

REPORT

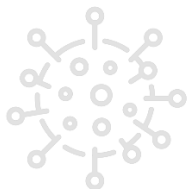
THE IMPACT OF COVID-19 ON WORKING WOMEN IN NIGERIA

JULY 2020



CONTENTS

About the Report	3
Summary of Key Findings	4
Data Overview	6
Impact	8
Recommendations	20
Acknowledgements	23



ABOUT THE REPORT

Following the confirmation of the COVID-19 index case on 27 February 2020 in Nigeria, a multi-sectoral national emergency response was activated and led by the Nigeria Centre for Disease Control. On 30 March 2020, the Federal Government of Nigeria subsequently implemented a national lockdown for three major states in the country including Lagos and the Federal Capital Territory, home to almost 30million people, in a bid to slow the spread of the virus. The Federal Government announced a series of measures aimed at relieving some of the expected economic pain including conditional cash transfers for the most vulnerable in society and two months of food rations for internally displaced persons (IDPs). At the end of March when the government directive of lock-down was announced there were 138 confirmed cases and by the time our survey was launched in May 2020 there were over 4000 cases. As of 25 July 2020, the number of positive COVID-19 cases stands at over 40,000.

Very early on in the pandemic, it became apparent from WHO and UN reports that while the virus posed a greater direct health risk to men and particularly older men, it was also exposing and exploiting inequalities of all kinds including gender inequality with long term impacts on women's health and rights. While the lockdown restrictions were essential, there has been an increase in what UN Women terms a 'shadow pandemic' with an increased risk of violence towards women and girls. Beyond physical violence, the deep economic downturn accompanying the COVID-19 pandemic is likely to have a distinctly female face. The pandemic has already exposed society's reliance on women both on the frontline and at home, while exposing the structural inequalities across every sphere from health and healthcare to security and social protection.

Objectives of the Survey

WISCAR and its partners designed and disseminated a survey to investigate and gain a better understanding of the impacts of COVID-19 on working women. Given its access to a community of working women across the professions and enterprise, WISCAR was uniquely placed to bring a local perspective to the growing global body of work on the effects of the pandemic on women. Beyond contributing to the wider discourse, we sought to identify, particularly at the very early stages of the pandemic, the female perspective on the effects of the government directives of lock-down, social distancing, and the gendered nuances of these directives and policies.

Our aim; to proffer evidence driven solutions and interventions for our own network and communities as well as other networks like ours, that would benefit from the results. Our wider aim however is to influence, impact and support more inclusive private and public sector driven interventions that are gender inclusive and responsive in their design and approach. We were particularly interested in women's perspectives around socio-economic impacts on livelihoods, security and mental health. The survey was targeted at working women in the formal and informal sector and specific at risk groups that included healthcare workers, pregnant/nursing mothers and domestic care workers. The survey was deployed nationally.

SUMMARY OF KEY FINDINGS

These findings are based on the feedback from 350 female respondents who participated in the survey. Respondents came from a diverse socio-economic class with 53% from the formal sector, 30.4% from the informal sector and 12.2% from the health sector across Nigeria and ages of respondents ranged from 22 – 78 years.

OVERALL IMPACT

49% reported being negatively impacted by the pandemic.

LOSS OF INCOME

60% expressed a concern that they would have insufficient funds during the lockdown, while 32.6% were concerned with loss of jobs.

PSYCHO-SOCIAL STRESS

32% have had to cope with the stress of having to manage full time jobs and family

SOCIAL UNREST

56.7% were concerned with social unrest.

WORKING FROM HOME

46.3% expressed experiencing difficulties working remotely while 47.2% mentioned these difficulties were primarily due to family distractions.

MENTAL HEALTH

31% have experienced negative impacts on their mental health. 64.7% reported increased anxiety, 55.9% have had to cope with added stress and 41.2% are prone to a higher frequency of mood swings.

32% have experienced positive impacts on their mental health. 80% of this group of respondents attributed this to opportunities for more rest and being better empowered to make to make positive life-style choices.

INTERVENTIONS

76.7% of respondents suggested private sector interventions around business innovation, while 61.9% indicated that realistic and far-reaching government safety nets and economic stimulus packages should be prioritised.

JOBS & EMPLOYMENT

51.5% expressed concern for their jobs such as short to medium term job losses and particularly the inability to pay or to be paid salaries as a result of the economic effects of lock-down on their organisations.

64.4% of respondents were concerned about loss of income or profits

41.5% were concerned about reduced employee productivity

33.3% of domestic care workers reported that they were on time-off for the duration of the lock-down but were also uncertain of whether they would still have jobs waiting.

HEALTH & MATERNAL CARE

90% of respondents expressed an un-willingness to access healthcare if they required to do so during the lock-down and 70% of pregnant respondents have also been reluctant to access antenatal care during the pandemic. This is majorly due to the fear of getting infected as expressed by 85.7% of the respondents. 46.2% of the nursing mother respondents expressed concerns and reluctance to access healthcare due to the risk of infant susceptibility to infection during visits.

GENDER BASED VIOLENCE

A UN Women report on what has been termed the "**Shadow Pandemic**", reveals that domestic abuse is surging as #COVID-19 lockdowns continue. The Nigerian Federal Ministry of Women Affairs also reported 3,600 cases of rape during the lockdown. Although only 10% of our respondents indicated being at risk of violence; 55.6% of those respondents attested to threats coming from strangers; 11.1% are being threatened by their partners and 18.1% from other family members. Sadly 56% responded that source of help and support is inaccessible.

METHODOLOGY

This comprehensive survey targeted Nigerian women both in the formal and informal sectors with special consideration for vulnerable groups including healthcare and domestic care workers. The survey was conducted between April and May 2020 via multiple platforms including but not limited to the following: online surveys, phone interviews and physical interviews.

