



© Josh Estey/CARE

GENDER, PROTECTION AND SAFETY RISK ASSESSMENT REPORT

**NOVEMBER 2024
BORNO STATE
JERE, MMC AND NGALA LGA**



Table of Contents

Executive Summary	3
Project Background.....	7
Objective of Gender and Power Analysis.....	7
Methodology	8
Sampling.....	8
Data Analysis.....	8
Analysis and Findings	9
Context Information	9
Demography	10
Gender Roles and Relations	11
Household decision making.....	11
Community Decision-Making	13
Livelihoods and Income	15
Division of labor within the household	17
Capacities and coping strategies.....	17
Access to Service and Assistance	19
Education.....	19
Health	20
Shelter	20
Water, Hygiene and Sanitation	21
Humanitarian Assistance	23
Protection and Mobility.....	26
Perception of security	26
Priority Needs.....	27
Recommendations.....	28
References.....	30



Executive Summary

In September 2024, a flash flood that resulted from the failure of the Alau dam in Konduga Local Government Area (LGA), rendered at least 400,000 individuals homeless in Borno state.^[1] Maiduguri and Jere were among the most affected LGAs with about 240,000 individuals affected across the two LGAs within the first 48 hours of the flood.^[2] Following this, Ngala LGA experienced an overflow of the river Yadzaram which coupled with the collapse of the Alau dam in Konduga led to flooding in Ngala and Diwka.^[3] The floods have had far reaching multi-sectoral implications that threatened to roll back the gains achieved by humanitarian and development efforts in Borno state, over the last decade, more so, it compounded already existing inequalities, obstructed supply chain thereby limiting access to lifesaving assistance, worsened health, hygiene and sanitation gaps, and increased vulnerabilities and negative coping strategies.^[3]

In response to this emergency, CARE Nigeria received funding from the Dutch Relief Alliance (DRA), the Gates Foundation and CARE's Humanitarian Surge Fund (HSF) to implement emergency protection, food security and nutrition intervention, WASH support and prevention and response to gender based violence, in Maiduguri, Jere and Ngala LGAs. Funding from DRA was planned to support vulnerable communities in Maiduguri and Ngala while the HSF and Gates Foundation funding was planned to reach flood affected communities in Jere LGA. These responses were designed and are being guided by CARE Nigeria Emergency Preparedness Plan (EPP) reviewed in 2024.

As is the case with all our interventions, gender and protection remain central. We understand that in crisis situations gender gaps widen and gender-based violence become pervasive. On this response, CARE has carefully designed a gender and protection mainstreaming approach that utilizes evidence to ensure the adequate integration of appropriate gender and protection activities that will reduce vulnerability, sustain our impact and lead to more transformed communities who are better equipped to be resilient and self-sustaining. To do this, CARE commissioned a gender, protection and safety risk assessment to inform on vulnerabilities, risks and gaps, and with that, proffer tailored messages and activities that seek to address the issues identified.

Findings from the GAP analysis indicates that:

Gender Roles and Relations

Household decision making

73% - women and girls do most of house chores.

55% - women provide most of childcare.

73% - men own and control assets while

41% - only men work outside the home

Men and boys make most household decisions, and their authority increases when their earning increases. Women and girls were noted to mostly 'obey decisions made' and in the instances where they contribute, their contributions do not increase even when their earnings increase. Some studies noted that their contributions reduce when their earning increases. While non-normative factors influence increase decision making for men, social norms negate the same for women.

Community Decision-Making

Community leaders and elders are regarded as those fit to make decisions for communities. There's limited understanding on community decision making between men and women. There are gaps in understanding community collaboration, inclusion and complementary roles for development. Gender gaps exist in the level of male (**57%**) and female (**33%**) participation in community decision making. The overall participation in groups and associations is low across the three locations.

“Most people say only community leaders and elders should make community decisions. Most community leaders are men.”

Livelihoods and Income

Gender Pay Gap has widened by

2X of National Average

Owing to the flood

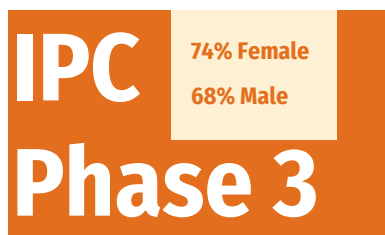
The flood has caused a widening of gender pay gap about twice the national average. This gap is wider in MMC and Jere. For women who work, do so at much lower rates than men owing to their limited mobility and exposure outside the home. Majority of unemployed women are married women. Gender gaps exist in access to state remittances further confirming that formal employments that pay remittances are dominated by men, however, for majority of men and women, no additional income streams are available.

Division of labor within the household

While women contribute less to household decisions, they bear the burden in household responsibilities. Strong sub-surface factors such as norms maintain male non-participation in household responsibilities as it is portrayed by both married and unmarried men. Women's share of household roles and responsibilities does not necessarily decrease despite increases in their earnings. Some studies show that for women in northern Nigeria, the burden of household responsibilities increases when their earnings increase.

“Women don't have decision-making. Mostly, their role is to obey every decision made”

Capacities and coping strategies



After the flood, majority of households are in IPC phase 3 based on their reduced coping strategy index score and sadly, most of those in this category are women and girls. Negative coping strategies predispose communities to rights violation and violence more so for women than men. Sexual gender-based violence and sexual exploitation and abuse are known derivatives of high negative coping strategies.

Access to Service and Assistance

Education

Girls (6%) whose education was halted by the flood, is

2X

The proportion of Boys (3%)

More girls than boys lost access to education due to the flood and some may never regain it. Floods significantly affect girls' education by disrupting their schooling due to closures and damaged infrastructure, damaged access roads often requiring walking through flood water, withdrawal due to the destroyed latrines in schools, displacement of families, and increased household responsibilities. In some cases, girls are forced by their families to marry as a way of reducing the household burden of care.

Health

Most married women who have access to health services do not decide on accessing the services themselves. On the other hand, most men make this same decision themselves. Reference groups who decide on women's – and generally household's access to health services include husbands, parents, religious leaders and community leaders. Most of these reference groups are men. Owing to multiple factors including monthly menstrual cycle and possibly the burden of unpaid care work, more women and girls fall sick monthly. There are issues around access to low quality health services as a significant proportion of women and girls regarded local chemists as their go-to facility for health consultations and services.

Women and Girls (80%) experience illness more than Men and Boys (75%) on a monthly basis.

63% of Women with access to health services have other people deciding their health outcomes, meanwhile **70% of Men** decide their health themselves.

Shelter

Women and Girls (58%) face barriers to meeting their hygiene needs more than Men and Boys (48%)

The flood has had varying degrees of damage on households depending on the type of shelter. Most respondents say they require cash to repair their damaged shelter and most of them say they are yet to receive shelter support. In MMC, shelter was mentioned as a priority need.

Water, Hygiene and Sanitation

For some women and girls, water points are unsafe and to mitigate risks, they go to water points in women-only groups or in the company of a male relative. An intersection between household roles, safety, freedom of movement and violence is observed. A significant proportion of individuals don't have access to safe latrines, most of them are women. Most women and girls are unable to meet their hygiene needs. For majority of women, the gaps in meeting hygiene needs are mostly related to latrines being unsafe, having no latrines at all or latrines having no locks.

The flood destroyed toilets in 95% of the households. The poor hygiene has caused a rise in cases of malaria and fever

Humanitarian Assistance



In-kind Preference

53% Female 47% Male



CVA Preference

47% Female 53% Male

Most women prefer to receive humanitarian assistance in-kind while most men preferred cash transfers. Obviously, this relates to issues around not having equal access to tools and modalities for cash transfers, particularly, bank accounts. IDPs say their biggest concern is a lack of information on available services. Most women said their biggest concern is that they do not have enough privacy at home while girls indicated that child labor was their biggest concern.

Protection and Mobility

Perception of security

Following the flood, there have been increased security concerns in communities and issues of theft is rampant. Intimate partner violence has also been mentioned to have increased as couples quarrel of utilization of cash assistance which in most cases, was received through the accounts of male relatives (husbands, brothers, uncles, etc.).

- **Girls lack proper health care and are often subjected to child labor. Forced marriages and sexual abuse persist in addition to limited opportunities for education.**
- **For boys, key informants noted that they too experience being forced to marry. Child labor, mental health issues due to drugs abuse, 'sexual abuse', risk of abduction and poor quality of education were also mentioned as protection risks boys face.**

In Ngala, law enforcement agents indicated that measures have are in place to reduce GBV. One of such measured cited was an increased recruitment of policewomen. This aligns with recent gain made by CARE in Ngala under an advocacy grant that supported the Nigerian Police Force with two gender reporting desks and training of personnel on GBV prevention and response.

Priority Needs

In MMC and Jere, the most pressing need is food, for those in Ngala, it is healthcare. The next important need in MMC and Jere was cash while in Ngala it was food. The third priority need in MMC and Jere was shelter and in Ngala, it is water.

Project Background

In the wake of the 2024 flood and its devastating effects in Borno state, particularly in Maiduguri Metropolitan Council (MMC), Jere and other neighboring LGAs like Mafa, Konduga, Dikwa and Ngala, a coordinated multisectoral response was called for and led by the Borno state government through the Borno State Agency for the coordination of sustainable development and Humanitarian Response.

As part of the response approach, the government proposed food and non-food items support as well as cash assistance. While the government provided specific details on the cash transfer value and the food-basket, the operational approach was such that partners with resources to respond were allocated response sites where they targeted households from a database of affected households also put together by the government. Partners were to target based on their resources while the government positioned itself to cover any eventual response gaps.

Collaborative and consortium interventions were mobilized by some partners where one partner provided food and non-food items, and another partner provided cash assistance in the same sites. Across all the sites, the government made efforts to provide assistance to households that were not covered by the partners.

CARE through the support from the Bill and Melinda Gates Foundation (BMGF) will be reaching a revised target of 3,000 households with in-kind dry food rations and 6,000 households with Emergency Non-Food Items (NFI) from October 2024 to February 2025. The revised approach is in alignment with the Borno State Government and the State Disbursement Committee guidance and requirements to standardize and harmonize the response across the humanitarian actors. CARE prioritized targeting the vulnerable groups, especially women, girls and people living with disabilities (PLWD).

FOOD BASKET

The shift from wet feeding to dry food rations consists of a uniform package approved by the state government for all partners: 25kg of rice and 10kg of beans per household in the targeted host communities. The project will collaborate with the State Emergency Management Agency (SEMA), Borno State Geography and Information Services (BOGIS), the Borno State Agency for Coordination Sustainable Development and Humanitarian Response (BOACSDHR), and the Cluster Coordination Platform to conduct the food distributions. CARE will identify a vendor to supply the dry food, which will be delivered to the distribution sites. The distribution team will oversee the distribution and manage crowd control. The ration will target 3000 households i.e. 18 000 individuals including children and the most vulnerable group of the population.

To ensure protection is mainstreamed during the distribution process, CARE will set up a complaints and feedback desk to support affected populations with basic programming concerns.

