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COVID-19 AND SEXUAL AND GENDER-BASED VIOLENCE

in the Lake Chad Basin



Federal Foreign Office



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Executive Summary

This Situational Brief is the fourth and final installment in a series of rapid assessment briefs commissioned by the United Nations Development Programme Regional Stabilization Facility (RSF) for the Lake Chad Basin (LCB) region. It explores the impact of COVID-19 and its mitigation strategies on sexual and gender-based violence (SGBV). It draws upon data and anecdotes from the first wave of COVID-19, as well as the prospect of a second wave in the LCB countries and territories. It analyzes this against the background of the Boko Haram insurgency and humanitarian emergencies, including the displacement of persons and communities, of which women and girls constitute the majority and are among the most vulnerable. It uses the United Nations definition of sexual and gender-based violence as “violence that is directed against a person based on gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.” It focuses on women and girls and assesses the impact of COVID-19 and its mitigation strategies by looking at gender-based violence and abuse, women’s livelihoods and economic security, food security, and women’s access to services (especially sexual health and reproductive health services).

Conflict and security situation still deteriorating in the LCB region

The deterioration in the security situation and the disruption of humanitarian operations in the LCB that started at the end of 2019 has continued into January 2021. The region witnessed the continuation of attacks by Boko Haram insurgents against civilians and local communities, government forces, humanitarian facilities, farmlands, and camps for internally displaced persons (IDPs), as well as counter-offensives by security forces of the LCB states. This led to some high-profile, targeted killings of farmers such as Zabarmari in Borno, Toumour in Diffa and Mazogo in Northern Cameroon in the last quarter of 2020. Women and girls continue to bear the greatest burden of this, as they are abducted, killed or displaced by Boko Haram attacks. The security situation continues to disrupt humanitarian aid and services relied upon by vulnerable women and girls and heightens the risk of SGBV.

A second wave of COVID-19 in sight

National-level data and trends for all four LCB countries show exponential increases in the cases of

COVID-19 and fatalities since the start of December 2020; for instance, in Nigeria, the weekly confirmed cases jumped by over 1,000 percent between the end of November 2020 and 15 January 2021. In the LCB territories for which disaggregated data is available, the story is the same. COVID-19 cases as of 19 January had risen by 199 percent (Adamawa), 111 percent (Yobe) and 16 percent (Borno) over the level recorded as of 5 December 2020. The COVID-19 data for LCB territories in Nigeria are always a good indicator of trends in the LCB region because the BAY states – Borno, Adamawa and Yobe – are the socioeconomic hub for the region, and trends in the BAY states tend to mirror or precede rises in cases in other LCB territories. While it appears that men account for the majority of COVID-19 victims, women are more significantly affected by the wider impacts of the pandemic, such as disruptions to livelihoods and access to services, caring for the family (and sick relatives), heightened risk of domestic violence, and other forms of gender-based violence.

COVID-19 response and gender sensitivity

According to data on gender sensitivity of COVID-19 compiled by UN-Women and UNDP, there is a mixed picture for LCB countries, with Nigeria having the most gender-sensitive measures and Cameroon having the least. There is no data for Chad. Protecting the economic security of women attracted the most gender-sensitive measures in COVID-19 responses; measures on women’s economic security accounts for 71 percent of all gender-sensitive measures taken in Nigeria, Niger and Cameroon. Around 19 percent of gender-sensitive measures are focused on either protecting women from violence or responding to those who have experienced it; none of the measures cover unpaid care work. The dominant measures for protecting women’s economic security in LCB countries are the cash transfer and food assistance programs that target the most vulnerable (the majority of whom are women). In measures taken to protect women and girls from violence, the focus appears to be on strengthening services for women survivors through help lines and other reporting mechanisms, psychosocial support, and police and judicial responses. Despite all this, women and girls are disproportionately affected by the pandemic in the LCB region.

Impact on gender-based violence

COVID-19 and its mitigation strategies heighten the risk of gender-based violence as the first wave coincided with reports of increases in domestic violence, attacks against female health workers, forced or early marriage, sexual exploitation in LCB countries and territories, and reduced survivors' access to reporting and psychosocial support services. National-level data for Nigeria in 2020 points to exponential rises (149 percent) in monthly reports of gender-based violence following the introduction of COVID-19 mitigation measures in March 2020. Data for Diffa in Niger also show a spike in gender-based violence from March 2020. The indirect effects include the exacerbation of humanitarian crises with implications for access to services for survivors of violence against women and girls (e.g., sexual assault referral centers), and under-reporting of gender-based violence by survivors ('shadow pandemic') in the LCB region. The pandemic also heightens the underlying drivers of gender-based violence such as family poverty, closure of schools, cultural taboos linked to shame in cases of pregnancy outside of wedlock, and disrupted access to SRH services.

Impact on women's livelihood and economic security

COVID-19 and its mitigation strategies have simply worsened the livelihood situation of female IDPs and refugees, and other women and girls in conflict-affected communities across the LCB region. As COVID-19 continues to push more women into extreme poverty, the economic insecurity will increase the risk of violence against women. Most women and girls in the LCB region work in the informal economy, doing petty trading or casual low-paying and insecure employment (e.g., hospitality and leisure sector) that are very susceptible to shocks. Women face a second whammy as COVID-19 increases the amount of unpaid care work they must provide for sick relatives and for children at home due to school closures. Women who become their family's primary breadwinner face a third whammy, as they alone must ensure their family's survival. Job losses and restrictions meant that men also lost jobs and /or that husbands were unable to explore alternative sources of income. A survey of residents in Borno found that 71 percent of women and 51 percent of men believed "it [COVID-19 and mitigation strategies] has affected my livelihood"; this was the highest-ranking impact residents reported.

Impact on women's food security

COVID-19 exacerbates food insecurity across the world, especially in zones of armed conflict. The combination of COVID-19, insurgency and insecurity, unequal power relations and discriminatory practices against women and girls exacerbate hunger and acute food insecurity in the LCB region. The COVID-19 mitigation strategies led to the loss of planting months in March-May. This – coupled with the simultaneous disruption of humanitarian aid and increased feeding needs for families (due to school closures and stay-at-home orders) – worsened the scale of food insecurity and gaps in nutrition for women and children in the region. The number of food-insecure persons in the LCB region is estimated at 6.3 million, up by nearly one million from the pre-COVID estimates. In Northeast Nigeria, between June and August 2020, the number of people in acute food insecurity increased by 73 percent as compared to the 2019 peak figure. This produces broader consequences for women and girls in the region such as an increased likelihood of domestic violence, sexual exploitation, survival sex and child marriage.

Impact on women's access to services

COVID-19 and its mitigation strategies disrupted humanitarian aid and healthcare services, especially sexual and reproductive health (SRH) services targeted at women in the LCB region. It triggered the diversion of financial and material resources from other services toward COVID-19, and this leaves major gaps in the health needs of women and girls such as reduced access to SRH (antenatal and postnatal services, contraceptives) and counseling and psychosocial support to victims of SGBV. The pandemic also increases the risk of pregnancy and maternal mortality for girls 15-19 years of age by 14 times. COVID-19 restrictions limited the ability of women and girls to freely access SRH clinics due to inadequate transport, harassment by security agencies and community defense militias (yan gora), and increased care burdens at home. The restrictions also delayed the movement of humanitarian aid, movement of IDPs outside of camps, and disrupted the supply of family planning materials in the second quarter of 2020 in Northeast Nigeria. All this contributed to the scarcity of SRH items and higher risks of unwanted pregnancies, unsafe abortions and maternal mortality. A survey by the International Organization for Migration (IOM) also found that 49 percent of respondents (including women) in Yobe, 51 percent in Adamawa and 43 percent in Borno claimed to have experienced disruptions to food distribution,

markets, health, education, protection and water trucking.

Recommendations

Regional Stabilization Facility

1. Update templates and guidelines for integrating gender sensitivity into emergency responses, including ethically sound processes for gender analysis that cover gendered roles and risks, social norms, and capabilities and needs of vulnerable women and girls. This should reflect lessons learned from the first wave of COVID-19 in the LCB region.
2. Compile and track disaggregated data on key aspects of gender-based violence and how that was impacted by COVID-19 and mitigation strategies and intervention measures by government and non-governmental actors during the first wave of COVID-19 in the LCB region. This is to guide evidence-based decision-making on preventing and responding to SGBV.
3. Update risk matrices and assessment templates for SGBV to in the LCB to reflect the impacts of COVID-19 and its mitigation strategies on data collection, outreach and communication, social norms, and intersectional linkages.
4. Convene and facilitate strategic-level partnerships and multi-sectoral dialogues to share lessons and experiences, streamline approaches and promote synergies in addressing SGBV and the needs of women and girls in the context of COVID-19 in the LCB region.
5. Promote and coordinate a ‘whole of the system’ approach, including the integration of SGBV training and instruments into other programs (e.g., cash transfers, fiscal relief, skills and empowerment, livelihoods, etc.) and training linked to COVID-19 in the LCB region.
6. Promote advance planning for recurring waves of COVID-19, especially in relation to the inclusion of protection measures for women and girls and enhancements to their ability to access sexual and reproductive health services, including dignity kits, updated details of referral services and confidential help lines.
7. Develop guidance on how to adapt livelihood interventions to current and future socioeconomic impacts of COVID-19 and its mitigation strategies, especially new approaches that quicken the economic recovery of women after the first wave of COVID-19 in the LCB region.