States represented in the survey

A total of 20 Nigerian states participated in the survey

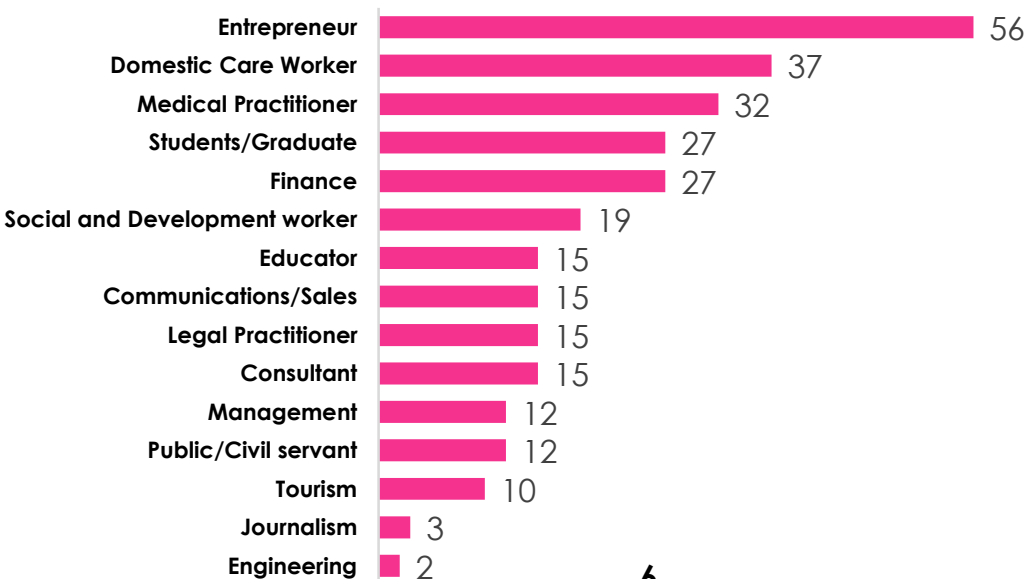
Top 5 States

- Lagos
- FCT
- Ogun
- Kogi
- Kwara

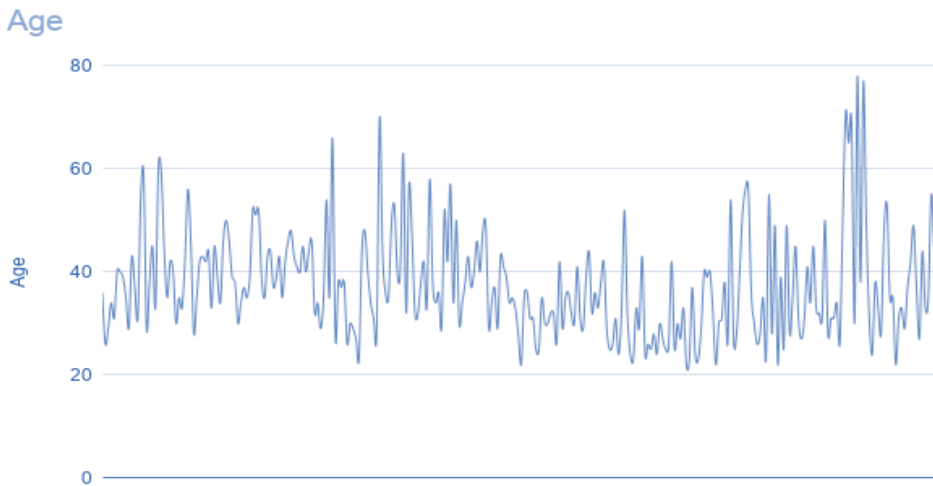


Main areas of focus

Respondents are active in 15 main thematic areas

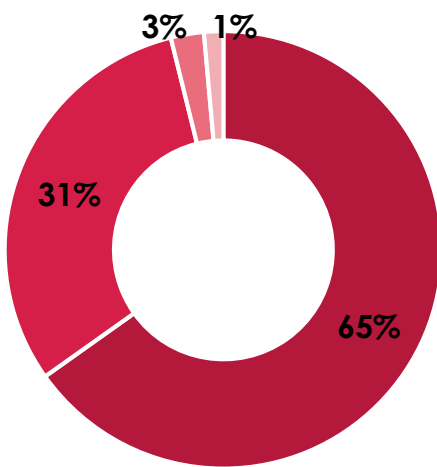


AGE RANGE OF RESPONDENTS



The survey featured only female respondents within the age range of 22-78 years.

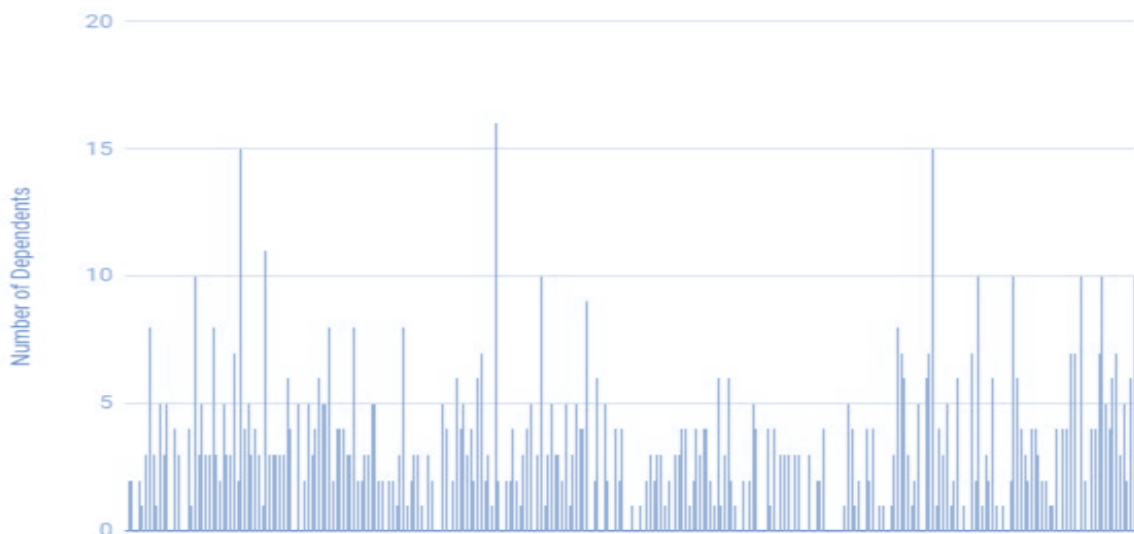
MARITAL STATUS



The survey featured 64% married, 30.4% single, 2% divorced and 1% widowed female respondents, with a minimum of 0 dependents and a maximum of 16 dependents

■ Married ■ Single ■ Divorced ■ Widowed

NUMBER OF DEPENDENTS



IMPACT

Overall Impact	9
Accessing Healthcare	13
Mental Health	15
Domestic Safety	17
Healthcare Workers	18
Domestic Care Workers	19



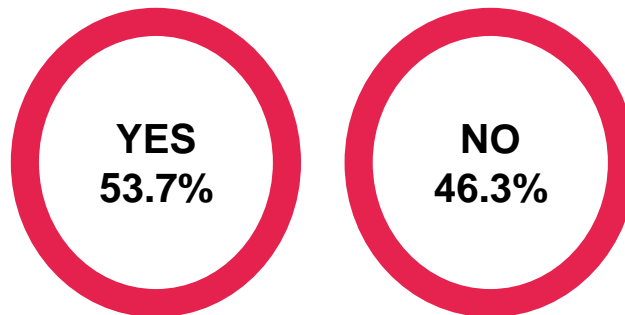
SHORT-TO-MEDIUM TERM IMPACTS OF COVID-19



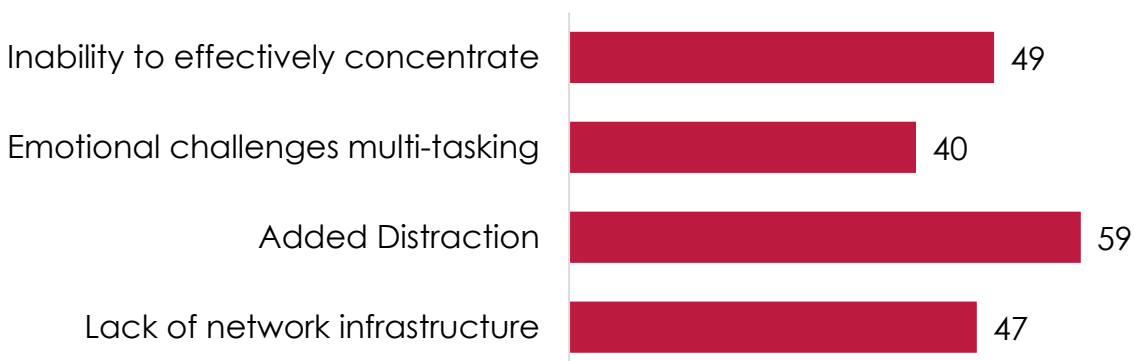
IMPACT ON WORKING WOMEN

The shift to working from home has resulted in women taking on additional burdens of emotional labour and care work. This is accompanied with the fear of income/profit or job loss as a result of the inability to effectively work from home (46.3%) due inability to concentrate (39.2%) increased distraction (47.2%), inadequate infrastructure and support (37.6%) etc.

