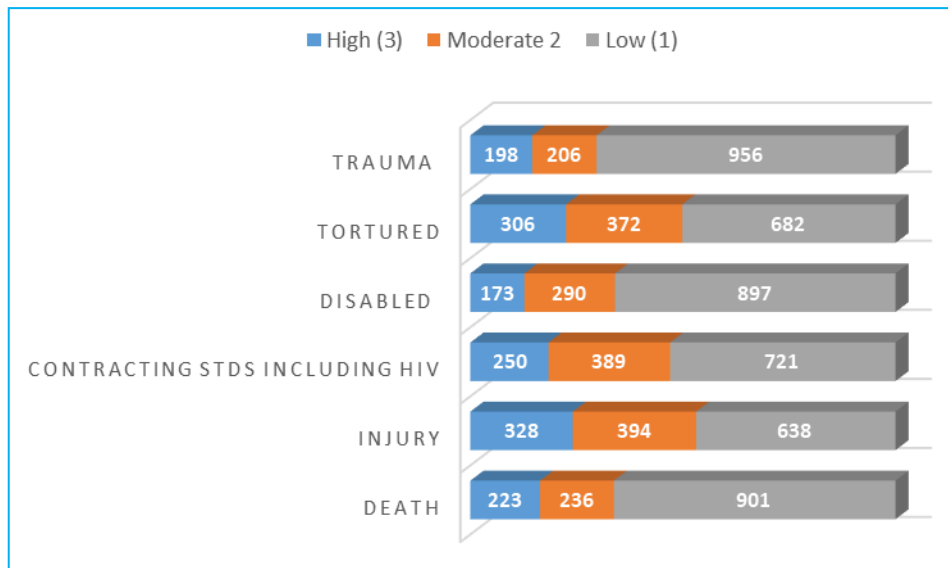
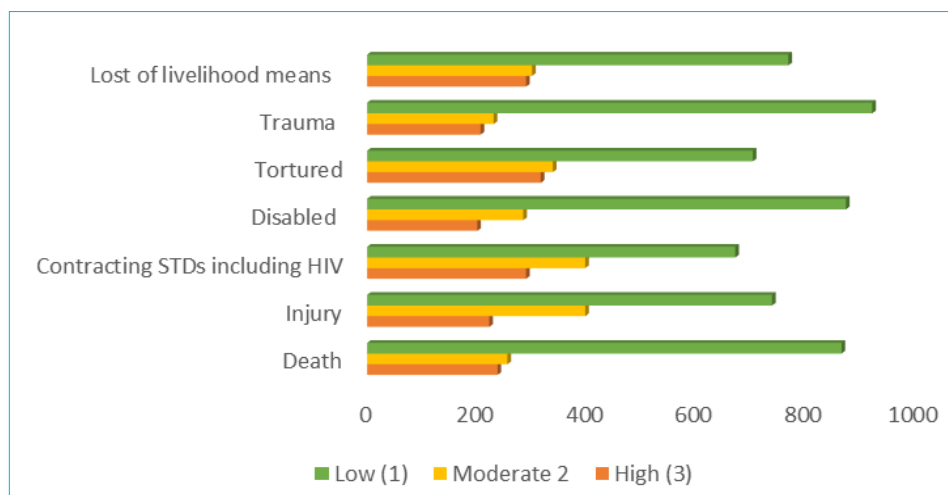


Figure 3.3.2b: Distribution of the extent of exposure / vulnerabilities of women and girls to risk factors currently



³⁷ Isola, A. A., & Tolulope, A. (2022). Women, Security, and Gender-Based Violence in the Northeast, Nigeria. *Journal of International Women's Studies*, 24(4), 6.

Adolescent girls and women in the BAY states suffer high levels of gender-based violence (GBV). Desk review showed that the conflict has led to an increase in GBV in terms of both occurrence and severity. It also showed that the crisis has brought about new forms of GBV that affect mostly adolescent girls and young women. In 2021, according to a UNFPA report, 98 % of reported incidents of GBV across the three states were perpetrated against women, 81 % of the incidents were perpetrated against adults, and 19 % against adolescent girls. The reported incidents of GBV include physical assault (26 %), denial of resources and services (27 %), rape (18 %), psychological and emotional abuse (16 %), child early and forced marriage (9 %) and sexual assault (4 %).³⁸

The high prevalence of GBV against adolescent girls and women in the three states seems to outweigh the scope of the response by the duty bearers. At least 5,623 cases of GBV were recorded within the last four years in the BAY states, according to a recent report by the Sexual Assault Referral Centre (SARC)³⁹ Thus, a huge GBV “protection gap” exists for adolescent girls and women in the conflict areas of the three states. This protection deficit persists despite efforts by several humanitarian actors to curtail it. Researcher Onyido observed that women and girls who experienced sexual violence during conflict tend to become more vulnerable to further exploitation in post-conflict settings, because “in post-conflict contexts, without support to victims of sexual violence, resorting to commercial sex work is seen by some as an alternative survival strategy.”⁴⁰ According to a government official in Borno, the abuse women and adolescent girls faced in IDP camps compelled the state government to close camps and facilitate the return of IDPs to their secure home communities.

Findings also showed that many women are experiencing GBV out of men’s frustrations at being unable to meet material needs of their families. “Recently a husband beat up his 13-year-old bride and broke her arm because she got pregnant. He said he is not capable of providing for another child because of poverty, and there are several cases like that,” an official of a women-led CSO in Yobe reported. Other female respondents interviewed in Borno and Yobe states reported that many men see humanitarian assistance being given to women (in order to prevent misuse by men and ensure that children did not starve) as an attempt to emasculate them (men) and reduce their power as heads of households. This has resulted in some men resorting to violence as a means of reasserting their authority over their wives. The IGA research team learnt that although the Violence Against Persons Prohibition (VAPP) Act has been domesticated in the BAY states, the law has not translated into actions required to make the changes needed due mainly to poor implementation and lack of political will.

Another relevant finding is that gender is misunderstood by many individuals living in the BAY states. Key informants report that many men often see gender as a “women thing” while women tend to misunderstand the concept of gender equality and go overboard in relating with their husbands. “The exposure some women acquired [due to empowerment programmes by donors] made them disrespectful and not submissive to their husbands which often lead to husbands battering and divorcing their wives,” a government official in Borno observed.

³⁸ Protection Sector, Northeast Nigeria 2021 annual report. Government of Nigeria, UNHCR, <https://reliefweb.int/report/nigeria/protection-sector-northeast-nigeria-annual-report-2021> .

³⁹ <https://www.premiumtimesng.com/news/more-news/561583-5623-cases-of-sexual-gender-based-violence-recorded-in-borno-adamawa-yobe-report.html>

⁴⁰ Onyido, O.D. (2020). Survivors of Sexual Violence: Navigating Post-Conflict Environments in Nigeria’s Niger Delta. Retrieved from: <https://kujenga-amani.ssrc.org/2020/02/27/survivors-of-sexual-violence-navigating-post-conflict-environments-in-nigerias-niger-delta/>

3.3.3 Violence against men in IDP camps and host communities

Findings show that as a result of the conflict situation in region, men have also become victims of different forms of violence ranging from armed robbery, assault, physical assault, intimidation in schools, offices and workplaces, trafficking; with some cases of rape and sexual abuse, sex and cattle rustling. Interestingly, there are mirrored similarities of the forms of violence experienced by men after the conflict with pre-conflict experiences. Similarly, there are near identical patterns of pre- and post-conflict violence against men in host communities in the region – with attendant risk factors before and after the conflict ranging from depression, trauma, disability, loss of livelihood, torture, death, emotional stress and mental breakdown, contracting STDs including HIV and suicide.

Table 3.3.3a: Violence against men in IDP camps

Violence against men in IDP camps	Frequency	%
Kidnapping/abduction	31	2.3%
Assault	103	7.6%
Rape/ sexual abuse	8	0.6%
Female genital mutilation/cutting	0	0.0%
Marital rape	0	0.0%
Violence against parents (mother) and older women	12	0.9%
Female/wife battery	60	4.4%
Sexual assault	14	1.0%
Sexual harassment	24	1.8%
Intimidation in schools, offices, workplaces	60	4.4%
Forced medical treatment	12	0.9%
Trafficking	16	1.2%
Child marriage	0	0.0%
Sex in exchange for food and non-food items	40	2.9%
Physical assault	87	6.4%
Armed robbery	148	10.9%

Table 3.3.3b: Violence against men in host communities

Violence against men in host communities	Frequency	%
Kidnapping/abduction	10	0.7%
Assault	56	4.1%
Rape/ sexual abuse	6	0.4%
Female genital mutilation/cutting	0	0.0%
Marital rape	0	0.0%
Violence against parents (mother) and older women	23	1.7%
Female/wife battery	14	1.0%
Sexual assault	35	2.6%
Sexual harassment	28	2.1%
Intimidation in schools, offices, workplaces	51	3.8%
Forced medical treatment	8	0.6%
Trafficking	16	1.2%
Child marriage	0	0.0%
Sex in exchange for food and non-food items	45	3.3%
Physical assault	61	4.5%
Armed robbery	24	1.8%
Cattle rustling	21	1.5%

Table 3.3.3c: Risk factors for men before the conflict and currently

Risks factors/category for men	Before Conflict		Currently	
	Frequency	%age	Frequency	%age
Death	101	7.4%	60	4.4%
Contracting STDs including HIV	78	5.7%	114	8.4%
Disabled	140	10.3%	87	6.4%
Tortured	129	9.5%	189	13.9%
Trauma	148	10.9%	217	16.0%
Depression	201	14.8%	201	14.8%
Suicide	34	2.5%	8	0.6%
Emotional stress/mental breakdown	81	6.0%	108	7.9%
Loss of livelihood means	132	9.7%	216	15.9%

3.3.4 Violence against boys in IDP camps and host communities

Findings indicated that boys in IDP camps in the BAY states experienced significant amount of violence before the conflict such as physical assault, sexual assault and harassment, intimidation in school, trafficking, armed robbery, cattle rustling, kidnapping and abduction, sex in exchange for food and non-food items, as well as child marriage. It was also discovered that the pre- and post-conflict experiences of boys in host communities in terms of violence was relatively similar. Pre-conflict risk factors for boys included depression (14.8%), trauma (10.9%), disability (10.3%), loss of livelihood (10%), torture (9.5%), death (7.4%), contracting STDs including HIV (7.2%) and emotional stress and mental breakdown (6%) – with the least number of boys committing suicide as a result of abuse before the conflict. However, post-conflict risk factors for boys increased remarkably with trauma, torture, depression, loss of livelihood, emotional stress and death as the major risk factors.

