RESILAC*2 Gender Analysis Report

Across selected communities of MMC, Jere & Konduga LGAs of Borno State, Nigeria

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Executive Summary

The gender analysis conducted across the 15 communities across MMC, Jere and Konduga LGAs, highlighted the following key findings;

- The report highlighted culturally enforced gender roles within the targeted communities, revealing a stark division of responsibilities and opportunities between men and women. Women are overwhelmingly confined to domestic and caregiving roles, 69% of women are fully engaged in childcare (compared to 49% of men who are only partially involved), and 55% of women are solely responsible for water collection. Men, on the other hand, are traditionally viewed as providers and heads of households, responsible for the economic wellbeing and security of their families. The division of labor reflects these dynamics: men dominate farming and food purchasing, while women shoulder the full burden of domestic tasks and childcare. While some women contribute economically through farming or small trades, their public and community engagement remains limited due to traditional restrictions on mobility and participation.
- However, the impact of persistent insecurity, unemployment, and economic instability has significantly disrupted men's roles, leaving many idle and struggling with a loss of purpose and diminished self-worth. This is evident from quantitative data, which indicates a twofold increase from 4% to 8% in the proportion of men who are not engaged in paid activities within the communities. This shift underscores the fragility of rigid gender norms in the face of external shocks.
- Household decision-making within the communities remains predominantly male-dominated, driven by deep-rooted patriarchal norms that position men, particularly fathers, as the primary authority figures. Critical decisions, especially those related to income generation and financial expenditures, are largely made by men. Despite some households having dual income earners, 73% of male respondents identified themselves as the sole decision-makers regarding who earns income, while 65% stated that husbands exclusively determine how household money is spent. This dynamic severely limits women's financial autonomy, often constraining their ability to invest in personal or family-related priorities such as education, healthcare, and economic opportunities.
- Access to resources and control over productive assets in the community is largely dominated by men, highlighting persistent gender inequality. Most women lack stable income and depend on their husbands for financial access, reinforcing a power dynamic where male permission is often needed for women to participate in economic activities. There is a decrease in the IGAs within both men and women before and after the crisis – before the crises, 60% to 47% after the crisis engaged in small trade/IGAs- Women's access to resources is largely determined by their relationship with male household heads, making their bargaining power limited and conditional. Cultural norms, low education, lack of skills, and expectations around domestic roles further restrict their economic opportunities.
- Economic challenges have pushed communities especially women toward subsistence farming, with limited opportunities for income diversification. Men continue to dominate financial decisions within households, reinforcing women's economic dependence.
- Although men and women reportedly have physical access to healthcare, nearly half of women face real barriers due to a non-functional health facility, discrimination by healthcare workers, and limited

sexual and reproductive health (SRH) services due to the social and cultural norms within the communities limiting their access. Contraceptive use remains extremely low among both genders, pointing to gaps in SRH education and deep-rooted gender norms.

- Education access has significantly declined in the post-crisis, with girls disproportionately affected and increasingly vulnerable to early marriage and child labor.
- Water collection responsibilities fall mainly on women and girls, who report higher perceived safety due to familiarity, despite real risks. In contrast, men, with more mobility, report broader safety concerns. Access to safe sanitation is a critical issue, especially for women and girls, who face greater consequences due to their menstrual health needs and social vulnerabilities, including risks of gender-based violence.
- Women and girls in the communities' face protection risks such as theft, harassment and possible IPV, worsened by displacement and lack of secure housing. These issues are often underreported, especially IPV due to fear of stigma or retaliation. Community responses rely on informal mechanisms like conflict resolution through dialogue and forming neighborhood watr groups.
- The decision-making structure across the communities is largely centralized around the community leader, who is described as someone selected from the community and fully supported by the people. In all the communities, men are usually the community leader who makes decision for the community. In terms of group membership and women participation, there are no formally organized groups and community members express strong interest in establishing one, particularly for women. This desire reflects a growing recognition of the need for collective organization, especially among women to strengthen their power and engagement in community affairs.
- Women in the communities expressed a strong desire for direct participation in decision-making spaces, rather than relying on representation. However, cultural norms and practical challenges such as the presence of in laws, domestic responsibilities and traditional gender roles – limit their involvement. In contrast, men face no such barriers and participate freely in established group structures.

Key Recommendations

Based on the findings of the analysis the following recommendations were derived.

- Promote an inclusive decision-making platform by creating and supporting/ensuring equal participation in the community for both men and women, particularly women who are excluded, through the establishment of women-specific committees or forums. Ensuring representation of women in local leadership positions and decision-making processes.
- Empower women in economic decision-making through targeted trainings and capacity building programs to enhance their skills in financial management, income generation and decision-making roles and also support women in accessing resources and economic opportunities
- Engaging men and boys as allies in promoting women's participation in economic activities abd financial decision-making, through gender-transformative approaches such as community dialogues on gender norms related to economic and social roles, awareness and campaign.
- Recognize the economic value of reproductive work by initiating community awareness campaign to highlight the value of umpaid labour such as caregiving, water collection and housework by

advocating for shared responsibilities in households. This can help to reduce the unequal burden on womena and encourage household labour distribution.

- Address gender barriers in accessing basic services by implementing gender-sensitive programs that ensure equitable access to basic services with specific focus on access to education for girls, reducing droput rates and addressing gender-specific health needs.
- Encourage the development of activities aimed at strengthening communities' knowledge on SRHR with a focus on young people through training and the development of gender and age appropriate curricular.
- Strengthening health workers' knowledge of gender and age sensitive SSRH services delivery including specific modules on SRH tailored to adolescents to challenge cultural barriers to access these services.
- Support livelihood diversification and financial inclusion through livelihood support programs that focus on diversifying income sources for women, such as supporting small-scale trade, informal income-generating activities and access to agricultural extension services for women and provision of access to financial tools, including micro-loans, savings groups (VSLA) and digital financial services to enhance their economic independence and reduce their vulnerability to economic shock.
- Enhancing community protection and addressing GBV through strengthening community-based protection by establishing or enhancing inclusive community protection committees that include women, youth and persons with special needs to monitor and respond to protection concerns.
- Involve community stakeholders, including authorities, traditional religious leaders and parents in community dialogues on child marriage to identify community-based solutions to end this harmful practice

Acronyms

BAY	Borno, Adamawa, Yobe
CBOs	Internally Displaced Persons
CSOs	Community Based Organizations
FGDs	Civil Society Organizations
GBV	Focused Group Discussions
GEWV	Gender-Based Violence
IDPs	Gender Equity & Women's Voice
IGAs	Income Generating Activities
IPV	Intimate Partner Violence
KIIs	Key Informant Interviews
LGAs	Local Government Areas
MEAL	Monitoring, Evaluation, Accountability & Learning
MMC	Maiduguri Metropolitant Council
NGOs	Non-Governmental Organizations
NSAG	Non-State Armed Group
RESILAC	Lake Chad Inclusive Economy & Social Recovery
SRHR	Sexual Reproductive Health Rights
WaSH	Water Sanitation & Hygiene
WROs	Women Right Organizations

Introduction

Background

Over 15 years since the conflict began in Borno State, the humanitarian and protection crisis continue to be severe and far-reaching, pushing millions of women, men, and children to focus solely on survival. Among those affected, women and girls bear the greatest burden, as they are especially vulnerable to the harsh conditions and risks in north-eastern Nigeria[1]. In the BAY states, 7.8million people are in need out of which over 4.5 million women and girls are in need of humanitarian response representing 57% of the total percentage of people in need[2]. In Borno state, 1.3million are IDPs, 0.4million are returnees who have fled their places of origin and 1.9million are host communities. The ongoing conflict involving the Government Forces, non-state armed groups (NSAGs) continue to create significant protection risks for IDPs, refugees, returnees, and host communities. These protection challenges are particularly severe for women and girls, who face heightened vulnerability to violence, abduction, sexual assault, gender-based violence, forced and early marriage, and other serious violations of their rights. The differentiated impact of the crisis on women and girls is exacerbated by rigid and unequal collective representations of women; women are considered inferior to men, and this perception dominates social relations.

As part of RESILAC*2 project activities an in-depth Gender Analysis was carried out across the three countries of implementation (Nigeria, Chad & Cameroun). In Nigeria, the gender analysis was conducted across 15 communities within the 3 LGAs (MMC, Jere & Konduga) of implementation, in order to inform gender transformative activities planned for the project. The primary objective of this analysis was to gain an in-depth understanding of the different roles, responsibilities, needs, and power dynamics between women, men, girls, and boys within these communities. By examining key gender-based issues, barriers, and opportunities, the analysis aimed to provide evidence-based insights that would inform the design and implementation of gender-transformative activities under the project. These activities are intended to challenge and shift harmful gender norms, promote gender equality, and ensure that both women and men can participate meaningfully and benefit equitably from the project interventions.

Aim and objectives of the analysis

The aim of the gender analysis was to identify the gender relations and power dynamics existing within the target communities and to guide the projet's interventions and those of the humanitarian community to take account of the specific needs of women, men, girls and boys in the crisis and to change inequitable gender norms. In particular, the analysis makes it possible to assess resource access and control at the household and community levels, how resources are used, and the influence of gender roles and social expectations on these dynamics with the goal of informing strategies and interventions that promote gender equality, challenge gender stereotypes and address gender-based disparities.