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For stakeholders such as the LCB Commission, governors of LCB territories, civil society groups, aid agencies, donor partners, private sector organizations, and members of the P3 countries (United Kingdom, France, United States) working in the Lake Chad Basin area

Other Stakeholders

For stakeholders such as the LCB Commission, governors of LCB territories, civil society groups, aid agencies, donor partners, private sector organizations, and members of the P3 countries (United Kingdom, France, United States) working in the Lake Chad Basin area:

1. Promote and mobilize additional resources to support the full inclusion and participation of women and adolescent girls’ groups in community- and state-level decision-making and intervention initiatives on preventing and responding to SGBV.
2. Design and promote greater gender sensitivity in economic empowerment and livelihood initiatives run by government and civil society actors to meet the differential needs of a variety of women’s and girls’ groups in the context of COVID-19 in the LCB. Empowerment programs should seek to transform

the economic options of women through training in digital skills to enable women to continue to undertake transactions and render their services remotely.

3. Promote and strengthen the capacity of programs on SGBV (reporting mechanisms) and the judicial system to bring perpetrators of SGBV to account as part of efforts to prevent future violations of the rights of women and girls.
4. Promote and support a multi-platform communication system and adapt and intensify awareness campaigns on gender equality and reducing SGBV in the context of COVID-19 with information on COVID-19-compliant safe spaces and protocols and reporting mechanisms for SGBV incidents.
5. Develop and monitor (track) the distribution of COVID-19 palliatives, especially food packs and cash transfers, to ensure they target, reach and meet the needs of the most vulnerable women and girls, including those in IDP camps.
6. Promote and support multi-stakeholder approaches that include governments, humanitarian agencies, development partners, private sector partners, community elders and faith-based leaders in COVID-19 responses and campaigns against SGBV in LCB territories.



1. Introduction

This Situational Brief explores the impact of COVID-19 on 'sexual and gender-based violence' in the Lake Chad Basin (LCB) area. It is the fourth and final installment in the series on the rapid assessment of COVID-19 and its impacts on critical aspects of the LCB Regional Stabilization Strategy (RSS).¹ The series traces and analyzes the evolution of COVID-19 and response strategies in the LCB territories of Cameroon, Chad, Niger and Nigeria and provides an initial rapid analysis and assessment of its implications for priority themes of the RSS and the mandate of the Regional Stabilization Facility (RSF). This Situational Brief comes in the wake of a second wave of COVID-19 in the LCB region, as well as ongoing impacts of the first wave (March-June 2020). In view of the evolving nature of COVID-19, the Situational Briefs are based largely on open-source data and targeted interviews with stakeholders where possible.

As the LCB region starts to experience a second wave of COVID-19, the short-, medium- and long-term impacts of the first wave of COVID-19, especially for women and girls, are yet to be fully understood. The three previous Situational Briefs – one each on Governance, Resilience and Violent Extremism – undertook a whole-of-the-society assessment. Here, the focus is specifically on sexual and gender-based violence (SGBV). The African Union (AU) calls for a gendered perspective in the analysis of COVID-19 and its response, especially to explore “how COVID-19 will disproportionately affect women including young women and girls, particularly the vulnerable and those living in crises and conflict affected countries.”² The United Nations Security

Council also expresses concern about the potential of the COVID-19 pandemic to further exacerbate existing fragilities in the LCB region, undermine development, worsen the humanitarian situation and disproportionately affect women and girls.³

This Situational Brief defines sexual and gender-based violence as “violence that is directed against a person based on gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.”⁴ The definition covers violence against women and girls in family and community settings including physical violence such as assaults, kicking and battering; denial of resources, opportunities and access to services, which may lead to inadequate or disrupted livelihoods; psychological violence such as humiliation, verbal abuse, sexual harassment, lack of care and abandonment; and sexual violence such as criminal and marital rape, sexual exploitation, child and forced marriage, and forced prostitution (survival sex).⁵

This definition acknowledges that while anyone – women, girls, boys and men – could be victims of SGBV, women and girls remain the main (majority) victims, and thus the focus of this Situational Brief. This definition is consistent with international and regional instruments, including Articles 1 and 2 of the United Nations General Assembly Declaration on the Elimination of Violence against Women (1993); Convention and Committee on the Elimination of all Forms of Discrimination Against Women (CEDAW); Constitutive Act of the African Union (2000); the African Union Gender Policy, etc.

1 The key priorities of the RSS, as contained in the pillars of intervention, include political cooperation; security and human rights; DDR and reinsertion and reintegration of persons associated with Boko Haram terrorists; humanitarian assistance; socioeconomic recovery and environmental sustainability; education, learning and skills development; prevention of violent extremism and the building of peace; and the empowerment and inclusion of women and youth. See African Union Commission/Lake Chad Basin Commission, 'Regional Strategy for the Stabilization, Recovery & Resilience of the Boko Haram-affected Areas of the Lake Chad Basin Region', August 2018, pp. 24-44, <https://www.peaceau.org/uploads/regional-stabilisation-recovery-and-resilience-strategy-rss.pdf>

2 African Union (AU), 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment', AUC: Addis Ababa, Ethiopia, 2020, p.5, https://au.int/sites/default/files/documents/38617-doc-gewe_and_covid_19_eng.pdf

3 United Nations Security Council (UNSC), 'Statement by the President of the Security Council,' 28 July 2020, S/PRST/2020/7 https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_PRST_2020_7.pdf

4 United Nations High Commissioner for Refugees (UNHCR), 'Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response', May 2003, p. 11, <https://www.unhcr.org/uk/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html>

5 UNHCR, '2019 Annual Report: Sexual- and Gender-Based Violence: Northeast Nigeria', 2020, p.10. www.data2.unhcr.org/

This Situational Brief also acknowledges that the impacts of COVID-19 and its mitigation strategies on women and girls are multidimensional, intersect with other vulnerabilities, and transcend the four categories of issues included under the SGBV.⁶ Initial assessments point to COVID-19 and its mitigation strategies having severe and sustained impact on people who experience multiple and intersecting discriminations, such as girls and women, and that it also exacerbates fault lines and creates new ones.⁷ Within the context of the Boko Haram insurgency and humanitarian emergency, and the existing disadvantaged position and unequal power relations facing women and girls in society, it is not unexpected that COVID-19 and its mitigation strategies will disproportionately affect women and girls. This is because pandemics such as COVID-19 tend to have impacts beyond the health sphere; they trigger socioeconomic disruptions and losses across a society in ways that reset norms and multiply the risks of domestic violence, gendered discrimination and the abuse and exploitation of women and girls.⁸

As stated in the other Situational Briefs, COVID-19 is a game-changer for society and social relations; it has the capacity to expose and worsen subsisting inequalities and vulnerabilities. This Situational Brief assesses this in relation to SGBV. Admittedly, cases of sexual and gender-based violence are not new in the context of the insurgency in the LCB; conflict-related SGBV such as rape, physical violence, denial of resources and access to economic opportunities, forced and child marriage, and abductions are part of the challenges women and girls have faced across Lake Chad Basin territories since 2010. The cases of SGBV also expose structural violence, especially harmful and discriminatory traditional practices, and unequal power relations.⁹

The rest of this Situational Brief has six sections. Section Two provides an overview of the security situation in the LCB region. Section Three explores COVID-19 in the LCB region. Section Four examines gender sensitivity

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in COVID-19 response strategies in the LCB region. Section Five explores the impact of COVID-19 and its mitigation strategies on sexual and gender-based violence with a focus on four themes, namely: gender-based violence and abuse; livelihoods and economic opportunities; food insecurity; and access to services. Section Six is the conclusion. Section Seven contains recommendations to the RSF and other stakeholders.