Objective of Gender and Power Analysis

The aim of the Gender, Protection and Safety Risk Assessment is to assess the impacts of the flooding on affected populations, with a focus on identifying risks, vulnerabilities, needs, response gaps and existing resilience mechanisms. The assessment will therefore focus on the following key objectives:

- To identify the unique needs, vulnerabilities and protection needs faced by women, men, girls boys and marginalized groups.
- To analyze how gender and protection dynamics influence access to essential services, such as health shelter, water, sanitation and livelihood opportunities, with focus on identifying gaps.
- To evaluate the effectiveness of current resilience building mechanism in addressing gender-specific needs.
- To provide actionable recommendations for enhancing gender-responsive programming in flood-affected areas

Methodology

This analysis draws from a vast repository of resources for conducting gender and power analysis including CARE's rapid gender analysis (RGA). For this study, Key Informant's Interview (KII) and surveys were conducted. This study employed a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. The surveys utilized structured questionnaire that examined respondent's current situation after the flood disaster compared to before the disaster. The KII utilized a structured interviewed guide to derive in-depth understanding on the factors precipitating risks, vulnerabilities, needs and response gaps.

The field phase of this study was undertaken from November 19th, 2024, to December 3rd, 2024. Primary data collection was conducted in 3 communities within 3 LGAs, in Borno state (Maiduguri, Jere and Ngala).

Sampling

Area of Study: The data for this study was collected from Maiduguri, Jere and Ngala Local Government Areas of Borno state. Purposive sampling method was used to select both male and female respondents across the locations. For the survey, in each LGA, 280 respondents were sampled. The total survey was 870 people (446 women and 424 men).

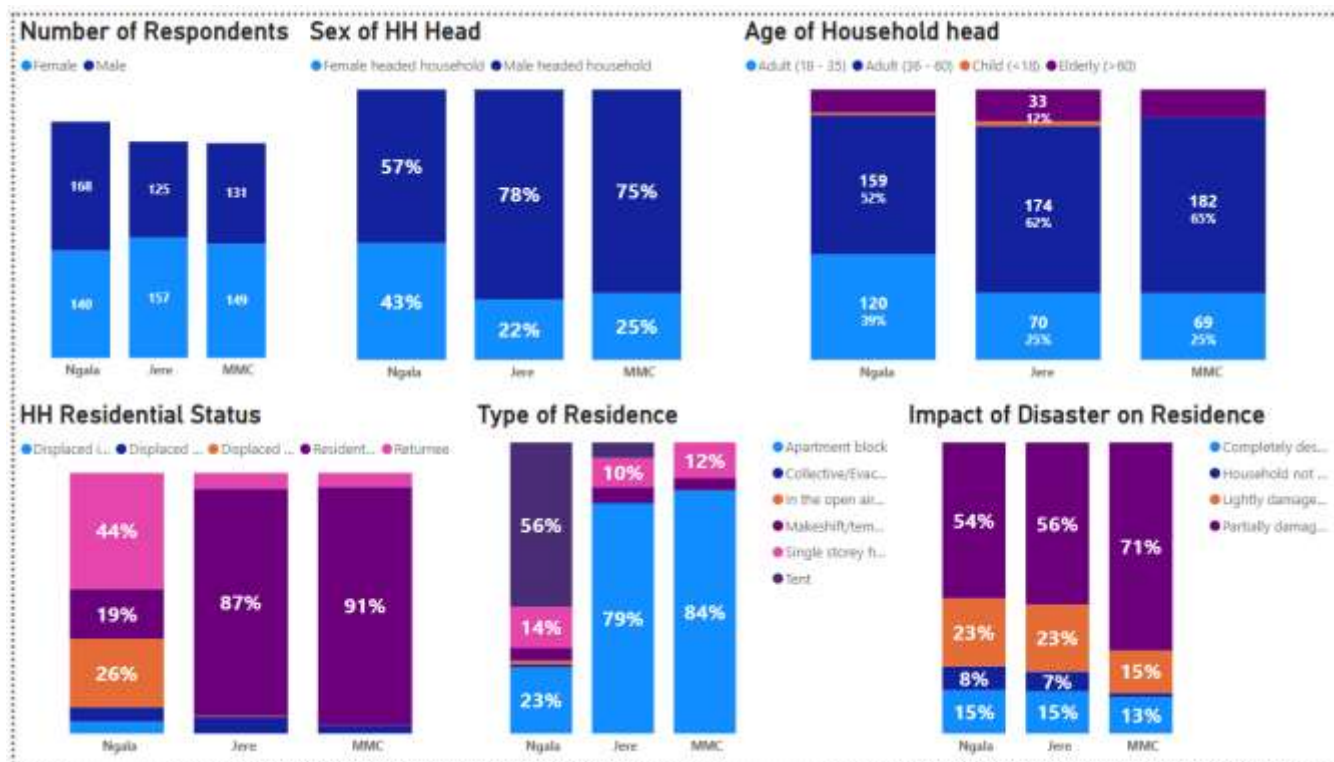
For the KII, seven (7) key informants were identified and interviewed in each LGA. The key informant's include male and female Community Leaders, male and female Health Workers, male Youth Leader, female Security Operative and male religious leader.

Data Analysis

Data collected from different sources was processed and analyzed for discussion. Power BI was used to analyze household survey data. Excel was used to analyze the key informant interviews.

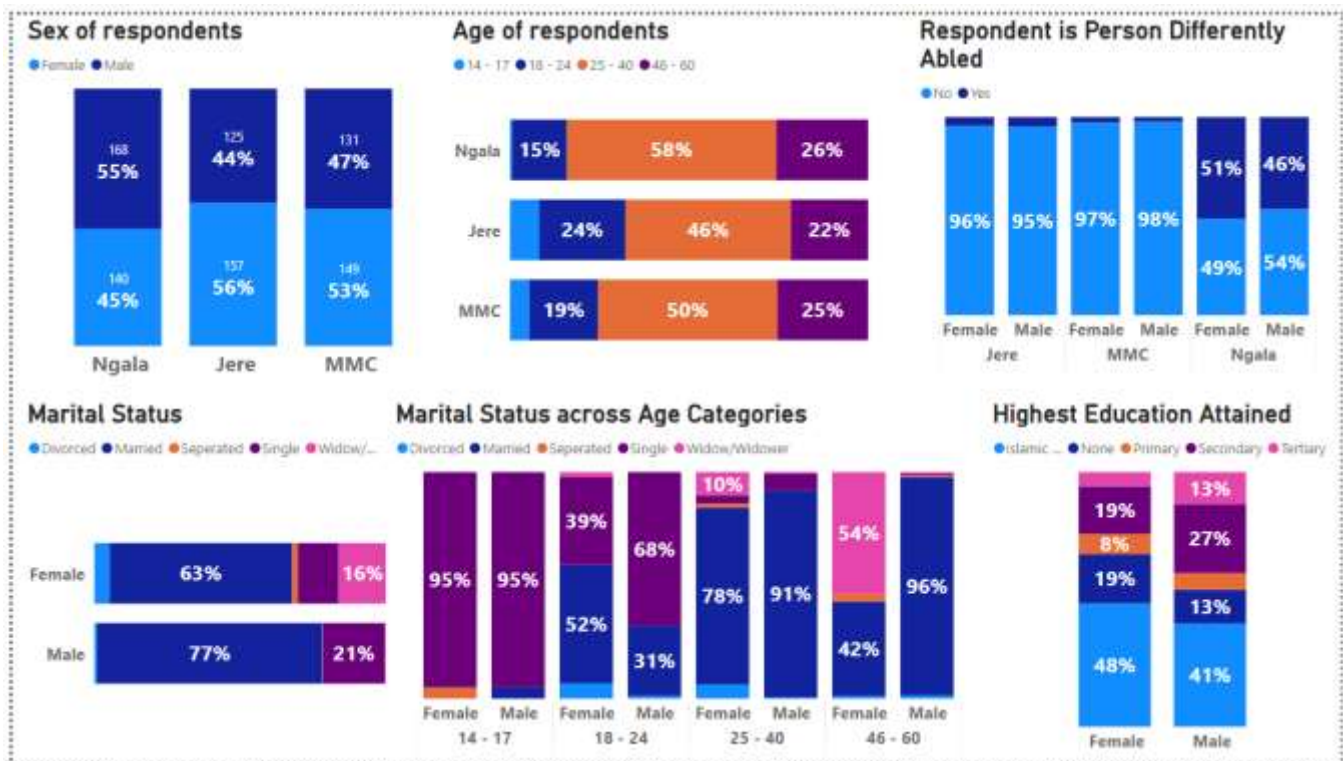
Analysis and Findings

Context Information



A total of 870 households participated in the household survey. In each household, a male or a female respondent was sampled. In Ngala, the impact of the armed conflict in NE Nigeria, has brought about increased women leadership in households mainly because the violence created more widows than widowers, created family separation and led to military detention.^[4] Data on residential status show that population movements are higher in Ngala compared to MMC and Jere where majority of households are residents living in their own homes. Having the 2nd largest burden of IDPs in camps or host communities, majority of respondents in Ngala, live in tents while those in MMC and Jere live in apartment blocks.^[5] The 2024 flood has had devastating impacts in MMC, Jere and Ngala. Majority of households were partially damaged; some were lightly damaged while a significant proportion were completely damaged.^[5]