Table 3.3.4a: Violence against boys in IDP camps

Violence against boys in IDP camps	Frequency	%
Kidnapping/abduction	40	2.9%
Assault	98	7.2%
Rape/ sexual abuse	14	1.0%
Female genital mutilation/cutting	0	0.0%
Marital rape	5	0.4%
Violence against parents (mother) and older women	93	6.8%
Female/wife battery	16	1.2%
Sexual assault	20	1.5%
Sexual harassment	40	2.9%
Intimidation in schools, offices, workplaces	120	8.8%
Forced medical treatment	4	0.3%
Trafficking	49	3.6%
Child marriage	0	0.0%
Sex in exchange for food and non-food items	70	5.1%
Physical assault	87	6.4%
Armed robbery	43	3.2%

Table 3.3.4b: Violence against boys in host communities

Violence against boys in host communities	Frequency	%
Kidnapping/abduction	22	1.6%
Assault	85	6.3%
Rape/ sexual abuse	18	1.3%
Female genital mutilation/cutting	0	0.0%
Marital rape	6	0.4%
Violence against parents (mother) and older women	84	6.2%
Female/wife battery	18	1.3%
Sexual assault	17	1.3%
Sexual harassment	38	2.8%
Intimidation in schools, offices, workplaces	108	7.9%
Forced medical treatment	6	0.4%
Trafficking	34	2.5%
Child marriage	0	0.0%
Sex in exchange for food and non-food items	80	5.9%
Physical assault	67	4.9%
Armed robbery	60	4.4%
Cattle rustling	11	0.8%

Table 3.3.4c: Risk factors for boys before the conflict and currently

Risks factors/category for boys	Before Conflict		Currently	
	Frequency	%age	Frequency	%age
Death	101	7.4%	81	6.0%
Contracting STDs including HIV	98	7.2%	70	5.1%
Disabled	140	10.3%	56	4.1%
Tortured	129	9.5%	271	19.9%
Trauma	148	10.9%	286	21.0%
Depression	201	14.8%	236	17.4%
Suicide	20	1.5%	11	0.8%
Emotional stress/mental breakdown	81	6.0%	87	6.4%
Loss of livelihood means	136	10.0%	183	13.5%

Generally, findings indicated that before the conflict, there were high incidences of injury, STDs including HIV, death, torture, loss of livelihood, disability and trauma for men and boys as a result of abuse; relatively similar to post-conflict experiences; thereby inferring that men and boys face as much violence as women and girls within the humanitarian context of the BAY states.

Table 3.3.4d: Extent of exposure and vulnerabilities of men and boys to risk factors before the conflict and currently

Risks factors/category	Before Conflict			Currently		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Death	230	208	922	192	245	923
Injury	328	348	684	282	398	680
Contracting STDs including HIV	250	389	721	297	398	665

Disabled	170	265	925	186	285	889
Tortured	219	298	843	301	339	720
Trauma	165	231	964	231	231	898
Loss of livelihood means	217	248	895	265	300	795

3.3.5 Violence against PWDs in IDP camps and host communities

Persons with disabilities (PWDs) face serious threats bordering on social exclusion characterized by abject poverty, distorted livelihoods and stigma which exacerbate vulnerabilities of PWDs especially women, girls, children and the elderly. For instance, persistent conflicts in Nigeria’s northeast have driven multiple vulnerabilities for PWDs and also led to the increase in the number of PWDs due to conflict-related injuries, and absent or negligent healthcare systems, among other factors – as long-term social exclusion within Nigeria society intersects with the impact of conflict to create heightened vulnerabilities for certain groups of individuals⁴¹. In this context, findings on violence against PWDs in IDP camps in the BAY states showed that the most common forms of violence against PWDs include sexual assault, assault, violence against female parents and older women, female/wife battery, sexual harassment, trafficking, sex in exchange for food, physical assault, rape and sexual abuse, FGM, and marital rape (see Table 3.3.5a for details).

Findings also revealed that common pre-and post-conflict forms of violence in IDP camps and host communities against PWDs included assault, child marriage, sexual assault, violence against female parents and older women, female/wife battery, trafficking, sexual harassment, sex in exchange for food and NFIs, physical assault, forced medical treatment, and FGM. Accordingly, findings indicated that the most common risk factors for violence against PWDs before the conflict were torture (17.9%), disability (15.1%), depression (12.3%), trauma (11.8%), loss of livelihood (5.2%), contracting STDs including HIV (4.1%), emotional stress and mental breakdown (3.5%), suicide (0.7%), and death (0.6%) while post-conflict risk factors such as torture, disability, contracting STDs including HIV relatively decreased while risk factors such as death, trauma, depression, and loss of livelihood significantly increased.

In terms of extent of vulnerabilities, findings showed that before the conflict, PWDs were more vulnerable to risk factors such as injury, torture, loss of livelihood, and STDs including HIV with relative vulnerability to trauma and eventual death as a result of violence and abuse. Post-conflict analysis showed that PWDs were more vulnerable to risk factors such as loss of livelihood, contracting of STDs including HIV, injury, trauma, and torture with relatively low vulnerability to death – which generally proves that people with disabilities have multiple and intersecting identities and thus different kinds of vulnerabilities before, during and after displacement⁴².

⁴¹ Barbelet, V., Njeri, S. & Onubedo, G. (2021) Inclusion and exclusion in the north-east Nigeria crisis. HPG working paper. London: ODI. <https://odi.org/en/publications/inclusion-and-exclusion-in-the-north-east-nigeria-crisis>

⁴² IDMC (2021). Uprooted and overlooked: Why people with disabilities fleeing conflict and violence are among those most at risk.

Table 3.3.5a: Violence against PWDs in IDP camps

Violence against PWDs in IDP camps	Frequency	%
Kidnapping/abduction	12	0.9%
Assault	101	7.4%
Rape/ sexual abuse	12	0.9%
Female genital mutilation/cutting	48	3.5%
Marital rape	39	2.9%
Violence against parents (mother) and older women	50	3.7%
Female/wife battery	50	3.7%
Sexual assault	68	5.0%
Sexual harassment	32	2.4%
Intimidation in schools, offices, workplaces	51	3.8%
Forced medical treatment	8	0.6%
Trafficking	31	2.3%
Child marriage	2	0.1%
Sex in exchange for food and non-food items	15	1.1%
Physical assault	39	2.9%
Armed robbery	21	1.5%

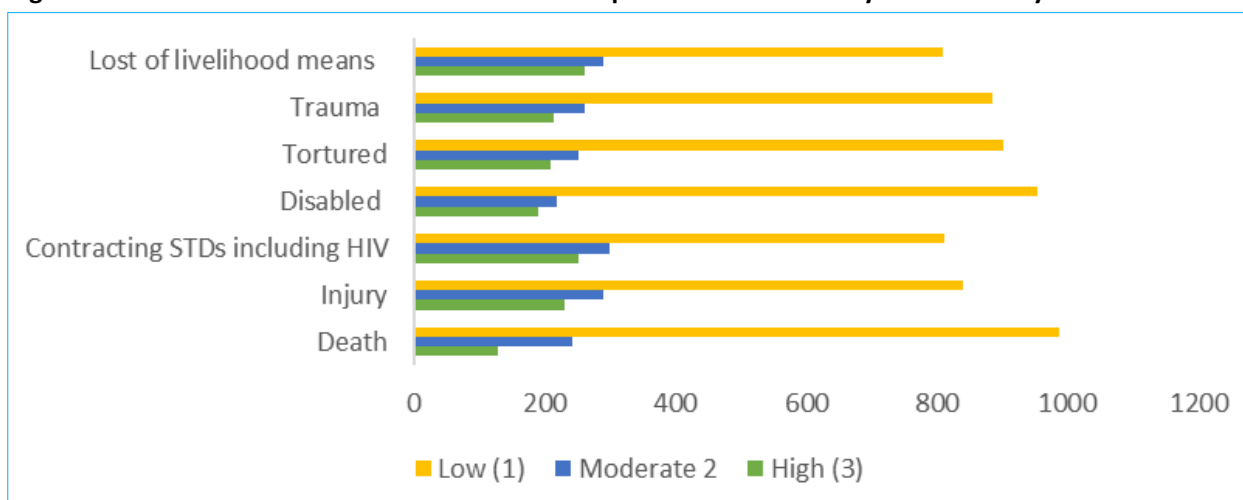
Table 3.3.5b: Violence against PWDs in host communities

