Women RISE

Les femmes S'ÉLÈVENT

Year one Technical Report

Project Title: Gender Inequality and Rural Women's Health in Post-Covid-19 Nigeria: Towards Inclusive and Sustainable Rural Women's Health in Nigeria

IDRC · CRDI
International Development Research Centre
Centre de recherches pour le développement international

Canada

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

SSHRC CRSH
Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

CENTRE FOR POPULATION AND ENVIRONMENTAL DEVELOPMENT
...Research for Development
CPED

University of Windsor

EDO STATE GOVERNMENT
NIGERIA

Women's health and economic empowerment for a COVID-19 Recovery that is Inclusive, Sustainable and Equitable (Women RISE)

ANNUAL TECHNICAL REPORT

Purpose of Technical Progress Report

The technical report is required for all grants provided by the International Development Research Centre (IDRC). This report format is designed to go beyond simply describing 'what happened' in the project (outputs). It is meant to facilitate reflection and identification of lessons about the design/planning/implementation phases, as well as capture the outcomes, results and impact of research projects. It is conceived to be useful both for IDRC and for the research teams who are completing it. The report format is designed as a cumulative document, which means each subsequent report will build on the previous one. There are five parts to the report in addition to an identification table and an executive summary. The report starts below.

IDENTIFICATION

Project Identification	
Project number and title	Grant No. 110017–001 "Gender Inequality and Rural Women's Health in Post-covid-19 Nigeria: Working with Policymakers and actors to promote inclusive and sustainable rural women's health in Nigeria".
Recipient institutions	(1) Centre for Population and Environmental Development (CPED), Benin City, Nigeria; and (2) The University of Windsor, Windsor, Canada
PI and Co-PIs	PI: Prof. Andrew G. Onokerhoraye; Co- PI: Prof. Francisca Omorodion; Co-PI: Mrs. Mary Igharo
Research Location - country	Nigeria
Project start date	October 1st 2022
Project completion date	September 30th 2024
Period of report	First Year Report (October 1st, 2022, to September 30th, 2023)

Executive summary (Maximum 1 page)

Provide a summary of the research activities with a focus on progress made towards achieving the project objectives. Highlight what was achieved or not achieved and why. Indicate what knowledge gaps the research contributed to during this period (new methodology, new findings, etc.). State how gender inequalities were being better understood or addressed during this reporting period. Provide highlights of planned activities during the next reporting period/remaining period of the grant.

Despite all efforts targeted at creating a gender-balanced society in Nigeria with equal opportunity for all citizens through research, intervention programmes and advocacy, there has been a persistent occurrence of gender discrimination and inequality in access to opportunities in the country. Against the background of the prevailing gender inequality situation in Nigeria's rural communities it is essential that equality and inclusiveness must be critical transformation drivers for the post-Covid-19 recovery in the country's rural socio-economic and health systems. The present study attempts to address some of these issues by focusing on the situation in Delta and Edo States of Nigeria, especially by examining women's paid and unpaid work and women's health, before, during and after COVID-19.

The first 12 months of the implementation of the project focused on the capacity building of the team members, the junior researchers that are being mentored, the policymakers in relevant government ministries in Delta and Edo States and the key project staff; the constitution and empowerment of the Project Steering Committees; the preparation of the implementation plan; the design and ethical approval of the research protocol; the mobilisation of various key stakeholders; the recruitment and training of field assistants; the design and administration of research instruments; the synthesis of the literature; the analysis of data collected; and feedback meetings with respondents and other stakeholders on the findings so afar based on the on-going analysis of data collected.

With reference to the intervention in pilot communities, the first 12 months focused on the selection of six pilot communities; the mobilisation of pilot community-based stakeholders for participation in the interventions; the detailed baseline survey of the socio-economic and institutions in the pilot communities; the analysis of the context of gender inequality in the six pilot communities; the development and validation of the manual for the Training of Community-based Stakeholders on Gender Equality, Reduction of Unpaid Household Work and Care and the Promotion of Essential Health for Women; the constitution, inauguration and training of Community-based Implementation Committees in the six pilot communities; the appointment of Social Influencers in the pilot communities; and the commencement of various intervention activities relating to promoting gender equality, reduction and redistribution of unpaid care and domestic work and the promotion of women's health care during this post-Covid-19 period.