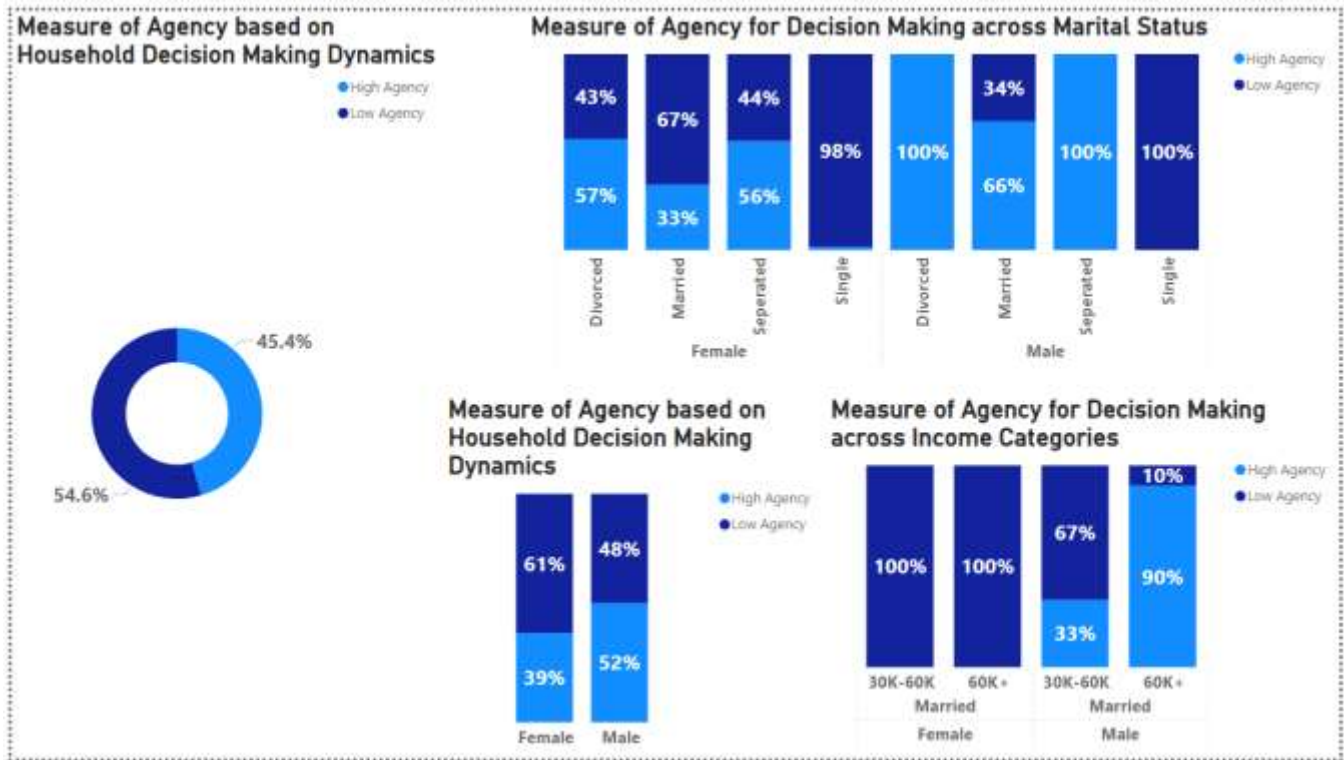
Demography



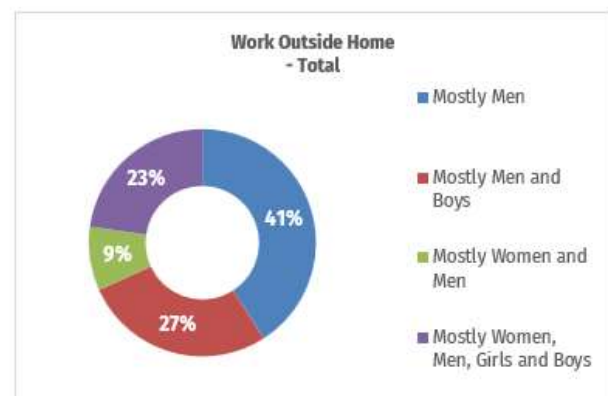
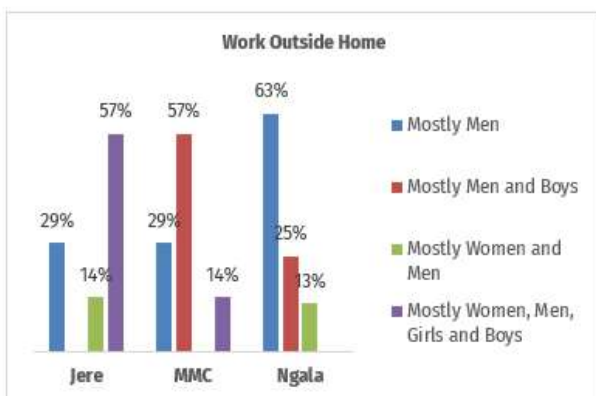
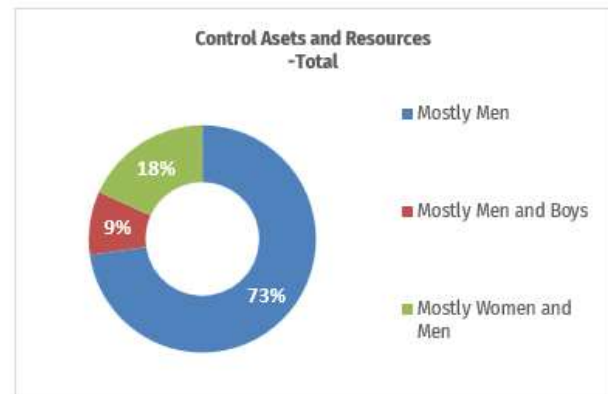
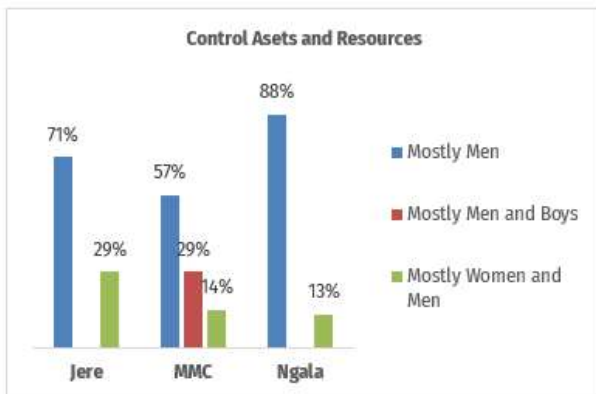
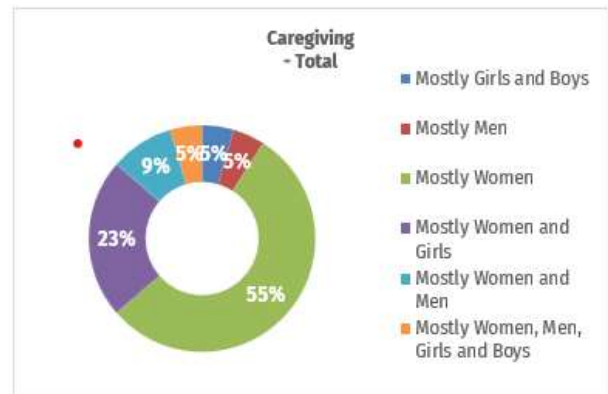
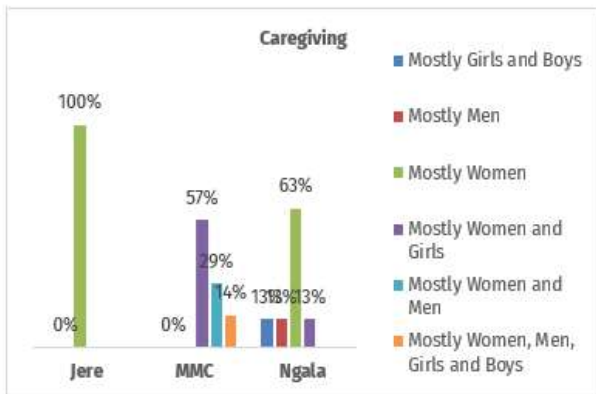
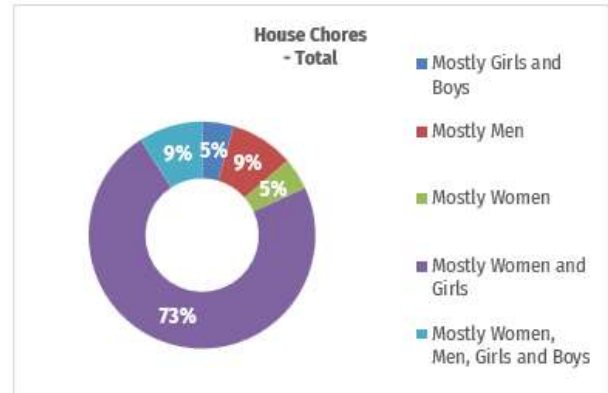
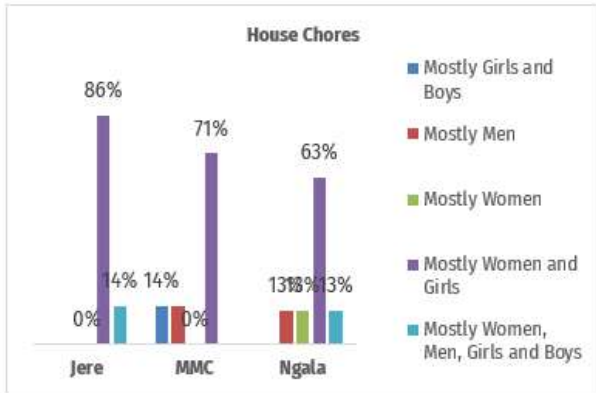
Majority of the respondents across the 3 LGAs are persons between 25 and 40. Participants between 14 and 17 were not readily available during the times of data collection. In Ngala a significant proportion of the respondents were persons differently abled. Of the randomly sampled individuals, 16% of women were widows while 5% were divorced. Comparing this diversity with marital status disaggregation for men, it further confirms that there are more widows than widowers. There are also more divorced women than men and studies reveal that “the challenges and negative effects of divorce are usually much stronger on women and their off springs than men. These ranges from psychological trauma, immoral behavior, Economic hardship, denial of custody, etc.^[6] These calls for norms shifting work that will study the behavioral patterns that most predict divorce or the demand for divorce, to design targeted social norm transformation activities that educate, re-educate and re-orient communities towards safe, gender-equitable and stigma-free communities. Data also showed that girls more than boys, marry early. 52% of girls less than 24 are married in contrast to 31% of their male counterpart. More men (13%) than women (5%) are able to attain higher education. More men than women complete secondary education and more female than male have no education at all but more female than male have Islamic education.

Gender Roles and Relations

Household decision making

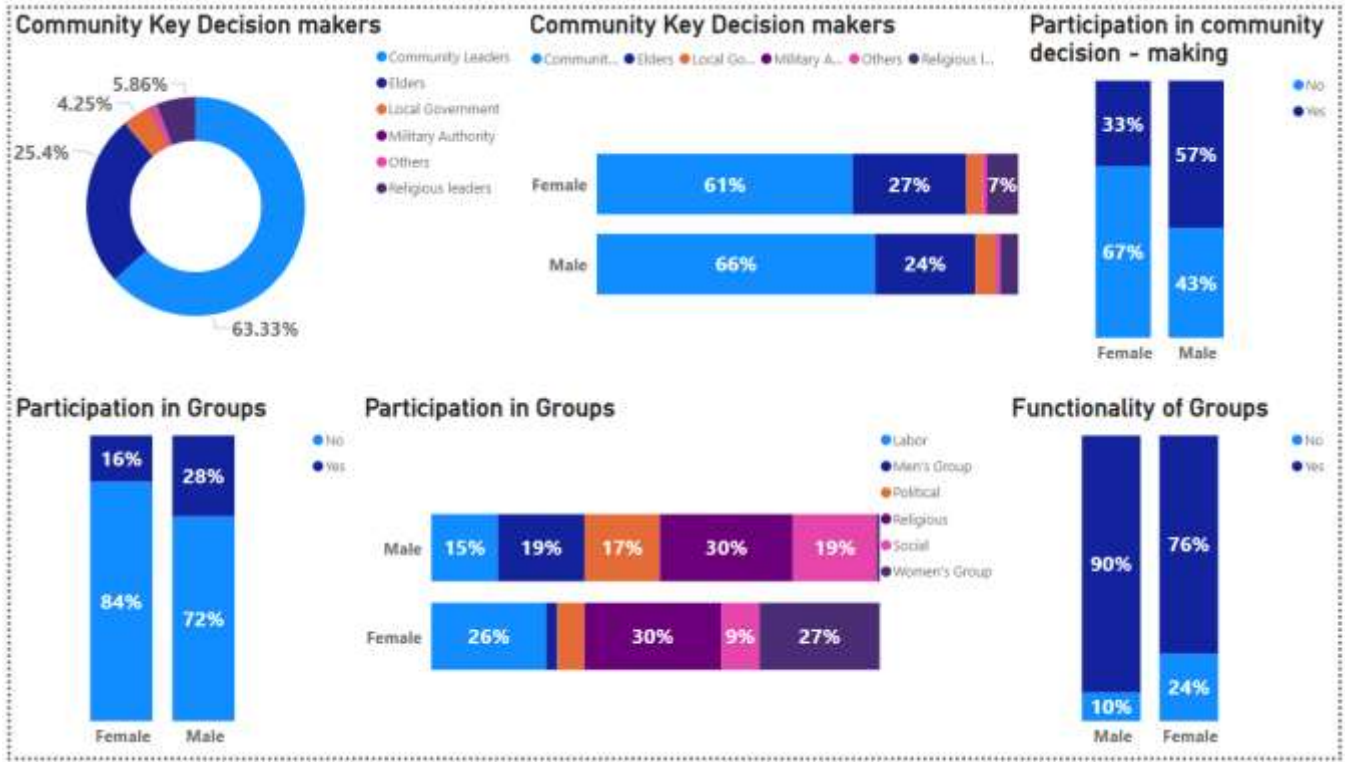


To measure household decision making dynamics, participants were asked questions regarding their level of participation in household decision making across 6 areas: income generation activities, owning and controlling assets, movement, access to health, childbirth, and children attending school. Participants responses were graded, coded and aggregated into high and low agency on decision-making. Overall, more men (52%) than women (39%) showed to be more involved in decision making across all 6 areas. Data shows that for men, higher participation in decision-making is observed with increased access to finances but this was not the case for women, whose contribution to household decisions were not impacted by their finances. While non-normative factors influence decision making for men, social norm underpin the same for women.