6 AU, 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment,' 2020, p.5.

7 British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', Managing Conflict in Nigeria Research Report, July 2020, p. 4, <https://www.justice-security.ng/research-report-impact-covid-19-conflict-gender-and-social-exclusion-north-east-nigeria>

8 United Nations Development Programme (UNDP), 'The impact of COVID-19 Pandemic in Nigeria: a socio-economic analysis', Brief #1, March 24 2020, p. 9, <https://www.undp.org/content/undp/en/home/coronavirus/socio-economic-impact-of-covid-19.html>

9 United Nations (UN) 'Conflict-Related Sexual Violence: Report of the United Nations Secretary-General', S/2020/487, 03 June 2020, p. 3, <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/07/report/conflict-related-sexual-violence-report-of-the-united-nations-secretary-general/2019-SG-Report.pdf>

2. Conflict Dynamic and SGBV in the LCB Region

The deterioration in the security situation and the disruption of humanitarian operations in the LCB that started at the end of 2019 continued into January 2021. The region witnessed the continuation of attacks by Boko Haram insurgents against civilians and local communities, government forces, humanitarian facilities, farmlands, and camps for internally displaced persons, as well as counter-offensives by security forces of the LCB states.

For instance, Boko Haram attacks led to the killing of more than 78 rice farmers in Zabarmari in Borno on 28 November 2020.¹⁰ Other cases include the killing of over 27 civilians in Toumour in the Diffa region of Niger on 14 December 2020;¹¹ the killing of over 40 civilians (loggers) in Wulgo forest near the town of Gamboru in Northern Borno on 27 December 2020;¹² and the killing by a suicide bomber of over a dozen civilians in Mazogo in Northern Cameroon on 8 January 2021.¹³

In response to the security downturn, government forces initiated new security operations, including 'Operation Fireball' in October 2020; this triggered more clashes (crossfires) that led to additional civilian fatalities. The United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA) estimates that at least 49 IDPs and farmers (who were returning to farmlands and fishing areas to support livelihoods) were killed in the crossfire between Boko Haram insurgents and government forces. Humanitarian convoys were

routinely attacked and civilian transporters were robbed, abducted or killed on major highways in Northern Borno in the last quarter of 2020; at least 40 such attacks were recorded in October, more than in August and September combined.¹⁴ In addition, other humanitarian assets, including operational vehicles, water storage facilities and camps in places like Damboa, Gamboru and Marte, were also destroyed.¹⁵ Humanitarian operations remained hampered and have yet to recover to pre-COVID-19 levels due to the deterioration in the security situation and flooding. This has resulted in dire situations in some areas such as Ngala along the Nigerian-Cameroonian border where over 100,000 IDPs and host community populations continue to face severe food shortages.¹⁶

Women and girls feature strongly in the history of insurgency and humanitarian emergency in the LCB region; it was actually the abduction of schoolgirls and women,¹⁷ and Boko Haram's use of girls as suicide bombers, that drew international attention to the crisis. Moreover, women and girls constitute the majority of IDPs and refugees and are the most vulnerable people.¹⁸ This is because in situations of armed conflict and /or pandemics, women and men face different types of risks and challenges, and "the people who face the most risk and who have been affected the most are those who were already vulnerable and marginalized beforehand or people who acquired vulnerabilities."¹⁹ Women and girls in the LCB region face heightened

¹⁰ UNSC, 'January 2021 Monthly Forecast: Security Council Report,' 30 December 2020.

<https://www.securitycouncilreport.org/monthly-forecast/2021-01/west-africa-and-the-sahel-5.php>

¹¹ Aljazeera, 'Boko Haram claims attack in Niger that killed dozens,' 14 December 2020,

<https://www.aljazeera.com/news/2020/12/14/boko-haram-claims-bloody-attack-in-niger>

¹² Aljazeera, 'At least 40 feared abducted in northeast Nigeria,' 27 December 2020,

<https://www.aljazeera.com/news/2020/12/27/at-least-40-loggers-feared-abducted-in-northeast-nigeria>

¹³ Aljazeera, 'Children among civilians killed in northern Cameroon attack,' 8 January 2021,

<https://www.aljazeera.com/news/2021/1/8/armed-attack-kills-several-in-northern-cameroon>

¹⁴ United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), NIGERIA: Situation Report, 4 Jan 2021,

<https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Nigeria%20-%2009%20Dec%202020.pdf>

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ This includes the kidnapping of 276 schoolgirls in Chibok in April 2014, and the abduction of 110 schoolgirls in Dapchi in February 2018 in Borno state.

¹⁸ See <https://www.unhcr.org/uk/nigeria-emergency.html>

¹⁹ Yad, Wania, 'Chitra Nagarajan on What's Changed for Women in Lake Chad Region', New Security Beat: The Blog of Environmental Change and Security Program, Wilson Center, 27 March 2020 <https://www.newsecuritybeat.org/2020/03/chitra-nagarajan-whats-changed-women-lake-chad-region/>

risks of gender-based violence like sexual abuse and exploitation, forced prostitution (survival sex), increased forced and early marriage, domestic violence, denial of services and loss of livelihoods.²⁰

Admittedly, governmental authorities of LCB states and territories, in collaboration with international partners, have taken measures to address the SGBV situation in the region; however, gaps remain. For instance, in 2018 the Government of Nigeria adopted its second national action plan on women and peace and security with a strong focus on conflict and insecurity in Borno, Adamawa and Yobe (BAY) states; in 2017, Cameroon adopted its first national action plan on women and peace and security; and all four states under the Multinational Joint Task Force provided training to security forces on human rights and enhanced the monitoring of human rights violations, including SGBV.²¹

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Admittedly, governmental authorities of LCB states and territories, in collaboration with international partners, have taken measures to address the SGBV situation in the region; however, gaps remain

²⁰ Ibid.

²¹ UNSC, 'Annex to the letter dated 23 February 2018 from the representatives of Peru, Sweden and the United Kingdom of Great Britain and Northern Ireland to the United Nations addressed to the Secretary-General Informal Expert Group on Women and Peace and Security: summary of the meeting on the situation in the Lake Chad Basin held 30 January 2018', 6 March 2018, https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_2018_188.pdf

3. COVID-19 in the LCB

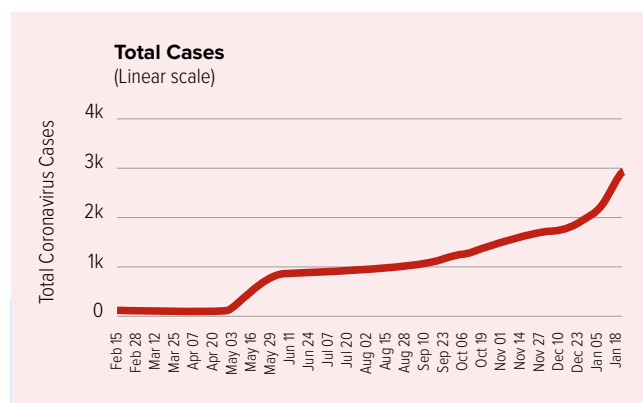
Available data points to the onset of a second wave of COVID-19 in the LCB region. According to national-level data and trends, all four LCB states recorded a steady surge in the number of confirmed cases of COVID-19 and fatalities (in some cases) since the start of December 2020. As indicated in Figures 1-4 below, the trajectories of COVID-19 changed radically from early December in all the LCB states; for instance, in Nigeria, the weekly confirmed cases jumped from 1,029 at the end of November 2020 to 10,300 (a 1,000 percent increase) as of the week ending 15 January 2021.²²

In the LCB territories for which disaggregated data is available, the story is the same. As indicated in Figures 5-7, the COVID-19 cases in BAY states in Northeast Nigeria started rising exponentially at the start of December 2020. Available data indicated that the total number of COVID-19 cases as of 19 January had risen by 199 percent (Adamawa), 111 percent (Yobe) and 16 percent (Borno) over the level recorded as of 5 December 2020.²³ The COVID-19 data for LCB territories in Nigeria are always a good indicator of trends in the LCB region because the BAY states are the socioeconomic hub for the region, and as observed during the first wave of COVID, a rise in cases in the BAY states tends to mirror or precede rises in cases in other LCB territories. Moreover, increases in the national-level cases would indicate that LCB territories in Chad, Cameroon and Niger are most likely to be experiencing an upsurge in cases. It is important to note that disaggregated national data (by region or province) showing COVID-19 cases in Cameroon, Niger and Chad were not publicly available at the time of writing this report.

A comprehensive breakdown of COVID-19 data along gender lines in LCB states and territories are not publicly available. However, snippets and anecdotal evidence point to two things. The first is that men are

twice as likely to be infected with COVID-19 as women. In Chad, for example, the breakdown of COVID-19 cases shows that men account for 82.5 percent compared with 17.5 percent for women.²⁴ In Nigeria, the trend is around 70 percent men versus 30 percent women.²⁵ Second, while women appear less severely affected in terms of COVID-19 infection, the reverse is the case in terms of the wider impacts of the pandemic, including disruptions to livelihoods and access to services, caring for the family (and sick relatives), heightened risk of domestic violence, and other forms of gender-based violence (see Section Five).