ARE YOU ABLE TO EFFECTIVELY WORK FROM HOME?

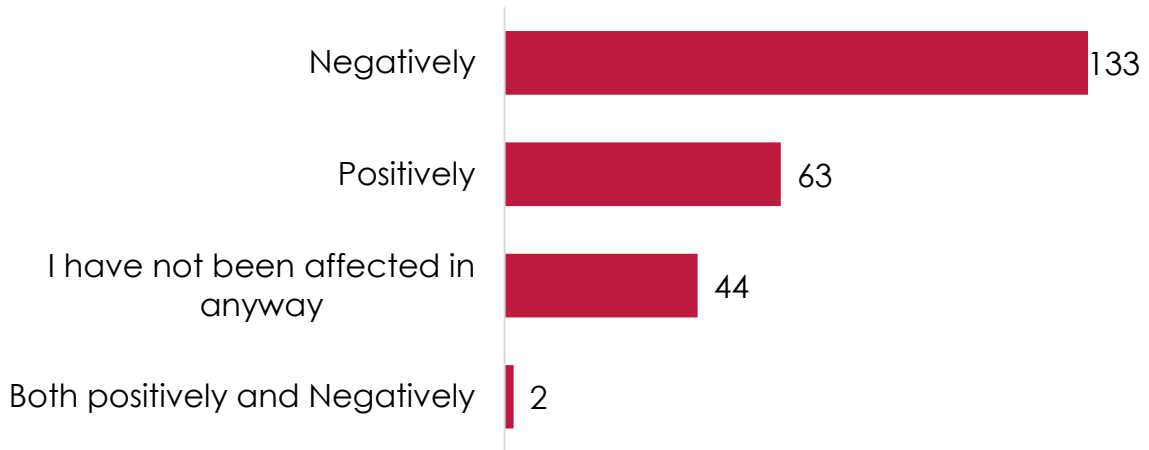


Challenges faced as a result of working from home

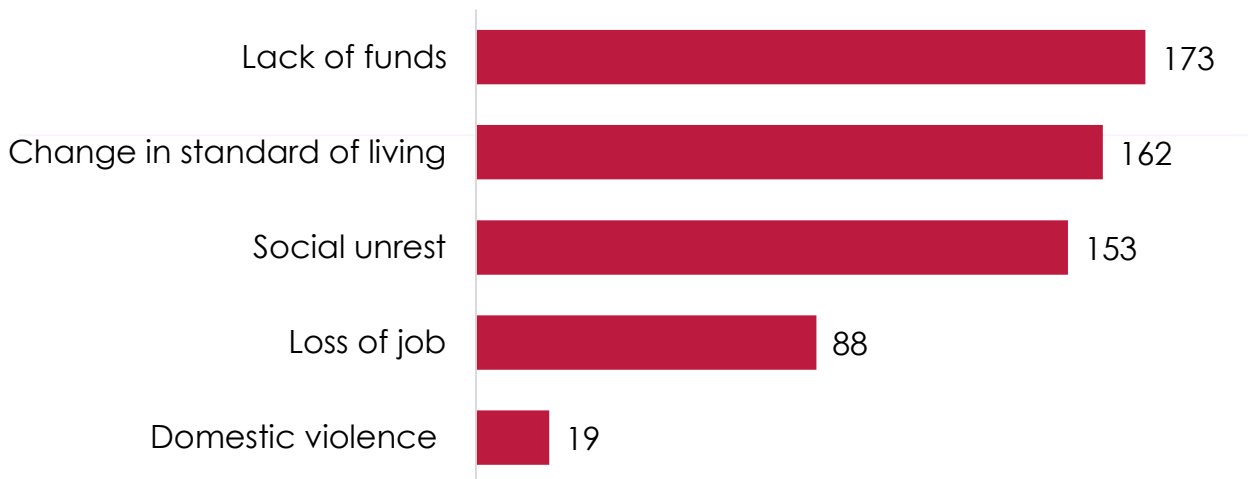


ADAPTING TO THE CURRENT SITUATION

Containment measures of social-distancing, lockdown and self-isolation have impacted a majority of 49.3% negatively. 69.3% of respondents acknowledged that they are coping fairly with economic and social stress.

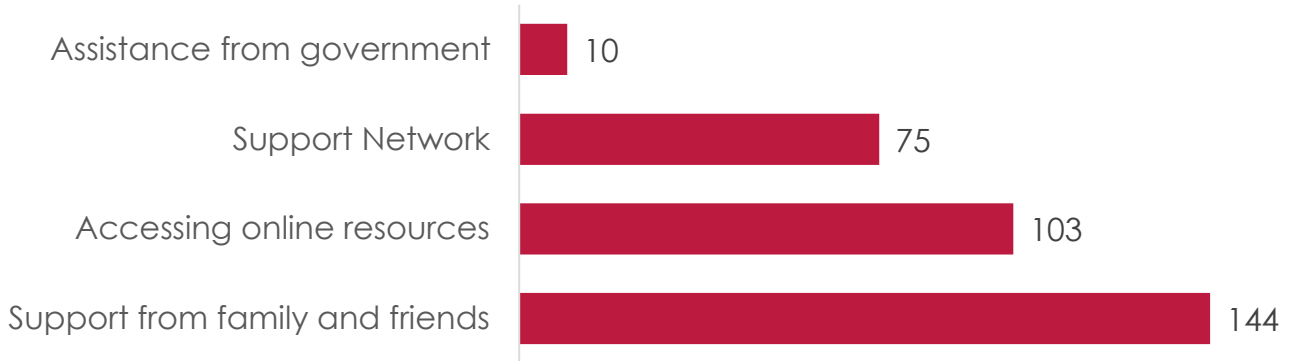


WORRIES, FEARS AND CONCERNS DUE TO COVID-19



Other major concerns that were expressed by respondents included 64.1% fear lack of funds, 60% change in standard of living and 56.7% social unrest amongst others. A majority of 53.3% of the respondents alleviate their concerns with the support of friends and family and 77% reported that the government is not doing or has not done enough to alleviate their concerns.

ALLEVIATING PERSONAL CONCERNS



71.1% of respondents reported benefitting from being a member of a Community/Network, not just for the purpose of keeping informed of current information but also for mental health and providing a sense of community.

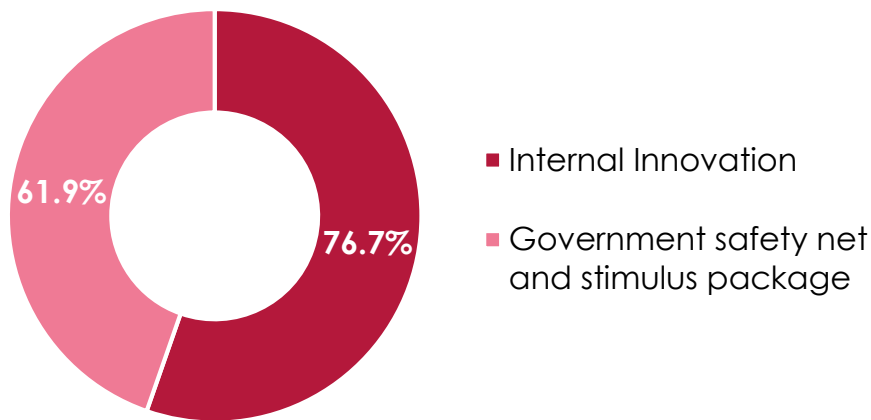




Government is not doing enough. For example, in Lagos state, from what we are seeing the government is sharing 3 bags of whatever it is they have in the bags, to a Community Development Association (CDA), and depending on how large the CDA is, what the government is sharing may or may not be able to sustain these people. So the government is not doing enough, but they are trying. We pray and hope that they do enough for the less privileged.