Responses from key informants corroborate with survey findings which show that women and girls do most of house chores. **73%** of respondents said women and girls do most of house chores. **55%** of respondents say women provide most of childcare. **73%** say men own and control assets while **41%** of respondents say in most households, only men work outside the home. With regards to working outside the home, key informants in Jere noted positive shifts while those in MMC and Ngala showed traditional expectations of male dominance.

Community Decision-Making



Majority of respondents considered decision making as a responsibility for only community leaders (63%) and elders (25%). Gender gaps are evident in the level of male (57%) and female (33%) participation in community decision making. In Jere, 33% of male key informants said women do not participate in decision-making. In MMC and Jere all female key informants believe that women participate in community decision making but in Ngala, both male (40%) and female (67%) key informants confirmed that women do not participate in community decision making. There is a notion that men understand community decision making differently from women as is the case in Jere. While women may consider community decision making at more general levels e.g., voting during elections and participation in project-based community structures (CPCs, PMCs), men perceive decision making in the administration of laws and traditions, decision regarding community assets and administration. Existing gender norms and practices often restrict women’s active participation in community decision making and decision-making derivatives.^[8] This means that many women will not contribute to decisions that will affect them and their families. Social norms shift interventions that utilize structured and guided sessions can support in shifting community perspective around restricting women participation in actual community decision making.

Speaking about common forms of women participation in community decision making, key informants said:

“It happens when organizations hold meetings with community members which requires all categories of people present to hear everybody's opinion”

“Women don't have decision-making. Mostly, their role is to obey every decision made”

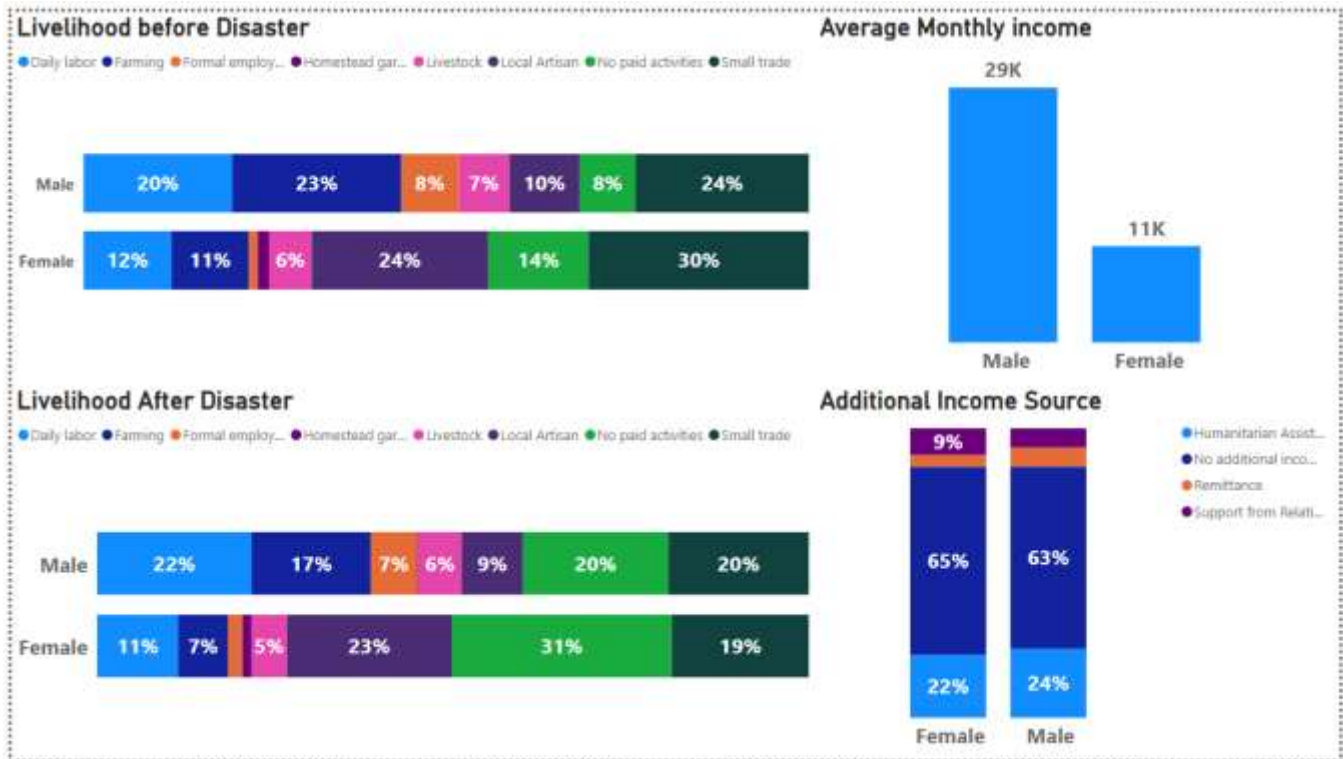
“We have three women as community leaders, and many community engagement women groups are included. As community leaders if we take decisions and thing didn't work out well, the women will blame us, that's why we tried to carry them along”

“It's usually when we need to sit with an NGO to discuss matters that concern our community and that it includes all categories of the community members to be present”

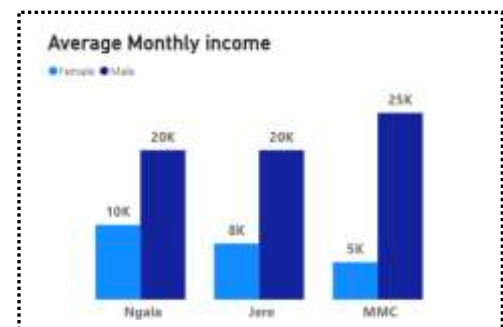
“We already have a woman lead organization within our community that has to do with issues concerning the growth and development of the community”

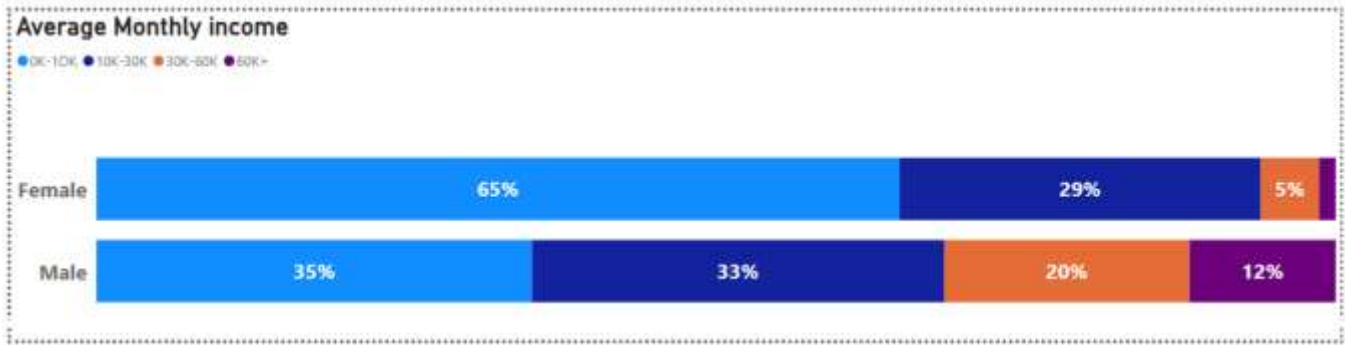
Again, more men (28%) than women (16%) participate in groups and associations. The overall participation in groups and associations is low across the three locations, more in Ngala (43%) than in Jere (12%) and MMC (10%). Many humanitarian programs such women and girls safe space programs, women economic empowerment programs and maternal, infant and young child feeding programs have formed women into groups and associations thereby raising this occurrence in Ngala. Group based activities are highly encouraged as a pathway to impact at scale. When adequately delivered, group structures can support increased agency, relations and structure while ensuring the fortification of impact with accountability, adaptability and sustainability.^[9]

Livelihoods and Income



Before the flood, more women (14%) than men (8%) have no paid livelihood after the flood this gap doubled for both men and women with women bearing the most of it. The flood has caused a widening of gender pay gap to 62% between men who earn 29,000 NGN on average and women who earn 11,000 NGN on average. This gap is wider in MMC (80%) and Jere (60%) compared to Ngala (50%). For women who have some form of livelihoods, they do so at much lower rates than men. This is mostly because of their limited mobility and exposure outside the home.^[10] Majority of unemployed women are married women. Men receive additional income in the form of state remittances more than women, corroborating that formal employments that pay remittances are dominated by men, however, for majority of men and women, no additional income streams are available.





The table above show the variations in income categories between men and women. While 32% of men earn above 30,000 NGN, only 6% of women earn similarly.

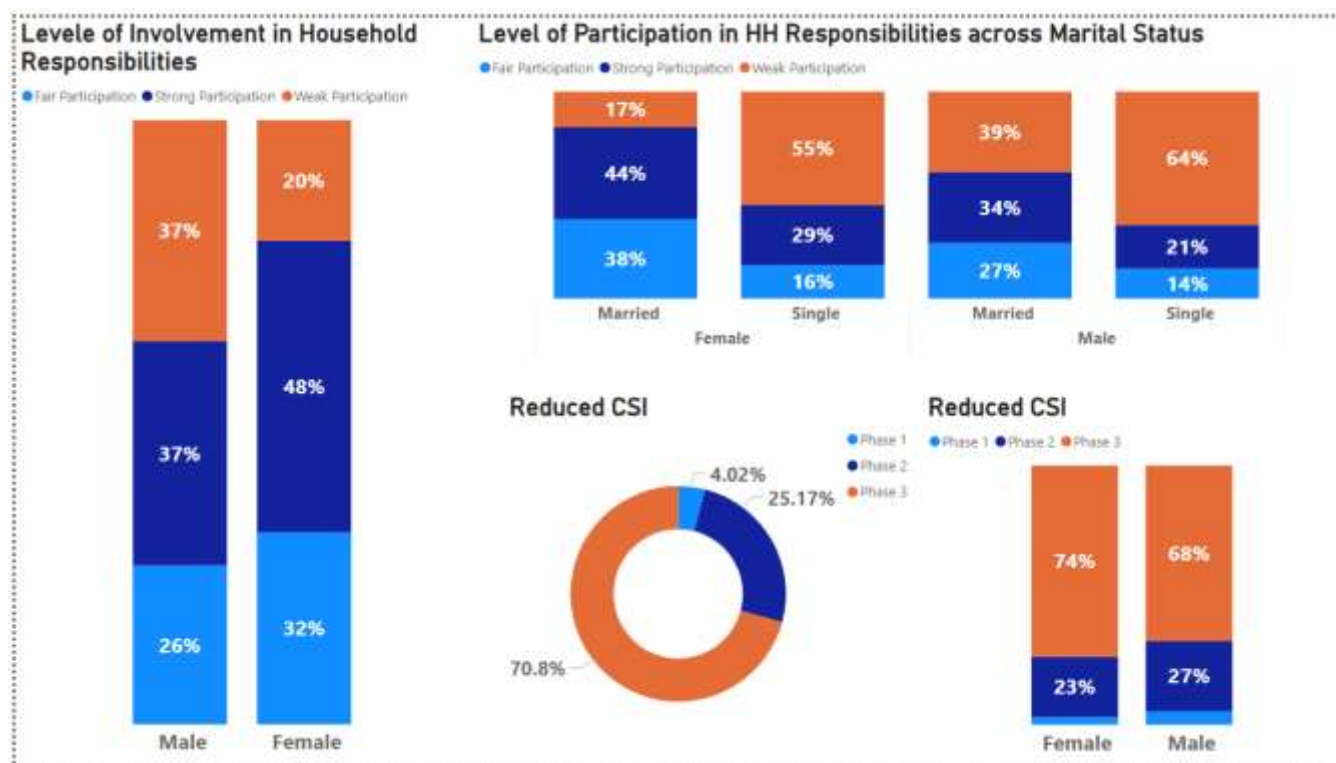
A key recommendation is to increase women economic empowerment dialogues aimed at supporting women realize their potentials and more so, supporting them to access available service that increase their access to finances. These can be achieved during structured group dialogue sessions, or as one-on-one counselling activities under the psychosocial support component.