FIGURE 1:
Cases of COVID-19 in Chad, 15 Feb 2020 - 18 Jan 2021



Source: <https://www.worldometers.info/coronavirus/country/chad/>

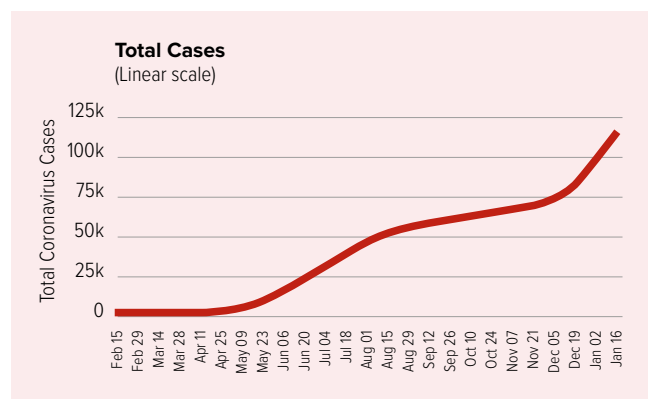
²² Weekly COVID-19 data for Nigeria are available at <https://ncdc.gov.ng/diseases/sitreps/?cat=14&name=An%20update%20of%20COVID-19%20outbreak%20in%20Nigeria>

²³ Ibid.

²⁴ See breakdown of COVID-19 cases in Niger at <https://www.covid19-tchad.org/>

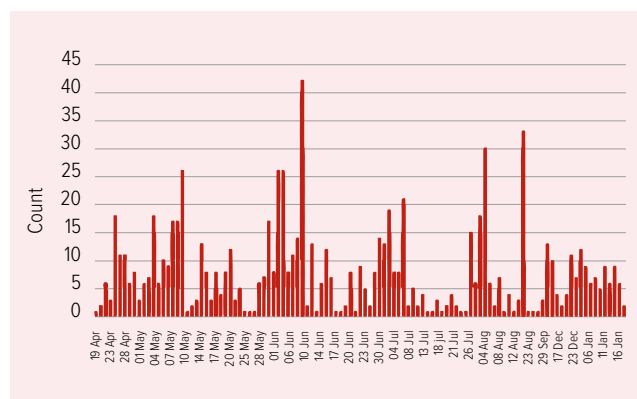
²⁵ For gender breakdown of COVID-19 in Nigeria, see weekly data at <https://ncdc.gov.ng/diseases/sitreps/?cat=14&name=An%20update%20of%20COVID-19%20outbreak%20in%20Nigeria>

FIGURE 2:
COVID-19 Cases in Nigeria, 15 Feb 2020 – 16 Jan 2021



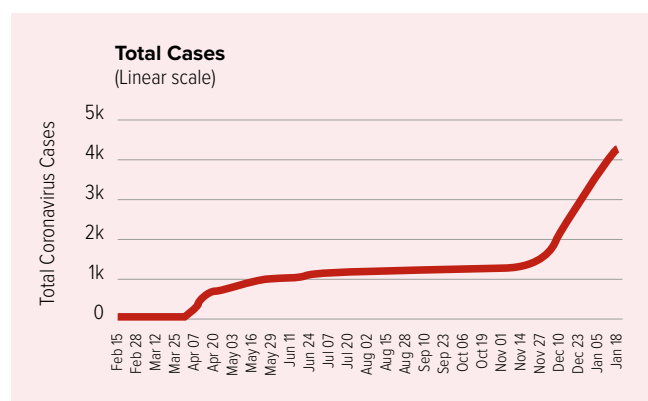
Source: <https://www.worldometers.info/coronavirus/country/nigeria/>

FIGURE 5:
COVID-19 Cases in Borno State, Nigeria



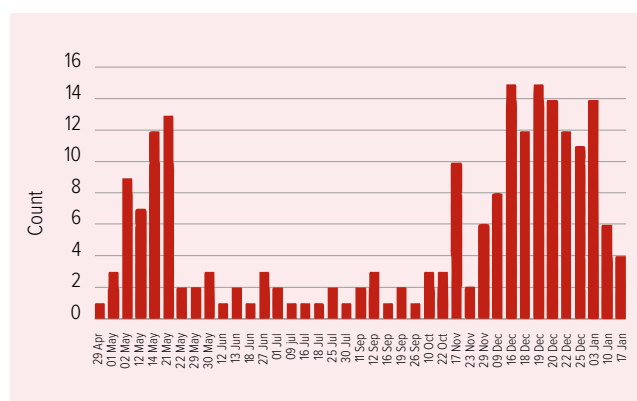
Source: <https://covid19.ncdc.gov.ng/state/>

FIGURE 3:
COVID-19 Cases in Niger, 15 Feb 2020 – 18 Jan 2021



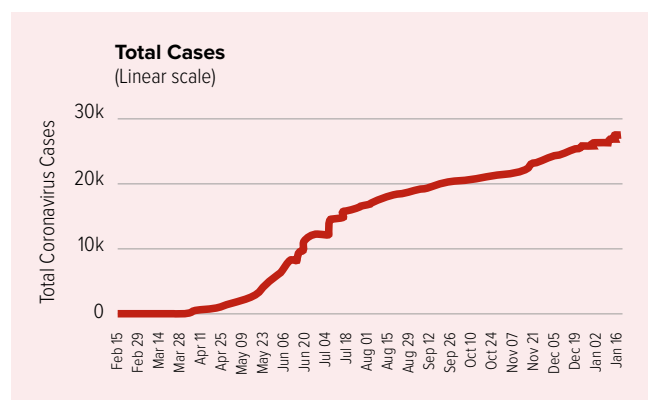
Source: <https://www.worldometers.info/coronavirus/country/niger/>

FIGURE 6:
Cases of COVID-19 in Yobe State, Nigeria



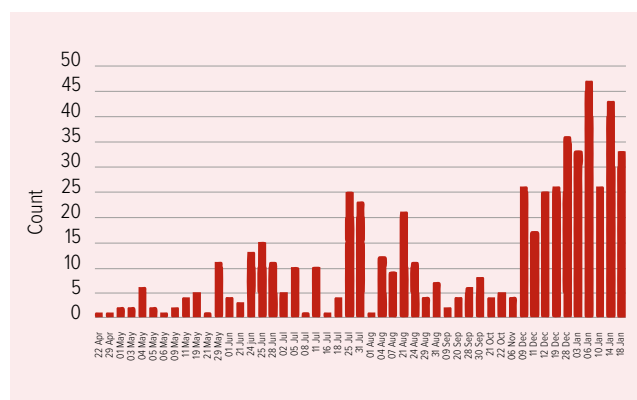
Source: <https://covid19.ncdc.gov.ng/state/>

FIGURE 4:
COVID-19 Cases in Cameroon, 15 Feb 2020 – 16 Jan 2021



Source: <https://www.worldometers.info/coronavirus/country/cameroon/>

FIGURE 7:
Cases of COVID-19 in Adamawa State, Nigeria



Source: <https://covid19.ncdc.gov.ng/state/>

4. COVID-19 Responses and Gender Sensitivity

During the first wave of COVID-19, national and provincial authorities in the LCB region introduced mitigation strategies that contributed to the flattening of the curve between July and October 2020. The measures included national lockdowns (April-May 2020); curfews and restrictions on movements; closure of offices and markets; restrictions on religious activities and other social gatherings; social distancing and masking protocols; handwashing and other public hygiene protocols; and other measures. Governments also introduced socioeconomic palliatives to cushion the effects of the COVID-19 mitigation strategies, especially for the most vulnerable (poorest) in society. This included the distribution of food packs; suspension of utility bill payments for up to three months; expansion of cash transfer programs; creation of a new enterprise fund for youth; and other measures. As noted in the Situational Brief on Resilience-building, fiscal and macroeconomic measures were also introduced to minimize job losses, support businesses and support a broader economic recovery. This includes a review of budgets (repurposing of funds to reflect new health spending requirements); reduction of policy (interest) rates; an increased lending facility; three-month payment deferrals for creditors; and other measures.

As highlighted in the other Situational Briefs, the COVID-19 mitigation strategies impacted communities and people in the LCB, including IDPs in camps and host communities. Although some of the restrictions – including national lockdowns, curfews and cross-border movement limits – were lifted in June, the effects of COVID-19 mitigation strategies, especially for women and girls, remain present in the LCB region. Moreover, at the onset of the second wave of COVID-19 provincial authorities in LCB territories, especially in the BAY states, have started to bring back some of the restrictions, especially overnight curfews. This is notwithstanding that the economies of LCB territories and region are yet to recover to pre-COVID-19 levels due to the continued effects of COVID-19 mitigation strategies, a worsening security situation and flooding.