Violence against PWD in host communities	Frequency	%
Kidnapping/abduction	16	1.2%
Assault	125	9.2%
Rape/ sexual abuse	36	2.6%
Female genital mutilation/cutting	40	2.9%
Marital rape	56	4.1%
Violence against parents (mother) and older women	43	3.2%
Female/wife battery	50	3.7%
Sexual assault	67	4.9%
Sexual harassment	81	6.0%
Intimidation in schools, offices, workplaces	56	4.1%
Forced medical treatment	14	1.0%
Trafficking	45	3.3%
Child marriage	3	0.2%
Sex in exchange for food and non-food items	6	0.4%
Physical assault	43	3.2%
Armed robbery	8	0.6%

Table 3.3.5c: Risk factors for violence against PWDs in IDP camps

Risks factors/category for PWDs	Frequency	%age
Death	8	0.6%
Contracting STDs including HIV	56	4.1%
Disabled	205	15.1%
Tortured	243	17.9%
Trauma	160	11.8%
Depression	167	12.3%
Suicide	9	0.7%
Emotional stress/mental breakdown	48	3.5%
Loss of livelihood means	71	5.2%

Figure 3.3.5: Distribution of the current extent of exposure or vulnerability to violence by PWDs



3.3.6 Violence against the aged/elderly in IDP camps and host communities

Findings showed that the aged or elderly have been impacted differently by the prolonged conflicts in Nigeria’s northeast – especially in situations of forced displacement where entire livelihoods of aged persons and the elderly are adversely altered leading to situations of exclusion and discrimination common with most vulnerable groups such as women and girls, children, and PWDs. In this context, findings indicated marked similarities between pre- and post-conflict exposure and vulnerabilities to risk factors driving violence against the aged in the BAY states – ranging from death, injury, STDs including HIV, disability, torture, trauma and loss of livelihood.

3.3.7 Violence against youths and adolescents in IDP camps and host communities before and after the conflict.

Findings showed that youths and adolescents in IDP camps and host communities in the BAY states are more vulnerable to the following risk factors as a result of violence: loss of livelihood death, injury, STDs including HIV, torture, disability and trauma. Similarly, post-conflict extent of vulnerability to violence for youths and adolescents in the BAY states mostly range from contracting STDs including HIV, injury, torture, death, loss of livelihood, trauma and disability – given the fact that the insurgency in the northeast has increasingly led young people to violence as perpetrators and victims.

3.3.8 Protection Mechanisms

Prolonged conflicts and general humanitarian situation in Nigeria’s northeast have prompted significant presence of protection mechanisms in the region especially in the BAY states where state and civil authorities have continuously ensured provision of protection for IDPs in camps, shelters and host communities as well as access to fundamental rights in the form of services and capacity building towards livelihood support systems, prevention, and response. In this context, findings revealed that in the BAY states, available protection mechanisms against gender-based violence include formation of women groups, sensitization programmes in homes, schools and communities, parental education of children on various types of GBV, and active commitment of traditional institutions in the region to the protection of the rights of women and girls (see Table 3.3.8 for details). However, whilst the presence of protection mechanisms as revealed by respondents cannot be denied, more need to be done as

there is little impact on the lived experiences of IDPs in camps and host communities – given the prevalence of different forms of gender-based violence in the region.

Table 3.3.8: Available protection mechanisms

Protection mechanisms are available	Frequency	%
Domestication and strict enforcement of the Violence Against Persons Prohibition (VAPP) Act	188	13.8
Traditional rulers and council members taking the lead by committing to protect the rights of women against violence	17	1.2
Parents educating their children on the various types of GBV	41	3.0
Sensitization programmes in homes, schools and the community	50	3.7
Formation of Women GBV support groups	240	17.6

Desk review showed that since 2009 when the conflict started in Borno and later in Yobe and Adamawa, civilian population continue to live with volatility and threats to their safety and health due mainly to the activities of the insurgents and the ongoing counter-insurgency operations. According to UNOCHA, “lack of protection and humanitarian intervention for the population in inaccessible areas remains a serious protection concern, while the closure of camps in late 2021 has also exposed the IDPs in camps around Maiduguri to further protection risks.”⁴³ Interviews and FGDs with several respondents across the three states pointed that safety and protection needs of the people living in the states are arduous, particularly for women and adolescent girls, who are at high risk of GBV, abduction, child early and forced marriage, and other rights violations. Child protection concerns are also huge, particularly for children who were separated from their families due to the activities of the non-state armed groups, and those formerly affiliated to the insurgents or forcefully recruited to partake in the conflict.

Literature revealed that the crisis has had a huge impact on the psycho-social wellbeing of children in the BAY states. According to some statistics, up to 2.1 million children (51 % were girls) need psycho-social support services.⁴⁴ Similarly, the IGA research team were told that many parents and care-givers face violence and frustrations due to persistent lack of livelihood opportunities (Interviews with community leaders in Borno and Yobe).

Although GBV response mechanisms are available at Sexual Assault Referral Centers (SARC) in some hospitals particularly in the state capitals, findings revealed that such service provision outside of the state capitals is poor and many survivors are unable to travel to state capitals to access the services due largely to lack of financial means and insecurity. Further, some female respondents across the three states spoke about services listed as existing in a particular facility are either not present or are partially available due to limited resources.

On protection mechanisms, in Borno the IGA research team were told that security agencies and the judiciary have been trained on how to handle SGBV cases. Vigilante and Civilian JTFs were also targeted because they exercise certain powers that make them perpetrators of violence against girls. According to an official of a local CSO in Borno, some vigilantes and civilian JTFs “do take advantage of young girls and go to the extreme to commit sexual crimes because they wear uniforms.”

⁴³ <https://reliefweb.int/report/nigeria/protection-sector-strategy-north-east-nigeria-2022-2023>

⁴⁴ Federal Ministry of Humanitarian Affairs (Nigeria), FINAL DRAFT_BASELINE SURVEY_STRES-W2.pdf, 05/12/2019)

Qualitative data showed that many men have been traumatized by the conflict. Female respondents spoke about their husbands being traumatized and having to continue supporting them in the absence of any psycho-social support services. Many women interviewed also reported experiencing trauma, with many stories of women and adolescent girls in severe psychological pain after witnessing the killing of their men and children, or being abducted and sexually abused. Although some organizations have been providing psychosocial support to traumatized individuals, but findings showed that the needs far outweigh the response being provided.

3.4 Opportunities for Women Empowerment

Findings show that women had most opportunities in capacity building for leadership roles, education, and skills acquisition with minimal employment and leadership and decision-making opportunities before the conflict in the BAY states. However, post-conflict opportunities in leadership and decision-making relatively increased for women while men’s involvement in leadership and decision-making post-conflict remarkably reduced (see Table 3.4 for details) – which indicates that despite the adverse impacts of the conflict on women and girls, there are certain opportunities for women empowerment in the BAY states.

Table 3.4: Opportunities that exist for women empowerment host communities

Opportunities for women	Male	Female	Total
Education	125	112	237
Skills acquisition centers	259	201	460
Employment	81	44	125
Involvement in leadership and decision making	7	30	37
Capacity building for women to take up leadership position	98	92	190
Others	41	27	68

3.5 Challenges that IDPs, Refugees and Returnees face in IDP camps and host communities

In the BAY states of Nigeria’s northeast, the violent conflict situation has escalated the immensity of humanitarian needs amidst limited resources with attendant challenges of IDPs in the region as result of forced displacement, increased mortality rates and loss of livelihoods. Findings therefore indicate that IDPs, refugees and returnees face enormous challenges in the BAY states ranging from limited access to food and non-food items, limited income-earning skills, discrimination of access to food, NFIs and income-earning opportunities on the basis of sex; discrimination of access to food, NFIs and income-earning opportunities on the basis of age; discrimination on the basis of religion, marital status, ethnic affiliation, social status, ethnic education; as well as unfairness of access to food, NFIs and income-earning opportunities on the basis of sex, religion, ethnicity and social statuses in camps and host communities – with females unequally disadvantaged which make it increasingly difficult for women and girls to cope in conflict situations.

Table 3.5: Challenges in IDP camps and host communities

Challenges	IDP Camps			Host Communities		
	Male	Female	Total	Male	Female	Total
Limited access to food and non-food items	239	482	721	248	497	745
Limited income earning skills	56	48	104	39	51	90
Discrimination of access to food, non-food items and income earning opportunities on the basis of sex	67	31	98	58	33	91
Discrimination of access to food, non-food items and income earning opportunities on the basis of age	73	136	209	73	136	209
Discrimination on the basis of religion	38	68	106	41	72	113
Discrimination on the basis of marital status.	19	49	68	22	56	78
Discrimination on the basis of ethnic affiliation	76	45	121	51	43	94
Discrimination on the basis of ethnic social status	50	49	99	54	48	102
Discrimination on the basis of ethnic education	22	30	52	27	31	58
Unfairness of access to food, non-food items and income earning opportunities on the basis of sex, religion, ethnicity, and social status	98	127	225	101	132	233

3.6 Power Dynamics at Household and Community Level

3.6.1 Access to Resources

The study explored gendered power dynamics and inequalities existing at household and community levels and how they influence male and female relations within the context of the pre- and post-conflict situation in the BAY states – which are adverse prompts for gender-based violence against women and girls and PWDs. Findings indicated that pre- and post-conflict situation in the BAY states at the household level, men and boys were collectively predominant income earners, take up more paid jobs; have more access to education, information other than formal education, food items (FIs) during distribution by donor organizations, water supply, non-food items (NFIs) during distribution by donor organizations, health services, land for agricultural purposes, and land for development purposes; while women and girls as well as PWDs had minimal access and predominance across the general resource spectrum except relative access to FIs and NFIs in the host communities and IDP camp before and after the conflict.