– Quote from a survey respondent – 32, Business Owner, Lagos State

SUPPORT FOR SURVIVAL & RECOVERY



76.7% of respondents suggested private sector interventions around business innovation, while 61.9% indicated that realistic and far-reaching government safety nets and economic stimulus packages should be prioritised. These were described by our respondents as the most helpful interventions for their business, jobs and organisations to survive and or recover



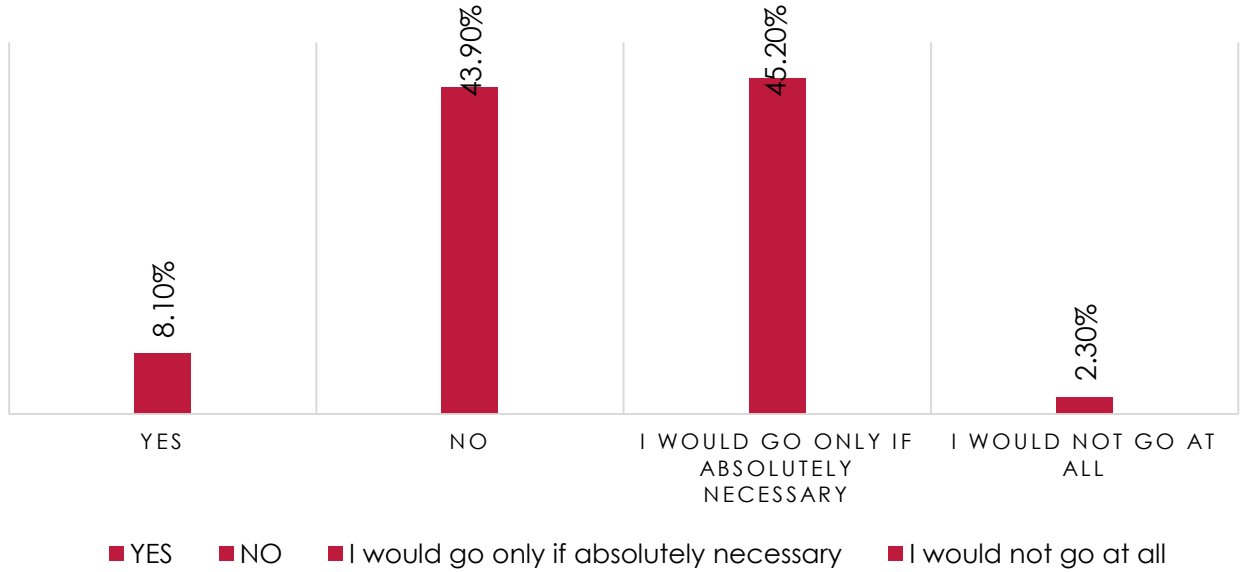
It will certainly not be business as usual which means one has to double his or her efforts. There will be a lot of downsizing in organizations so depression might set in this period as well as hunger and of course, security issues due to the lack of jobs. How about people that depend on their daily income to feed their families, and some of them don't have savings? How are they going to survive?

– Quote from a survey respondent – 28, Banker, Rivers State

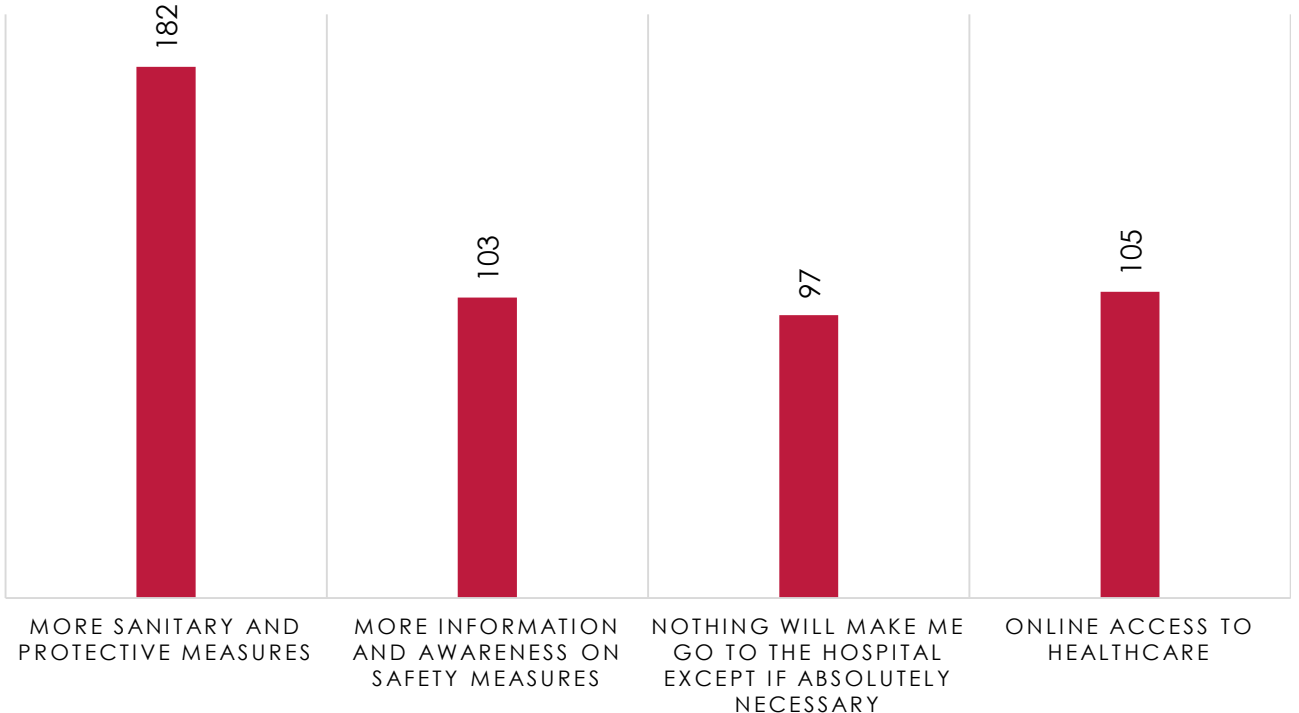
| ACCESSING HEALTHCARE

ACCESSING HEALTHCARE (PUBLIC & PRIVATE)

Concerning general healthcare, majority of women are apprehensive about accessing medical services. This is largely due to their lack of confidence in the sanitary and protective measures being taken by hospitals.