The aftereffects of the first wave of COVID-19 in the LCB region include loss of livelihoods and socioeconomic hardships; hunger and food security issues; reduced cross-border movement of goods and services (especially livestock and fisheries); inadequate access to services, including humanitarian services; and other measures. The loss of planting months (season) and restricted access to farms and markets and the loss of livelihoods are by far the most important impacts of COVID-19 mitigation strategies on communities and people, especially women and girls, in the LCB region.

In September 2020, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the United Nations Development Programme (UNDP) compiled data on COVID-19 response measures in sub-Saharan Africa (SSA) in relation to three aspects of gender equality, namely violence against women and girls, unpaid care work and economic insecurity. The three aspects make up a gender-sensitivity assessment using around 992 measures that directly address the specific risks and challenges that women and girls face due to COVID-19 and its mitigation strategies.²⁶ Unfortunately, there are no disaggregated data to permit the analysis of LCB territories; nonetheless, the national- and regional-level data provides a potential indication of the patterns in LCB territories.

The data for SSA points to a mixed picture with varied levels of gender sensitivity across countries and in specific areas. The data point to a strong emphasis on protecting women and girls against violence (64 measures in 17 countries), moderate emphasis on women's economic security (45 measures in 24 countries), and the least emphasis on unpaid care work in COVID-19 response measures across Africa and the globe.²⁷ The protection of women's economic security makes up a tiny fraction of the total socioeconomic protection, labor market and fiscal measures introduced by governments. For instance, only 16 percent (30 measures) of the 189 measures adopted by 45

26 UNDP/UN Women, 'Covid-19 Global Gender Response Tracker: Factsheet: Sub-Saharan Africa', Version 1, 28 September 2020, <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/COVID-19-Global-Gender-Response-Tracker.html>

27 Ibid.

countries in SSA are gender-sensitive (either strengthen women's economic security or address unpaid care work). Also, only 19 percent of the 98 fiscal and economic measures focused on channeling resources to feminized sectors; and 16 out of the 45 SSA countries had no gender-sensitive measures in their COVID-19 response.²⁸

The data for LCB countries (as indicated in Table 8 below) shows a mixed picture, with Nigeria having the most gender-sensitive measures and Cameroon having the least. There is no data for Chad. It appears that protecting the economic security of women attracted the greatest number of gender-sensitive COVID-19 response measures, accounting for 71 percent of all gender-sensitive measures taken in Nigeria, Niger and Cameroon. Around 19 percent of gender-sensitive measures are focused on responding to and protecting women from violence, and there is no measure in relation to unpaid care work.

TABLE 8:
Number of Registered Gender-Sensitive Measures by Type and Country in LCB

	Women's Economic Activity	Unpaid Care Work	Violence Against Women	Total Gender Measures
Cameroon	1	0	1	2
Chad				
Niger	3	0	1	4
Nigeria	6	0	4	10

Source: UNDP/UNW (2020), 'COVID-19 Global Gender Response Tracker: Factsheet: Sub-Saharan Africa', Version 1, 28 September 2020.

The primary means of protecting women's economic security in SSA and LCB countries is through cash transfer and food assistance programs that target the most vulnerable people (of whom women are the majority). Nigeria launched the 'Jobs for Youths and Women Post-COVID' as a public works program across the 774 local government areas in the country. Part of the aim of the program is also to boost the capacity of women in artisanal employment and micro and small enterprises through training in digital skills and to provide start-up capital and entrepreneurship skills for young Nigerians and for women.²⁹ Other gender-sensitive economic measures in Nigeria include expansion of the national social register from 2.6 million (11 million beneficiaries) to 4 million households with priority given to women caregivers, single women, older and disabled persons and IDPs. Beneficiaries receive food rations and cash transfers. The government also introduced a three-month repayment moratorium for all government-guaranteed loans and credit facilities (TraderMoni, MarketMoni and FarmerMoni) for petty traders, especially women, who make up around 59 percent of recipients.³⁰

In measures taken to protect women and girls from violence, the focus appears to be on strengthening services for women survivors through help lines and other reporting mechanisms, psychosocial supports, and police and judicial responses.³¹ For instance, Nigeria is the only country in the LCB that included services to respond to and prevent violence against women and girls as essential components of COVID-19 response plans.³² Moreover, all state governors (including those from BAY states) declared a state of emergency on violence against women and girls, which enabled them to invoke emergency powers to combat it; as well, there was a marked increase in awareness campaigns by government agencies.³³ In Cameroon, authorities included seven measures to improve the collection and use of data about violence against women and girls in COVID-19 in their plans and intervention strategies. The strengthening of services to survivors also included campaigns to raise

²⁸ Ibid.

²⁹ UNDP/UNW (2020), 'Covid-19 Global Gender Response Tracker: Factsheet: Sub-Saharan Africa', Version 1, 28 September 2020, <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/COVID-19-Global-Gender-Response-Tracker.html>

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ Ibid.

awareness of the issues; in Niger, for instance, the government aired jingles on local radio stations to promote COVID-19 safety and hygiene directives and to raise awareness about the reporting channels available to survivors of sexual and gender-based violence. In Cameroon, government agencies undertook an assessment of the impact of COVID-19 and the disease mitigation strategies on daily life, including SGBV, and the distribution of household and care work between men and women.³⁴

Despite the range of measures to address the needs of women and girls in the context of COVID-19, there are gaps and challenges that points to the disproportionate impact of the pandemic on women and girls in the LCB region. They are discussed in the next section.

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Despite the range of measures to address the needs of women and girls in the context of COVID-19, there are gaps and challenges that points to the disproportionate impact of the pandemic on women and girls in the LCB region.

34 UNDP/UNW, 'Covid-19 Global Gender Response Tracker: Factsheet: Sub-Saharan Africa', Version 1, 28 September 2020, <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/COVID-19-Global-Gender-Response-Tracker.html>

5. Impacts on Sexual and Gender-based Violence (SGBV)

1. Gender-based violence and abuse

COVID-19 and its mitigation strategies during and after the first wave coincided with reports of increases in domestic violence, attacks against female health workers, forced or early marriage, and sexual exploitation in LCB countries and territories as part of broader trends in SSA.³⁵ There is an emerging consensus that COVID-19 is heightening already-existing vulnerabilities for gender-based violence and reducing survivors' ability to report, seek help or receive quality response services, and the disease also is leading to increases in cases of SGBV. COVID-19 and mitigation strategies have direct and indirect effects on gender violence and abuse in LCB region.

National-level data for Nigeria in 2020 points to exponential rises (149 percent) in monthly reports of gender-based violence following the introduction of COVID-19 mitigation measures in March 2020.³⁶ Another assessment by the Managing Conflict in Nigeria Group also suggests that there was a 56 percent increase in reports between March 2020 and the first part of April 2020, during just two weeks of lockdown in Nigeria.³⁷ Data for Diffa in Niger also show a spike in gender-based violence from March 2020. As indicated in Figure 9 and Figure 10 below, Diffa recorded the most cases of reported gender-based violence between January and September 2020; after a major decline in February 2020, there is a noticeable increase from March 2020, and the pattern of rises ever since would seem similar to the pattern of COVID-19

cases.³⁸ The direct impacts are linked to drivers such as economic uncertainties and rising poverty, food insecurity, increased household stress and tensions, and mental health issues.³⁹ A 22-year-old male youth in Kuseri, Nigeria, notes, "Yes, there are some few cases of domestic violence from my neighborhood. Female youths suffered more domestic violence than their male counterparts."⁴⁰ An 18-year-old female notes, "The pandemic has worsened the issues of rape and physical abuse here in Kuseri. Female youths are only group of people that face these challenges."⁴¹

COVID-19 restrictions and mitigation strategies have led to increased cases of forced and early marriages for young girls for two reasons. The first reason is that the restrictions and mitigation strategies have disrupted programs to discourage child marriages as well as limited access to sexual and reproductive health initiatives in the LCB region. The second reason is that it has heightened underlying drivers of forced and early marriage – such as family poverty, school closures, cultural taboos linked to shame in cases of pregnancy outside of wedlock, etc.⁴² The COVID-19 pandemic and its aftermath have increased the risk that girls under 18 years of age will be married off by their families or forced to marry due to socioeconomic and cultural circumstances.⁴³ In Chad, child marriage is the most commonly reported form of violence among refugee girls, and in northern Cameroon and Northeast Nigeria, some vulnerable families in IDP and refugee camps and other host communities have been reported to marry off

35 AU, 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment', AUC: Addis Ababa, Ethiopia, 2020, p.14.

36 This data is attributable to Young and Adib (2020) cited in Sophie Desmidt and Ashley Neat (2020), 'COVID-19 in Africa: driver of conflict, or too early to tell?' ECPDM Briefing Note 118, June 2020, pp.5-6, <https://ecdpm.org/wp-content/uploads/COVID-19-Africa-Driver-Conflict-Too-Early-Tell-ECDPM-Briefing-Note-118-June-2020-1.pdf>

37 British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', Managing Conflict in Nigeria Research Report July 2020, p. 20.