3.6.2 Decision making

Findings also showed that men and adult male youth have more decision-making power at the household level to control the use or distribution of income, daily budget, household savings, health, family size, child marriage, land preparation, agricultural land and land for development; with women have joint decision making powers with men concerning child marriage, crops to produce, proceeds of farm produce, use and distribution of food, water and other domestic duties before and after the conflict at the household and community level. This shows that intra-household power dynamics are highly gendered in Favour of males over females underlining the patriarchal structure of societies in the region.

Qualitative data revealed that male dominance over women in decision-making both in the domestic and public spheres, was a common theme mentioned by both male and female respondents across the three states. According to 67% of female respondents in Adamawa and Yobe, as a result of male dominance women lack the power to decide how to spend their earned proceeds or use the resources acquired; they need to seek permission from men to take actions, even on health care matters. Similar patterns were mentioned as limiting decision-making power of PWDs.

A synthesis of responses to our questions on patterns of decision making from the KIIs and FGDs pointed to the dominance of men in decision-making particularly at community level where women were involved only on matters that directly concern womenfolk. This is more frequently seen among communities in Borno and Yobe where patriarchy aligns strongly with religious views. According to the data from both KIIs and FGDs, men (husbands) usually decide on how money is spent in the family. Discussions with adolescent boys and girls revealed that generally young people are not involved in decision making at household level because of their young age. However, sometimes they take part in decision making at community level, particularly on security issues.

Biased and traditional views about women’s capacity as public leaders and decision-makers remain pervasive in the three states, and are rooted in certain cultural and religious beliefs. A community leader in Damaturu said: “To be honest we don’t include women in decision-making in matters affecting community but, in the household, we do consult women sometimes. It’s because of our culture. We see women as very precious, that’s why we don’t bring them out for such.” Interestingly, the IGA research team learnt that a woman’s socio-economic status increases her chance of taking part in decision-making at both household and community levels. In an interview with a women leader in Adamawa, she stated that: “if your community knows that you can donate some money, they will always invite you to take part in meetings regardless of your gender or age.”

Table 3.6.2a: Extent that women have access to resources at household level

Variable	Before the Conflict			Current situation		
	High (3)	Moderate	Low (1)	High (3)	Moderate	Low (1)
		-2			-2	
Paid job or employment	127	190	1033	140	199	1011
Access to basic education	94	124	1132	134	206	1010
Capacity building opportunities	131	198	1021	156	251	943
Income generating opportunities	126	156	1068	106	187	1057
Leadership opportunities	34	58	1258	65	136	1149
Access to Information other than formal education	99	201	1050	127	201	1022
Access to Food Items (FIs) during distribution by camp management officials	405	587	358	505	463	382
Access to Food Items (FIs) during distribution in host communities	439	561	350	460	511	379
Access to water supply	302	502	546	368	598	384
Access to Non-Food Items (NFIs) during distribution by camp management officials	422	549	379	469	540	341
Access to Non-Food Items (NFIs) during distribution in the host	427	503	420	119	207	1024

communities						
Health services	416	512	422	425	581	344
Access to lands for agriculture purpose in your community	119	205	1026	146	195	1009
Access to lands for development other than agriculture purpose	95	128	1127	122	176	1052

Table 3.6.2b: Extent that girls have access to resources at household level

Variable	Before conflict			Current situation		
	High (3)	Moderate-2	Low (1)	High(3)	Moderate-2	Low (1)
Paid job or employment	54	190	1106	1350	199	1006
Access to basic education	101	124	1125	1350	122	1095
Capacity building opportunities	136	174	1040	1350	278	930
Income generating opportunities	78	139	1133	1350	195	1054
Leadership opportunities	34	58	1258	1350	136	1149
Access to Information other than formal education	107	201	1042	1350	201	1064
Access to Food Items (FIs) during distribution by camp management officials	78	108	1164	1350	181	1102
Access to Food Items (FIs) during distribution in host communities	68	187	1095	1350	104	1176
Access to water supply	188	502	660	1350	598	537
Access to Non-Food Items (NFIs) during distribution by camp management officials	119	549	682	1350	540	726
Access to Non-Food Items (NFIs) during distribution in the host communities	127	164	1059	1350	198	1033
Health services	120	201	1029	1350	163	1079
Access to lands for agriculture purpose in your community	62	156	1132	1350	164	1147
Access to lands for development other than agriculture purpose	55	98	1197	1350	95	1197

Table 3.6.2c: Extent that PWDS have access to resources at household level

Variable	Before the Conflict			Current situation		
	High (3)	Moderate-2	Low (1)	High (3)	Moderate-2	Low (1)
Paid job or employment	5	19	1326	8	15	1327
Access to basic education	11	45	1294	9	22	1319
Capacity building opportunities	16	21	1313	19	28	1303
Income generating opportunities	14	32	1304	12	35	1303
Leadership opportunities	4	26	1320	4	16	1330
Access to Information other than formal education	8	18	1324	9	34	1307

Access to Food Items (FIs) during distribution by camp management officials	15	25	1310	18	29	1303
Access to Food Items (FIs) during distribution in host communities	16	30	1304	15	23	1312
Access to water supply	10	16	1324	7	28	1315
Access to Non-Food Items (NFIs) during distribution by camp management officials	10	21	1319	11	24	1315
Access to Non-Food Items (NFIs) during distribution in the host communities	8	19	1323	9	14	1327
Health services	76	126	1148	81	163	1106
Access to lands for agriculture purpose in your community	8	18	1324	7	19	1324
Access to lands for development other than agriculture purpose	2	13	1335	4	16	1330

Desk reviews, interviews and FGDs revealed that before the conflict, women had very little access and control over family resources. Men, as the head of the family, largely controlled family resources including food, money, and clothing and made final decisions on how such resources would be used within their families. As reported by one female respondent in Borno, “men had total control over the family resources because they are the ones who purchased them. [...] Some men even measure quantity of food and order the women to cook for the family.” However, with women becoming direct recipients of humanitarian assistance, many women have gained control over family resources, particularly food and non-food items. Similarly, adolescent boys and girls who pre-crisis era had little access to the money they earn through farming and menial jobs, now have more control over the resources through the income they earn. However, with the rising inflation in the country, a female respondent in Yobe report that family resources have declined, stating that “food items that do not cost much before are now very expensive to buy due to rising cost of goods in the market [...] many people cannot afford to buy enough food for their families.”

3.6.3 Gender roles at household level

The perennial conflict situation in the BAY states has adversely altered lives and impacted livelihoods forcing individuals of all ages and gender to play various roles in order to survive the hardships and uncertainties associated with the conflict. For instance, women and girls, men and boys play differential roles within and without family contexts which affects education for girls and boys, forced marriages for girls, gender-based violence for women and girls, increased involvement of women and men in risky income-generating activities to provide for families. In this regard, findings show that women and girls participate more in petty trading and are most unemployed by the conflict compared to men and boys who are more active in farming and public service which translates to higher wages and income for men and boys compared to women and girls who are mostly handling domestic chores and catering for children and the elderly (see Tables 3.6.2c & 3.6.4 for details).

Findings also show that at household level, men and boys play major roles in preparation of land for cultivation, actual cultivation and planting, weeding, harvesting, storage of farm produce, marketing of farm produce, and processing of farm produce; while women and girls are largely responsible for

house chores such as sweeping and general indoor cleaning, fetching of water, cooking, washing of clothes, as well as child-bearing and up-bringing. Generally, lack of access to and control over productive resources as well as little or no decision-making or leadership powers of women at all levels automatically impacts gender roles as patriarchal structures require that some level of unequal submission of women and girls to men and boys.

The perception of men being the primary breadwinner and economic leader in the household and women being the caregivers, confined to housework, were the two most common themes mentioned by the key informants across the communities where data was collected. Women's customary roles within the household meant that they do not have time for other forms of productive labour. Some female participants lamented that the time they spend on domestic chores often limits their ability to participate in vocational skills acquisition programmes organized outside their neighborhoods. In many communities in Borno and Yobe, adolescent girls are expected to assist in domestic chores, while boys are to attend school, work on family farms, fetch water and firewood.

However, both male and female respondents across the three states have all agreed that gender roles and expectations have begun to change. As thousands of men were either killed, injured, detained or fled violence, many women took the role of heads of households, which has helped in altering the power dynamics in families. "If there is anything that can be seen as positive about the Boko Haram crisis, is that it resulted in women gaining more voice and agency particularly at household level," an official of a women-led CSO in Borno stated. However, while women in the three states have gained considerable voice and agency in their households and communities, they are still struggling to translate this into recognized positions in larger political and democratic structures in society. As in other parts of Nigeria, there are few women in positions of political leadership in the BAY states due mainly to certain religious beliefs and cultural norms that relegate the womenfolk.