Specifically, the gender analysis focused on;

[1] Nigeria, Humanitarian Needs & Response Plan, 2025

[2] Humanitarian Action; Analysing Needs & Response, 2025

- Identify gender and power roles and relations in the selected communities of MMC, Jere and Konduga
- Assess the extent to which men and women have access to resources, opportunities and services
- Analyze the factors limiting women's participation in public and political life
- Identify potential entry points and strategies for promoting gender equality and challenging gender stereotypes in the project communities
- Provide actionable recommendations for initiatives, policies and programs that address gender disparities, promote gender equality and meet the distinct needs of men and women in line with the GEWV frameworks

Scope of the analysis

The gender analysis captured the following areas.

- **Access to resources;** The analysis evaluated women's and men's access to and control of resources such as land, credit, health, WaSH and education
- **Freedom from violence;** The analysis measured the prevalence of Gender-Based Violence (GBV) and the effectiveness of prevention and response mechanisms
- **Participation in public life;** Tracked women's and men's involvement in physical, economic and social activities outsde the home
- **Health and wellbeing;** Reviewed indicators related to health, reproductive rights and general health outcomes for women, men, boys and girls.
- **Leadership and influence;** Assessed the extent of women's leadership roles and their influence in various sectors and organizations

Methodology

Data collection

The analysis employed a mixed-method approach, combining both quantitative and qualitative data collection techniques. Quantitative data was gathered through household level questionnaire where the questions were coded on Kobo collect application installed on android phones, while qualitative data were obtained via Focused Group Discussions (FGDs) and Key Informant Interview (KIIs). FGDs were held with men and women in the targeted communities and KIIs were conducted with community leaders (Bulama, women leader, youth leader & religious leader) and representatives from CSOs/WROs. The FGDs were conducted with 12 participants per group, a total of 360 (180 men & 180 women) individuals were involved in the FGDs, the participants were selected across all the 15 communities within the LGAs. For KIIs, a total of 75 (44 males & 31 females) participants were involved in the process, in addition the analysis involved an extensive review of relevant documents to gather secondary information. This review included examining existing reports, previous studies and available data related to gender issues within MMC, Jere and Kondugfa LGAs.

Recruitment of enumerators

The study utilized enumerators for data collection. A total of 20 enumerators were engaged for the process across the 15 communities. 10 females and 10 males enumerators were engaged, this was to achieve a gender-balanced data collection process at all locations. Enumerators were trained for 2 days (6th – 7th Nov 2024) on effective data collection processes (quantitative & qualitative processes), basic gender concepts (gender vs. sex, social gender norms, GBV), the objectives and methodology of a gender analysis, prevention against sexual exploitation and abuse and practical simulations of data collection.

Sampling techniques and sample size

For quantitative data the analysis adopted a simple random sampling technique where all respondents have equal chance of being selected, the sample size was calculated using Raosoft sample size calculator at 95% level of confidence and 5% margin of error. The sample size was drawn from the population of the communities for the analysis. For qualitative data, a purposive sampling technique was adopted in selecting the interviewees for the analysis. ***Table 1-2*** shows the breakdown of sample size and sampling techniques adopted for each data collection method.

Table 1; Sample size breakdown for quantitative method

LGA	Wards	Community	Population	Sample Size	
				Male	Female
MMC	Dala	Dala Yazaraye	126	48	48
		Dala Kandeleri	76	32	32
	Bolori	Shuwari 5	2,527	167	167
		Umarari Texaco	951	25	25
	Maisandari	Sulumnri (behind Bakassi)	1,005	140	140
Jere	Old Maiduguri	Fariya	745	127	127
		Shuwari Garke	797	139	139
	Dusuman	Sabon Bolori	700	125	125
		Kolori	1,813	159	159
		Kolori Fulatari	1,011	140	140
		Goni Kachallari	922	136	136
Konduga	Dalori	Dalori	842	133	133
	Auno	Moramti Village	2,123	163	163
		Njimtilo	492	108	108
		Chabbol	174	60	60
TOTAL			**14,486**	**1,702**	**1,702**

Table 2: Breakdown of qualitative data collection

Data collection method	Participants	Sample size	
		Male	Female
Focused Group Discussions (FGDs)	Men	180	-
	Women	-	180

Key Informants Interview (KIIs)	Community leaders	14	1
	Youth leaders	15	-
	Women leaders	-	15
	Religious leaders	15	-
	Women-led CSOs & WROs	-	15
TOTAL		**224**	**211**

Data analysis

The data collected were analysed and presented. For quantitative data, the data was downloaded from the kobo collect application and cleaned using Microsoft excel by the MEAL technical team and descriptive statistics were used to analyse the data. Graphs (column/clustered/histogram) and pie charts were used to visualize the responses of the respondents where applicable. For qualitative data, thematic content analysis was employed to uncover key insights and patterns from the collected data. The thematic content analysis involved identifying, analysing and reporting recurring themes within the responses. For review of secondary data, comparative analysis was used to compare the findings of previous reports with the findings of this report to analyse the shifts or changes overtime.

Ethical considerations

The data collection process was guided by strict adherence to ethical standards to ensure the dignity, safety, and confidentiality of all respondents, particularly given the sensitive nature of gender-related issues. At every stage, the team prioritized a "do no harm" approach, creating a safe environment for participants to share their experiences and perspectives without fear of judgment, reprisal, or exposure. Before initiating any interviews or discussions, respondents were clearly informed about the purpose of the analysis, the nature of their participation, how their information would be used, and their rights, including the right to refuse participation or withdraw at any time. Informed consent was obtained from all participants either in written or verbal form depending on the context and literacy levels, ensuring that participation was entirely voluntary and based on a clear understanding of the process. To further protect participants, data collection tools and protocols were carefully designed to avoid the inclusion of any questions or content that could elicit sensitive or potentially distressing information unless it was essential and ethically justified. During data collection women enumerators led group discussions and interviews for women group while men enumerators led group discussions and interviews for men, this is to ensure the respondents felt safe and comfortable. Questions were framed in a respectful and culturally appropriate manner, and any data that could potentially identify respondents or expose them to risk was either anonymized or excluded from the final records. All enumerators and field staff underwent comprehensive training on ethical research principles, including confidentiality, informed consent, gender sensitivity, non-discrimination, and appropriate referral mechanisms in case protection concerns emerged.

Findings and Analysis

Demographic characteristics

This section presents an overview of the population characteristics of the respondents involved in the analysis. These insights are crucial for understanding the composition of the target population and identifying gender-specific trends, needs and barriers. Key demographic characteristics captured include gender, age range and heads of households.

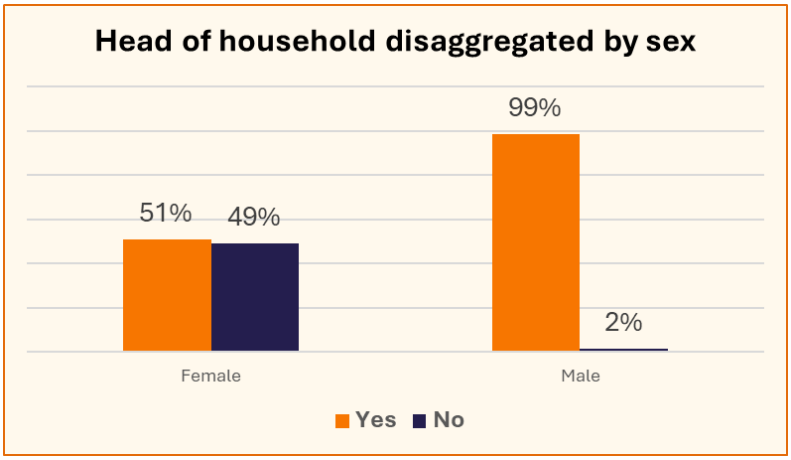
Gender

The analysis targeted 50% males and 50% females among the respondents, indicating an equal representation of both genders across the communities. The equal split suggests that the survey design avoided gender bias in the selection process, enhancing the reliability of the findings by ensuring both male and female voices contributed equally to the findings of the analysis. This inclusivity underscores an approach that accounts for the unique challenges, roles, and contributions of both genders, making it essential for identifying specific gender-based barriers or opportunities within the communities of analysis.

Age range

In terms of age range of the respondents, the findings reveal that majority (95%) of the respondents fall within the productive age range of 18 – 60 years old. Among them, 49% are female and 47% are male, reflecting a balanced representation within the age group. Ages under 18yrs constitute only 21.5% of the respondents. Respondents over 60yrs account for 3.2% of the total respondents, with males having 2.6% while females 0.6%. Most of the target population was between 18 –35 years old, i which is also the main age group prioritised by the RESILAC II project through the access to employment and economic activities component.

Head of households



Findings show a distinct difference in household headship between men and women. The vast majority of male respondents are the head of their household (99%), reflecting traditional gender roles that prioritize men as he50% of women said they were the head of their household (51%). This indicates that in marital or cohabiting relationships between men and women, men continue to dominate household leadership roles, highlighting entrenched societal norms and potential barriers for women to assume an equal share of authority.