38 UNHCR, 'RAPPORT TRIMESTRIEL SUR LES INCIDENTS DE SGBV JAN – SEP 2020', <https://data2.unhcr.org/en/documents/details/82521>

39 British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', Managing Conflict in Nigeria Research Report, July 2020, p. 21.

40 Plan International, 'Impact of COVID-19 on Youth in the Lake Chad Region', June 2020, Abuja: Plan, p. 11, <https://plan-international.org/publications/impact-covid-19-youth-lake-chad-region>

41 Ibid.

42 Plan International and Girls Not Brides, 'Covid-19 and child marriage in West and Central Africa', Joint Policy Brief, August 2020, p. 2, <https://www.girlsnotbrides.org/wp-content/uploads/2020/09/COVID-19-and-child-marriage-in-West-and-Central-Africa.pdf>

43 Ibid, p. 2.

their girls due to a perceived lack of alternatives, short-term monetary and material gains, and the breakdown of social networks.⁴⁴

TABLE 9:
Reported Cases of Gender-Based Violence in Niger, Jan-Sept 2020

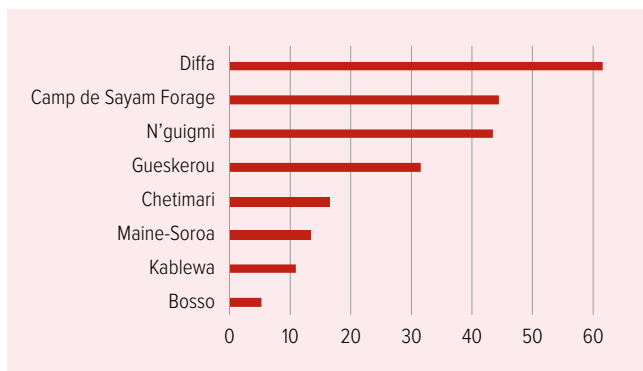
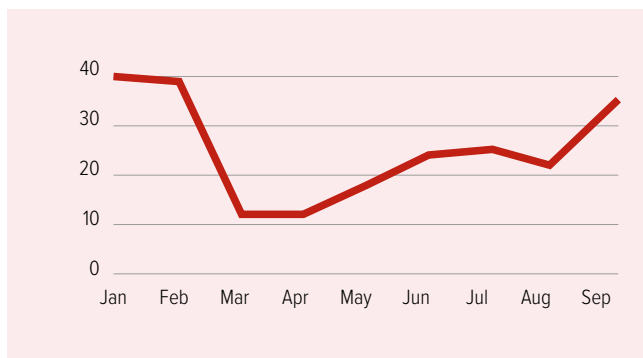


TABLE 10:
Reported Gender-Based Violence in Diffa, Niger, Jan – Sept 2020



Niger: Diffa GBV cases: <https://data2.unhcr.org/en/documents/details/82521>

The indirect effects include the exacerbation of humanitarian crises with implications for access to services for survivors of violence against women and girls and the under-reporting of gender-based violence

by survivors ('shadow pandemic') in Northeast Nigeria and the LCB region.⁴⁵ In some locations in the LCB region, the youth reported that their parents' increased presence at home resulted in a rise in physical violence against the children, especially girls; and in Niger, "the closure of the Child-Friendly Spaces or Fadas was reported to be depriving adolescent girls and boys from the services they provided."⁴⁶ A survey on services for violence against women and girls in the BAY states found that sexual assault referral centers (SARCs) experienced challenges linked to restrictions on the movement of personnel, pulling of staff into COVID-19 response, isolation of trained SARC personnel due to close contact with persons with COVID-19, and increased operational costs. This hampered services, especially the provision of personal hygiene materials, leading to temporary closures in some cases, such as the Adamawa SARC.⁴⁷

There are gaps in addressing issues of violence against women and girls in the context of COVID-19 in the LCB region. This is in spite of measures included in the COVID-19 response strategies in some LCB territories, including the provision of dignity kits and personal protective supplies, the establishment of confidential spaces and service provision hubs to provide remote services through telephone help lines throughout the COVID-19 pandemic in Maiduguri, Pulka and Monguno (Borno State, Nigeria), and enhanced psychosocial support services for survivors and other vulnerable individuals.⁴⁸ The gaps include a reduced presence and deployment of humanitarian personnel, which has limited access to GBV services; a lack of access to adequate personal protective supplies to enable personnel to respond to the needs of women and girls; and limitations imposed by COVID-19 mitigation protocols, including social distancing and bans on indoor sessions, that have impacted community-based SGBV prevention activities.⁴⁹ There is also a lack of proper data gathering and analysis to gain valuable insights into current and future dynamics of SGBV in relation to COVID-19.⁵⁰

⁴⁴ Ibid, p. 7.

⁴⁵ UN OCHA, 'NIGERIA: Situation Report', 4 Jan 2021.

⁴⁶ Plan International, 'Impact of COVID-19 on Youth in the Lake Chad Region', p. 11.

⁴⁷ British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', p. 8.

⁴⁸ UN OCHA, 'NIGERIA: Situation Report', 4 Jan 2021.

⁴⁹ Ibid.

⁵⁰ British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', p. 23.

2. Women's livelihoods and economic opportunities

Women and girls are among the most vulnerable populations across the LCB territories because of existing unequal power relations (leading to limited property rights e.g., in Cameroon, only 1.6 percent of women own a land title in their name,⁵¹ and their disproportionate presence in the informal sector. This multiplies women's socioeconomic vulnerabilities in the context of COVID-19 and its mitigation strategies. It is estimated that over 80 percent of sub-Saharan African women in the labor force are employed in the informal sectors, where they are more vulnerable to income losses.⁵² In Cameroon, it is estimated that 94 percent of women (versus 86 percent of men) work in the informal sector. In Nigeria, up to 86 percent of women versus 74 percent of men derive their livelihoods from the informal sector.⁵³ The national lockdowns, restrictions on movement, and closures and limitations on markets and other economic spaces have impacted household incomes and increased family poverty.⁵⁴ Most women and girls in the LCB region work in the informal economy, doing petty trading or casual low-paying and insecure employment (e.g. hospitality and leisure sector), which is very susceptible to shocks and more likely to be hit hard by the economic downturn.⁵⁵

COVID-19 and its mitigation strategies have simply worsened the livelihood situation of female IDPs and refugees, and other women and girls in conflict-affected communities across the LCB region. As COVID-19 continues to push more women into extreme poverty, the economic insecurity will increase the risk of violence against women. An initial assessment of the global picture suggests that in 2021, there could be up to 118 women 25 to 34 years of age living in extreme poverty for every 100 men of the same age living in

extreme poverty, and this ratio could rise to 121 poor women for every 100 poor men by 2030.⁵⁶

Women also faced a second whammy as they became the primary wage earner and were responsible for ensuring the survival of their respective families. Job losses and restrictions meant that men also lost jobs and /or were no longer able or willing to explore alternative sources of livelihoods.⁵⁷ A female respondent in Northern Cameroon notes, "Corona has come to worsen it all. I am afraid to go out because of the COVID-19 pandemic. Practicing social distancing is very difficult and if the military sees you without a face mask, you will pay a fine. My sources of income have dried up and now I completely depend on my husband for survival."⁵⁸ A survey of residents in Borno found that 71 percent of women and 51 percent of men believed "it [COVID-19 and mitigation strategies] has affected my livelihood"; this was the highest-ranking impact residents reported, and their key concerns were being unemployed, underemployed and losing income. Women and girls in urban areas such as Maiduguri, Mubi and Jere who rely on trade were the hardest-hit as the restrictions there were stricter in comparison with peri-urban areas such as Damboa, Bama, Ngala, etc. that rely on agriculture.⁵⁹ The loss of livelihoods and access to food and medicine was also dire (due to scarcity and rise in prices) in rural areas reliant on humanitarian aid such as Monguno, Baga and Mafa.⁶⁰

COVID-19 has also increased unpaid care work by women and girls, as the closure of schools and markets has meant increased time at home caring for the family. This is in addition to caring for sick relatives with COVID-19 and other illness. This increases the overall burden for women as they cater to their children's need for education (home schooling), food, and access to water, as well as doing the cleaning and general

51 Brun, Delphine, 'Gender-based violence beyond the crises senior', OCHA Cameroon, 7 July 2020, p.2, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/article_-_gender-based_violence_beyond_the_crisis.pdf

