

# Policy Brief

ON

IMPROVING TIMELY ACCESS, AVAILABILITY AND  
UTILIZATION OF MULTI-SECTORAL SERVICES TO  
VULNERABLE AND CONFLICT-AFFECTED GIRLS  
AND WOMEN IN YOBE STATE 2024





**2024**

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# Acronyms

AHI	Action Health Incorporated
CBOs	Community-Based Organizations
CLTS	Community-Led Total Sanitation
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GBV	Gender-Based Violence
GPD	Global Peace Development
HGSFP	Home-Grown School Feeding Programme
IDPs	Internally Displaced Persons
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
LGA	Local Government Area
NGOs	Non-Governmental Organizations
NHRC	National Human Right Commission
NHF	Nigeria Humanitarian Fund
NHIS	National Health Insurance Scheme
NPHCDA	National Primary Health Care Development Agency
NSAG	Non-State Armed Groups
NSCDC	Nigeria Security and Civil Defence Corps
ODI	Overseas Development Institute
PWDs	Persons With Disabilities
SBMC	School Based Management Committee
SEMA	State Emergency Management Agency
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

# Introduction

The past several decades has seen dramatic improvements in health and nutrition outcomes in developing countries. Yet this progress has been unequal, often leaving behind the poorest and most marginalized in underserved communities invariably, across all contexts, the poorest and most marginalized face obstacles in accessing resources, support, and services for health, nutrition, and education, as well as increased vulnerability in times of crisis. All too often, they are women and girls. The inequity in accessing basic social services is attributed to emergencies, shocks, and stresses associated with natural disasters, technological, and health hazards, as well as climate change, conflict, and violence, which have destructive impacts and can prevent States from reaching their development goals (ODI, 2018). Today, nearly a quarter of the world's children live in disaster- or conflict-affected countries with restricted access to quality education (UNICEF, 2016).



Investment in health and education among vulnerable populations has a multiplier effect, creating several benefits. Healthy and empowered individuals not only survive but thrive, building better lives for themselves and contributing positively to their communities. These investments have become very important as the conflicts continue to characterize northern-east and north-west Nigeria, affecting 12.8 million people, of which 8.1 million are children and 4.7 million are adults. These conflicts have made people lose their homes; more than 2.3 million people have been displaced, and 1 million of these live in areas that are hard to reach (UNICEF, 2022). This is further compounded by alarming numbers in food insecurity and malnutrition due to the protracted conflict in the northeast and escalation of hostilities in the northwest. Consequently, the outbreak of epidemic diseases such as yellow fever, cholera, and malaria further complicates the already disastrous situation, calling for immediate interventions in health and education.

Humanitarian needs keep increasing in Nigeria, especially due to prolonged hostilities in northeast and northwest geopolitical zones. Approximately 12.8 million people have been affected by these crises, while about 2.3 million people have become homeless. The situation has dramatically deteriorated due to the protracted crises paired with the influx of internally displaced persons (IDPs) caused by recent upsurges in violence.

Inaccessibility to a safe drinking water and adequate sanitation facilities, the problem of society today is urgent. Approximately 2.8 million people are in urgent need of access to safe drinking water, decent hygiene, and sanitation services under conditions of equity and stability. It is even worse in the host communities and camps, as 41 percent receive less than 15 liters of water per person daily, far below the threshold that meets minimum needs. Moreover, 71 percent depend on water infrastructure that does not meet the standards for safety, while 99 percent are obliged to use latrines that are either unsanitary or dysfunctional. In many areas, open defecation is quite common, with more diseases cropping up.

Such conditions create high risk for water-borne diseases, which is rather critical in consideration of the current cholera outbreak in the country. The armed groups also pose a big threat, most especially in the northeast, to children, who are more vulnerable to attack or even kidnapping.

About 350,000 citizens have been internally displaced; 89 percent live in host communities. This exacerbates the humanitarian emergency due to the lack of appropriate infrastructure for water and sanitation in these regions, hence the call to act.