Gender roles/responsibilities and division of labour

Gender roles/responsibilities

The findings reveal that within the communities, gender roles are deeply entrenched and strictly defined, with women primarily responsible for domestic chores such as fetching water, collecting firewood, cooking and washing. There is a strong cultural expectation that women serve as caregivers, ensuring the wellbeing of every household member while maintaining a clean home and providing support to their husbands. Young women are socialized early into these roles, often trained to manage family responsibilities and expected to behave modestly, particularly through reserved and shy behaviour. Any deviation from these expectations, particularly by women who act outside accepted religious or cultural norms, is heavily stigmatized. According to the women who participated in the FGDs, such individuals are often seen as not been morally brought up from their homes where the community sees them as "wayward" children.

In contrast, men in the communities traditionally occupy the role of providers and protectors. Culturally, men are expected to be the heads of households, responsible for ensuring the economic wellbeing of their families and making key decisions regarding family welfare. Their traditional roles often involve engaging in income-generating activities (IGA) such as farming, herding, construction, or petty trading, as well as protecting the family from external threats. However, the realities of widespread unemployment, persistent insecurity, and economic decline have significantly altered the daily routines and functional roles of many men. Analysis from focused group discussions with both men and women shows that it is now more common to find groups of men gathered under trees or at village squares, spending hours in idleness due to a lack of job opportunities. As stated by some men during FGDs, this shift from provider to passive observer has not only undermined their traditional roles as household providers, but also contributed to a sense of frustration, helplessness, and, in some cases, a diminished sense of self-worth due to lack of economic activities to be engaged in.

> *"Recent crises, including insecurity and economic hardship, have led to subtle shifts in these rigid dynamics. As survival becomes more difficult, some households have seen men and women share responsibilities traditionally reserved for women. These changes are not seen as ideological shifts, but rather as necessary adjustments to cope with hardship. Men and women now work together to ease the burden of maintaining households, even as cultural narratives continue to frame these actions as temporary or exceptional responses to crisis"* – **Key Informant interview, Umarari Texaco Community**

As reported by a key informant in Umarari Texaco, children (both boys & girls) in the community are taught from an early age to conform to these gender roles. Girls are prepared to manage household duties, while boys are raised to be independent and responsible, often with the expectation that women will rely on them. This corresponds to the data from quantitative that stated that 78% of women reported totally involved in housework/cleaning. Men groups also added that gilrs were taught from an early age to always take care of the house and understand that the responsibilities tied to household keeping and cleaning rest solely on them. Despite this early gendered socialization, children are not expected to contribute financially to the household; rather, the responsibility to provide lies squarely on the shoulders of the parents. Nevertheless, children can bee seen hawking and begging within the communities, mostly due to the economic hardship

within the household as reported by women group. These behaviours have become a norm, though as reported by an informant there are mechanisms put in place (such as community sensitization & awareness, engagement with traditional & religious leaders) to discourage children contributing financially to the households. The community enforces these traditional norms through organized structures, such as regular meetings and guidance from religious and cultural leaders. These mechanisms are used to reinforce expectations, especially those related to the reproductive role of women, and to discourage deviation from accepted practices. Men, too, are educated on their roles, often through religious teachings that emphasize the importance of family and responsible fatherhood, such as providing for their families, paying school fees and ensuring their children have good morals.

Division of labour

The division of labour within households across the communities is largely shaped by cultural, religious and social expectations.

Men are primarily responsible for economic activities outside the home. Their daily routine begins with religious duties – performing ablution and attending prayers at the mosque. After breakfast and bathing, men proceed to engage in income-generating work, such as formal jobs or seeking daily labor opportunities. For those without work, time is spent socializing within the community. Their evenings are often reserved for dinner and leisure time with family or peers, before retiring to bed. Older men do not participate in domestic chores and are traditionally not involved in tasks such as cooking, cleaning, washing dishes, or childcare. Household tasks shows that 44% of men fully engage in farming activities within the households compared to 43% of women who partially participate, indicating that men take a more active role in agricultural tasks. Similarly, men assume the primary responsibility for food purchase with 65% fully managing this task, while 60% of women are only partially involved indicating that women support within the household cannot be overemphasize especially within families that allow women earn money for themselves.

> *"Even after we sell our products from our small shops, we must bring it home and give our husband, who makes all the decision for us on how to spend the money. Sometimes he can decide to use the money for his own personal use, and we cannot ask him why because He is the head of the household"* – **Woman FGD participant, Sabon Bolori Community**

Women, both young and old, carry the full burden of domestic labor. Their day begins with prayers, followed by waking the children for school, preparing breakfast, and completing household chores such as washing dishes, sweeping, and fetching water. Some women also contribute economically through farming, cap-making, or trade. Women are responsible for preparing lunch and dinner, often ensuring meals are ready when children return from school. Household analysis shows that 69% of women are fully involved in childcare within the households compare to 49% of men who are only partially involved. As reported by women during discussions, that housework including childcare is sole responsibility of women while men predominantly engage in bringing food home and very few of the men support women with housework. This suggests that childcare is predominantly seen as a women responsibility, with men's participation being less consistent in nature, this highlights the gendered divisin of labour in household caregiving tasks. In terms of collecting water within the household, 55% of women

are fully engaged in such as activity while 41% of men are partially involved. Discussions with men highlighted that women mostly collect water for the household this is because men usually go out in the morning and return in the evening, some assists in collecting water in the evening but mostly young men. This suggests that collecting water is predominantly a female task with men's involvement being less significant or limited. While younger women focus on cleaning and water-fetching, older women's roles shift toward cooking. The data shows that women are generally entirely responsible for cooking (80%) and cleaning the house (78%), which is confirmed by men, the majority of whom report that they are not involved at all in these tasks (62% not involved at all in cooking, 46% in cleaning). Regardless of age, women do not engage in activities at the community level, reflecting limited public participation and a focus on the private/domestic sphere. Culturally and traditionally, women are excluded from heavy labor or public roles, and no woman is reported to perform tasks separately from these collective norms.

Table 3: Household Division of Labour

Household tasks	Not involved		Partially		Totally		N/A	
	Women	Men	Women	Men	Women	Men	Women	Men
Farming	16%	7%	**43%**	26%	31%	**44%**	9%	23%
Childcare	3%	12%	27%	**49%**	**69%**	37%	1%	2%
Collecting water	5%	24%	40%	**41%**	**55%**	33%	0%	2%
Collecting Firewood	19%	24%	**49%**	**33%**	30%	31%	2%	11%
Housework/cleaning	2%	**46%**	20%	25%	**78%**	25%	0%	4%
Cooking	1%	**62%**	18%	21%	**80%**	11%	0%	6%
Livestock	32%	19%	**37%**	**38%**	11%	24%	20%	18%
Food Purchase	16%	7%	**60%**	27%	22%	**65%**	2%	1%

Household decision-making

Household decision-making within the communities remains largely male-dominated, though there are emerging signs of shared responsibilities and negotiations, particularly in matters involving women's growing economic contributions.

Traditionally, as stated by an informant in Sabon Bolori, the father is recognized as the sole decision-maker within the household, particularly on critical issues such as financial spending. Even in situations where both spouses contribute to the household income, it is typically the father who holds the ultimate authority over how the money is utilized. This dynamic reinforces his position as the dominant figure in the family, reflecting deeply rooted patriarchal norms. This aligns with findings showing that 73% of male respondents identified themselves as the sole decision-makers regarding who earns income within the household. Discussions with both men and women shows that in most of the houses of the groups, men generally have the final say on how money is spent in the house. Even when women generate their own income, some men decide how it should be spent. . This implies that within the household women have limited decision-making power over how their own earnings are used, this lack of financial autonomy can restrict women's ability to invest in activities such as education, health and economic opportunities. In terms of how money is spent within the households, 65% of male respondents reported that husbands always decide how money is spent within the house. In contrast, the majority of women consider that decisions about money are made jointly with their husbands (62%), while 30% of them acknowledge that men have sole control over financial decisions. However, decision-making is not entirely unilateral, and this varies depending on the decision-making areas considered as shown in the table below.

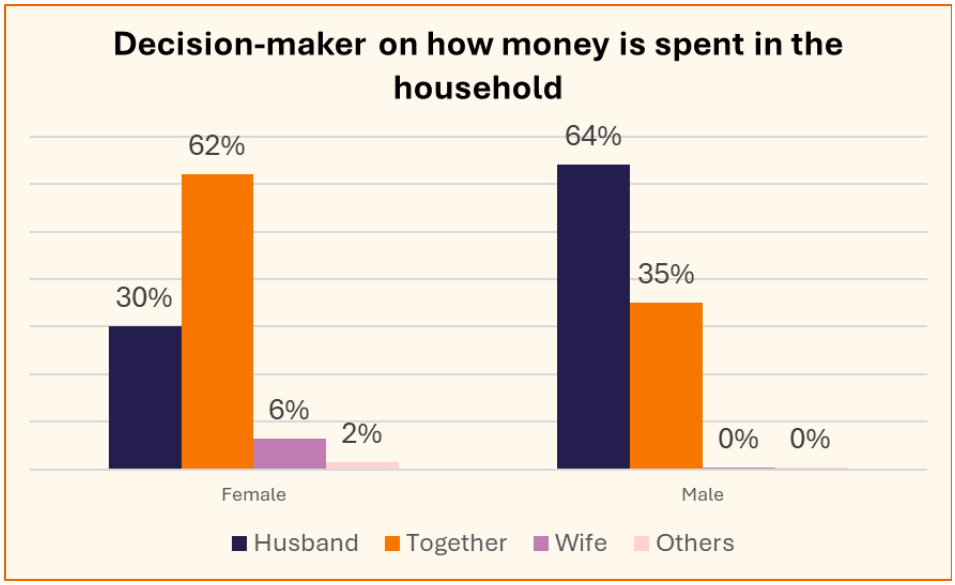


Table 4: Level of participation by men and women in key areas of household decision-making