Further, key informants pointed out that many men who had lost their livelihoods due to the activities of the insurgents could not go to farm or engage in any business, they often have to stay at home and take on a larger share of domestic tasks such as collecting firewood, water and cleaning. As one female respondent in Bama reported: "Many men in our community are staying at home, while women are out there looking for work. They are doing things one would never have imagined them doing before."

Findings also revealed that many women and girls are now enrolling in secondary and tertiary institutions, with a government official in Borno stating that "today there are more female health workers in the BAY states, when compared to pre-crisis period." Key informants interviewed attributed this to interventions by several donors who are supporting girl child education.

3.6.4 Social Norms and Values

As common in most patriarchal social structures, the multiplicities of ethnicities in and around Nigeria's northeast shares a predominant semblance in terms of social norms and values across the region albeit with various harmful norms and beliefs that limit women and girls' access to productive resources and opportunities; especially in IDP camps and host communities in the wake of the insurgency and perennial conflicts in the northeast region particularly the BAY states. Overall, findings indicate marked similarities between pre- and post-conflict harmful social norms and values ranging from forced marriage, child labour, early or under-age marriage, preference of sons over daughters,

arranged marriages, FGM, virginity tests, bride abduction, wife inheritance, and restriction of women and girls to only housewife and child-bearing roles – which explains the prevalence of socioeconomic inequality and inadequate livelihoods for women and girls.

Cultural norms and beliefs across the Northeast and the BAY states in particular promote inequality and inequity between men and women, boys and girls. The IGA team observed that deep-rooted socio-cultural and religious norms about men and women are strong barriers to achieving gender equality in the three states. According to a 2015 Voices4Change report, “widely held ideas about masculinity and femininity are powerful ‘root causes’ of gender inequality and violence against women (in all its forms).”⁴⁵ Almost all the respondents interviewed agreed that the dominant gender ideology across the Northeast upholds male dominance and female subordination. These gender norms and beliefs are often supported by the region’s religious and cultural norms that emphasize the superiority of the masculine gender. These factors continue to shape the world view of the vast majority of people in the BAY states.

Table 3.6.4: Harmful social norms and practices before the conflict and currently

Social Norm/Value	Before Conflict		Currently	
	Frequency	%	Frequency	%
Forced Marriage	587	43.5%	489	36.2%
Early or under aged marriage	298	22.1%	301	22.3%
Childs` Labour	493	36.5%	493	36.5%
Son Preferences Over Daughters	276	20.4%	285	21.1%
Arranged Marriage	98	7.3%	58	4.3%
Female Genital Mutilation/cutting	41	3.0%	48	3.6%
Virginity Test	19	1.4%	128	9.5%
Bride Kidnapping	28	2.1%	35	2.6%
Wife Inheritance Traditions	23	1.7%	29	2.1%
Restriction of women and girls to only housewife and child-bearing	136	10.1%	128	9.5%
Others	0	0.0%	285	21.1%

The ongoing conflict in the BAY states has significantly increased child early and forced marriage. Qualitative data suggest that many girls are under intense pressure to get married early. The pressure is usually from elderly family members. Further, due to certain cultural norms and religious beliefs that attach so much importance to marriage, women are expected to stay in abusive relationship to safeguard their marriage from break off. However, some respondents in Borno report that before now many parents would feel the need to marry off their daughters to reduce their economic burden, however, the urge is gradually decreasing, as some parents have begun to see their daughters as an economic benefit because they also engage in livelihood activities, thereby contributing income to their family. Key informants also observe that recurring incidences of divorce of teenage married girls is helping to reduce child early and forced marriage in many communities in the state. “You find a 14-year-old girl is divorced after one or two years of marriage and she becomes an added burden on the parents,” a female respondent in Yobe stated.

⁴⁵ Voices4Change. (2015). Being a Man in Nigeria Report (p. 11).

Although boys may also be vulnerable to child marriage in Nigeria, based on the IGA Team’s research there is no reliable data on child marriage rates among boys in the Northeast and country in general. However, globally it is estimated that “4.5 % of young men aged 20–24 years were first married or in union before age 18, with a range of values from less than 1 % to nearly 30 %.”⁴⁶

Although, governments in the BAY states and at national level have made some efforts aimed at reducing prevalence of child marriage, such efforts have not resulted in reduced rates of child marriage in many communities across the three states. This can be attributed to two factors, namely: (1) legal inconsistencies in the country’s constitution which, on one hand, bans child marriages, and, on the other, protects religious freedom, recognizing Sharia law under which; “an individual reaches adulthood at puberty and can be contracted into marriage;”⁴⁷. The IGA research team also learnt that although the Child Rights Act has been domesticated across the BAY states, its implementation has remained a challenge.

Additional safety risks reported by adolescent girls across the three states include hawking long distance, sexual and reproductive health complications due to childbirth at younger age. Similarly, adolescent boys in Borno report protection risks such as killings, abduction and forceful recruitment into insurgent groups; and attacks by herdsmen at farmlands in Yobe and Adamawa.

3.6.5 Discriminating social norms and policies

Across the three conflict affected states the following barriers to achieving gender equality and equity were identified.

- i. Preferential treatment discriminating against girls: Responses from KIIs and FGDs indicated that male child is usually preferred over female child. Many girls are subjected to street hawking to generate income for family upkeep, as some respondents highlighted in the KIIs and FGDs.
- ii. Gender norms shape risk-taking and health-seeking behaviours of many men. Across the KIIs and FGDs with many respondents in the three states, it emerged that 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.
- iii. Both interviews and desk reviews indicate that although governments in the BAY states have domesticated a number of laws, policies, and regulations to promote gender equality and equity, the laws and policies are poorly implemented due mainly to weak political will on the part of the government. As a result of this, little progress has been made in addressing barriers to gender equality in the three states, particularly in Borno and Yobe. The IGA team also learnt that although each of the three states has a budget line for GBV prevention and response and female empowerment, fund release remains a challenge.
- iv. The patriarchal system in the BAY states consigns women to specific gender roles, e.g., housekeepers, preventing women from aspiring to more influential positions at community,

⁴⁶ Gastón, Colleen M., Misunas, C., and Cappa, C. (2019). Child Marriage Among Boys: A Global Overview of Available Data. <https://www.tandfonline.com/doi/full/10.1080/17450128.2019.1566584>

⁴⁷ <https://yaleglobal.yale.edu/content/child-marriage-nigeria-wedded-poverty>

sub-national and national levels. Such norms and beliefs tend to prevent both women and men from voting for women because they create the perception of women as unsuited for public leadership. Some key informants highlighted that cultural beliefs about gender prevent women contending for public office from being taken seriously — regardless of their qualifications or plans for the development of their communities or states.

- v. With respect to peace and security, the patriarchal system has also reserved peacebuilding at communal level as a male prerogative, denying many capable women the opportunity to acquire experience, exposure, and skills in negotiation, advocacy, and lobbying techniques. This limits women’s opportunities to participate meaningfully as public leaders, particularly in peacebuilding and conflict-resolution. Even when women do participate in conflict resolution, they tend to do so at an informal level; their efforts in peacebuilding often go unreported and undocumented. Notwithstanding, some informants noted that opportunities for women to participate in politics and public decision-making has increased and stated that they observed an increase in the number of women vying for public office particularly in Adamawa.

3.6.6 Social cohesion and division

Social cohesion refers to the extent of connectedness and solidarity among and between different individuals and groups in society.⁴⁸ Within the context of the humanitarian situation in the BAY states, the experience of displacement has led to increased tensions and hostilities among and between displaced persons and host communities with different ethnicities and religions; and between those who left conflict affected areas and those who have stayed. Some respondents in Borno and Yobe report that ethnic minorities are being discriminated in host communities. According to a female respondent in Damaturu, “like now when it comes to minority groups they are usually left out when it comes to decision making or when humanitarian assistance comes, they don’t include them.” Similarly, a male respondent in Gwoza report that: “Minority groups faced a lot of problems. When an opportunity comes, they don’t get to know about it until after. So, there’s segregation in the community.”

Interviews and FGDs showed that while displaced persons who reside with host communities can rent farmland, the land is increasingly becoming scarce as the number of returnees continue to increase by the day. Similarly, some individuals who have returned to their home communities report that they found that their land has already been occupied by others. Some respondents in Borno entertained the fear that if this situation is not properly managed, it could pose risk to social cohesion.

Findings also revealed that some members of host communities have become hostile towards IDPs and returnees living in their communities due to perceptions of being excluded from humanitarian aid being provided to the displaced persons. Both male and female respondents in Borno and Yobe report stigmatization of individuals seen as having affiliations with the insurgents, which often resulted in discrimination that hinders safe, inclusive, and meaningful access to humanitarian aid. For instance, children fathered by the insurgents are perceived in the two states, as having “bad blood” and are often viewed as potential enemies since they are offspring of Boko Haram (BH) members and therefore, they are seen as possessing the traits of their fathers.

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The IGA team learnt that in some host communities in Borno inter-ethnic marriage is not allowed due to certain cultural norms. A young male respondent from Gwoza reported how his family refused to allow him to marry from other ethnic groups, lamenting that: “There was this lady I wanted to marry but my family prevented me from marrying her because she does not speak our language. I still feel the pain of losing that woman.”