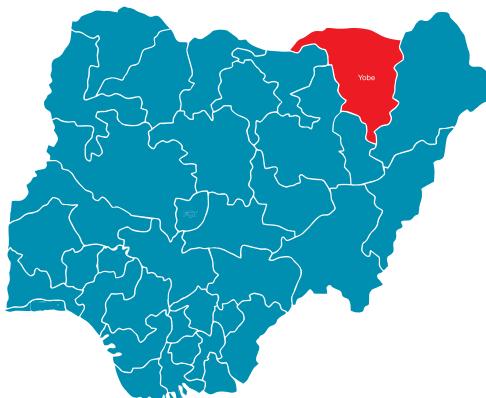
Education is critically affected in Northeast Nigeria, where an estimated 1.3 million children have been forced out of school by the disruption and destruction of schools. About 1.7 million children are in dire need of protection from forced marriage, family separation, and sexual and physical violence; psycho-social distress; and recruitment by non-state armed groups (NSAGs). The situation is compounded by threats against aid workers from various groups embroiled in the conflict. These threats, combined with the politicization of humanitarian response, have clearly limited access to people in need. Most places are now no-go zones and there is an increased number of unauthorized roadblocks along the highways that greatly affect the movement of supplies and personnel. There is also the question of an attack threat, as well as improvised explosive devices, unexploded ordnance, and inaccessible pathways.

Communities within this region have faced protracted conflict that has caused devastating impacts on the accessibility of basic services. Starting with structural and cultural violence, insurgent activities, herder-farmer conflicts, to communal clashes, all these combined have grossly disrupted residents' lives and livelihoods. It also plunged the community into a vortex of deepening poverty with limited opportunities for all, particularly girls, women, and persons with disabilities. While the escalating conflict and violence across the region continue to disrupt economic pursuits, climate perturbations are likely to worsen what is already a precarious situation.

This policy brief has, therefore, been developed to investigate the contextual issues and identify barriers that prevent the most vulnerable and conflict-affected girls and women from accessing and utilizing basic services in three selected local government areas of Yobe State. The data and evidence in this brief are drawn from needs assessments, key informant interviews, focus group discussions, and household surveys. The efforts supported Global Peace Development (GPD) in strengthening access and the availability and utilization of multi-sectoral services to girls and women who are at risk or affected by conflict in Yobe State. The underpinning theory of this policy is one of constructive engagement among the most important stakeholders, supported by more comprehensive data and evidence.

## Context Analysis

**Y**obe State is one of the six northeast states of Nigeria. It was in 1991 carved out of the western part of Borno State. According to the 2006 National Census, Yobe State has an estimated population of about 2.3 million people. The state consists of 17 Local Government Areas and is bounded in the north by the Republic of Niger, in the east by Borno State, in the southwest by Gombe State, in the west by Bauchi State, and in the northeast by Jigawa State. Major ethnic groups in Yobe State include Kanuri, Kare-kare, and Fulani; other ethnic groups are Bolewa, Ngizim, Bade, Hausa, Ngamo, Shuwa, Marghi, and Manga. Farming and rearing of livestock are the major occupations of the people, while major crops include sorghum, millet, peanuts, cowpeas, maize, sesame, and cotton.



Yobe State has suffered from serious violence and insurgency, notably by groups such as Boko Haram and other non-state armed groups (NSAGs). Indeed, these groups have carried out numerous violent attacks across the state, particularly in towns like Damaturu, Potiskum, and Dapchi, bringing massive destruction of property and a sense of insecurity in its wake. These protracted hostilities in northeastern Nigeria have greatly dislocated its population, with many people leaving their homes to become internally displaced persons (IDPs) or to seek asylum in neighboring countries.

IOM reports that more than two million people have been displaced by ongoing violence, largely into neighboring districts and LGAs. On January 6, 2024, an attack by Non-State Actor Group (NSAG) in the wards of Gujba, Asheikri, and Gabiri led to a wave of displacement into the wards of Maduri, Gujba, Geidam, and Damaturu LGAs. Violence has really interfered with farming practices; all these have resulted in serious poverty for farmers and their families. Because of this, the situation has become increasingly difficult for women and girls to access basic social services, influencing their economic stability and psychological condition.

These refugee and IDP camps, which have often been the target of violent attacks, have witnessed increased incidences of gender-based violence, including rape, abduction, and kidnapping, which always seem to affect the female gender. The insurgents are responsible for widespread human rights violations, including murder, looting, home torching, and sexual abuse. The internally displaced persons in Nigeria, by the end of 2022, stood at 2.2 million, with 1.1 million being children (UNICEF, 2022). This, with the effort of Borno State Government to return all the displaced persons to their various LGAs and to their original locations, has resulted in re-locations and closing of both formal and informal IDP camps, which have moved around 200,000 people into the areas where basic social services are very limited or nonexistent.

Large-scale flooding and sudden closure of camps have severely disrupted access to water and sanitation facilities, making adherence to basic living standards impossible in crowded camps and settlements. This has worsened the vulnerabilities among girls, women, and PWDs. Cholera epidemics have worsened the situation in Yobe, Adamawa, and Borno States, with these three states reportedly recording a total number of 14,940 cholera cases (WHO, 2023). Moreover, roughly two million children aged 0-59 months in those states face the risk of acute malnutrition due to the utilization of poor nutrition.