Areas of decision-making	No involvment		Consulted		Decision-maker		Joint decision		Changed since crisis	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Working to earn money for yourself	11%	3%	11%	3%	20%	**73%**	**55%**	20%	2%	0%
Buying or selling of assets	4%	2%	11%	2%	20%	**61%**	**64%**	35%	1%	1%
Accessing healthcare for yourself	8%	3%	6%	1%	25%	**57%**	**60%**	37%	1%	2%
Accessing family planning/birth spacing	15%	16%	4%	2%	17%	29%	**62%**	**53%**	2%	1%
Accessing healthcare for children	9%	3%	7%	2%	14%	43%	**65%**	**50%**	5%	2%
Whether children attend school	14%	4%	8%	2%	11%	**42%**	**64%**	**49%**	3%	3%
When to have a child	18%	5%	4%	1%	12%	38%	**63%**	**53%**	2%	2%

Quantitative data shows that only 20% of women are able to decide independently to engage in income-generating activities, and 55% report that this decision must be made jointly with their husbands. In contrast, the majority of men decide alone to engage in economic activities (73%). This shows that social norms require women to obtain their husbands' consent to engage in economic activities, which can be a barrier to their economic empowerment. Discussions with the men's group reveal that, in most households, men assume the primary role of decision-makers when it comes to determining who can engage in income-generating activities. Some men expressed that they allow their wives to participate in income-generating activities, but this permission is often conditional. A common condition mentioned is that the women must still be able to manage their household responsibilities, such as childcare, cooking, and maintaining the home. This reflects the perspective that women's engagement in economic activities is secondary to their domestic duties and is only acceptable if it does not interfere with their traditional roles within the household. Group discussions with women reinforce this dynamic. Many women indicated that they are only able to participate in income-generating activities after receiving their husband's approval. This permission is not always guaranteed and is influenced by the husband's perceptions of whether such activities will affect the woman's ability to fulfill her expected domestic roles. In some cases, women reported having to negotiate or repeatedly request permission before being allowed to engage in work outside the home. This suggests that women's economic participation is not seen as a right or necessity but rather as a privilege that is granted by the male head of the household.

Household data shows that in terms of decision-making over buying and selling of assets there is a clear gender disparity. Only 1% of both men and women reported a change in decision-making dynamics since the crisis began, indicating that crisis has not significantly influenced traditional power structures. Men overwhelmingly serve as the primary decision-makers with 61% of men reporting that they make these decisions alone, compared to 20% of females. In contrast, 64% of women reported participating in joint decision-making, compared to 35% of males. This indicates that while women can be involved in discussions around asset-related decisions, they are less likely to hold autonomous decision-making authority. Group discussions with women shows that while women are increasingly involved in household decisions, their actual decision-making power remains limited. Women in the community adopt various strategies to gain access to and control over productive assets. These include participating in *"Adashe"* (rotational savings groups), engaging in small scale trading such as foodstuff and cooked food businesses. Access to these assets is often negotiated with their husbands who also play a major part in decision making over their assets.

> *"Even when it's about our own health, most of us women still have to discuss or get permission first. The final say usually lies with our husbands. We're part of the conversation, but not always the decision."*– **Women FGDs participant, Dala Yazaraye**

In terms of access to healthcare, there is a broader power dynamic within the households. A stark contrast is observed in the proportion of individuals who identify as sole decision-makers. While 57% of men reported being the primary decision-makers regarding their own healthcare, only 25% of women did the same. This indicates that mnen are far more likely to exercise autonomous control over decisions concerning their health while women are significantly less empowered in this domain. Furthermore, joint decision-making is much more common among women with 60% reporting shared

decision-making versus only 37% of men. While women are included in healthcare discussions, they often do not make decisions independently, instead relying on or ngotiationg with their husbands. An additional 6% of women reported being consulted, meaning their input is considered without granting them decision-making power, compared to just 1% of men. Lastly, 8% of women reported not being involved at all in decisions related to their own healthcare, compared to 3% of men. This indicates a concerning degree of exclusions for women, with some entirely dependent on others to make critical health decisions on their behalf. Group discussions with men reveals that in most households, men make the decision on when to access healthcare services, even when their husbands are not present, women must inform them before going to health centres. Some men however, stated that women are allowed to have the final say in accessing healthcare for themselves especially when they are pregnant, this gives them the autonomy on when to visit the health centers. Discussions with women reveals that some women cannot visit the healthcare centers without the permission of their husbands regardless of being pregnant or not.

Women participate in some decisions, particularly those that involve childcare. Their input is valued in this domain, reflecting their recognized expertise and responsibility in nurturing and caregiving roles. While not always equal in authority, women's involvement in family matters – especially related to the children – is both acknowledged and somewhat normalized. Household analysis shows that 65% of female respondents acknowledged that such decision on childcare is jointly made by both the father and the mother. This suggests that although broader decision-making may be dominated by men, women play an active and culturally recognized role in childcare decisions particularly those involving nurturing and caregiving.

Culturally, the expectation that men should lead decision-making remains strong within the communities, especially in matters concerning income, expenditures, and general household authority. This expectation is reinforced by social norms that define the man as the head of the household, the one responsible for maintaining order and making final decisions.

Access to resources and control over productive assets/access to land

Access to resources

Women within the communities have no stable source of income, which inherently limits their economic independence. Most women with access to resource do so with the permission of their husbands who is the sole decision-maker in the household, which indicates that bargaining power within households exists, though it is conditional and largely influenced by the woman's relationship with her husband rather than by her own financial standing. Women who participated in the FGDs reported that only a fewwomen in the communities are involved in small IGAs such as cap knitting, tailoring and selling of local fried food mostly in front of their houses, this allows some of them to contribute a little financially to their households. Several factors limit most women in participatinf in IGAs largely due to cultural norms, limited education, lack of skills training, or expectations that women are supposed to focus mainly on domestic duties like cooking, cleaning and taking care of the children. On the other hand, men are generally recognized as the head of households within the communities and are expected to take on the role of provider. Even when job opportunities are limited, men often go out to look for menial or low-paying jobs such as labour work, farming for others or small-scale trading, just to bring something home. Most women contribute little or

nothing to household finances, making them dependent on their husbands. Group discussions with men revealed that household access to resource is largely male dominated though often presented as joint or consultative. Men typically have the final say in terms of access to resources, women may suggest how money should be used but actual control and approval rest with the men.

Control over productive assets

The absence of tangible productive assets among some women is acknowledged as a norm within the communities, suggesting that it is widely accepted as normal for some women to lack ownership or control over tangible productive assests such as lands. Household analysis shows that 61% of male respondents reported as the decision-maker within the household in terms of acquiring or seling assets. Conversely, only a small portion of women have the autonomy to make independent decisions regarding the purchase or sale of assets. In many cases, women either require permission or must consult with male – such as husbands, fathers or sons – before taking any action related to assets. Only 20% of women reported being the primary decision-makers within their households when it comes to acquiring productive assets.

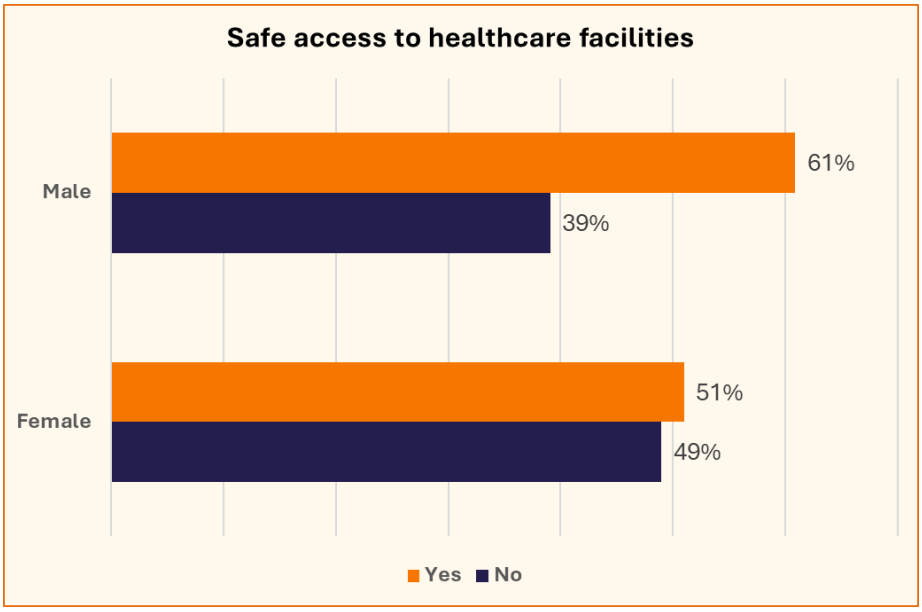
> *"As women in this community, we face many challenges when it comes to owning or controlling land and other productive assets. Even when we have the interest or ability to invest, we often don't have the right or the opportunity to own land in our name. Decisions about land and resources are mostly made by men, and we are expected to seek permission or rely on our husbands. Without land or control over productive assets, it becomes difficult for us to support our families, save for the future, or have a say in important decisions that affect our lives"* – **Women FGDs participant, Kolori Community**