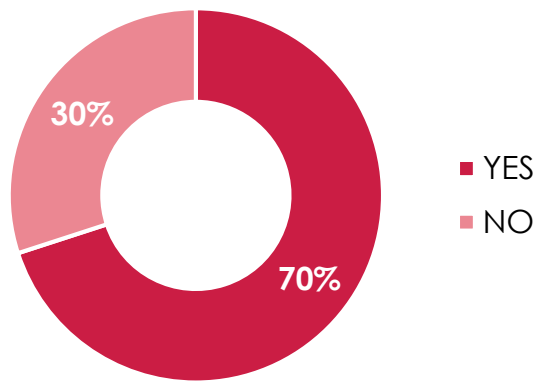
WHAT CAN BE DONE TO MAKE WOMEN MORE CONFIDENT OR COMFORTABLE WITH ACCESSING HEALTHCARE SERVICES?



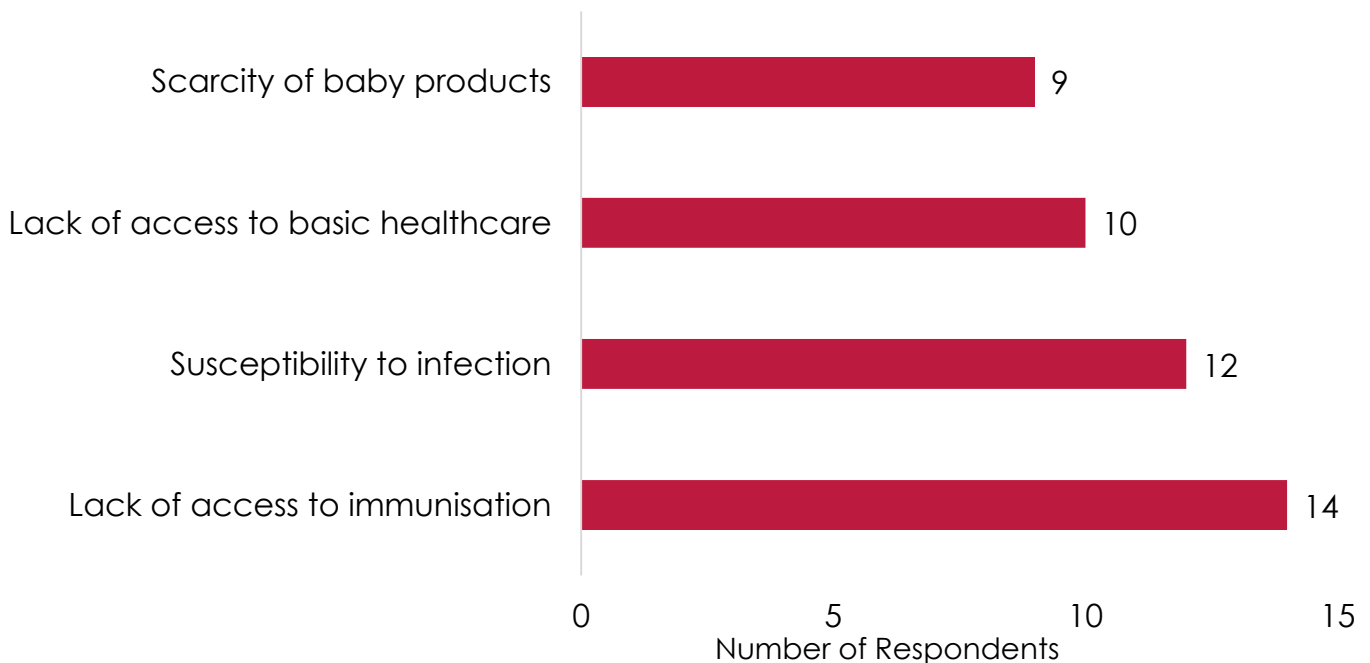
| PREGNANT/NURSING WOMEN

70% of the respondents are reluctant to access antenatal services during this period, due to fear of getting infected (85.7%). In addition, 53.8% have expressed concern for the safety and health of their children, as a result of lack of access to immunisation, 46.2% worry about their susceptibility to infection, 38.5% have to contend with lack of access to basic healthcare and 34.6% fears the scarcity of baby products.

ACCESSING ANTENATAL SERVICES



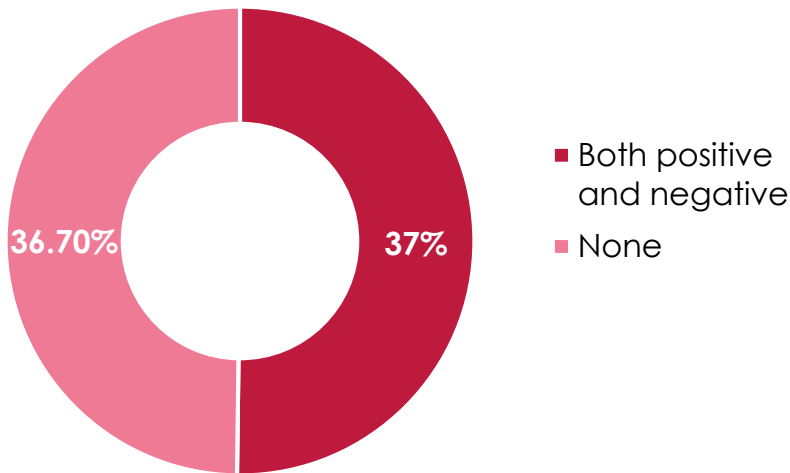
CONCERNS REGARDING NEWBORN HEALTH & SAFETY



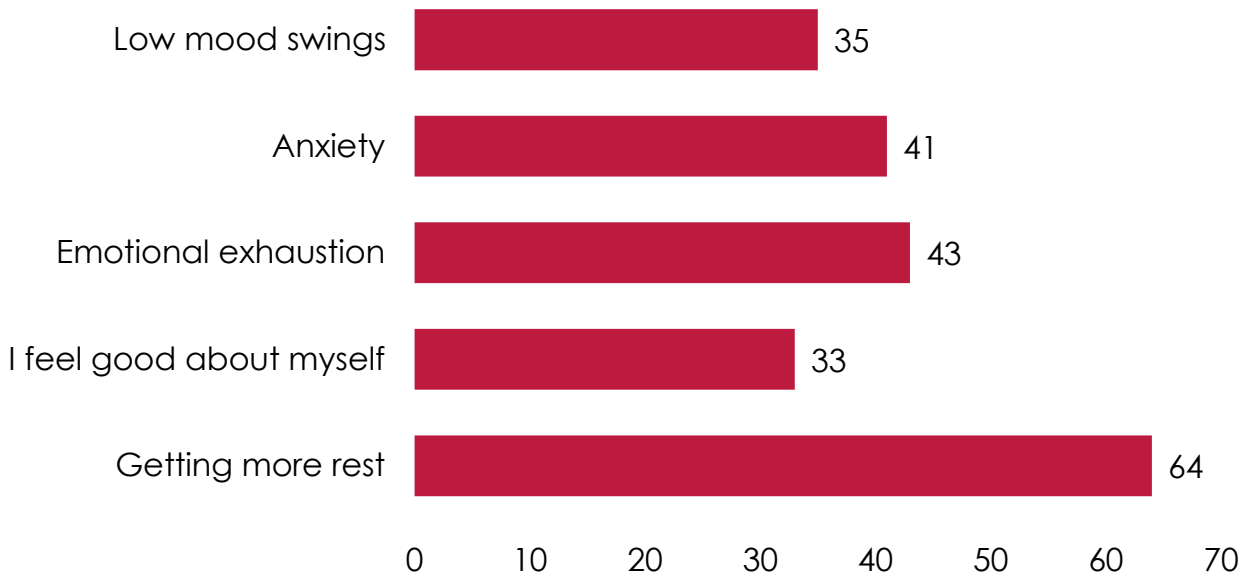
| MENTAL HEALTH

Although the COVID-19 crisis is a physical health crisis in the first instance, our survey corroborates previous reports that it has the seeds of a major mental health crisis. 64.7% reported that they experienced increased anxiety, 55.9% have had to cope with added stress and 41.2% are prone to a higher frequency of mood swings. To contrast, 80% of the group of respondents who have experienced positive impacts on their mental health attributed this to opportunities for more rest and being better empowered to make to make positive life-style choices.