According to the State Emergency Management Agency, SEMA, food assistance is urgently needed in communities in northern Yobe where food stock has been depleted and food security has deteriorated. This situation has been compounded by the risk of attacks by NSAG, which disrupt livelihood activities and access to farming areas. UNICEF, in collaboration with the Ministry of Women's Affairs,

National NGOs, and the Nigerian Red Cross Society, has provided WASH, child protection, and humanitarian cash transfer services to poor families. The lingering challenges, however, require a more in-depth review of the gaps on timely access, availability, and utilization of multi-sectoral services for conflict-vulnerable and – affected girls and women in Yobe.

The assessment showed that vulnerable girls, women, and PWDs access education, health, WASH, and GBV referral services with much difficulty in conflict-affected communities such as Buni Yadi, Gujba Gari, Katarko, Gaba Tasha, Dogon Kuka, Ngelzarma, Asheikri, and Hausari communities of Gujba, Fune, and Geidam LGAs. Key issues at present include the disruptive effect of NSAG activities, herder-farmer conflicts, insurgent violence, inter-communal conflicts, the suspension of the Federal Government Home Grown School Feeding Program, and low WASH infrastructure and resources in schools, communities, and health facilities. Social stigma from GBV survivors complicates access to services. There is a pressing need for policy actions to protect vulnerable populations, strengthen service delivery, and enhance community resilience.



## KEY BARRIERS PREVENTING VULNERABLE AND CONFLICT-AFFECTED GIRLS AND WOMEN FROM ACCESSING AND UTILIZING CRITICAL SERVICES IN THE THREE TARGETED LOCAL GOVERNMENT AREAS.

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**Cost:** Cost was identified as a major barrier to accessing education. This suggests that financial constraints pose a significant challenge for families in affording education-related expenses, including school fees, uniforms, textbooks, and transportation. This can disproportionately affect disadvantaged households, leading to disparities in educational access and perpetuating cycles of poverty and inequality. Furthermore, healthcare expenses, including consultation fees, medication costs, diagnostic tests, and treatment fees, can place a strain on household budgets, particularly for low-income families. High out-of-pocket expenses may deter individuals from seeking necessary medical care or force them to prioritize other essential needs over healthcare.

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**Destruction of School Building:** The destruction of school buildings was reported as a barrier by most of the respondents. This indicates that inadequate infrastructure, including damage from natural disasters, conflicts, or other emergencies, impedes access to education. Arguably, the destruction of school buildings not only disrupts educational activities but also raises safety concerns for students and teachers. Rebuilding and reinforcing school infrastructures are essential for providing a safe and conducive learning environment.

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**Lack of Medical Supplies:** This encompasses shortages or inadequacies in essential medical equipment, medications, vaccines, laboratory supplies, and other healthcare commodities needed for diagnosis, treatment, and patient care. Insufficient medical supplies can hinder healthcare service provision, compromise patient treatment, and lead to sub-optimal health outcomes. Shortages in critical supplies may necessitate rationing, prioritization of cases, or improvisation of care, which can affect the quality and effectiveness of healthcare delivery.

**Absence of Medical Personnel:** This entails shortage of healthcare personnel needed for effective healthcare delivery. The absence of medical personnel is reported as a significant challenge. This suggests shortages or inadequacies in healthcare workforce availability, including doctors, nurses, midwives, and other healthcare professionals, in the surveyed communities. Insufficient staffing levels can lead to delays in accessing healthcare services, longer wait times, reduced quality of care, and limited availability of specialized medical services. The absence of skilled healthcare providers may also compromise the effectiveness of health promotion and disease prevention efforts.

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**Lack of Access to Water Sanitation and Hygiene (WASH) Services:** The sources of safe water are boreholes which is not enough to satisfy the inhabitants of the community. Also, most of the schools and health facilities have non-functional WASH facilities. Hence, communities access water through hand dug well, water vendors, and rain harvesting. Very few households have pit latrine, there is also high rate of open defecation in the communities. The non-availability of WASH services in home, educational and health facilities could lead to poor menstrual hygiene as well as the outbreak water-borne diseases.

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**Safe School Concerns:** Majority of respondents expressed safety concerns, highlighting the need for enhanced security measures to protect individuals and communities from conflict-related violence and threats.