Group discussions with both men and women shows a mixed realities regarding women's access to land within the community, reflecting both progress and persistent gender-based limitations. On one hand, some women are reported to have direct access to land and are free top purchase it in their names. This indicates that there are pathways for women's land ownership and legal recognition of their rights. However, this access is not uniform. For other women, land ownership remains contingent upon their husband's permission. This requirement for spousal consent highlights ongoing gender inequalities and patriarchal control over land-related decisions. It reflects the influence of traditional norms where men are seen as primary custodians of family property and women's rights to own or control land are secondary or dependent. In terms of social or cultural barriers to women's ownership of land, both men and women groups illustrates that ownership of land are not uniformly experienced across all communities. While some women report having no barriers – indicating that financial capacity aline is sufficient for land acquisition – this reflects a more progressive or evolving context where gender does not restrict ownershiup rights. However, for others, deep-rooted traditional beliefs continue to serve as significant barriers. These beliefs uphold the notion that women are not entitled to won or inherit land, positioning them as less important in matters of property and inheritance. Women highlighted several impacts of not having access to land which was describe as overwhelmingly negative, reflecting a deep sense of disempowerement and frustration. A key theme that emerges is emotional distress – women express unhappiness stemming from their lack of ability to own land, which is seen as a vital resource for personal land economic independence. This lack of accessis closely tied to financial limitations, as the absence of capital prevents some women from acquiring land in the first place.

To support women's land ownership and control of productive assets, group discussions with women suggests that there is a need for both economic and social interventions. Women require access to IGAs, employment and vocational skills to build the financial capacity needed for land acquisition. Additionally, addressing traditional barriers is essential, particularly through sensitizing men on the importance of allowing women to own land.

Access to basic services

Health & SRH Services

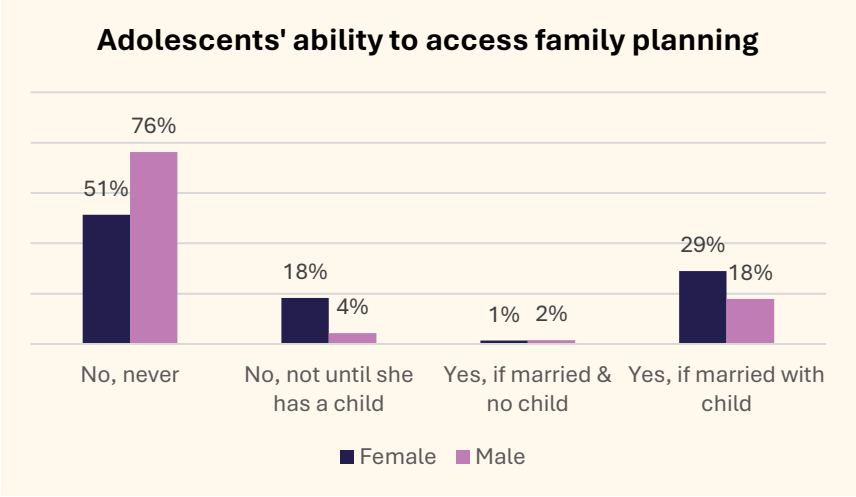


Access to healthcare facilities within the community is nominally inclusive, with men, women, boys, girls, and minority groups all reportedly having physical access to health services. However, this accessibility is undermined by significant systemic and social barriers that compromise both the quality and equitability of care received. Household analysis shows that while 51% of female reported having access to healthcare, a significant 49% still lack such access, indicating that nearly half of women face barriers to healthcare services. One of the key structural barriers identified is the dysfunctional state of the local health facility especially in Goni Kachallari community, which was initially established by an NGO. This facility serves as the main health center for most of the community members, other community members access health centers in neighbouring communities. Respondents noted that the facility is no longer operational, leaving the community without a sustainable or accessible healthcare option within the community. Group discussions with women shows a nuanced reality regarding access to health facilities for women, men, boys and girls. There is notably limited access due to geographical constraints as some facilities are not located within the community itself. This creates a significant barrier to timely and safe healthcare, particularly groups such as women, girls and elderly, who may face additional mobility challenges or safety concerns when traveling to distant locations. Another barrier stated by men during FGDs was the cost of transportation and cost of medical services, which are mostly non-affordable by the community members. The cost of opening a consultation file is mostly unaffordable talkmore of purchasing drugs and cost of medical operations for their wives such as ceaserian section for birth. Gender-

> *"Sometimes we want to go to the clinic, but it's too far and there's not enough money for transportation. Even when we get there, they say the medicine is finished or when it is available, mostly is expensive for us to buy. This is a huge barrier for us especially for pregnant women within our community"* – **FGD Women Participant, Shuwari Garke Community**

specific barriers also emerged, particularly for women and girls. Women and girls are said to have limited access to sexual and reproductive health (SRH) services and the freedom to make decisions regarding their reproductive health. Women and girls are denied rights and access to SRH information and services, highlighting age-based discrimination and possible cultural or patriarchal restrictions that inhibit their ability to make informed choices about their health and bodies.

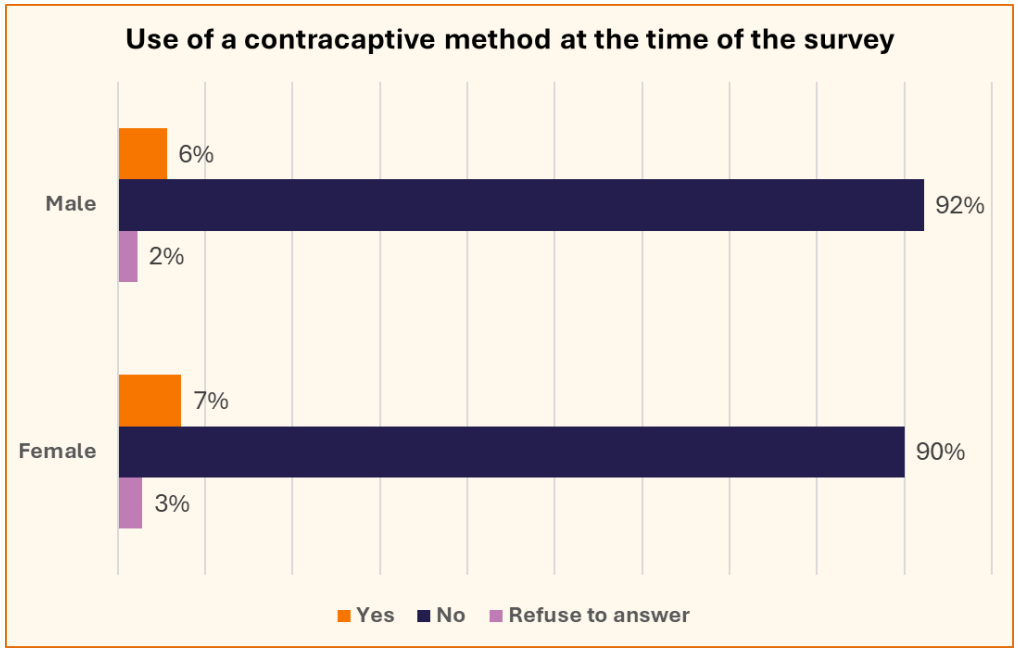
On the topic of preventing or delaying pregnancy, group discussions with women indicates that decision-making begins with discussions between partners, suggesting that reproductive choices are not made independently but through negotiation. While the process is described as difficult, it appears that mutual understanding is typically reached. The difficulty arises largely due to differing perspectives; many male partners are resistant to contraception, driven by cultural or personal beliefs that all children are blessings, and that one cannot predict which child will bring prosperity. Despite this, there seems to be general openness and awareness in the community regarding contraception. Participants report that community members are exposed, sensitized and understand the importance of taking precautions for health and family planning purposes. Women who seek contraceptive are not stigmatized or judged, which indicates a level of acceptance and support for reproductive health services among adults.



However, this acceptance does not extend to adolescent girls who attempt to use contraception are viewed harshly, labeled *"spoilt" "wayward"* or lacking proper upbringing. The same stigma applies to adolescent boys, who are perceived as irresponsible or disruptive. Quantitative data confirm that the vast majority of respondents believe that it is never acceptable for adolescents to access family planning (51% of women, 76% of men), or at least not before they have had a child (18% of women, 4% of men).