The detailed analysis of the quantitative and qualitative data is still on-going. However, some tentative findings emanating from the analysis so far provide some insights on the prevailing patterns of gender inequality in the target study areas of Delta and Edo States. With reference to gender inequality, it was found that the study population in the rural communities of the two states place higher value on the boy child than the girl child. Some families still adhere rigidly to the practice of educating the boy child and neglecting the girl child. The inheritance system favours boys than girls and the people still hold the perception that girls are not to be valued equally like boys since they eventually get married off, and belong to and bears the name of another family. Often, despite the significant role which women play in farming activities, men have continued to dominate farm decision making, even in areas where women are the largest providers of farm labour. With respect to unpaid care and domestic work, the findings so far indicate that the prevailing gender norms in the rural communities of Delta and Edo States mean that women and girls undertake the bulk of unpaid care work such as looking after and educating children, looking after older family members, caring for the sick, preparing food, cleaning, and collecting water and firewood. Our research validates the need to recognise, reduce and redistribute unpaid care work in the rural communities, and exposes the cultural barriers to achieving this. The findings with respect to the impact of COVID-19 on rural women's health indicate that women and girls were more negatively affected by COVID-19 pandemic. Due to lockdown requirements some women were unable to visit health care providers to access contraceptives, including emergency contraception, because they wish

to avoid exposure to infection in crowded clinics, whether this is a real concern or a perceived concern needs further investigation and analysis.

The team commenced knowledge mobilisation based on findings of the project with meetings of the Steering Committees where we report and discuss the policy issues associated with the findings are reported and discussed. Furthermore, CPED published two policy briefs and two peer reviewed policy research papers, which are being circulated to key policymakers and other stakeholders.

The second and final year of the project will build on the foundation of the success achieved during the first year by concluding the data analysis and writing the research report; the continuation of the implementation of the interventions in the six pilot communities; the continuation of the mentoring of ten junior researchers; the training of two postgraduate students in Canada; the continuation of knowledge mobilization and dissemination focusing on policy linkage activities; participating in knowledge exchange and sharing activities; the publication of policy briefs and peer reviewed papers; and the writing of the final report to IDRC.

Section 1: Review of project implementation (maximum 4 pages)

a. ***Describe the progress against each of the project objectives during this reporting period. Highlight and explain significant changes that need to be made in the project design and implementation. This may include changes in methodology, schedule of activities, or project team members. Indicate any concerns about fully completing the project by the end date of your project.***
b. ***Propose any required amendments to the budget allocations – please give particular attention to the impact of the changing rate of the Canadian dollar. As noted in your grant agreement, IDRC limits its liability to the Canadian currency value. You may need to adjust your activities to available funds. This should be done in close consultation with your IDRC Program Officer and Grants Officer.***

(a) Progress against each of the project objectives during this reporting period

The first 12 months of the implementation of the project has focused on the capacity building of the Research Team Members, the junior researchers that are being mentored, the policymakers and the key project staff; the preparation of the implementation plan; the design and ethical approval of the research protocols; the mobilisation of various key stakeholders; the recruitment and training of field assistants; the design and administration of research instruments; the synthesis of the literature; the analysis of data collected; and feedback meetings with respondents and other stakeholders, etc. These are outlined below in relation to each of the project objectives.