CHANGES IN EMOTIONAL OR MENTAL HEALTH DURING COVID-19

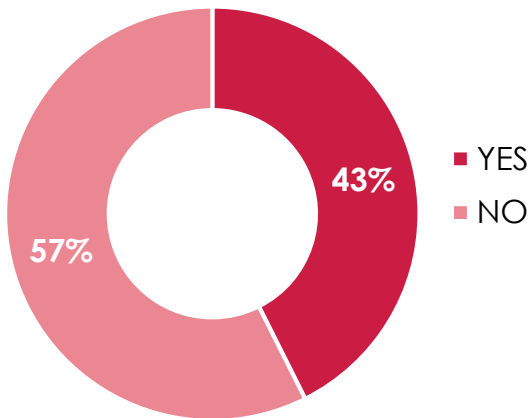


OBSERVED CHANGES



While we are unable to categorically say that the impact of the lockdown is greater for women, their lived experiences are certainly different. Working women in both informal and formal work are bearing a large brunt of the added emotional labour and stress in the home as a result of the lock-down. However, the study shows that generally they have experienced both negative and positive impacts with respect to their mental health.

ARE WOMEN AFFECTED DIFFERENTLY BY THE IMPACTS OF LOCKDOWN COMPARED TO MEN?



Yes, I believe it affects me differently. As women we are wired differently from the men. With the kids at home I must constantly watch over them and help with their schoolwork.

– Quote from a survey respondent 33, Business Owner, Lagos State



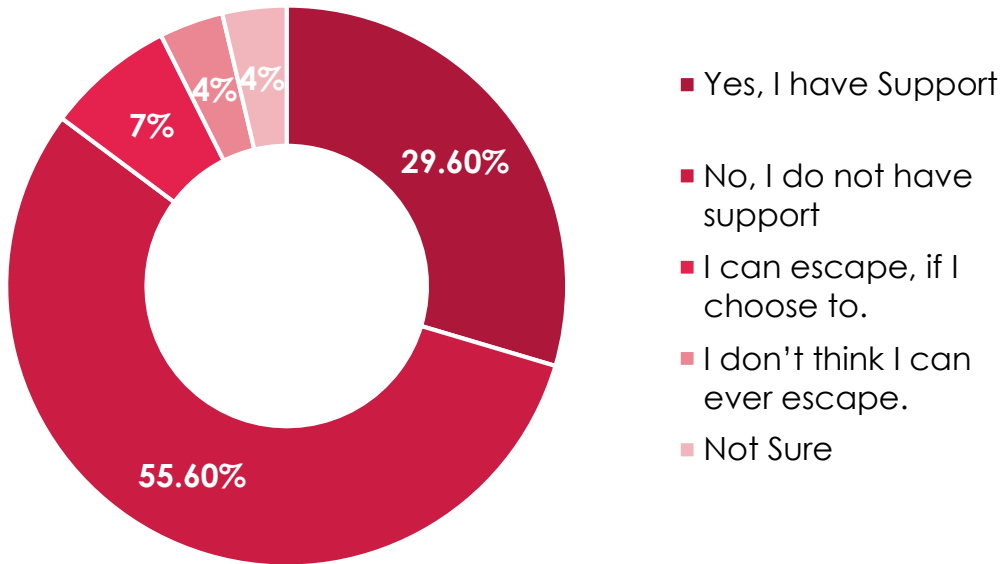
It does affect me differently, but I don't know whether to count it as positive or negative. An example will be when the issue of working from home initially came up at the office, everyone was quick to add me and other ladies to the list. And it was like 'this decision isn't first of all about my role and how efficiently or not I can be from home but rather just by default because I'm a woman'. Also, even though we are all on lockdown, I'm the one having to crack my brain on how to sort out food. And panicking because I actually didn't stock up as much on a lot of things as I thought I did.

– Quote from a survey respondent – 34, Banker, Lagos State

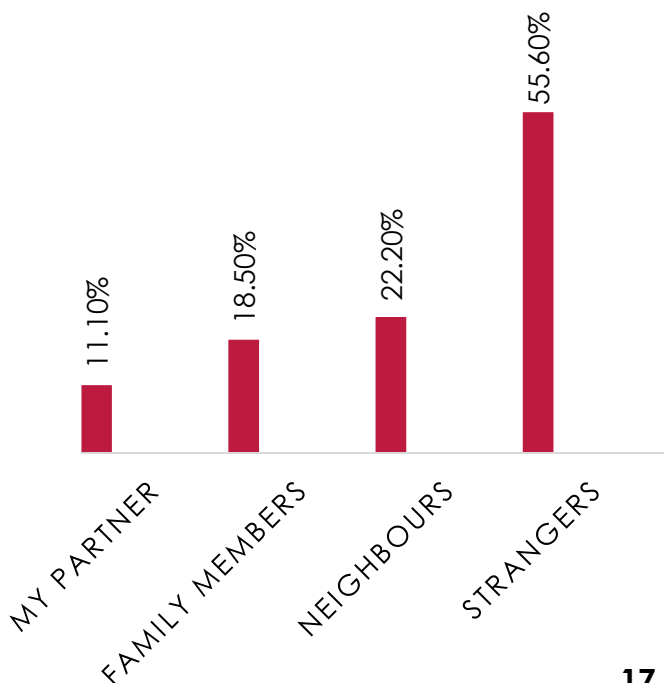
| DOMESTIC SAFETY

Data from the survey shows that 90% of respondents have never been at risk of harm in their home. However the 10% who did respond that they were at risk were concerned enough for their safety to provide contact details requesting support urgently. Indeed we can categorically corroborate that there is a high risk that all forms of gender-based violence (GBV) will increase during the COVID-19 pandemic, creating more demand and greater need for support services.

ACCESS TO SUPPORT WHEN THREATENED OR FEELING THREATENED



WHERE DOES THE THREAT OF HARM COME FROM?

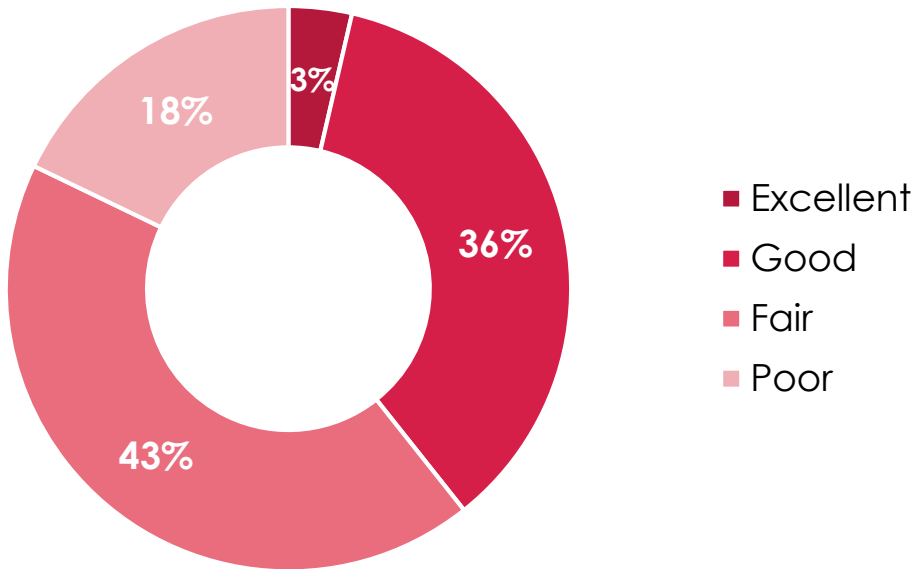


55.6% of those respondents at risk attested to threats coming from strangers; 11.1% are being threatened by their partners and 18.1% from other family members. Unfortunately, 56% responded that sources of help and support is inaccessible.