Speaking on the impact of the floods on livelihoods, key informants said:

“Some of the men's places of work can't be accessed due to the impact of the flood disaster.”

“As the leader of the community, my people really suffered because of the flood. All of the area was displaced and most moved to camps managed by the government, some people died because of the flood, many people lost their livelihood, many houses were destroyed, and some are yet to even get any assistance”

Division of labor within the household



Participants were asked their level of participation in household roles and responsibilities including income generation, childcare, providing energy source, food purchase, providing meals, house chores and other unpaid care work. The responses – either fully, partially or not involved, were coded and aggregated into levels of engagement in household roles and responsibilities. While more women (48%) showed strong participation in household roles, more men (37%) showed weak participation. Given that most married and single men were less involved in household roles than women, this is pointer to strong sub-surface factors such as norms maintaining such behaviors. Also, evidence shows that **women's share of household roles and responsibilities do not necessarily decrease despite increases in their earnings.**^[11] Household time allocation has implications for financial inclusion, economic empowerment and participation in community decision making. Households will benefit from targeted messaging including such as the engaging men in accountable practice model, to challenge traditional norms that imposes the burden of housework on women and girls. Men and boys can be supported to play more active roles in household roles by linking this to more desired outcomes such as improved overall household income and reduced negative coping strategies.^[12]

Capacities and coping strategies

Majority of households are in IPC phase 3 based on their reduced coping strategy index score and still significantly more females (74%) were in this category, than males (68%). Although rCSI tends to measure the less-severe coping behaviors, CSI, measures the things that people do when they cannot access enough food. It measures the adjustments households make in consumption and livelihoods. IPC phase 3 shows crisis level negative coping strategies and it means that even with any humanitarian assistance, household group has food consumption gaps with high or above usual acute malnutrition; OR Household group is marginally able to meet minimum food needs

only with accelerated depletion of livelihood assets that will lead to food consumption gaps.^[19] Coping behaviors are interlinked and strongly shaped by compounding challenges stemming from gender, displacement, and disaster or shocks.^[13]

Key informants said:

“After the flood, survival became challenging for all as the food stuff we left in the house was washed away by the flood, and even our houses became unsafe to stay in due to the fear of contracting diseases of which we later fell sick as a result of improper treatment to our environment and lack of clean water”

“We experienced shortage of food in our various houses, and people easily fall sick”

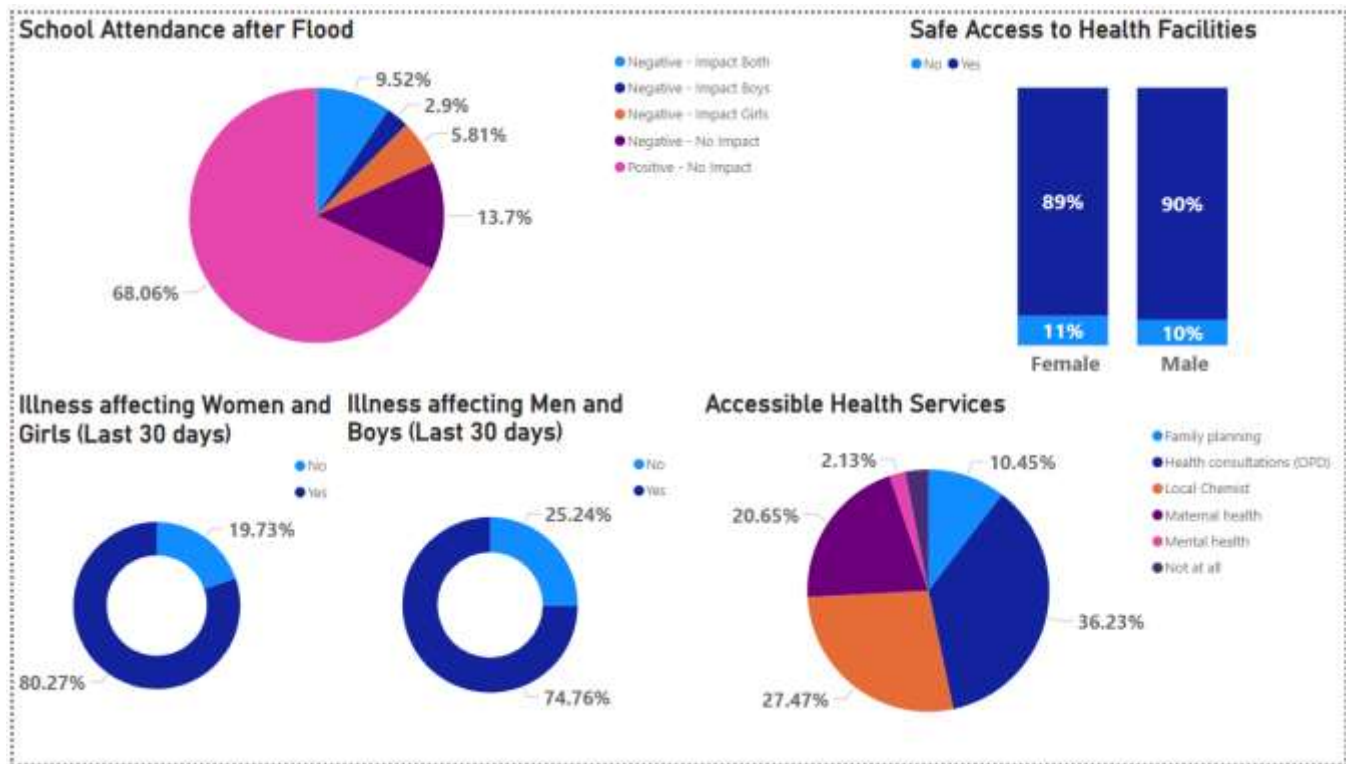
“Poor living conditions, lack of income generating activities, inflation of food commodities in the market, exposure of people to dangerous activities for survival, poverty, these were the compounded effect the flood had in our community”

Key recommendation including strengthening referral pathways and ensuring that communities are adequately aware of where to access available services that help to reduce their vulnerabilities and consequently their dependence on negative coping strategies.

Key informant noted some coping strategies employed by community members in dealing with protection risks. They include:

- Community-led awareness creation in a religious place or other occasions or even to educated people on the need to report suspicious activity to the elders or community leaders.
- Strengthened Security
- Maintaining Family networks and friends
- For girls, walking in groups
- Collaborating with government and aid organizations

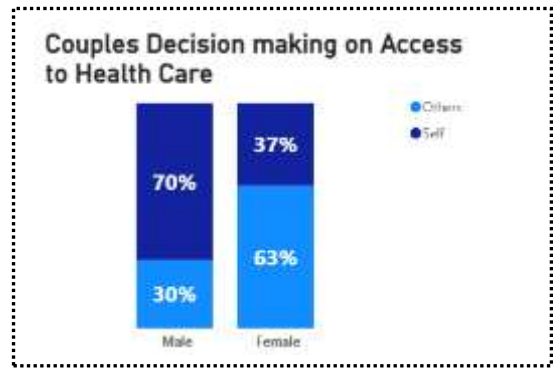
Access to Service and Assistance Education



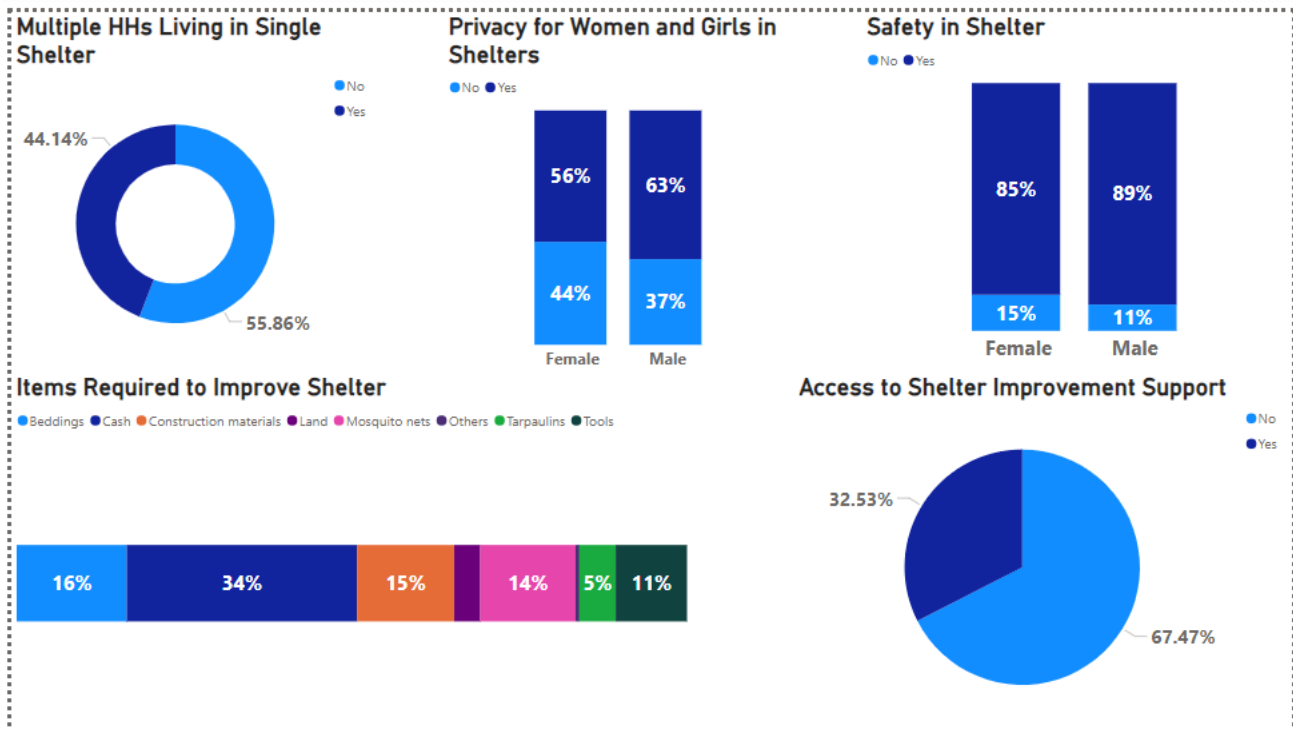
66% of respondents indicated that in their household, children remained in school despite the flood. For 13% of the households surveyed, children hadn't been attending school and still do not. The flood halted schooling for children in 9% of the households while 6% of respondents said the flood had halted education for girls. More girls than boys lost access the education due to the flood. Floods significantly affect girls' education by disrupting their schooling due to closures and damaged infrastructure, damage access road often requiring walking through flood water, discouragement owing to the absence of latrines which had been destroyed by floods, displacement of families, and increased household responsibilities. These factors often lead to high dropouts, particularly for girls who are more vulnerable to being pulled out of school to support family needs some by forcing them into marriage for economic gains.^[15] This finding emphasizes the need to educate communities on how to mitigate the impacts of flooding by exploring the innovative tools such as poetry, music, and other non-formal educational approaches which can be used to educate communities and institutions on the impacts of flooding and how to adapt and mitigate effectively for sustainable development.^[16] Sessions that target effecting norms shift around perceptions of seeing male children as those to be educated, can be adapted into response especially through the SAA approach.