Findings also revealed that in some communities in Michika (Adamawa State), blacksmiths are stigmatized and discriminated against. For instance, in Malkohi community a female respondent reported that “blacksmiths are seen as ill fortunes of the society,” adding that “many men cannot marry daughters of blacksmiths.” The IGA research team learnt that this phenomenon is prevalent among the Hygi ethnic group in Michika.

4.0 CONCLUSIONS

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. While the conflict altered intra-household gender power dynamics, it has resulted in an increased burden and vulnerability of women. 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. The shutting down of many camps has pushed many IDPs deeper into destitution. Despite the adverse impacts of the conflict on women and girls, there are certain opportunities for women empowerment in the BAY states.

4.1 Suggestion for Further Research

Although this intersectional gender analysis addressed the research questions, there were, however, constraints imposed mainly by time, space and resources. Due to these constraints, the study couldn’t collect data that would allow the research team do justice to certain sectors that do not seem to be directly related to the focus of the IGA. The report emphasis, therefore, is on analyzing gender gaps with specific focus on unique vulnerabilities, needs, capacities and coping strategies of IDPs, refugees and returnees (women, girls, boys and men) and host communities in the conflict affected states of the BAY states. Therefore, the research team would like to suggest that this study be explored further, but with focus on the gender dynamics in sectors such as Camp Coordination and Camp Management, Shelter, Nutrition, Emergency Telecommunications, Water, Sanitation, and Hygiene, and Logistics. Future researchers should also employ ethnographic method that would allow capturing the lives, emic perspectives and everyday practices of the people studied.

5.0 RECOMMENDATIONS

5.1 General Recommendations

Humanitarian Country Team (HCT)

- 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.

5.2 Sector Specific Recommendations

5.2.1 Food Security Sector

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.

5.2.2 SRHR and other Health Services

UN and Donor Agencies (WHO, UNFPA and others)

- 1) 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.
- 2) 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.

5.2.3 Education Sector

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

- 1) Collaborate with WASH sector to provide and scale up gender-sensitive wash and sanitation facilities in schools.
- 2) Provide more funding for education in emergencies programmes and ensure that girls who dropped out are supported to return back to school.
- 3) 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

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

5.2.4 Protection Sector

UN and Donor Agencies (UNHCR)

- 1) Provide more funds to support creation of more systems to address GBV concerns of girls and women as well as boys in host communities.
- 2) Continue to support women-led CSOs in their efforts to engage communities in the fight against child marriage and forced marriage.
- 3) 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.

5.2.5 Water, Sanitation and Hygiene

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

- 1) Advocate for more funding and attention to creating more WASH facilities in host communities.
- 2) 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.

5.2.6 Early Recovery and Livelihoods Sector

UN and Donor Agencies (UNDP and others)

- 1) 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.
- 2) Collaborate with women's and youth groups to strengthen cooperative societies and create smooth channels for female entrepreneurs to secure funding for their businesses.
- 3) 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.
- 4) 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.

5.3 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 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.

ANNEXES

Annex 1: Questionnaire

QUESTIONNAIRE FOR HOUSEHOLD IN IDPS AND HOST COMMUNITIES

- ✓ Name of the State:
- ✓ LGA:
- ✓ IDPs Camp:
- ✓ Host Community:
- ✓ Returnee:
- ✓ Coordinates: Latitude: Longitude:
- ✓ Interview date and time:

Name(s) of Research Assistant(s)/Facilitator(s):

SECTION ONE: BACKGROUND INFORMATION

1. Sex: Indicate your sex
 - a) Male
 - b) Female
 - c) Rather not say
2. Age: Tick the age bracket that applies to you
 - a) 18 – 30 years
 - b) 31 – 50 years
 - c) 51-70
 - d) Above 70 years
3. Marital Status: Tick as applicable
 - a) Single
 - b) Married
 - c) Divorced
 - d) Separated
 - e) Abandoned
 - f) Widow
 - g) Widower
 - d) Rather not say
4. Ethnicity/language: Indicate the ethnic group that best describes you
 - a) Kanuri
 - b) Fulani
 - c) Hausa
 - d) Igbo
 - e) Yoruba
 - f) Others (specify):.....
5. Indigeneity/Migration Status: Indicate the appropriate migration status in your current place of residence
 - a) Indigenous people

- b) Non-indigene/Settlers
- c) Immigrant/foreigner
- d) IDP/refugee

6. Religious affiliation: Indicate your religious affiliation

- a) Islam
- b) Christianity
- c) Traditionalist
- d) No-religious affiliation

7. Education: Indicate your highest level of educational attainment (tick the appropriate response)

Level of Education	Before the conflict/crisis	Current level
a) No formal education		
b) Primary School Leaving Certificate		
c) Senior Secondary School Certificate		
d) Diploma/Nigerian Certificate of Education (NCE)		
e) Graduate/Postgraduate Degree		

8. Indicate your major livelihood means (multiple responses applicable)

livelihood means	Before the conflict/crisis	Current livelihood
a) Civil/public service		
b) Farming		
c) Fishing		
d) Artisanship/petty trading		
e) Unemployed		
f) Rely solely on aid/assistance		
g) Others (Specify):		

9. Household average monthly income: Indicate the monthly annual income range that is applicable to you. (your estimate should take into account all known incomes from all income earners in your household)

Income level	Before the conflict/crisis	Current income level
a) Less than N30,000.00		
b) N31,000.00 - N60,000.00		
c) N61,001.00 - N90,000.00		
d) N91,000.00 - N120,000.00		
e) Above N120,000.00		

10. Ability/disability status: Do have any form of disability?

- a) Yes
- b) No

11. If 'Yes' in question (10) above indicate the form of disability/challenge:

A. GENDER DIFFERENCES IN TERMS OF NEEDS AND INTERESTS

12. Indicate the basic needs based on gender groups in your Community

Need before the conflict

List as applicable

Needs	Gender Group					
	W	M	G	B	PWD	C
Education						
Food and nutrition						
Healthcare						
Employment						
Marriage						
Cloth						
Shelter						
Security and protection						
Leadership						
Others (specify) here and below						

Note: W= Women, M=Men, Girls, B=Boys, PWD = Persons with Disability, C=Children

Current Needs

Needs	Gender Group					
	W	M	G	B	PWD	C
Education						
Food and nutrition						
Healthcare						
Employment						
Marriage						
Cloth						
Shelter						
Security and protection						
Leadership						
Others (specify) here and below						

13. What services (e.g. water and sanitation, education, jobs, skills acquisition, etc.) are safely available to men, women, boys and girls in your community (IDPs and Refugee camp and host community) in addressing the needs in 12 above?

Before the conflict

Gender Group	Basic services
Women	
Men	
Girls	
Boys	
Persons with disability	
Children	
Youths/adolescents	
Aged	

Current situation

Gender Group	Basic services
Women	
Men	
Girls	
Boys	
Persons with disability	
Children	
Youths/adolescents	
Aged	

14. Who is currently meeting those needs? And what are they providing? And for which gender group? (Tick as applicable)

Organization	Needs or Services being provided	Target Gender group
Households		
Friends		
Government		
Armed forces		
UN agencies		
NGOs,		
FBOs		
CSOs		
Private individual/organization		
Other – If “other,” please specify:		

15. Indicate the level of your satisfaction with the service delivery (tick as appropriate)

Item	Very satisfied	Satisfied	Moderately	Low satisfaction	Not satisfied
Food item					
Nonfood item					
Education					
Security					
Healthcare					
Shelter					
Sanitation					
Water supply					

16. Indicate the gender group that are either underserved or usually left out in service delivery

- a) Women
- b) Men
- c) Children
- d) Girls
- e) Boys
- f) Persons with disability
- g) Youths/adolescents
- h) The elderly

17. Which actors should be engaged – other humanitarian agencies, national/local organizations, duty bearers (government) – to strengthen community-based mitigation strategies and create an enabling environment? (*indicate the needs each organization can meet best*)

- Government
-
- Armed forces
-
- UN agencies
-
- NGOs, FBOs and CSOs _____
- Private individual/organization
-
- Other – If “other,” please specify: _____
-

B. GENDER RISKS AND VULNERABILITIES

18. Indicate the kind of violence that are prevalent within your immediate community (IDPs, and host community and the affected gender group before conflict and currently happening.