## Policy Implication of the Identified Factors

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**Cost:** A major cause of inequity in access to multi-sectoral services is the cost associated with obtaining such services and the inability of disadvantaged populations to pay. It is important to note that cost as a barrier in health does not only include the expenses for health services such as medications, but also informal expenses such as transportation expenses when trying to seek healthcare and economic opportunities foregone when seeking healthcare. The obvious implication of this ignored gap is poor health and learning outcome in the community. Hence, addressing the cost barrier may require policy interventions

such as expanding health insurance coverage, implementing fee waivers or subsidies for vulnerable populations, and increasing public financing for healthcare to reduce the financial burden on individuals and households.

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**Destruction of School Building:** Destruction of educational facilities during conflict is an attack on education which can have a devastating impact on the educational system and on a community's overall development in the long-run. The policy implication can include everything from a decline in student attendance, teacher flight and a decline in quality of education and impact on a nation's economic and social development.

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**Lack of Access to WASH Services:** Lack of access to WASH services can result to disruptions to school and hospitals. The policy implication can include things that perpetuate inequality as PWDs, women and girls and older people are precluded from full participation in public spaces, workplaces. Also, girls in their period may not be able to practice proper menstrual hygiene.

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**Safe School Concerns:** School safety according to GADRRRES (2022) is "central to furthering the goals of sustainable development, disaster risk reduction and resilience, climate action, conflict and violence prevention, and humanitarian response." This implies that learning cannot occur in an environment filled with terror and uncertainty.

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**Lack of Medical Supplies:** Non-availability of medical supplies poses threat to people's lives and their ability to access healthcare. Consequently, this raises the risk of diseases such as malaria, measles and cholera outbreaks. This also weakens the system. The policy implication is poor service delivery and poor health outcome. Thus, strengthening healthcare supply chains, improving procurement and distribution systems, enhancing inventory management practices, and ensuring reliable access to quality-assured medical products are essential for addressing supply chain challenges and maintaining healthcare service continuity.

**Absence of Medical Personnel:** The presence of conflict creates increased demand and pressures on healthcare systems and medical personnel. It also creates new healthcare needs and highlights existing disparities in accessing care. This weakens and demoralizes capable personnel who are left redundant while, less capable officers are appointed to lead more capable qualified personnel.

## Policy Recommendations for Government

### 1. ENHANCE ACCESS TO QUALITY EDUCATION

**Priority:** Rehabilitation and rebuilding of schools, particularly those in the conflict affected areas.

- **Responsible Agency: Ministry of Education, State Government**

**Priority:** The resumption and expansion of The Home-Grown School Feeding Programme (HGSFP) to boost school enrollment and retention.

- **Responsible Agency: Federal Ministry of Humanitarian Affairs and Social Development, Ministry of Education,**

**Priority:** Award education scholarships and learning materials to beneficiaries to reduce financial hardship on households.

- **Responsible Agency: Ministry of Education, State Government**

**Priority:** Institute a system for vocational training to enable employment and institute micro-loans/grants to support small businesses.

- **Responsible Agency: Ministry of Labour and Employment, Ministry of Youth, Community and Sports Development**

### 2. IMPROVE ACCESS TO QUALITY HEALTHCARE FACILITIES

**Priority:** Increase health facilities in rural and conflict areas so that the latter will be better supplied with essential drugs, while the former will be better manned by trained medical personnel.

**Responsible Agency:** Ministry of Health, State Government

**Priority:** Establishment of mobile clinics to reach under served communities and improve healthcare in those communities.

- **Responsible Agency: Ministry of Health, National Primary Health Care Development Agency, NPHCDA**

**Priority:** Make health care more affordable to avoid the incidence of selling household property to fund healthcare needs

- **Responsible Agency: Ministry of Health, National Health Insurance Scheme, NHIS, Yobe State health Insurance Scheme.**

### 3. STRENGTHEN LEGAL SYSTEMS AND PROTECTIVE FRAMEWORKS

**Priority:** Reform the criminal justice system and develop a multi-sectoral action plan for full implementation of Child Rights Law and Violence Against Persons Prohibition Law.

- **Responsibility Agency: Ministry of Justice, NHRC, State Government**

**Priority:** Increased safety and security for communities, schools, and health facilities to safeguard access to services.

- **Responsibility Agency: Ministry of Interior, Nigeria Police Force, Nigeria Security and Civil Defence Corps (NSCDC)**

### 4. ADDRESS WATER, SANITATION & HYGIENE (WASH) NEEDS

**Priority:** The Construction of solar-powered boreholes and public latrines, and promote Community-Led Total Sanitation (CLTS) should be prioritized to improve access to clean water and sanitation facilities.