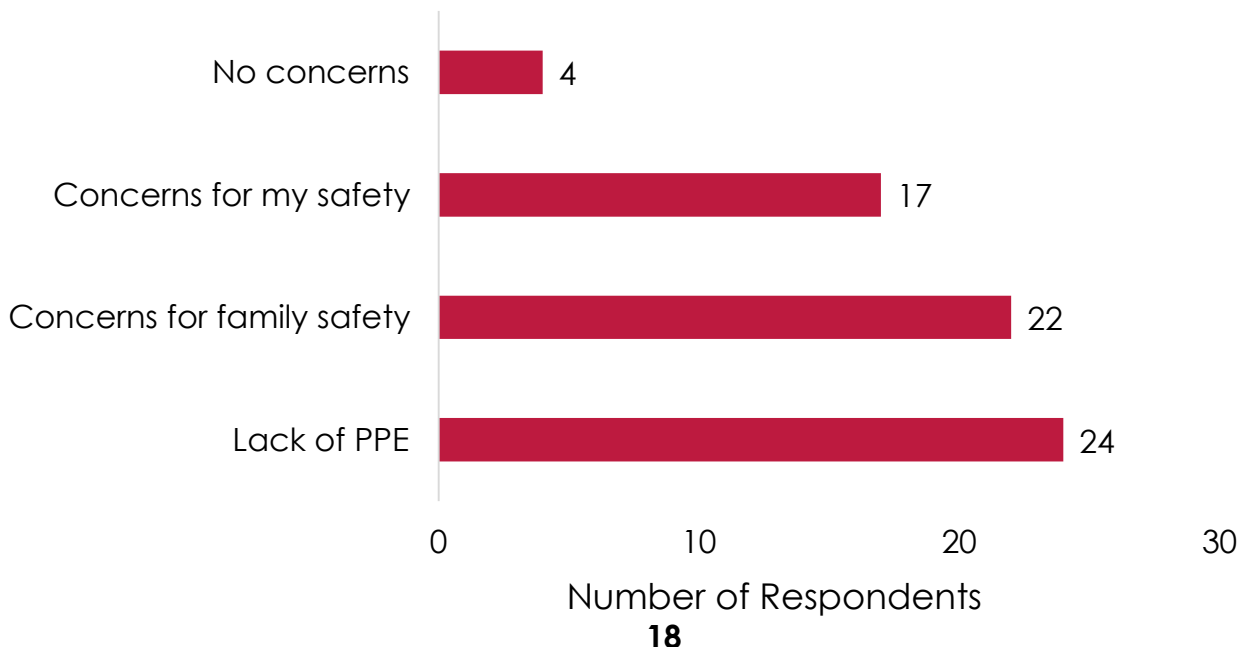
| HEALTHCARE WORKERS

Majority of the healthcare workers (34.3%) have described their experience on the frontline as fair. They have also expressed concerns on lack of personal protective equipment (68.6%), their safety (48.6%) and that of their family (62.9%). This is of particular concern as a disproportionate percentage of frontline healthcare workers are women.

EXPERIENCES WORKING ON THE FRONTLINE OF COVID-19

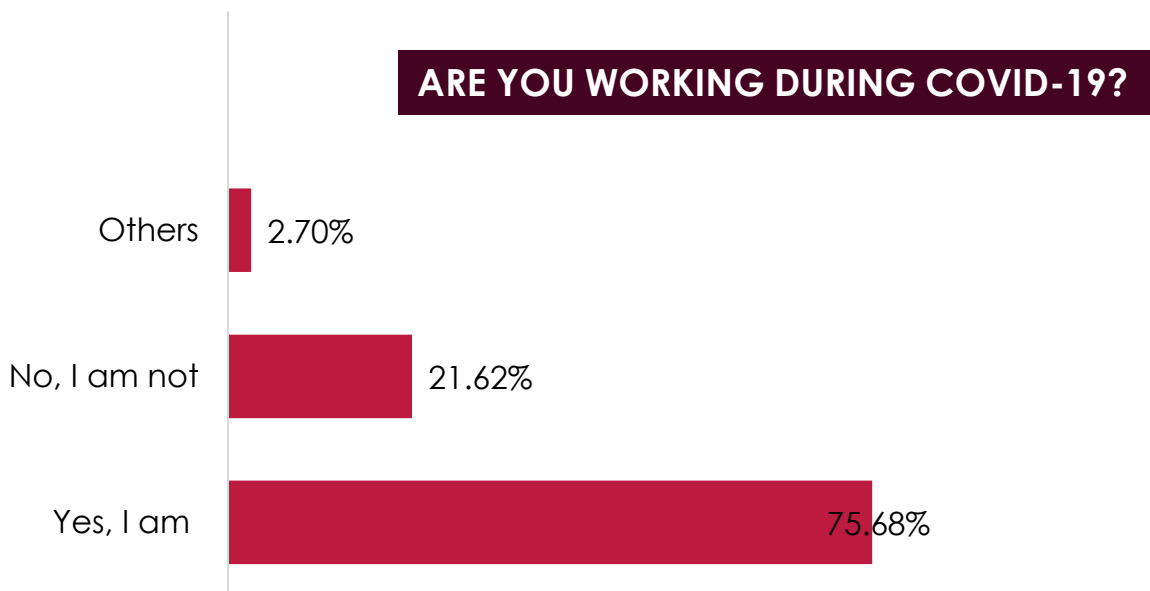


CONCERNS OR FEARS AS A HEALTHCARE WORKER

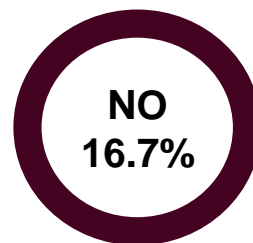
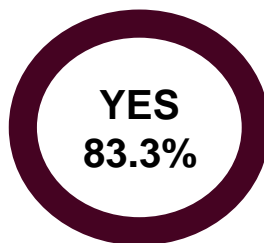


| DOMESTIC CARE WORKERS

While majority of domestic care workers (75.68%) are currently still working, they are facing a significant increase in their work hours without a proportionate increase in their wages. Interestingly, 83.3% of the employers of domestic care workers reported to have the intention to pay their domestics for days not worked during the lock-down. Nevertheless, it can be implied that this payment will not be for an extended period of time, therefore increasing the probability of impending job losses and decrease in income.