When it comes to sexual negotiation within marriages or partnerships, women report a relatively high degree of power. They stated that while they can negotiate the timing of sex, initiate it or decline it when unwell or unwilling – sometimes suggesting their husbands turn to a co-wife - this dynamic is not equally accepoted in monogamous relationships. In cases where there is only one wife, women noted that their husbands often react with anger when sex is decline, which they described as "normal" because the anger is usually short-lived. This response, however, reflects an underlying power imbalance and suggests that women's sexual autonomy may be tolerated thater than fully respected, particularly in monogamous settings. What appears as open communication in polygamous households may mask unequal expectations and emotional pressure placed on women to accommodate their husbands' desires.. The notion that there is "enough room for negotiation" exists but is limited, conditional and influenced by power dynamics. True

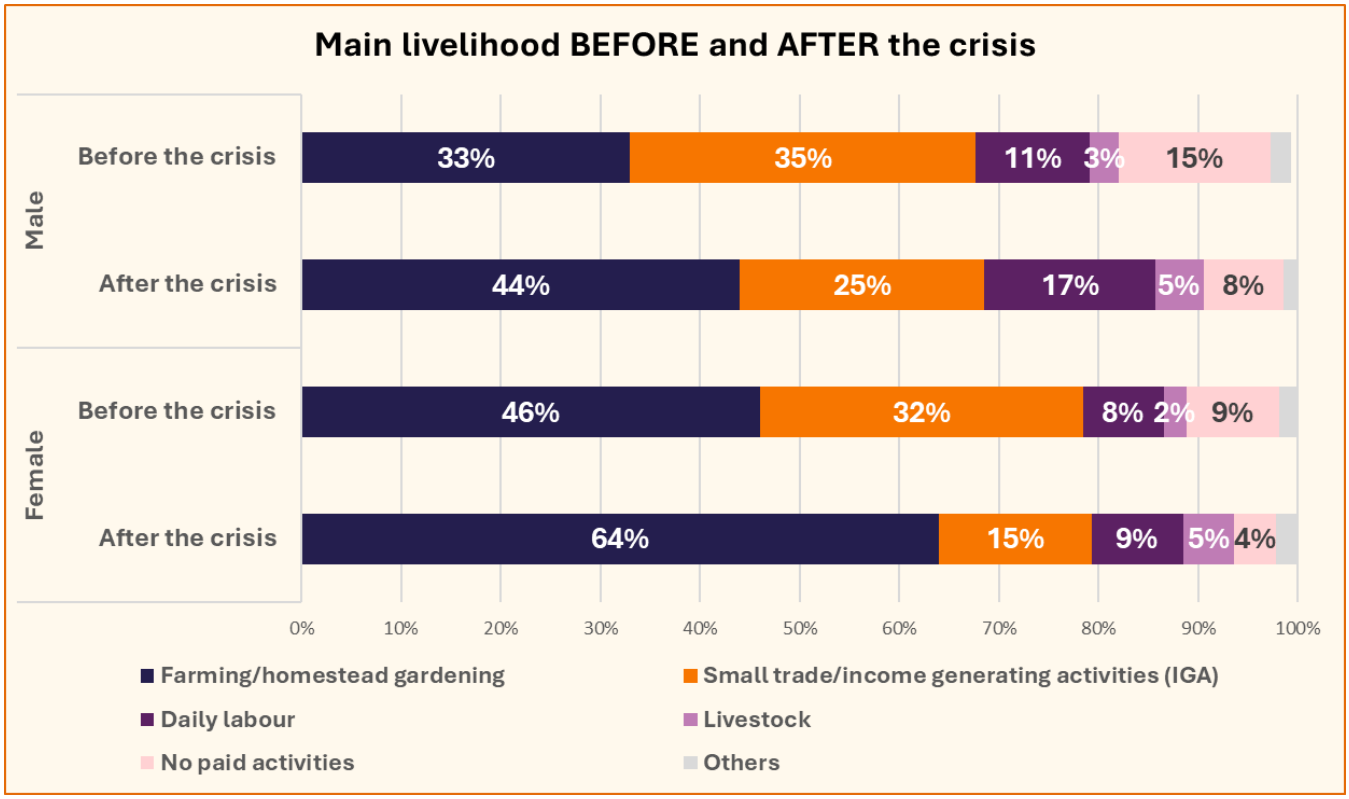
atunomous negotiation which means women can say “no” or initiate discussions without fear of emotional backlash or the need to justify their position, but that is not the case, which suggest that while negotiation is present, it is neither consistent nor rooted in equal power relations.



The use of contraceptive methods shows low level of usage among both female and male. Among female respondents, only 7% reported using a contraceptive method at the time of the survey, while a large majority 90% indicated that they were not using any form of contraception. Similarly, among male respondents, just 6% reported using a contraceptive method, while 92% said they were not. These findings suggest limited uptake of contraceptive methods across both genders, though slightly more women reported use than men. This reflects several underlying factors, including lack of access to reproductive health services, cultural or religious beliefs that discourage contraceptive use, limited awareness or education about family planning options and gendered perceptions around responsibility for contraception. This also points to gender dynamics in reproductive decision-making, where women may be more engaged with or expected to manage contraception yet still face significant barriers in doing so. The high percentages of non-use among both genders highlight the need for improved access to comprehensive sexual and reproductive health education and services, alongside efforts to shift social norms and promote shared responsibility for family planning.

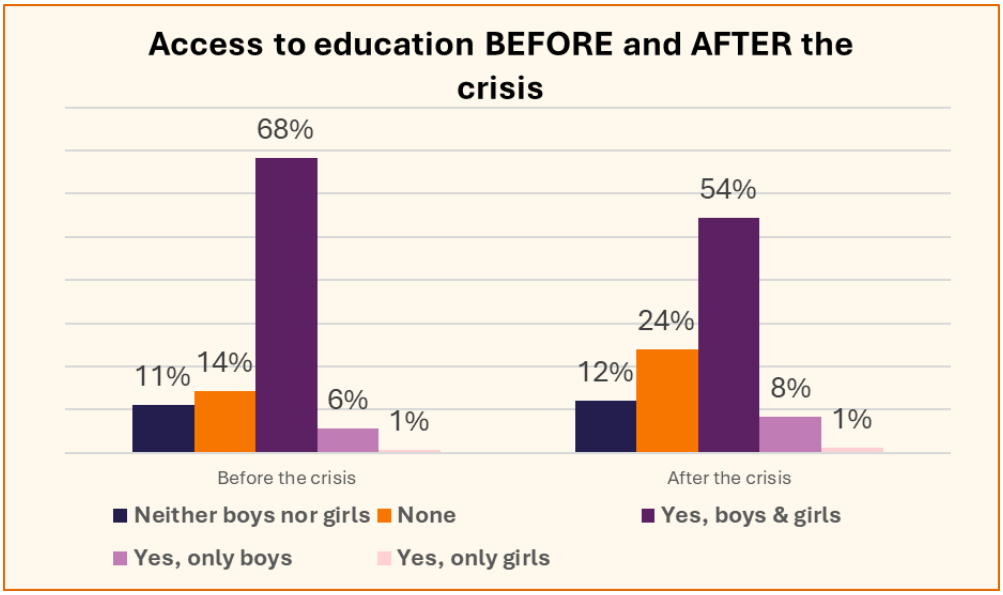
Livelihood

There is a shift in livelihood activities before and and after the crisis, with a notable difference between men and women. Farming and homested gardening became more prominent for both genders after the crisis, especially among women, indicating a return to or increased reliance or subsistence agriculture as a coping mechanism. This is because farming outside the communities poses a risks of security issues for the community members particularly for women. Conversely, engagement in small trade and income-generating activities declined for both groups after the crisis, suggesting that market disruptions or reduced capital limited these opportunities. Men were more engaged in daily labour than women both before and after the crisis, and their participation in this kind of work increased more significantly over time. This reflects a loss of more stable income sources for both genders. There is also a decrease in livestock activities after the crisis, which has affected more women than men.



In terms of persons that have additional source of income, a small percentage of respondents reported having additional income streams, with 4% of women and 5% of men indicating they engage in other income-generating activities. While the gap is not large, it highlights a slight gender disparity, with men more likely to have access to alternative sources of income compared to women. This difference may be attributed to various socio-economic factors, including gender norms, mobility limitations, time constraints due to unpaid care responsibilities, or reduced access to capital and opportunities among women. This suggests that limited economic divcersificationdiversification within the community could heighten household vulnerability to economic shocks. In most communities, the predominant income-sharing practice reflects a centralized control of finances within households, where household heads (typically men) retain substantial decision-making power. While both men and women may contribute to household income, it is often the male household head who decides how the money is allocated and spent. This pattern reveals a structure in which economic autonomy exists, but it is unevenly distributed, favoring male authority within the household. This dynamic has significant implications for gender equity and empowerment. The concentration of financial control in the hands of men may limit women's power in household decion-making, reduce their economic independence and restrict their ability to meet personal of child-related needs. It also reinforces traditional gender roles, potentially hindering efforts to promote includive development, shared responsibilities and balanced power dynamics within families.

Education



In terms of access to education across the communities, there is a notable decrease in access for both boys and girls, dropping from 68% before the crises to 54% afterward. This suggests that the crisis disrupted educational services broadly, notably affecting households that previously supported inclusive education. Such disruption could be due to school closures, economic hardships or security concerns. At the same time, the percentage of households reporting no access to education at all increased significantly from 14% to 24%. This sharp rise indicates that a growing number of families were completely excluded from the education system post-crisis, likely due to worsened infrastructure, displacement, or lack of resources such as teachers and materials. Access to education only for boys increased from 6% to 8%. Although both figures remain relatively low, the higher increase for boys suggests that in households forced to choose, boys are prioritized over girls reflecting and potentially reinforcing existing gender biases. This gender disparity in educational access also reinforces a cyclical pattern of inequality, when girls are excluded from education, their future economic independence, decision-making power, and social status are compromised. As stated by women participants during group discussion, this, in turn, deepens gender inequality across the communities. It also increases girls' vulnerability to harmful practices such as early marriage, child labour or exploitation which are often seen as viable alternatives in the absence of education.