52 Desmidt, Sophie and Neat, Ashley, 'COVID-19 in Africa: driver of conflict, or too early to tell?' ECPDM Briefing Note 118, June 2020, pp.5-6, <https://ecdpm.org/wp-content/uploads/COVID-19-Africa-Driver-Conflict-Too-Early-Tell-ECDPM-Briefing-Note-118-June-2020-1.pdf>

53 Data provided by UNDP RCSA-Gender Team, 16 December 2020.

54 Plan International and Girls Not Brides, 'Covid-19 and child marriage in West and Central Africa', p. 6.

55 AU, 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment', p.7.

56 Data provided by UNDP RCSA-Gender Team, 16 December 2020.

57 British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', p. 11.

58 Plan International and Girls Not Brides, 'Covid-19 and child marriage in West and Central Africa', p. 7.

59 British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', p. 10.

60 Ibid, p. 10.

upkeep of the home. In some cases, women exhaust their little trading capital or savings, and some even borrow to keep the family together during and after lockdowns.⁶¹

Young people, including female youth, are also hard-hit as financial and material support from parents and relatives has dried up; most are not able to sell their labor in the farm or market, or they have exhausted their meager trading capital or their businesses have collapsed. This is especially the case in border towns like Gamboru and in rural areas where the inability to plant or harvest has limited the ability to sell produce.⁶² Some interviewed youth note as follows:

- » “We are not eating fine. Some organizations are not working again because of this disease, so they are not helping us again.” YOUTH FEMALE, 17 YEARS, ZAMAY CAMP, CAMEROON.⁶³
- » “There has been a change because before things are cheaper; but since the arrival of the corona everything has become expensive, supposedly the borders are closed.” YOUTH FEMALE, 23 YEARS, GADALA BOUWAL, CAMEROON.⁶⁴
- » “We cannot sell our products as before; because of the closure of the borders, there is the expensive food on the market.” YOUTH FEMALE, 20 YEARS, NGUEL MADOU MAI, NIGER.⁶⁵
- » “We can no longer find food since we can no longer go to the markets of other villages to do small trade in order to have something to eat.” YOUTH FEMALE, 16 YEARS, KINDJANDI, NIGER.⁶⁶

The socioeconomic measures targeting vulnerable households (women and girls) included in the COVID-19

response by governments in LCB countries have yet to effectively protect the livelihoods of women. This is largely due to the failure to effectively target or provide for those in dire need of food and basic necessities.⁶⁷ Other reasons include the heavy-handed approach by security agencies in enforcing COVID-19 mitigation guidelines, broader economic decline (economic contraction) triggered by the pandemic, alleged corruption in the handling and disbursement of COVID-19 palliatives, and restrictions on the movement of humanitarian convoys to areas outside of government control.⁶⁸ For instance, in Nigeria, security forces killed at least 18 people between 30 March and 13 April in enforcing COVID-19 regulations, according to the National Human Rights Commission.⁶⁹

3. Women's food insecurity

COVID-19 exacerbates hunger and food insecurity across the world and most especially in zones of armed conflict and insecurity such as the LCB region. Globally, it is estimated that the number of people facing acute food insecurity is expected to increase from 135 million in 2019 to around 270 million in 2020 largely due to COVID-19. Women, children, people who are disabled and the elderly are expected to be the most significantly affected.⁷⁰ The combination of COVID-19, insurgency and insecurity, unequal power relations and discriminatory practices against women and girls exacerbate hunger and acute food insecurity in the LCB region. This is particularly evident in areas in which disrupted humanitarian operations, economic turbulence and extreme weather, drive people into poverty and hunger.

The LCB region mirrors the global picture. As highlighted in the Situational Brief on Resilience, the economy of the LCB region is anchored in agriculture – including farming, animal husbandry and fishing – and

61 Ibid, p. 12.

62 Plan International, 'Impact of COVID-19 on Youth in the Lake Chad Region', p. 13.

63 Ibid.

64 Ibid.

65 Ibid.

66 Ibid.

67 Human Rights Watch, 'World Report 2021: Nigeria', available at <https://www.hrw.org/world-report/2021/country-chapters/nigeria>

68 Ibid.

69 Ibid.

70 UNSC, Letter dated 21 September 2020 from the President of the Security Council addressed to the Secretary-General and the Permanent Representatives of the members of the Security Council, Annex I, Statement by the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock. S/2020/930, 22 September 2020, p.2, https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2020_930.pdf

cross-border trade in agricultural goods and services. Women farmers and traders occupy the lowest position in the agriculture trade and service chain, working as small-scale farmers and farm laborers, and petty traders of livestock feed, leather and smoked fish. The COVID-19 mitigation strategies led to the loss of planting months in March-May 2020. This – coupled with the simultaneous disruption of humanitarian aid and increased feeding needs for families (due to school closures and stay at home order) – worsened the scale of food insecurity and gaps in nutrition for women and children in the region and Africa at large.⁷¹ The number of food insecure persons in the LCB region is estimated at 6.3 million, up by nearly one million from the pre-COVID estimates.⁷² In Nigeria, COVID-19 has reduced the incomes of an estimated 80 percent of households, and an estimated 4.3 million people in the Northeast are food insecure, a number that is estimated to have increased by 600,000 due to COVID-19.⁷³ Also, between June and August 2020, the number of people in crisis and emergency levels of acute food insecurity in Northeast Nigeria increased by 73 percent as compared to the 2019 peak figure.⁷⁴ In Chad, national-level data indicate around 2.7 million people are thought to be food insecure with 1.8 million children suffering from acute malnutrition.⁷⁵

The heightened food insecurity situation produces broader consequences for women and girls in the LCB region. This includes household tensions and domestic violence, sexual exploitation, survival sex and child marriage. In some communities in northern Cameroon, hunger and food insecurity has driven women and girls to adopt negative coping mechanisms such as child marriage and survival sex in exchange for food and goods, and as a way to recover or pay family debts. COVID-19 and its mitigation strategies are believed to have been contributing to this since April 2020.⁷⁶

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4. Women's access to services

It is fairly well-established that COVID-19 and its mitigation strategies disrupted humanitarian aid, as well as services broadly, especially women-sensitive health (sexual and reproductive health) services in many conflict-affected areas, including the LCB region. Moreover, women shoulder the care burden of COVID-19. Globally, the World Health Organization estimates that women make up 70 percent of workers in the health sector. This exposes women to higher levels of risks (exposure) of contracting COVID-19. As well, they perform three times more unpaid care work than men in caring for relatives with the virus. It is also highlighted in the Situational Brief on Resilience-building that financial and material resources are diverted across government and society in response to COVID-19. This leaves major gaps in the health needs of women and girls, including reduced access to SRH (antenatal and postnatal services, contraceptives)

71 AU, 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment', 2020, p.9.

72 See <https://reliefweb.int/sites/reliefweb.int/files/resources/Lake%20Chad%20Basin%20Crisis%2C%20Displacements%20and%20Food%20Insecurity%202020%20with%20Projection%20June-August%202021%20E2%80%93%20DG%20ECHO%20Daily%20Map%2C%2021-12-2020.pdf>

73 UNSC, Letter dated 21 September 2020 from the President of the Security Council addressed to the Secretary-General and the Permanent Representatives of the members of the Security Council, Annex III, Statement by the Executive Director of the World Food Programme, David Beasley. S/2020/930, 22 September 2020, p.7, https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2020_930.pdf

74 UNSC, Letter dated 21 September 2020 from the President of the Security Council addressed to the Secretary-General and the Permanent Representatives of the members of the Security Council, Annex II Statement by the Director-General of the Food and Agriculture Organization of the United Nations, Qu Dongyu. S/2020/930, 22 September 2020, p.4, https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2020_930.pdf

75 United Nations Children's Fund (UNICEF), 'Humanitarian Action for Chad', p. 1, <https://www.unicef.org/media/86646/file/2021-HAC-Chad.pdf>

76 Plan International and Girls Not Brides, 'Covid-19 and child marriage in West and Central Africa', p. 6.

and counseling and psychosocial support to victims of SGBV. This has the potential to reverse some of the modest gains in reducing maternal mortality.⁷⁷ For instance, the risk of pregnancy and maternal mortality for girls 15-19 years of age is estimated to increase by 14 times during crisis situations due to limited access to SRH services and complications linked to pregnancy and childbirth.⁷⁸ The implications are starker for displaced women and girls in the LCB, as disrupted humanitarian aid has direct implications for access to healthcare personnel and the supply and access to sanitary wares, contraceptives and dignity kits.⁷⁹

In Borno, women and other service users temporarily boycotted healthcare services provided by humanitarian agencies in April and May 2020 as the index case and first fatality of COVID-19 in the LCB was recorded among humanitarian workers in Borno. This created initial stigma and misinformation about fears of contacting COVID-19 when accessing health services.⁸⁰ Even after this, the restrictions on movements limited the ability of women and girls to freely access SRH clinics due to inadequate transport, harassment by security agencies and community defense militias (yan gora), and increased care burdens at home. The restrictions also delayed the movement of humanitarian aid, movement of IDPs outside of camps, and disruption of livelihood activities.