Health

Responses show that both male (90%) and female (89%) have safe access to health services. On x-raying their responses, 27% of them regarded quacks and local chemists as their version of safe access. Women and girls (80%) more than men and boys (75%) fall ill every month and in most cases, require quality health support. Only 37% of married women who indicated having access to health services made decisions on accessing the service themselves and it is no surprise that 70% of men have such autonomy. Reference groups who decide on women’s access to health services including husbands, parents, religious leaders and community leaders. Most of these reference groups are men. In most homes, men make most household decisions, including accessing healthcare services. Studies show that lack of health decision making autonomy, impacts women health-seeking behaviors and those of their children.^[16] Key recommendations to improve women health outcomes would involve trained women influencers that can affect behavior change for improved health agency. Also, carefully designed messaging can target reference groups to educate them on shared vision for improved health, economy and household relations, and how women’s health decision autonomy can support in realizing these outcomes.



Shelter

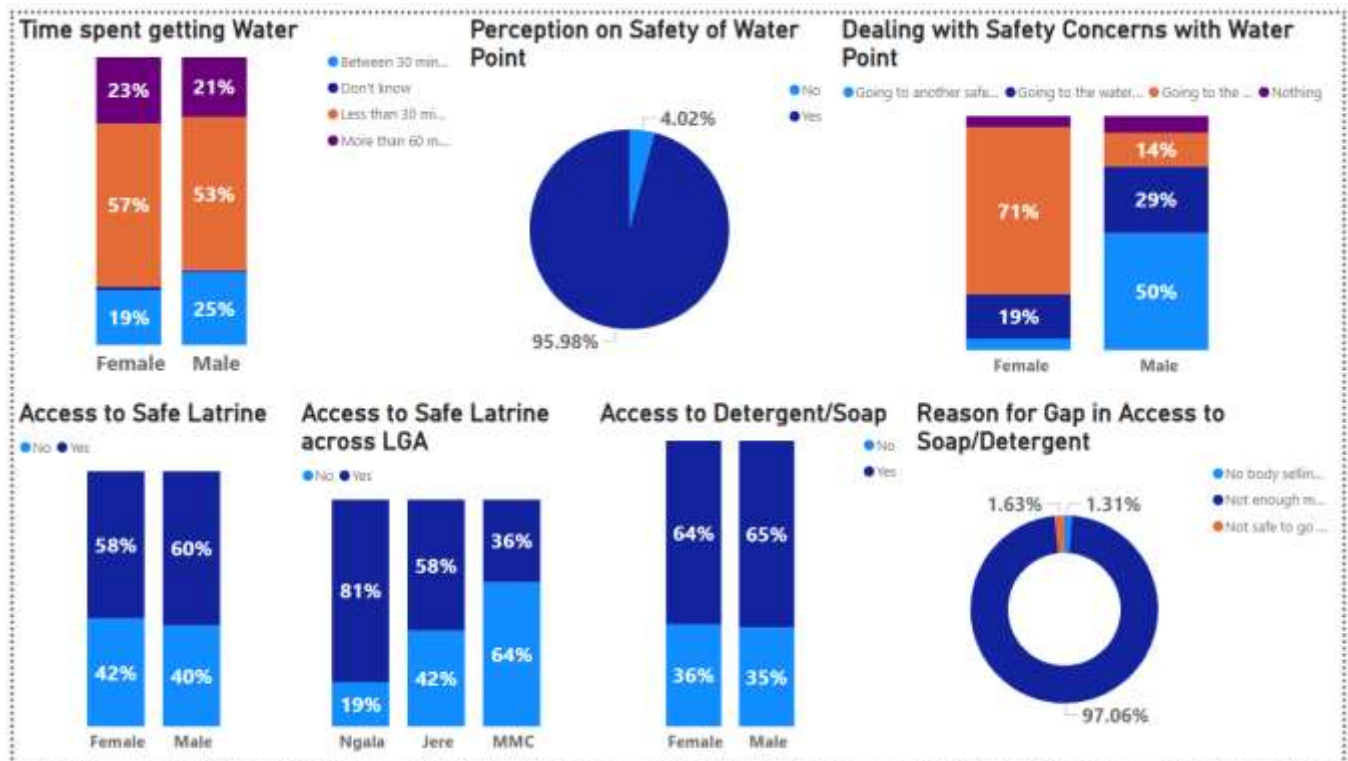


44% of respondents say multiple households live together in their shelters. 44% of women and girls say they do not have privacy in their current shelters 21% of them say they feel unsafe in their current living arrangements. Only 8% of respondents in Ngala and 7% in Jere, with 1% in MMC, said their shelter was not damaged by the flood. The flood had varying degrees of damaged depending on the type of shelter. Most respondents say they require cash to repair their damaged shelter. At the time of this study, UNHCR has supported over 2,000 households in MMC and Jere with 100,000 Naira cash transfers. ^[27]



“After the flood out of 100% of the houses within the community, 95% of the houses their toilets were destroyed, which forced them to use their neighbors’ latrine while others use the latrines constructed by an NGO within the community, and also we and our children couldn't access clean water from the water points and some the boreholes got spoiled as a result of the flood, only two boreholes are functioning out of three that we have in this community. The rate of malaria fever patients was high and alarming”

Water, Hygiene and Sanitation

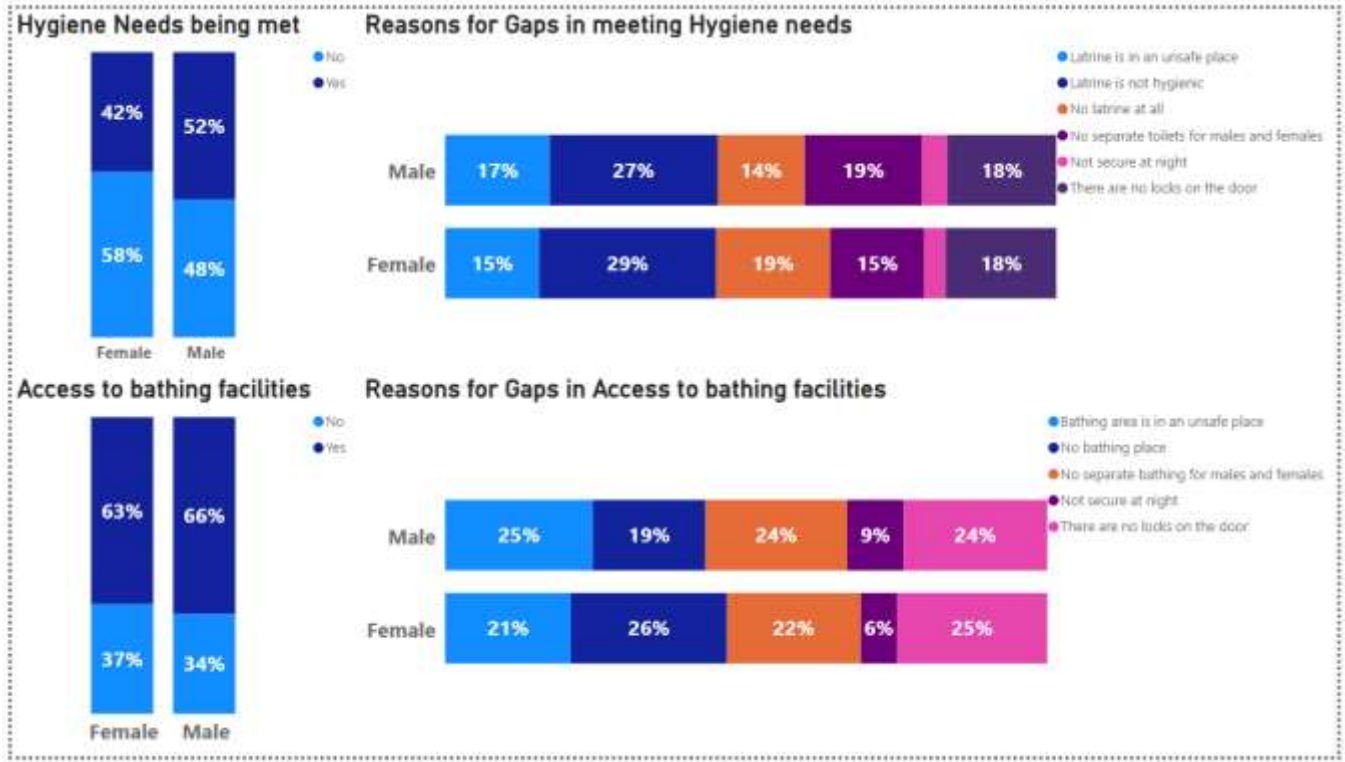


Most individuals get water in less than 30 minutes. 4% of people consider water points as unsafe, all of them

were either women or girls in Jere, equally between men and women in MMC and mostly women or girls in Ngala. 71% of women who consider water points unsafe, go to water points in women-only groups as a way of mitigating risks and 19% go in the company of a male relative. An intersection between household roles, freedom of movement and violence is observed. While most women try to mitigate risks in a bid meet up to household demands, most men avoid them. A key informant said, *“due to the flood, we were not able to have access to clean water from the water points in the community because the water we get is already contaminated, which leads to almost all the community members both old and young falling sick”*.

A key recommendation would involve specific safety risk assessment around waterpoints to identify risk factors and mitigative actions.