Social norms within the communities already place limitations on girls' mobility and autonomy. These restrictions often intensify during crises, when safety concerns, cultural conservatism or a desire to protect girls lead to further withdrawal from school settings. In contrast, boys are typically given more freedom and support to continue their education, further cementing unequal gender expectations. Moreover, the sharp rise in households with no access to education at all, reveals that the crisis is not only deepening gender divides but also widening overall social exclusion. Marginalized groups, including those poorer households, are most likely to be affected. In many cases, these communities already lacked strong education systems, and the crisis exacerbated their vulnerabilities.

Water, Sanitation & Hygiene (WaSH)

Traditionally, water collection is a gendered responsibility, often falling to women and girls. As such, women tend to have more direct, routine interaction with water points and their sense of safety maybe shaped by

both familiarity and practical experience. Most of both women (82%) and men (76%) believe the location is safe. However, the slight difference between the two carries important implications when examined through the lens of gender norms and social roles. The relatively higher percentage of women who perceive the location as safe may reflect this daily exposure and their adaptations to the risks such as collecting water at safer times of the day, going in groups or having adjusted to the environment overtime. Group discussions with both men and women revealed that while safe access to water point exists, this access is severely limited by the fact that only one few functional waterpoints is available for girls who are mostly responsible for collecting water. This constraint creates significant challenges for the entire communities. The limited availability has led to long queues, which in turn generate tension and disputes among users.

On the other hand, the higher percentage of men (24%) who perceive the location as unsafe may point to broader concerns about environmental or communit-level threats such as insecurity, banditry or conflict – issues that men are often more involved in or aware of due to gendered roles as protectors or community leaders. Men also view safety in broader terms, including the location's proximity to conflict zones or its visibility to security actors. For men respondents who do not have safe access to water point reported that some choose water points further away which suggest that men have greater freedom of movement and decision-making power allowing them to act more independently in response to safety concerns. In contrast, women – who often bear the primary responsibility for water collection – face more restriction due to cultural or household expectations, safety risks or time constraints, making it harder to seek safer alternatives even when they perceive risks.

Lack of access to clean water has been reported as a major challenge, which directly impacts health and hygiene. Although health access was generally reported as available, respondents emphasized that water infrastructure is not located within the community, the nearest water point is in a neighboring community. This geographical barrier not only affects daily hygiene but also limits effective health facility utilization, especially for women and children, who often bear the burden of fetching water over long distances.

> *"We mostly use cloth from old wrappers or head ties during our period because pads are too expensive. Sometimes, we have to wash and reuse them, even when they're not fully clean, because we don't have other options. The latrines in the community are not safe, especially at night — they are far from the house, with no light, and the paths are lonely. We are afraid of being attacked or seen by men. Some of us wait until early morning to go, which makes it very uncomfortable and affects our health. It's hard to manage our period like this."* – **FGD Women Participant, Fariya Community**

For women and girls, there is high inaccessibility to safe latrines across the communities, which results into deeper consequences such as lack of privacy, difficult menstrual hygiene management and exposure to gender-based violence (GBV) linked to poor sanitation access. Group discussions with women indicates that women and girls within the communities primarily manage menstruation using re-usable materials such as cloth made from old wrappers, condemned head ties or fabric purchased from the market. While disposable pads are used, they are not common and are accessible to only a few due to high cost andor unavailability. This reliance on homemade or used materials and lack of financial resources limits access to safe menstrual hygiene products, which affects confort, safety and dignity of menstrual

management. Cultural and religious beliefs also play a significant role in shaping the menstrual experience for women and girls. During menstruation, there is a prevailing belief that women cannot engage in religious practice such as abulution, praying or fasting and touching of the "Qur'an". These restrictions, while not considered prohibitive in terms of physical activity or social interaction, reinforces a sense of impurity associated with mentruationin religious setting. Men also face challenges such as open defecation risks and dignity concerns, but the impact on women tends to be more severe due to social vulnerabilities and menstrual hygiene needs.

Meaningful participation in public decision-making

The decision-making structure across the communities is largely centralized around the community leader, who is described as someone selected from the community and fully supported by the people. The leader serves as a representative voice of the community, enjoying legitimacy due to communal backing and trust. This shows there is a hierarchical leadership where formal authority is derived from informal communal endorsement. Decision-making within the communities is primarily led by community leaders, who hold significant authority and are responsible for guiding collective actions and resolving local issues. In some communities, such as Goni Kachallari, Umarari Texaco, and Shuwari 5, the decision-making process is somewhat more collaborative through the presence of a committee of elders. These elders work alongside the community head, offering counsel and jointly deliberating on matters of importance to ensure decisions reflect the wisdom and interests of the wider community. In all the communities, there is also a designated women's leader who serves as the representative voice for women. This leader attends community meetings regularly, shares the concerns and suggestions of women, and participates actively in discussions. Her role provides a critical link between the women of the community and the predominantly male leadership structures. Nonetheless, despite her involvement and the platform for women's perspectives to be heard, the power to make final decisions remains with the male community leader or head. In all the communities, men are usually the community leader except in Fariya community where the community leader is a woman. Discussions with women reflects that women face several social and practical barriers to active participation in community meetings and decision-making spaces. Participation is often constrained by the presence of in-laws or parents in the same group, which may inhibit open communication due to cultural norms around respect, hierarchy and fear of judgement.

> *"Our community head is respected and makes the final decisions. We have a women's leader who speaks for us in meetings, and she tries her best, but the men still have the last say. Sometimes, even when we have something important to say, we stay quiet — especially if our husbands or in-laws are there. It's hard to speak freely in front of them."* – **FGD Women Participant, Shuwari 5 Community**

Additionally, domestic responsibilities such as incomplete house chores and the demands of childcare create time and energy constraints, preventing women from engaging fully or even attending at all. These barriers are specific to women, as men reportedly face no such challenges and are described as regularly meeting in their own groups without hindrance. To enhance participation, women express a clear need for support in managing household responsibilities and childcare. Their suggestions are practical and directly address the constraint they face, highlighting that such support in leadership, decision-making or

organizational roles, the women demonstrate a strong sense of collective power and aspiration. If given the oppportuinity to influence these spaces, they would prioritize peer support, skill-sharing through vocational training and encouragement of IGAs. Their focus on mutual empowerment and addressing shared concerns shows a deep awareness of their needs and a readiness to lead if barriers are removed.

The group discussions with both men and women revealed a prevailing perception that men are considered to make the best leaders. This belief appears to be rooted in deeply ingrained cultural and social norms that associate leadership qualities – such as authority, decision-making power and public speaking – with masculinity. The participants expressed that men are more commonly seen as confident, assertive and better equipped to lead, particularly in formal community decision-making spaces. While women did not explicitly reject the idea of female leadership, many acknowledged that societal expectations and traditional gender roles often limit women's visibility and acceptance in leadership positions. This perception reflects not only the current gender dynamics within the community but also the broader structural barriers that continue to hinder women's full participation and recognition in leadership roles.

In terms of group membership and women's participation, there are no formally established community-based groups. Despite this, community members – particularly women – have expressed a strong interest and desire to form such groups. However, in some communities, there are informal group structures such as the VSLA, where women make up the majority membership. These VSLAs, although not formally instutionalized, play a significant role in community life.

There is a clear affirmative expression of interest in direct participation in community spaces rather than relying on representation. Women want to actively contribute their voices, signaling an appetite for more inclusive and participatory governance. This suggests a latent but powerful aspiration for self-representation and power, which remains untapped due to structural and social constraints. Communities identify cultural and practical barriers to women's participation. The presence of in-laws or parents in the same group creates discomfort or inhibits open dialogue in terms of issues relating to women. Domestic responsibilities, such as childcare and house chores, also pose practical constraints on time and mobility. This suggests that traditional family structure and gender roles can unintentionally silence or restrict women in community forums. In contrast, men face no such barriers, and they reportedly have existing group structures that meet regularly. This gender difference points to a structural imbalance in access to collective spaces and decision-making platforms.

Protection and GBV

Discussions from women group reveals that women and girls in the communities face notable protection risks, particularly from theft and harassment. These risks are closely tied to broader security concerns in the environment, especially since many residents currently live in unfenced homes due to the flood-related displacement. This lack of secure housing exposes them to acts of vandalism, break-ins and the snatching of personal belongings, primarily perpetuated by local youths described as touts. These security challenges affect not just women and girls but the broader population, including persons with special needs who may be particularly vulnerable in such unprotected living conditions. In terms of risk child marriages within the communities, group discussions with women suggest that the risl of child marriages remain high, particularly

due to persistent poverty, displacement, protection gaps and limited access to education for girls. In the context of ongoing instability and economic hardship, families may resort to child early marriages as a coping mechanism, inadvertently increasing girls' exposure to physical, psychosocial and sexual ahrm as well as limiting their access to health services and educational opportunities.