COVID-19 has also impacted public finances and the provision of services by the federal and state governments in the Northeast. Instances of this include a 43 percent cut in the budget of the Basic Health Care Provision Fund (which is used for primary healthcare centers) and a 54 percent cut in the budget of the Universal Basic Education Fund. The cuts have direct consequences for women and girls, especially those already vulnerable as a result of displacement and

the effects of armed conflicts, by reducing access to healthcare and education services.⁸¹ COVID-19 also disrupted and delayed the supply of family planning materials in the second quarter of 2020 in Northeast Nigeria, further contributing to the scarcity of SRH items and higher risks of unwanted pregnancies, unsafe abortions and maternal mortality.⁸² A survey by the International Organization for Migration (IOM) also found that 49 percent of respondents (including women) in Yobe, 51 percent in Adamawa and 43 percent in Borno claimed to have experienced disruptions to food distribution, markets, health, education, protection and water trucking.⁸³

Women, especially girls, also suffer from reduced access to education services because of COVID-19 and its mitigation strategies. An estimated 128 million children, including girls, are thought to have been directly affected by COVID-19-related closures and restrictions on schooling during the first wave in West and Central Africa. Women teachers and support workers in educational institutions are disproportionately affected, as they tend to receive low pay and represent the majority of those occupying the lower rung of those institutions. Moreover, COVID-19 and its restrictions are damaging the ability of girls to receive an education in Africa, including the LCB region. The closure of schools denies them a protective environment in which to learn and insulates them from the pressures of early marriage and the risks of sexual exploitation.⁸⁴ School closures also damage the educational aspirations of girls with some forced into marriage or pregnancy, or forced to be more invested in survival activities, all of which could affect their motivation to return to school afterwards.⁸⁵ Initial assessment in Niger pinpoints that girls are more likely to be married if they are not attending school, and married girls are unlikely to return to school.⁸⁶

77 AU, 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment', 2020, p.11.

78 Plan International and Girls Not Brides, 'Covid-19 and child marriage in West and Central Africa', p. 4.

79 AU, 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment', p.17.

80 Reuters, 'UPDATE 1-Aid worker with coronavirus dies in Nigeria's troubled northeast', 20 April 2020, <https://www.reuters.com/article/health-coronavirus-nigeria-msf/update-1-aid-worker-with-coronavirus-dies-in-nigerias-troubled-northeast-idUSL8N2C82F5>. See also, MSF statement on inquiry in Borno, Nigeria, 22 May 2020, <https://www.msf.org/msf-statement-inquiry-borno-nigeria>

81 British Council, 'The Impact of COVID-19 on Conflict, Gender and Social Exclusion in Northeast Nigeria', p. 9.

82 Ibid, p. 8.

83 Ibid, p. 11.

84 Plan International and Girls Not Brides, 'Covid-19 and child marriage in West and Central Africa', p. 3.

85 AU, 'Framework Document on the Impact of COVID-19 on Gender Equality and Women's Empowerment', p.13.

86 Plan International and Girls Not Brides, 'Covid-19 and child marriage in West and Central Africa', p. 3.

6. Conclusion

Overall, the impact of crises, including the COVID-19 pandemic and its mitigation strategies, are always going to differ for women and men. The first wave of COVID-19 in the LCB region exposed and worsened women's socioeconomic vulnerability and risks of sexual and gender-based violence. The pre-COVID-19 situation in the LCB – with women and children constituting the majority of refugees and internally displaced persons, and deterioration in the security situation – point to the disproportionate impact of COVID-19 and its mitigation measures on women and girls. Available data and anecdotes point to rises in SGBV during and after the first wave, including domestic tensions and violence, physical assaults, loss of livelihoods, increased levels of food insecurity, disrupted access to sexual and reproductive health services, and other difficulties. All this increased the risk of survival sex, rape, forced and early marriage, maternal mortality, etc.

As LCB states and territories are beginning to experience a second wave of COVID-19, it is highly possible that governments will bring back significant restrictions on movement and access to services, and livelihood activities. This will take place against a backdrop in which socioeconomic activities and access to services have yet to recover to their pre-COVID-19 levels in the LCB region. The measures introduced by governments during the first wave to protect women and girls from gender-based violence, economic insecurity and inadequate access to services, especially sexual and reproductive healthcare services, have had mixed results at best. On the one hand, the measures are too few and small in scope and scale relative to the size of the challenges (vulnerable women and girls and their multidimensional needs) in the LCB. And on the other hand, the measures lack a proper integration of gendered approaches in their design and implementation, even when they are supposed to target women and girls. Other reasons include the limited collection of reliable data, analysis and other evidence-based materials on the impacts of COVID-19, especially the absence of lesson learning mechanisms after the first wave of COVID-19 and the effects of governmental responses in LCB countries. There is also the failure to foresee and prevent the multiplier (indirect) effects

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Overall, the impact of crises, including the COVID-19 pandemic and its mitigation strategies, are always going to differ for women and men. The first wave of COVID-19 in the LCB region exposed and worsened women's socioeconomic vulnerability and risks of sexual and gender-based violence

of some government policies and practices, including security measures, on the access of women and girls to critical services (especially humanitarian aid). This points to a lack of the 'whole of the government' approaches in measures designed to support vulnerable women and girls in the context of COVID-19.

7. Recommendations

Regional Stabilization Facility

1. Update templates and guidelines for integrating gender sensitivity into emergency responses, including ethically sound processes for gender analysis that cover gendered roles and risks, social norms, and capabilities and needs of vulnerable women and girls. This should reflect lessons learned from the first wave of COVID-19 in the LCB region.
2. Compile and track disaggregated data on key aspects of gender-based violence and how they have been impacted by COVID-19, including the mitigation strategies and intervention measures by governmental and non-governmental actors during the first wave of COVID-19 in the LCB region. This information will guide evidence-based decision-making on preventing and responding to SGBV.
3. Update risk matrices and assessment templates for SGBV in the LCB to reflect the impacts of COVID-19 and its mitigation strategies on data collection, outreach and communication, social norms and intersectional linkages.
4. Convene and facilitate strategic-level partnerships and multi-sectoral dialogues to share lessons and experiences, streamline approaches and promote synergies in addressing SGBV and the needs of women and girls in the context of COVID-19 in the LCB region.
5. Promote and coordinate a 'whole of the system' approach, including the integration of SGBV training and instruments into other programs (such as cash transfers, fiscal relief, skills and empowerment, livelihoods, etc.) linked to COVID-19 in the LCB region.
6. Promote advance planning for recurring waves of COVID-19, especially in relation to the inclusion of protection measures for women and girls and enhancements to their ability to access sexual and reproductive health services, including dignity kits, updated details of referral services and confidential help lines
7. Develop guidance on how to adapt livelihood interventions to current and future socioeconomic impacts of COVID-19 and its mitigation strategies, especially new approaches that quicken the economic recovery of women after the first wave of COVID-19 in the LCB region.

Other Stakeholders

For stakeholders such as the LCB Commission, governors of LCB territories, civil society groups, aid agencies, donor partners, private sector organizations, and members of the P3 countries working on the Lake Chad Basin area:

1. Promote and mobilize additional resources to support the full inclusion and participation of women's and adolescent girls' groups in community- and state-level decision-making and intervention initiatives on preventing and responding to SGBV.
2. Design and promote greater gender sensitivity in economic empowerment and livelihood initiatives run by government and civil society actors to meet the differential needs of a variety of women and girls' groups in the context of COVID-19 in the LCB. Empowerment programs should seek to transform the economic options of women through training in digital skills to enable women to continue to undertake transactions and render their services remotely.
3. Promote and strengthen the capacity of programs on SGBV (reporting mechanisms) and the judicial system to bring perpetrators of SGBV to account as a part of the effort to prevent future violations of the rights of women and girls.
4. Promote and support a multi-platform communication system and adapt and intensify awareness campaigns on gender equality and reducing SGBV in the context of COVID-19 with information on COVID-19-compliant safe spaces, protocols and reporting mechanisms for SGBV incidents.
5. Develop and monitor (track) the distribution of COVID-19 palliatives, especially food packs and cash transfers, to ensure they target, reach and meet the needs of the most vulnerable women and girls, including those in IDP camps.
6. Promote and support multi-stakeholder approaches that include governments, humanitarian agencies, development partners, private sector partners, community elders and faith-based leaders in COVID-19 responses and campaigns against SGBV in LCB territories.



Lake Chad Basin

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Federal Foreign Office



Ministry of Foreign Affairs of the
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