**ARE YOU
GETTING PAID
FOR DAYS NOT
WORKED?**



I am afraid to use public transport because I need to protect myself and without public transport I cannot go to my 'off'. Now with lockdown I can't go anywhere at all. I am supposed to go on 'off' every 2 months, now I am not sure when I will be able to go. Although, I am free to go on my 'off', my employer says if I go, I cannot come back until everything has finally settle. She will pay me for one month after that she cannot guarantee my salary as she has to pay herself for doing my work. I am also worried that my people and my family are okay. I have decided to stay in my working place for now, I am safer here.

– Quote from a survey respondent – 28, Domestic Care Worker, Lagos State

We embarked on this survey to provide evidence based research that would inform and guide our advocacy as well as our response as a community to the impacts of the COVID-19 pandemic and the resultant government directives of lock-down. As a women's empowerment organisation, we were particularly interested in getting a better understanding of the gendered impacts of the pandemic particularly from a local context with a focus on working women. We hope that the collated responses and the recommendations proposed will support in corroborating existing data as well as provide additional context for integrating gender into current and future response plans in pandemics such as we are currently witnessing.

Our survey results provide a snapshot of the impact of COVID19 on working women during the lock down, highlighting the positive and negative effects and the opportunities that have emerged from the crisis. The results fill a critical local knowledge gap offering evidence to inform private and public sector response and engagement both during and after the pandemic. It also provides women's networks and non-profit organisations with much required data to support and strengthen advocacy for gender responsiveness and inclusion.



SUMMARY OF RECOMMENDATIONS

Inclusion of women in COVID-19 response planning and decision making

Inclusion of sexual and gender-based violence essential services in COVID-19 emergency preparedness and response plans

The provision of bailout, stimulus packages and relief provisioning that are gender responsive and that reflect an understanding of women's special circumstances in both the formal and informal economy.

Provision of increased testing at accessible centres to allay fears of those who require care at this time. Provision of adequate personal protective equipment (PPE), psycho-social support for all workers including healthcare workers and their families, as well as compensation for the added risk, and social safety nets.

Increased government collaboration with women's networks and gender-cause based CSOs and networks who already have a database of the most vulnerable. Credible online communities should be utilised by government for information dissemination including information related to access for up to date data, interventions and medical advice on COVID-19.

RECOMMENDATIONS FOR ADOPTION



The provision of bailout, stimulus packages and relief provisioning that are gender responsive and that reflect an understanding of women's special circumstances in both the formal and informal economy.



Further local research into the unpaid and invisible burden of the disproportionate 'emotional labour' on women, and a redress through gender responsiveness and mainstreaming of these burdens particularly in periods of crises is required. This can be achieved through tri-sector collaborations and partnerships.



Credible online communities should be utilised by government for information dissemination including information related to access for up to date data, interventions and medical advice on COVID-19.



Organisations need to be more gender responsive in their approach to remote working, They must do this in a way that promotes balance of work expectations and the new and exacerbated family obligations created by the effects of the pandemic and associated directives. This includes provisioning for adequate infrastructure that will facilitate the fulfilling of work and family obligations while at the same time reducing the added physical and mental stress associated with the pandemic.



Majority of the respondents (83.9%), are certain that with the provision of opportunities for learning and self-improvement, they would be able to survive and recover. Therefore the importance of enabling and strengthening online communities and networks as platforms of support and empowerment cannot be over-emphasized.



A focus on mental health and wellbeing and a provision of increased accessibility to psycho-social support and counselling services for workers.



Investments in online healthcare services and helplines for minor medical issues that support access to first-line care that will provide for basic healthcare needs of the population, thus reducing the need for hospital visits while also meeting unmet primary care needs.



Gender-based violence – Further local research on the incidence of domestic and gender-based violence in crises periods is recommended in order to understand the pedagogy and execute an appropriate response. In the meantime collaboration with frontline NGOs and CSOs to provide access to hotlines and essential services for victims of abuse and sexual and gender-based violence. This can be done by designating sexual assault response centers (SARC) as essential services and increasing resources to them, as well as to civil society groups on the front line of response. Beyond provision is also wide information dissemination of the availability of such services such that the most vulnerable and those who need them the most are made aware.



The need to access safe maternal care services will not stop because of a pandemic. Indeed given the documented fear and apprehension evidenced by the survey, strengthening basic primary healthcare services that ensures that pregnant and nursing mothers who are the majority users of primary care services are not put at risk, should be a high priority.



Public sensitization, awareness and law enforcement of the instruments of protection for violence against persons should be enforced against perpetrators of this forms of violence.



Healthcare workers: provision of increased testing at accessible centres to allay fears, provision of adequate personal protective equipment (PPE), psycho-social support, compensation for the added risk, and social safety nets for healthcare workers and their families.



Domestic workers: Further research is recommended to gather more information on this group of workers in the care economy that are often left behind. Enforceable contractual and overall legal protections for this often forgotten workers is suggested.

ACKNOWLEDGEMENTS

We would like to acknowledge the respondents who took part in this survey. We appreciate their willingness and candor in sharing their experiences and in contributing to this body of work which we hope will in turn contribute to future public and private sector policy that ensures that no one is left behind.

We acknowledge our survey design and execution partners who are all members of the WISCAR Alumni Community: Hacey Health, Nanny Academy, Brown Button Foundation and Milky Express Foundation. We appreciate their time expended and contributions in bringing the survey to fruition.

We also acknowledge the following individuals and groups:

- ❖ The WISCAR Secretariat for conceptualizing and execution of the Survey.
- ❖ WISCAR Founder and Chairperson, Amina Oyagbola, and the WISCAR Advisory Board for their sponsorship and commitment to this project.
- ❖ Our volunteer reviewers: Katja Schiller Nwator and Linda Bembatoum both members of WISCAR's Sustainable Funding Committee.
- ❖ Our volunteer research assistants: Gracia Bonire (LLB) and Salewa Oyagbola (MBA).
- ❖ The Aspen Global Leadership Network through the McNulty Foundation Grant which provided seed funding for this survey.
- ❖ The survey and its findings were assured by Fabia Ogunmekan, Executive Secretary (WISCAR)

ABOUT WISCAR

WISCAR (Women In Successful Careers) is a non-profit organization focused on empowering and developing professional women to contribute to development and growth in Nigeria and indeed Africa. WISCAR has earned a reputation for building a formidable network of focused women who will facilitate a new chapter of experience in the workplace and in organizations. Inspired by ALIWA (Africa Leadership Initiative West Africa), since its inception in 2008, WISCAR has equipped over 8000 professional women with relevant skills and competencies to effectively manage their careers, assume leadership positions and contribute to nation building. Learn more about our work at www.wiscar.ng. Access our impact report at <https://wiscar.ng/wp-content/uploads/2020/07/WISCAR-Impact-Report-June-2020.pdf> If you would like to support our work by making a contribution please make a donation at <https://paystack.com/pay/wiscarnig> or write to us at info@wiscar.ng

ABOUT OUR PARTNERS



The Nanny Academy: The Nanny Academy is a social enterprise whose aim is to reach and empower domestic and social workers, advocate proper working conditions for them and reduce unemployment and poverty in Africa.



Brown Button Foundation: Brown Button Foundation focuses on training Traditional Birth Attendants, Community Health Extension Workers as well as nurses and midwives across rural communities in Nigeria.



Milky Express: Milky Express focuses on raising the next generation of healthy strong children by providing adequate care and support to their mothers during the breastfeeding period.



Hacey Health: Hacey is a development organization focused on improving the health and productivity of under-served population in Africa, with a mission to promote the health, empowerment, and rights of the women and girls in Nigeria.



WISCAR
Women in Successful Careers