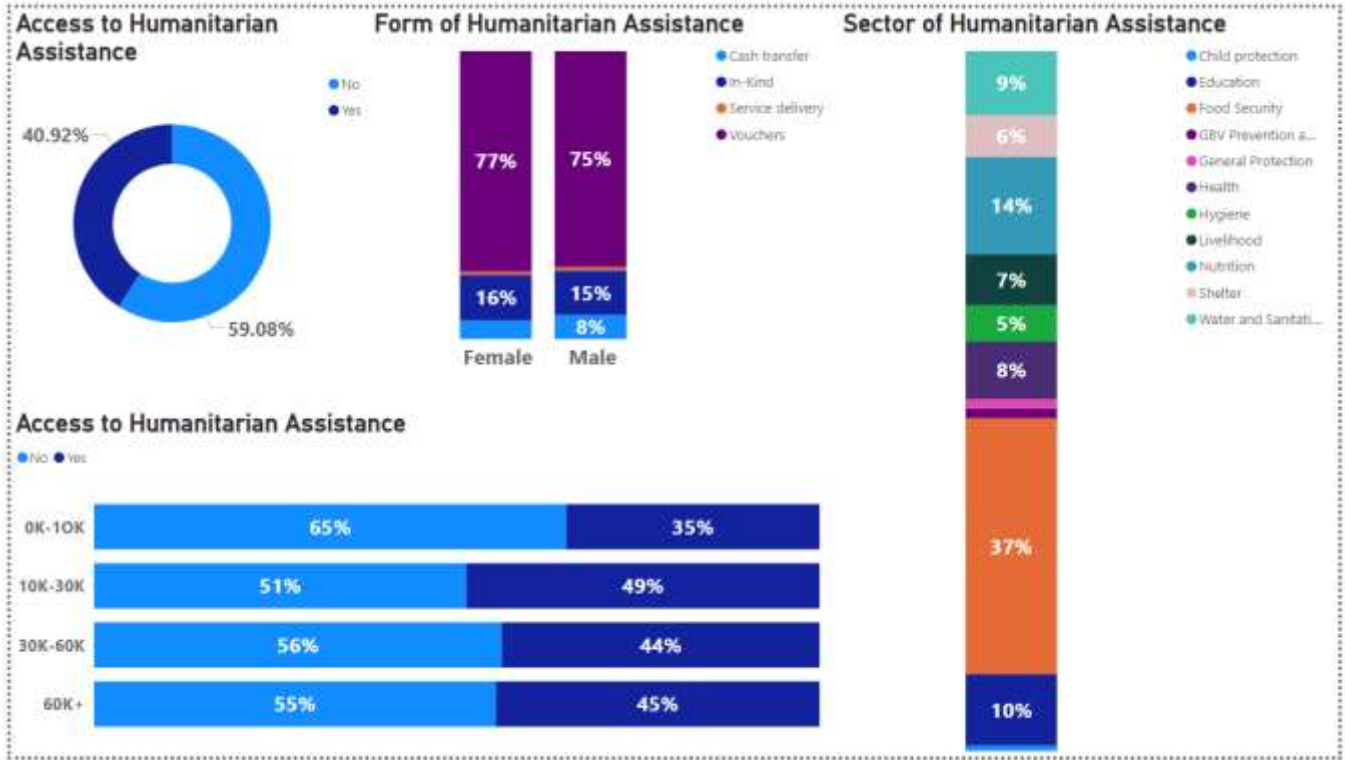
A significant proportion of individuals don't have access to safe latrines, most of them are women. Contrary to common expectations, most of those without access to safe latrine are in MMC (64%) and Jere (42%) compared to Ngala (19%). While this may indicate that the flood had worse impact especially on WASH in MMC and Jere, another view holds that humanitarian action which are more pronounced in Ngala, are covering WASH gaps while in the suburbs of MMC and Jere where humanitarian actions are reducing, WASH gaps exist and have widened. More women than men do not have access to detergents or soap, mostly for lack of enough money. Reports suggest that the floods contaminated an unspecified number of water sources in Borno state, where WASH access was already poor.^[18] In response to this, safe space activities that empower women and girls with capacity to produce local detergents and soaps are viable two-pronged solutions.



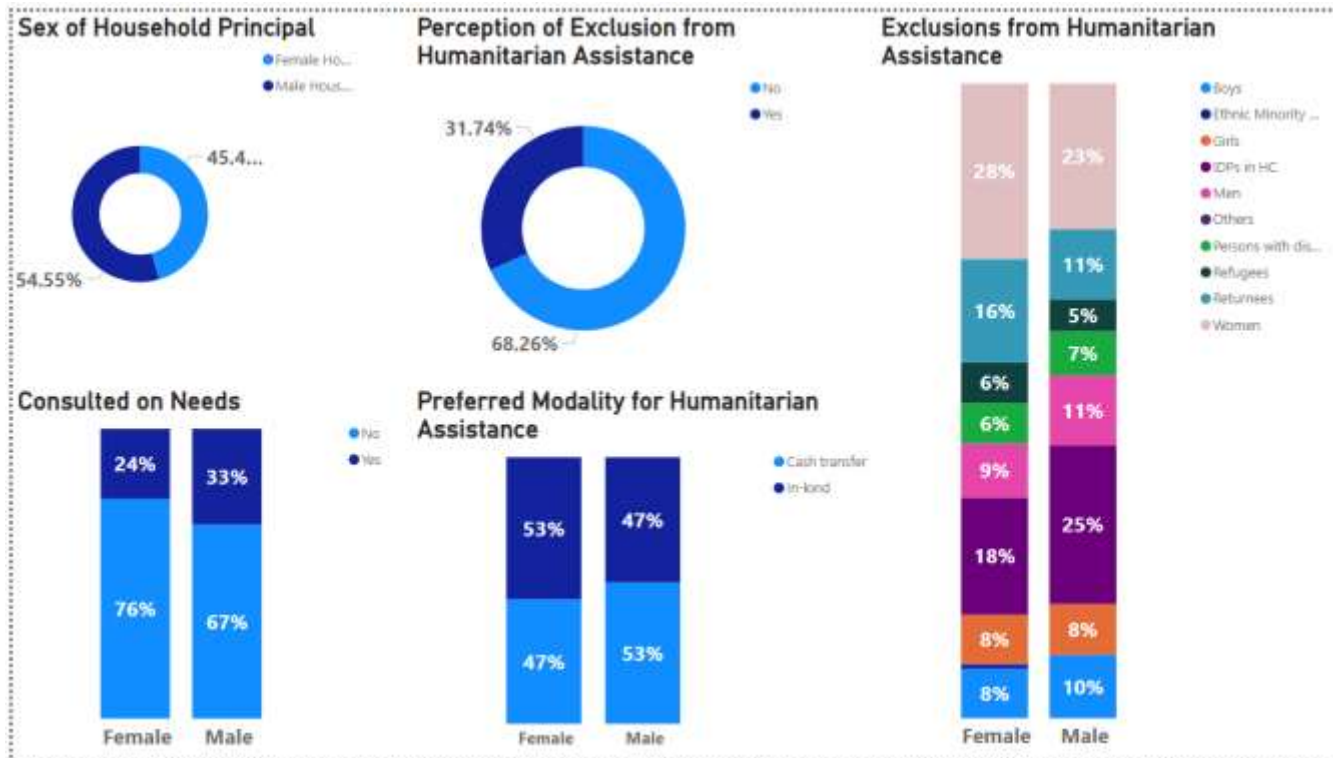
Most women (58%) experience barriers in meeting their hygiene needs. For majority of women, the gaps in meeting hygiene needs are mostly related to latrines being unsafe, having no latrines at all or latrines having no

locks. More women (37%) do not have access to bathrooms when compared to men (34%). Proper hygiene is critical to health and protection outcomes. For women, failure to meet hygiene needs remains a precursor for GBV, poor health, economic exclusions and a vicious circle of violence. Hygiene promotion activities can support education of communities on hygiene best practices. Role model that encourages behavior change can be mobilized to facilitate group-based reflections on improving hygiene practices.

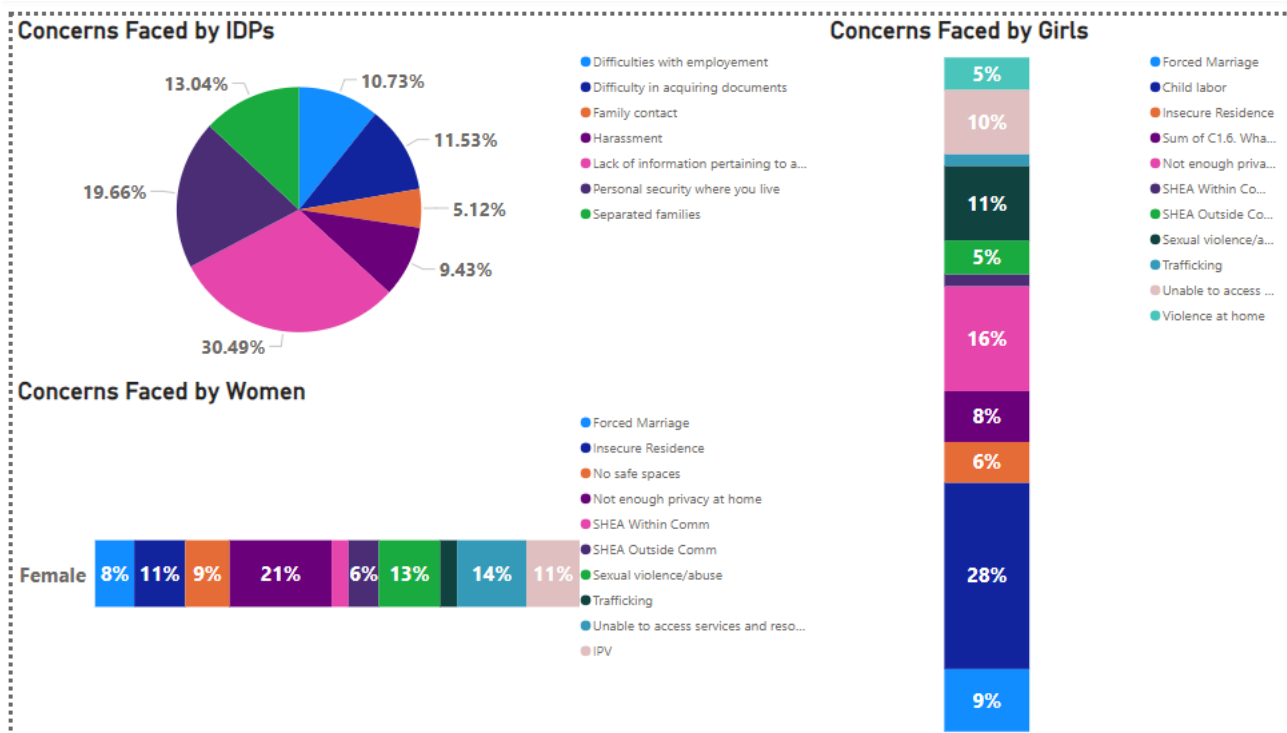
Humanitarian Assistance



59% of respondents affected by flood say they are yet to access humanitarian assistance after returning to their communities. Of those who accessed humanitarian assistance, the majority of them received it as voucher assistance. The majority of respondents said they used their cash to address food gaps. Several emergency response interventions were rolled-out on the break of the flood however targeting appeared unbalanced. During key informant interviews, it was noted that majority of women targeted for cash assistance, gave account detail of a male family relative. In Jere, most adolescent wives indicated that they used their husband’s account details during the targeting exercise carried out by BOGIS and majority of these women said their husband were out of town at the time of this study. This shows that exclusion can equally be as a result of operational or structural gaps in service provision. Women may have been excluded not because they were not registered but because the assistance did not get to them directly though given in their names. As recovery actions continue, more attention should be paid to social protection and the dignified inclusion of vulnerable persons in such programs. Lessons learnt from this finding is that if we must be inclusive, people of all genders must have equal access to tools and modalities for providing assistance.



For 54% of the respondents, men or boys receive humanitarian assistance on behalf of their households and 31% say there were exclusions during targeting. Most respondents say they were not consulted on their needs before or during targeting. Most women prefer to receive humanitarian assistance in kind while most men preferred cash transfers. Obviously, this relates to issues around not having equal access to tools and modalities for cash transfers, particularly, bank accounts. Key recommendation here is to strengthen advocacy for women financial inclusion especially from documentation and registrations. This has implications for the effective operationalization social protection and safety net interventions.