> *"The young boys hanging around are becoming a serious problem for us in the community. Women particularly girls don't feel safe walking around, especially at night. They get harassed, their bags are taken. Now, many women are even scared to go and fetch water especially at night with no lightening around the water points. People report it, but nothing really changes, and the problem is still there."* – **Women leader, Sabon Bolori Community**

In addition to public safety concerns, Intimate Partner Violence (IPV) emerges as a significant, though often underreported, protection issue. While the group does not explicitly mention IPV, the broader context of gender-based violence, household disagreements and the need for reconciliation within the family suggest that IPV may be normalized or silently endured within homes. The emphasis on "talking to resolve issues amicably" and the process of waiting until everyone is calm before addressing disagreements hints at underlying power imbalances and the need to avoid excalation, common in IPV-affected households. Outside the home, women and girls also reports risks from youths in the community who harass and extort residents. These acts of public violence and intimidation – often tolerated or inadequately addressed – reflect a broader protection gap. Community leaders are usually the first point of contact for reporting such incidents. In some cases, they engage the parents of both the perpetrators and survivors, and if unresolved, escalate the matter to formal authorities. However, this mechanism may not be sufficient in cases of IPV, where survivors may fear retaliation or stigma and are less likely to report abuse occurring within intimate relationships. To mitigate the risk of GBV within the community – particularly public forms such as harassment, assault – families and individuals have adopted avoidance strategies like staying indorrs at night abd forming community-based security groups. These measures are specifically aimed at reducing exposure to GBV in public space. This is distinct from IPV, which occurs within the private sphere and remains underreported due to stigma and fear of retaliation. . While these actions demonstrate agency and collective responsibility, they are reactive and suggest a lack of broader systemic protection structures. Household conflict between men and women appears to be managed through dialogue and reconciliation, implying a level of mutual respect and conflict resolution skills within domestic settings, at least in non-violent disagreements.

Conclusion & Recommendations

Conclusion

The community's deeply entrenched gender norms assign women the primary responsibilities of domestic care and uphold strict expectations of modesty and conformity, while men are culturally positioned as providers and protectors - a role increasingly undermined by economic hardship and unemployment, leading to frustration and diminished self-worth. The division of labour within households across communities is deeply rooted in cultural, religious, and social norms that reinforce distinct gender roles. Men predominantly engage in income-generating activities and public life, while women carry the overwhelming responsibility for domestic tasks, childcare, and household sustenance. Additionally women also engage in minor trades/IGAs such as tailoring or selling of local fried. Most of the women also lack opportunities for education and vocational trainings/skills to engage in profitable valued economic activities. The clear gendered delineation of roles underscores systemic inequalities and limited opportunities for women's participation beyond the household sphere.

Household decision-making in the communities remains largely patriarchal, with men holding primary control over finances and major household matters. While women are increasingly contributinf economically, their decision-making power over income and household issues is still limited. Some progress is evident in areas like childcare, where joint decision-making is becoming more common, signaling a gradual shift toward shared responsibilities. However, cultural norms continue to reinforce male dominance, limiting women's autonomy. Women face significant barriers to economic independence due to restricted access to resources, lack of stable income, limited education, and traditional domestic expectations.

While access to basic services such as health, livelihoods, education, and WaSH infrastructure exists in the communities, deeply rooted gender inequalities and crisis-induced disruptions significantly undermine equitable access and outcomes, particularly for women and girls. Health and SRH services, though nominally available, are marred by dysfunctional infrastructure, discrimination, and cultural constraints that restrict women's autonomy and access to care. The extremely low use of contraceptives among both men and women further reveals the critical gaps in reproductive health education and services, compounded by social stigma and limited awareness. Livelihood opportunities have diminished for both men and women since the crisis, but the impact is more severe on women, who face added barriers such as unpaid care responsibilities, restricted mobility, and reduced access to alternative income streams. Financial decision-making remains centralized under male authority, perpetuating power imbalances and limiting women's economic independence.

Educational access has declined for all children, but girls face greater exclusion due to intensified gender norms and crisis-related vulnerabilities. The prioritization of boys' education over girls reflects and reinforces systemic gender bias, deepening long-term inequalities and exposing girls to harmful practices like early marriage and child labor.

Decision-making in the communities is largely centralized under male community leaders, supported by communal trust and, in some cases, elder committees. While women's leaders exist and participate in

meetings, final authority remains with men, except in Fariya where a woman leads. Women face cultural and practical barriers such as domestic duties and hierarchical family dynamics that limit their participation. Despite these challenges, women show strong interest in leadership, emphasizing the need for support systems to enable greater involvement.

Women and girls in the communities face significant protection risks, both within the home and in public spaces, driven by insecurity, displacement, and weak protective structures. While communities demonstrate resilience through informal strategies and community-led responses, the persistent threats—especially from harassment, theft, and likely underreported intimate partner violence—highlight the urgent need for more robust and gender-sensitive protection systems that go beyond reactive measures to ensure safety and accountability for all, particularly the most vulnerable.

Recommendations

Based on the findings from the analysis, the following key recommendations were derived from key stakeholders.

1. **Promote inclusive decision-making platforms**
    - Create and support platforms that ensure equal participation in community decision-making for both men and women, particularly women who are currently excluded. This can be done by establishing women-specific committees or forums that engage with traditional leaders, elders, and community organizations.
    - Strengthen women's participation in existing platforms or committees within the communities through advocacy activities targeting decision-makers and elders, and training aimed at equipping women with skills and confidence needed to participate meaningfully in negotiations and decision-making.
    - Ensure fair representation of women in local leadership positions and community decision-making processes to amplify their voices in matters related to their well-being and that of their families.
2. **Empower women in economic decision-making**
    - Provide targeted training and capacity-building programs for women to enhance their skills in financial management, income generation, and decision-making roles. This will help strenghten women's agency and economic empowerement.
    - Engaging men and boys as allies in promoting women's participation in economic activities and financial decision-making, through gender-transformative approaches such as community dialogues on gender norms related to economic and social roles, awareness and campaign.
    - Support women in accessing resources and economic opportunities that are typically male dominated, such as through microfinance programs, vocational training, and livelihood diversification initiatives.
    - Address systemic barriers that prevent women from accessing traditionally male-dominated sectors by promoting gender-sensitive policies and ensuring women's equitable access to employment and financial resources.

- Support the establishment of Village Savings & Loan Associations (VSLA) to enhance women access to financial decision-making as well as access to some

3. **Recognize the economic value of unpaid labour**
   - Initiate community awareness campaigns to highlight the value of unpaid labor, such as caregiving, water collection, and housework, and advocate for shared responsibilities in households. This can help to reduce the unequal burden on women and encourage more equitable household labor distribution.
   - Establish community facilities such as childcare centers or mother-and-child-spaces within the communities to enable women to actively participate in economic and community activities
4. **Address gendered barriers in access to basic services**
   - Implement gender-sensitive programs that ensure equitable access to healthcare, and Water, Sanitation, and Hygiene (WaSH) services for both genders. .
   - Enhance or improve access to education, especially for girls as they are more often deprived of education when choices have to be made during economic hardship.
   - Ensure that healthcare services are safe and accessible to both genders, with particular attention to the needs of women and girls regarding reproductive health and gender-based violence services.
   - Encourage the development of activities aimed at strengthening communities' knowledge on SRHR with a focus on young people, through training and the development of gender-and-age-appropriate curricula. This may include encouraging the integration of SRHR modules in schools.
   - Organize awareness raising sessions to provide clear and culturally sensitive information on SRHR and available contraceptive methods.
   - Strengthening health workers' knowledge of gender and age sensitive SRH service delivery, including specific modules on SRH tailored to adolescents to challenge cultural barriers to their access to these services.
   - Organize community dialogues to challenge discriminatory norms related to SRH and promote shared responsibility in decision-making.
   - Enhance WaSH interventions by considering the specific needs of women and children, ensuring that their access to water and sanitation facilities is prioritized, and that gendered needs, such as privacy, are addressed.
5. **Support livelihood diversification & financial inclusion**
   - Offer livelihood support programs that focus on diversifying income sources for women, such as supporting small-scale trade, informal income-generating activities, and access to agricultural extension services for women.
   - Provide women with access to financial tools, including microloans, savings groups, and digital financial services, to enhance their economic independence and reduce their vulnerability to economic shocks.
   - Design and use innovative and participatory approaches to transform social and cultural barriers that prevent women from accessing landengager, while improving the recognition and protection of women's land rights in target areas.

- Engage key stakeholders in natural resource management at the local and/or regional levels to strengthen their capacity on gender, the importance of women's participation in the economic sector and women's land rights, and to inform the development of strategies and policies to create conditions for women to exercise their land rights in a sustainable manner.

6. **Enhancing community protection and addressing Gender-Based Violence (GBV)**
   - Strengthen community-based protection mechanisms through establishment or enhancing inclusive community protection committees that include women, youth and persons with special needs to monitor and respond to protection concerns. These structures will receive trainings on GBV, confidentiality, referral pathways and survivor centered approaches to ensure cases – especially IPV – are handled safely and effectively beyond informal mediation
   - Involve community stakeholders, including authorities, traditional and religious leaders and parents in community dialogues on child marriage to identify community-based solutions to end this harmful practice.
   - Implement proven gender transformative programs and approaches, such as CARE's 'Indashyikirwa' (agent of change) approach to couple dialogue, to reduce the rate of IPV and promote healthy and non-violent relationships between partners.
   - Conduct targeted awareness camaigns to de-normalize IPV and reduce stigma around reporting abuse. These efforts will be complemented with accessible psychosocial support and confidential reporting channels for survivors.