- **Responsible Agency: Ministry of Water Resources, State Government, Local Government Authorities**

**Priority:** Increase WASH infrastructure in schools and health facilities; ensure standards of basic hygiene.

- **Responsible Agency: Ministry of Water Resources, Ministry of Health, Ministry of Education**

## 5. SUPPORT LIVELIHOODS AND ECONOMIC RESILIENCE

**Priority:** Support farmers with improved seeds, gender-friendly farming tools, and agricultural inputs to enhance productivity and income.

- **Responsible Agency: Ministry of Agriculture, State Agricultural Development Programs**

**Priority:** Provision of targeted support to persons with disabilities (PWDs) including assistive devices such as wheelchairs and hearing aids, provision of accessible infrastructure in schools such as ramps with handrails.

- **Responsible Agency: Ministry of Women Affairs, Ministry of Youth, Social and Sport Development, State Government**

## 6. BUILD INSTITUTIONAL CAPACITY AND LOCAL ENGAGEMENT

**Priority:** Enhancement of capacities within state and quasi-state agencies, service providers, and community-based organizations to render services that are quality, inclusive, and equitable.

- **Responsible Agency: Ministry of Education, Ministry of Health, Ministry of Women Affairs, State Government**

**Priority:** Established and institutionalized a service delivery system that is gender sensitive and community driven.

- **Responsible Agency: Ministry of Education, Ministry of Health, State Government, Local Government Authorities, Community-Based Organizations (CBOs)**

## Recommendations for Communities

District, village, and community leaders should include women in their policies and decision-making organs.

Community WASH committee should embark on massive education on the dangers of open defecation.

## RECOMMENDATIONS FOR INGOS/NGOS

### 1. Improve the Vocational Skills of Marginalized Groups

- **Priority:** Develop sub-group vocational skills within the target population—in particular, girls out of school, women with disabilities, and young mothers—through the acquisition of skills in areas like tailoring, hairdressing, knitting, cap sewing, poultry farming, soap making, and pomade production.

**Output Indicator:** Train and Empower 500 women/girls in income-generating skills and activities that would enhance their sustainability within the next 12 months.

### 2. Financial Inclusion and Livelihood Opportunities

- **Priority:** Entitle women to business grants, financial support, and livelihood possibilities by giving particular care to low-income groups and female-headed households in order to upgrade living standards.

**Outcome indicator:** Ensure an improvement in the livelihood of 1,000 women and young girls through increased income at a rate of 30% in the next year.

- **Priority:** The intervention would target households whose incomes are below 30,000 Naira monthly, with the main activity being micro-loans, business training, and startup kits and capital.

**Output Indicator:** By 18 months, lift 200 households out of extreme poverty.

### 3. Support Educational Access and Retention

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- **Priority:** An intervention wherein out-of-school girls and children from low-income families will be provided with school uniforms, sandals, bags, and writing materials to increase school enrolment, attendance and retention.

**Output Indicator:** Increased School enrollment and retention by 20 percent among the targeted children in the next academic year.

- **Priority:** Targeted initiatives aiming at reducing the dropout rates and improving school enrollment, especially primary school girls who remain out of school.

**Output Indicator:** A reduction of dropout cases among the targeted community by 15 percent within a duration of one year.

- **Priority:** Adult education and literacy programs targeted towards women and men who never attended school should be established, as an intervention that focused on acquiring the ability to read and write as well as acquiring primary life skills.

**Outcome Indicator:** Improve literacy rates of 500 adult learners by 25% within a period of two years.

- **Priority:** Targeting vulnerable children, particularly girls, and those with disabilities, underpins supportive interventions. The interventions should include financial support and also community-based supportive care mechanisms.

**Outcome Indicator:** Keep 80% of the vulnerable children in school through continued economic and psycho-social support.

### 4. Advocate for Employment and Economic Growth

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- **Priority:** Advocate for policies that promote job creation and increase incomes in the community level, particularly for women and youth.

**Outcome Indicator:** Increase local employment rates by 10% through systems of advocacy and in partnership with local businesses and government agencies.

## 5. Strengthening Gender-based Violence (GBV) Response and Community Engagement

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- **Priority:** Enhancing GBV referral mechanisms, increasing awareness on the subject, and acting on harmful social norms that perpetuate stigma are especially needed among women with disabilities.

**Outcome Indicator:** All of the above is expected to translate into a 30% increase in reporting and seeking support of GBV within the next one year through targeted awareness campaigns.

- **Priority:** Empowerment of local community structures for active participation in service delivery, monitoring, and advocacy; this is particularly so for school based management committees (SBMCs).

**Outcome Indicator:** Increase the participation of school based management committee (SBMC) by 50 percent over the next one year to create a greater sense of community ownership and oversight of educational and social services.

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