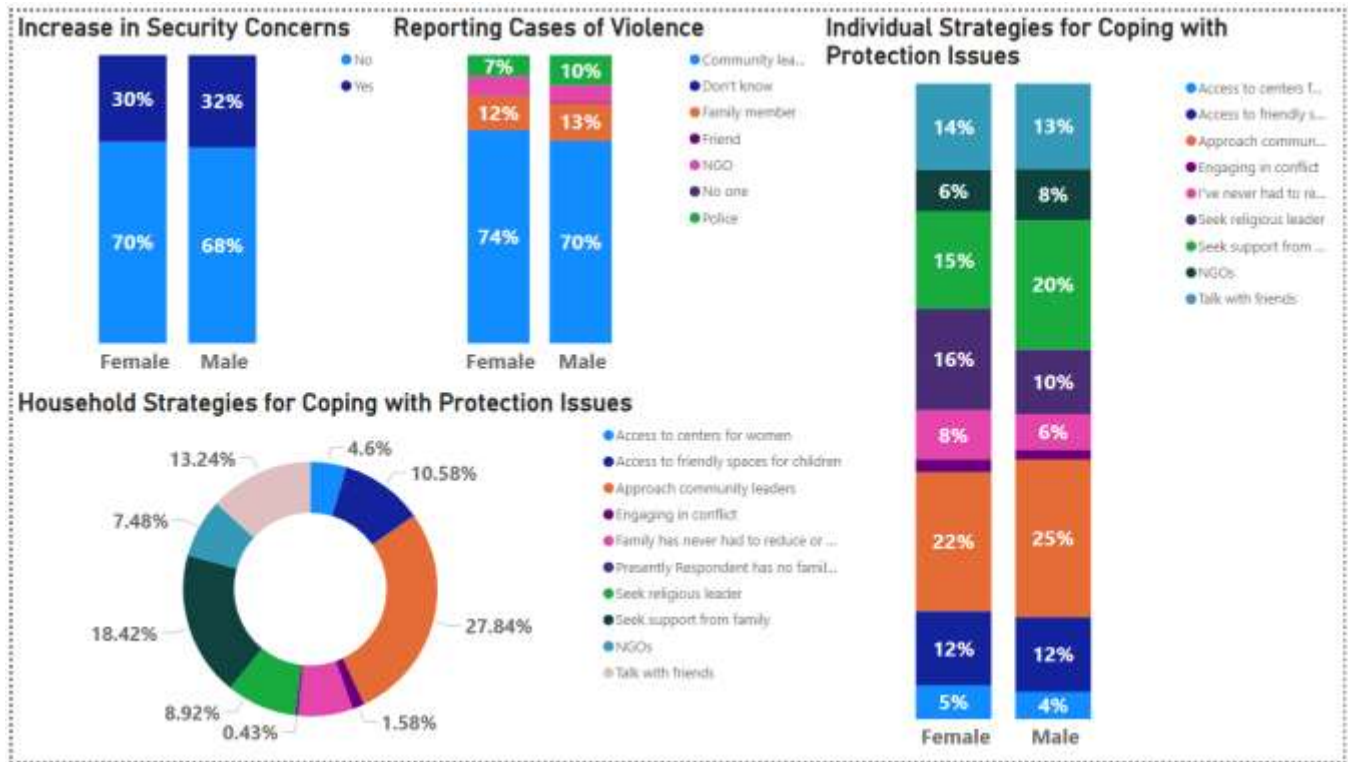
IDPs say their biggest concern is a lack of information on available services. Most women said their biggest concern is that they do not have enough privacy at home while girls indicated that child labor was their biggest concern. To address these, key messages should be designed in line with providing adequate information regarding available services and the referral pathway, household relations that provide women and girls with more privacy and the long-term effects of child labor.

Key informant noted various ways in which Police support in mitigating GBV risk

- Increase in number of female police Officers
- Police/peacekeeping patrols around the community
- Educating girls/women on how to reports incidents

Protection and Mobility

Perception of security



A significant proportion of respondents say that following the flood, there had been increased security concerns in their communities. During key informants' interview, stakeholders further clarified that issues of theft were reported severally. Most community members reported cases of violence to community leaders first and while acknowledging the crucial role of community leaders in addressing violence, instances of community leaders lifting punishments or contributing to stalling or avoiding justice were mentioned.

According to key informants, criminal activities increased, income gaps widened, and poverty worsened. Women became more exposed to protection and GBV risks, education plummeted, dependance and it's associated susceptibility to exploitation and abuse increased, food insecurity spiked, and domestic violence became more rampant. In areas such as Ngala, they noted that exposure to armed groups when fetching firewood in the bush, which mostly results in sexual violence and abuse is still a regular occurrence.

Girls lack proper health care and are often subjected to child labor. Forced marriages and sexual abuse persist in addition to limited opportunities for education.

For men the risk noted by key informants include lacking in access to livelihood, loss of property and poor healthcare. Others say men face risk of abduction when going outside trench.

For boys, key informants noted that they too experience being forced to marry. Child labor, mental health issues due to drugs abuse, 'sexual abuse', risk of abduction and poor quality of education were also mentioned as protection risks boys face.

A forum with community leaders can be leveraged on tom discuss critical issues such as security concerns and their role in providing justice while continuously working to resolve conflicts.

To cope with protection issues, most women mentioned that they approach their community leaders, religious leaders or seek support from family. For men, they mostly approach community leaders, religious leaders and friends. These can serve as important stakeholder groups to educate on their role in support protection outcomes in their communities.

Priority Needs



For respondents in MMC and Jere, their most pressing need is food, for those in Ngala, it is healthcare. The next important need for respondents was cash in MMC and Jere and food in Ngala. The third priority need was shelter in MMC and Jere, and water in Ngala. Variances in the way respondents from the various LGAs prioritized their needs may reflect the variations in access to services.

Recommendation from Women on priority needs Female KI

- Increased access to basic needs like food and clothing which are critical for their survival and well being
- Livelihood support as many women have lost their means of income, so skills training, small business

grants and access to market are essential to help rebuild their lives.

- Strengthen hygiene promotion with specific attention to menstrual hygiene needs and the provision of privacy in households
- Education, entrepreneurship skills and hygiene

Recommendation from Women on priority needs Male KI

- Rehabilitation of shelters
- Food and nutrition assistance to support healthy feeding, school attendance for children.
- Access to education
- Employments
- Improved Healthcare
- Hygiene promotion to curb unhealthy habits such as open defecation.
- Cash assistance for women and men

Recommendations

- **Norms Shift:** There is need to implement norms shifting interventions that utilize structured and guided sessions to shift community perspective around restricting women participation in actual community decision making.
- **Group based activities:** Group based activities are highly encouraged as a pathway to impact at scale. When adequately delivered, group structures can support increased agency, relations and structure while ensuring the fortification of impact with accountability, adaptability and sustainability.
- **Increase women economic empowerment dialogues:** this will aim at supporting women to realize their potentials and more so, supporting them to access available service that increase their access to finances. These can be achieved during structured group dialogue sessions, or as one-on-one counselling activities under a psychosocial support component.
- **Targeted messaging:** Households will benefit from targeted messaging including such as the engaging men in accountable practice model, to challenge traditional norms that imposes the burden of housework on women and girls. Men and boys can be supported to play more active roles in household

roles by linking this to more desired outcomes such as improved overall household income and reduced negative coping strategies.

- **Strengthening referral pathways:** this, and ensuring that communities are adequately aware of where to access available services that help to reduce their vulnerabilities and consequently their dependence on negative coping strategies, are pivotal in addressing protection risks. Key messages should be designed in line with providing adequate information regarding available services and the referral pathway, household relations that provide women and girls with more privacy and the long-term effects of child labor.
- **Train women influencers:** a key recommendation to improve women health outcomes is to train women influencers that can affect behavior change for improved health agency. Also, carefully designed messaging can target reference groups to educate them on shared vision for improved health, economy and household relations, and how women's right to health can support in realizing these outcomes.
- **Conduct specific safety risk assessment:** to understand safety issues especially at various water points and to identify risk factors and mitigative actions.
- **Women and Girls Safe Space:** As part of a broader WGSS approach, training on economic skills such as producing local detergents and soaps are viable two-pronged solutions for women economic empowerment and improved household hygiene.
- **Hygiene promotion:** hygiene promotion activities can support education of communities on hygiene best practices. Role model that encourages behavior change can be mobilized to facilitate group-based reflections on improving hygiene practices.
- **Strengthen Advocacy:** Strengthened advocacy for women financial inclusion especially with regards to documentation and registrations on financial platforms such as banks. This has implications for the effective operationalization social protection and safety net interventions.
- **Community dialogue:** A forum with community leaders can be leveraged on to discuss critical issues such as security concerns and their role in providing justice while continuously working to resolve conflicts.

References

- 1 Emily W., & Kunle O, (2024). Nigeria floods: Three million children in Borno state without school and exposed to child marriage, malnutrition and disease. *Savethechildren.net*, 19 September 2024.
- 2 OCHA (2024). ACAPS Briefing Note - Nigeria: Humanitarian impact of floods in Borno state. *Reliefweb*, 24 September 2024.
- 3 OCHA (2024). Nigeria Situation Report. *Reliefweb*, 28 Oct 2024.
- 4 UNHCR (2018). The Impact of The Conflict on Female-Headed Households in The Northeast. *UNHCR*. June 2018. HNO 2024
- 5 OCHA (2024). Nigeria: Flood Overview - Borno, Adamawa and Yobe State. *Reliefweb*, 18 September 2024.
- 6 Rafatu A., H., Imam A., R., M., S., Challenges and Negative Effects of Divorce among Muslim Women in Northern Nigeria. *Journal of Arts and Humanities*. 19 November 2016.
- 8 Hussain T., O. A stake in their future: Advancing local community engagement in Northeast Nigerian development initiatives. *Journal of CSWB*. 12 Jun 2024.
- 9 Jay G., David L. CARE's New Guidance for Impact at Scale. Scaling Community of Practice. 5 March 2021.
- 10 Fatouma Z., L., & RGA Cooperative members. Rapid Gender Analysis Northeast Nigeria - Borno, Adamawa and Yobe States. *Reliefweb*. June 2022
- 11 Cristina F., Almudena S. SOCIAL NORMS AND HOUSEHOLD TIME ALLOCATION. *IESE Business School – University of Navarra. Working Paper WP, no 648*. September 2006
- 12 IRC. Guide for Male Engagement Workshops (Engaging Men through Accountable Practice [EMAP] approach adapted). *Rescue.org*. 21 August 2024.
- 13 Stojetz W., Brück T. Coping with Compounding Challenges in Conflict Crises: Evidence from North-east Nigeria (English). *Policy Research working paper; no. WPS 10379 Washington, D.C.: World Bank Group*. March 2023.
- 14 Anabaraonye B., Ewa B., & Eslamian S. (2024). Impacts of Flooding on Nigeria's Educational Sector. 10.1201/9781003262640-10.
- 15 Riaz A., & Waseem B., & Adeel A., & Muhammad T., & Abdul M., N. The Impact of Flooding on Education of Children and Adolescents: Evidence from Pakistan. *Water Economics and Policy* Vol. 08, No. 03, 2240009 (2022).
- 16 Irit S., Jennifer A., Mohsin K., Ramatu D., & Olugbenga O. (2017) Demand for Women's Health Services in Northern Nigeria: A Review of the Literature. *African Journal of Reproductive Health*. Vol 21, No 2 (2017).
- 17 Bulama Muhammad Bukar (2024). [UNHCR Begins Cash Disbursements for Maiduguri Flood Victims](#). X. 1 November 2024
- 18 ACAPS (2024). Nigeria Humanitarian Impact of flood in Borno state. *Reliefweb*. 24 September 2024.
- 19 Household Food Consumption Indicator Study (HFCIS): Summary Recommendations for the Integrated Food

Security Phase Classification Acute Reference Table for Household Group Classification