IDP

Violence category	Current situation									
	Women	Girls	Men	Boys	PWD	Women	Girls	Men	Boys	PWD
Kidnapping/abduction										
Assault										
Rape/ sexual abuse										
female genital mutilation/cutting										
marital rape										
violence against parents (mother) and older women										
Female/wife battery										
sexual assault										
sexual harassment										
intimidation in schools, offices, workplaces										
forced medical treatment										
Trafficking										
Child marriage										
Sex in exchange for food and non-food items										
Physical assault										
Armed robbery										
Cattle rustling										
Others (specify):										

Host community

Violence category	Before the Conflict					Current situation				
	Women	Girls	Men	Boys	PWD	Women	Girls	Men	Boys	PWD
Kidnapping/abduction										
Assault										
Rape/ sexual abuse										
female genital mutilation/cutting										
marital rape										
violence against parents (mother) and older										

women										
Female/wife battery										
sexual assault										
sexual harassment										
intimidation in schools, offices, workplaces										
forced medical treatment										
Trafficking										
Child marriage										
Sex in exchange for food and non-food items										
Physical assault										
Armed robbery										
Cattle rustling										
Others (specify):										

19. Indicate the applicable risks factors in your community

Risks factors/category	Before the Conflict					Current situation				
	Women	Girls	Men	Boys	PWD	Women	Girls	Men	Boys	PWD
Death										
Contracting STDs including HIV										
Disabled										
Tortured										
Trauma										
Depression										
Suicide										
Emotional stress/mental breakdown										
Loss of livelihood means										

20. To what extent were/are women and girls exposed or vulnerable to these risks?

Risks factors/category	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Death						
Injury						
Contracting STDs including HIV						
Disabled						
Tortured						
Trauma						
Loss of livelihood means						

21. To what extent were/are men and boys exposed or vulnerable to these risks?

Risks factors/category	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Death						
Injury						
Contracting STDs including HIV						
Disabled						
Tortured						
Trauma						
Loss of livelihood means						

22. To what extent were/are persons with disability (PWD) exposed or vulnerable to these risks?

Risks factors/category	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Death						
Injury						
Contracting STDs including HIV						
Disabled						
Tortured						
Trauma						
Loss of livelihood means						

23. To what extent were/are youths/adolescents exposed or vulnerable to these risks?

Risks factors/category	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Death						
Injury						
Contracting STDs including HIV						
Disabled						
Tortured						
Trauma						
Loss of livelihood means						

24. To what extent were/are aged persons exposed or vulnerable to these risks?

Risks factors/category	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Death						
Injury						
Contracting STDs including HIV						
Disabled						
Tortured						
Trauma						
Loss of livelihood means						

25. Are there protection mechanisms in place for the protection of violence against persons in the communities?

- a) Yes
- b) No

26. If yes in 25 above what protection mechanisms are available?

- a) Domestication and strict enforcement of the Violence Against Persons Prohibition (VAPP) Act
- b) Traditional rulers and council members taking the lead by committing to protect the rights of women against violence
- c) Parents educating their children on the various types of GBV
- d) Sensitization programmes in homes, schools and the community
- e) Formation of Women GBV support groups
- f) Others (please specify):

C. OPPORTUNITIES FOR WOMEN’S EMPOWERMENT

27. What are the opportunities that exist for women empowerment in the camp and in your community before the conflict (tick as applicable)

Opportunity	Before the Conflict	Current situation
Education		
Skills acquisition centers		
Employment		
Involvement in leadership and decision making		
Capacity building for women to take up leadership position		
Starter packs for income generating activities		
Others (please specify) here and below		

D. CHALLENGES THAT IDPS, REFUGEES AND RETURNEES FACE AND HOW THEY COPE

28. Identify the challenges (e.g. limited or no access to education) you are facing in your community (IDPs camps)

- a) Limited access to food and non-food items
- b) Limited income earning skills
- c) Discrimination of access to food, non-food items and income earning opportunities on the basis of sex
- d) Discrimination of access to food, noon food items and income earning opportunities on the basis of age
- e) Discrimination on the basis of religion
- f) Discrimination on the basis of marital status.
- g) Discrimination on the basis of ethnic affiliation
- h) Discrimination on the basis of ethnic social status
- i) Discrimination on the basis of ethnic education
- j) Others (specify)

30. Identify the challenges (e.g. limited or no access to education) you are facing in host community.

- a) Limited access to food and non-food items
- b) Limited income earning skills
- c) Discrimination of access to food, non-food items and income earning opportunities on the basis of sex
- d) Discrimination of access to food, noon food items and income earning opportunities on the basis of age
- e) Discrimination on the basis of religion
- f) Discrimination on the basis of marital status.
- g) Discrimination on the basis of ethnic affiliation
- h) Discrimination on the basis of ethnic social status
- i) Discrimination on the basis of ethnic education
- j) Others (specify)

31. What are the strategies you have developed to cope with identified challenges?

.....
.....

E. POWER DYNAMICS AT THE HOUSEHOLD AND COMMUNITY LEVEL

1. Power Dynamics: Access To Resources

Instruction: Tick as applicable

S N	Resourc es	Before the Conflict					Current situation				
		Predom inantly Women	Predom inantly Girls	Predom inantly Men	Predom inantly Boys	Predom inantly PWD	Predom inantly Women	Predom inantly Girls	Predom inantly Men	Predom inantly Boys	Predom inantly PWD
29	Who is the main income earner in your household?										
30	Indicate who is allowed to take up paid job in your household										
31	Access to basic education										
32	Access to Information other than formal education										
33	Access to Food Items										

	(FIs) during distribution by donor organizations										
34	Access to water supply										
35	Access to Non-Food Items (NFIs) during distribution by donor organizations										
36	Access to health services										
37	Access to land for agriculture purpose										
38	Access to land for development other than agricul										

tural purpos e											
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39. To what extent do women in your household access the following resources?

Variable	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Paid job or employment						
Access to basic education						
Capacity building opportunities						
Income generating opportunities						
Leadership opportunities						
Access to Information other than formal education						
Access to Food Items (FIs) during distribution by camp management officials						
Access to Food Items (FIs) during distribution in host communities						
Access to water supply						
Access to Non-Food Items (NFIs) during distribution by camp management officials						
Access to Non-Food Items (NFIs) during distribution in the host communities						
Health services						
Access to lands for agriculture purpose in your community						
Access to lands for development other than agriculture purpose						

40. To what extent do *girls* in your household access the following resources?

Variable	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Paid job or employment						
Access to basic education						
Capacity building opportunities						
Income generating opportunities						
Leadership opportunities						

Access to Information other than formal education						
Access to Food Items (FIs) during distribution by camp management officials						
Access to Food Items (FIs) during distribution in host communities						
Access to water supply						
Access to Non-Food Items (NFIs) during distribution by camp management officials						
Access to Non-Food Items (NFIs) during distribution in the host communities						
Health services						
Access to lands for agriculture purpose in your community						
Access to lands for development other than agriculture purpose						

44. To what extent do **PWDs** in your household access the following resources?

Variable	Before the Conflict			Current situation		
	High (3)	Moderate (2)	Low (1)	High (3)	Moderate (2)	Low (1)
Paid job or employment						
Access to basic education						
Capacity building opportunities						
Income generating opportunities						
Leadership opportunities						
Access to Information other than formal education						
Access to Food Items (FIs) during distribution by camp management officials						
Access to Food Items (FIs) during distribution in host communities						
Access to water supply						
Access to Non-Food Items (NFIs) during distribution by camp management officials						
Access to Non-Food Items (NFIs) during distribution in the host communities						
Health services						
Access to lands for agriculture purpose in your community						
Access to lands for development other than agriculture purpose						

2. Power Dynamics: Control of Resources and Participation of Women and Men in Decision-Making at Household

Instruction: Tick as applicable

45. Who control the use or distribution of the following resources?

Instruction: Tick as applicable

Decision-making at household level:	Before the Conflict				Current situation			
	Predominantly Women and adult female youths	Predominantly men and adult male youth	Jointly done by men and women	Predominantly done by men	Predominantly Women and adult female youths	Predominantly men and adult male youth	Jointly done by men and women	Predominantly done by men
Who decide how the household income is used?								
Who controls the daily budget								
Who decides on household's savings and investments?								
Who decide whether or not women and girls are allowed to take up paid								

job?								
Who decides on domestic work?								
Who decide access of women, men boys and girls to basic education and information?								
Who decides on childcare issues ?								
Who decide when and where to access health care?								
Who decides about family size?								
Who decides about child marriage ?								
Decision of lands for								

agricultu re purpose?								
Decision on what crops to produce.								
Land preparati on and how much land to cultivate ?								
When and what variety of seed to plant?								
Who controls the proceeds of farm produce?								
Lands for develop ment other than agricultu re purpose?								
Food Items (FIs)								
Water supply								
Non- Food Items (NFIs)								

3. Power Dynamics:: Gender Role at Household Level

46. Indicate who performs the following role in your household

Roles	Men	Women	Boys	Girls	Men/women
<i>Relating to agricultural Livelihood (Farming)</i>					
Who prepares land for cultivation?					
Who does the actual cultivation/planting?					
Who does the weeding?					
Harvesting					
Processing					
Storage					
Who market the cultivated farm products?					
<i>Domestic activities</i>					
Sweeping and general indoor sanitation					
Fetching water					
Cooking					
House chores (washing of clothes dishes etc.)					
<i>Reproductive role</i>					
Child-bearing and up-bringing					

4. Power Dynamics: SOCIAL NORMS AND VALUES

47. Indicate harmful social norms and beliefs that limit women and girls access to resources and opportunities in the IPDs camp/host communities?

Variable	Before the conflict	Current situation
Forced Marriage		
Early or under aged marriage		
Childs` Labour		
Son Preferences Over Daughters		
Arranged Marriage		
Female Genital Mutilation/cutting		
Virginity Test		
Bride Kidnapping		
Wife Inheritance Traditions		
Restriction of women and girls to only housewife and child-bearing		
Others (list as applicable)		

ANNEX 2: KII and FGD Guides

KII/ FOCUS GROUP DISCUSSION GUIDE FOR WOMEN/GIRLS

1. What are the major needs and interests of women/girls and children in your community/IDP camp before the conflict? What are your current needs? Please explain.

2. Please mention the skills you have before the conflict and currently? How has it helped you to meet your current needs? What skills and support do you need to support your business and from where/who?
3. Who are the people facing vulnerability the most in this community? What are they vulnerable to, and why?
4. Who does what work in the family? Do you think that the roles women and girls play in the household is limiting or increasing their access to resources and opportunities? Please explain how?
5. What are you doing to generate income to meet your basic needs before the conflict and currently? What livelihoods/occupations could men/boys do that women/girls could not and vice-versa? Please explain why?
6. What are the problems or barriers that girls/women, face in getting jobs or in creating their own businesses? Did the conflict affect your business? If yes, please explain how?
7. Are there any specific groups in the community that experience problems? If yes or no, please explain.
8. Are women/girls included in taking major decisions in this camp/community? Are there women leaders in this camp/community? What positions do they occupy?
9. Who makes major decisions in the household and why? Why do you think women/girls are usually excluded from decision making?
10. What types of violence against women/girls and PWDs are common in this IDP camp/community before the conflict and now? What do you think is responsible?
11. What protection support/services are available for victims? How can it be strengthened?
12. What are the most important issues facing people with disabilities (PWDs), especially women/girls? What about men/boys? Are needs of PWDs being addressed? If yes, by who?
13. Who do you think is being marginalized/discriminated against in this community? Please explain why
14. What cultural norms and beliefs do you think marginalize or discriminate against girls/ women and girls in this community? PWDs?
15. What are the challenges that prevent you from accessing health services?
16. What would you suggest to be done for the empowerment of women/girls and PWDs and who could play what role?
17. Is there anything relevant to our discussion you want to tell me, which I didn't ask you?

KII/FOCUS GROUP DISCUSSION GUIDE FOR MEN/BOYS

1. What are the major needs and interests of men/boys and children in your community/IDP camp before the conflict? What are your current needs? Please explain?

2. Please mention the skills you have before and after the conflict and currently? How has it helped you to meet your current needs? What skills and support do you need to support your business and from where/who?
3. Who are the people facing vulnerability the most in this community? What are they vulnerable to, and why?
4. Who does what work in the family? Do you think that the roles men/boys play in the household is limiting or increasing their access to resources and opportunities? Please explain how?
5. What are you doing to generate income to meet your basic needs before the conflict and currently? What livelihoods/occupations could men/boys do that women/girls could not and vice-versa? Please explain why?
6. What are the problems or barriers that men/boys face in getting jobs or in creating their own businesses? Did the conflict affect your business? If yes, please explain how
7. Are there any specific groups in the community that experience particular problems? If yes or no, please explain.
8. Are women included in taking major decisions in this camp/community? Are there women leaders in this camp/community? What positions do they occupy?
9. Who makes major decisions in the household and why? Why do you think women are usually excluded from decision making?
10. What types of violence against boys/men and PWDs are common in this IDP camp/community before the conflict and now? What do you think is responsible?
11. What protection support/services are available for victims? How can it be strengthened?
12. What are the most important issues facing people with disabilities (PWDs), especially women/girls? What about men/boys? Are needs of PWDs being addressed? If yes, by who?
13. Who do you think is being marginalized/discriminated against in this community? Please explain why
14. What cultural norms and beliefs do you think marginalize or discriminate against men/boys in this community? PWDs?
15. What are the challenges that prevent you from accessing health services?
16. What would you suggest to be done for the empowerment of women/girls and PWDs and who could play what role?
17. Is there anything relevant to our discussion you want to tell me, which I didn't ask you?

KII/FOCUS GROUP DISCUSSION GUIDE FOR PWDs (GIRLS/WOMEN/BOYS/MEN)

1. What are your major needs and interests before the conflict? Please explain. What are your current needs? Please explain?

2. What are the most important issues facing female PWDs? What about male PWDs? Are those issues and needs being addressed? If yes, by who?
3. Do you think that PWDs are vulnerable? Please explain? What are the different vulnerabilities of women/girls compared to boys/men? What are the different coping strategies that are been used by PWDs?
4. What key livelihoods/primary income generating activities (IGA) were you engaged in before the conflict? What about now? What barriers do PWDs, face in obtaining jobs, IGAs or creating their own businesses?
5. What support and services do you need to support your livelihoods and income generation activities?
6. Are there any specific groups of PWDs in the community that experience particular problems? If yes or no, please explain.
7. Are PWDs included in leadership and decisions making in this camp/community? Please explain. If not, what is the reason for their exclusion and how can it be addressed?
8. What types of violence commonly happen to PWDs in this IDP camp/community before the conflict and currently? Who is the most affected and why? What protection mechanisms and services are available for victims and how can it be strengthened?
9. Do you think that you are being marginalized/discriminated against in this camp/community? If yes or no, explain. Who is the most marginalized or discriminated against in this camp/community and why? Please explain
10. What health related problems are PWDs facing? What are the specific barriers and constraints to the use of health services by PWDs?
11. What would you suggest to be done for the empowerment of PWDs and who could play what role?
12. Is there anything relevant to our discussion you want to tell me, which I didn't ask you?

1. What needs and interests of women and girls in IDP camps/host communities your organization identified prior to intervention, and what are you currently addressing? (Probe for men/boys, children, PWDs, elderly)? What are the gaps/perceived areas for future interventions?
2. Are the gender role and relations you observed at the beginning of your intervention changing or they have remained the same? Probe for:
 - Access and control of resources
 - Participation of women and men in decision-making
 - Gender role at household and community level
3. What opportunities for women/girls' empowerment your organization has identified? PWDs?
4. What are the challenges that women/girls who are IDPs, refugees and returnees face currently? Probe: challenges faced by men, boys and PWDs.
5. What are the different coping strategies that are used by women, men, boys and girls and PWDs?
6. What are the barriers to women and girls and PWDs inclusiveness before the conflict and the current situation based on your organization's intervention experiences?
7. What are the existing capacities in terms of human and financial resources to meet the current humanitarian needs? If not, what do you want to see improve?
8. What potential strategies can be employed for a gender-responsive humanitarian response and for the empowerment of women/girls and PWDs across all sectors
9. Is there anything relevant to our discussion you want to tell me, which I didn't ask you?

KEY INFORMANT INTERVIEW GUIDE FOR COMMUNITY LEADERS IN HOST COMMUNITIES (TRADITIONAL RULERS, RELIGIOUS LEADERS, WOMEN LEADERS, YOUTH LEADERS, ETC)

1. What are the major needs and interests of women/girls, men/boys and children in your community/IDP camp before and after the conflict? Please explain. What are the current needs? Please explain the situation?
2. Who does what work in the family? i.e. household chores, care-giving, farming, or earning cash/income. Who controls family income and assets (i.e. father, mother, uncle etc.)?
3. What is the reason for the different roles? Do you think the conflict has contributed to changing the work that men and women do? If yes, explain.
4. What are the most important issues facing PWDs? How do you think the challenges faced by PWDs can be addressed?
5. What is the level of women/girls participation in decision making at the household/community/camp? Please explain
6. What are the greatest obstacles to women and girls in leadership/decision-making in this community? What are the opportunities for improving their participation? What strategies can be used?
7. Are there any specific groups in the community that experience particular problems? If yes or no, please explain.
8. What types of violence are common in this IDP camp/community against women/girls and PWDs before the conflict and now? What do you think is responsible?
9. What protection mechanisms and services are available for victims? How can it be strengthened?
10. Who do you think is being marginalized/discriminated against in this community/camp? (women/girls, men/boys, PWDs, elderly)? Please explain why

11. What cultural norms and beliefs do you think marginalize or discriminate against girls/ women in this community? PWDs?
12. What are the greatest barriers to the use of health services by girls/ women, PWDs, IDPs, returnees, refugees? How do you think the barriers can be addressed?
13. What would you suggest being done for the empowerment of women/girls and who can play what role? PWDs?
14. Is there anything relevant to our discussion you want to tell me, which I didn't ask you?

KEY INFORMANT INTERVIEW GUIDE FOR MINISTRIES DEPARTMENT AND AGENCIES (MoWA, NEMA, SEMA, IDP CAMPS ADMINISTRATORS, POLICE, NSCDC, CJTF, etc.)

1. What are the major needs and interests (of men/boys, women/girls, PWDs, elderly) in the state before and after the conflict? Please explain. What are the current needs? Please explain the situation?
2. What specific humanitarian services do you provide to respond to the needs of the affected women, girls, boys, men, children, PWDS and aged in IDP camps/host communities? What are the most important issues that seem not to have been solved?
3. Is the inclusivity of PWDS, elderly and other marginalized being mainstreamed or not? Please explain?
4. What are the specific cultural norms or practices affecting your programmes and activities relating to IDPs, refugees, returnees?
5. What category and gender of IDPs/refugees/returnees that needs more aid/humanitarian services, and why? What are the specific constraints and opportunities to accessing services provided by humanitarian organizations i.e. UN, INGOs?
6. What is the level of women's participation in decision making in the camp/community? What factors prevent women's involvement in camp administration, community decision-making and peacebuilding?
7. What gender-specific barriers do girls, women and PWDs face in obtaining jobs or creating their own businesses while in IDP camps or host communities?
8. What are the greatest barriers to accessing health services by girls/women and PWDs in IDP camps and host communities?
9. What kind of violence are common in IDP camps/host communities? Who are the most victims and what protection mechanisms and services are available to victims?
10. What formal and informal organizations are working on women's empowerment or gender equity issues for IDPs in camps and communities?
11. What are the existing capacities of your organization in terms of human and financial resources to meet the current humanitarian needs? What do you want to see improve?
12. What tools or strategies can be used to scale up the best practices in addressing the needs of children, youth, women and men, and PWDs in humanitarian response?
13. Is there anything relevant to our discussions you want to tell me, which I didn't ask you?