1. Project Inception Activities:

1.1 Confirmation of team members to participate in the implementation: During the first meeting of the project team, the 13 Team Members confirmed their participation.
1.2 Appointment of Senior Project Staff: CPED recruited eight key project staff comprising 4 males and 4 females including 2 project coordinators and 6 senior programme officers, following an advertisement and selection interview. CPED also trained project staff taking part in all project activities within CPED's office and in the target communities in Delta and Edo State.
1.3 Appointment of junior researchers: A key element of the capacity building component of the project is the involvement of junior researchers. We placed advertisement at the universities and research centres in Delta and Edo States of Nigeria. Upon receipt of the applications, we set up an interview committee, conducted interviews, selected and appointed ten junior researchers. The ten junior researchers identified for capacity building in the project are active participants in the implementation of the project.
1.4 Organisation and Implementation of Workshops: Upon the commencement, CPED organised two workshops where we laid out a major aspect of the capacity building of project personnel. We held the first workshop in Benin City, November 29-30, 2022, and participants included team members, junior researchers, project staff and other stakeholders. Women Rise in Kenyan organised the second

workshop The second was organised by Women Rise in Kenyan from January 24-26, 2023, during which the Principal Investigator, Co-PIs and one team member participated. CPED made a presentation on its project and benefitted from comments and advice received from other participants. The summary report of the inception workshop held in Benin City can be accessed here

1.5 Preparation of the project implementation work plan: Following the team members participation in the two inception workshops, we prepared a detailed work plan covering the two-year period of the project which guides the implementation of the various activities of the project.

1.6 Preparation of the security plan: In view of the security situation in Nigeria, it was necessary to prepare a security plan to guide and protect project personnel during the implementation of activities in the target areas in Delta and Edo States. CPED submitted the security plan to IDRC. The security plan can be accessed here.

1.7 Data Management Plan: As required by IDRC, we also prepared the Data Management Plan for the project using the guidelines provided and this was submitted.

2. Progress with respect to project objective 1: *To generate robust policy-relevant evidence on rural women and girls' lives before, during and after COVID-19 periods in Nigeria and the impact on rural women's inequality status, the root causes of the inequality and the needed gender-transformative strategies.*

and

Progress with respect to project objective 2: *To generate robust policy-relevant evidence on the relationship between rural women's paid and unpaid work and women's health before, during and after covid-19 in Nigeria and the implications for post COVID-19 response and recovery for women and girls.*

The implementation of activities relating to the achievement of objectives 1 and 2 of the project which focus on the knowledge generation have progressed as outlined in this section.

2.1 Mobilisation visits to raise the awareness of the stakeholders on the project at the state, local and community levels: Mobilisation visits were designed to raise the awareness of various stakeholders on the project to ensure their active collaboration and participation considering the security situation in the two target states. After the selection of the six (6) target Local Government Areas (LGAs) in Delta and Edo States, the mobilisation of key stakeholders and beneficiaries followed. Relevant government ministries and agencies including their respective policy and decision makers, local government authorities, community leaders, leaders of women groups in rural communities, youth leaders in rural communities and other social groups in the target LGAs were mobilised for participation. The mobilisation exercise was quite successful as virtually all the target local government areas and the selected communities within them were enthusiastic about the implementation of the project. To sustain the cooperation of the key stakeholders in the project, particularly those involved in responding to the survey instruments, there were continuing regular visits by project partners, team members and mentees to different parts of the six target LGAs to intimate them on the project. These visits were designed to raise the awareness of the stakeholders on the project to ensure their active collaboration and participation in the data collection and intervention activities. A summary report of the initial mobilization of target beneficiaries and other stakeholders in the two project states can be accessed here.

2.2 Design of survey instruments: Team members designed research survey instruments i.e., Key Informant Interview Guide, Focus Group Discussion Guide, Life Histories Guide, Data Community Mapping and Observation Guide, Household Questionnaire, and Semi-structured Interview Guide. These survey instruments guided the administration of data collection activities. Copies of the survey instruments can be accessed here.

2.3 Ethical Approval of Research Protocol: The full research proposal and the six research instruments were presented to the University of Benin Ethical Committee which is the nationally recognised body for ethical

approval in Nigeria. After the review and the identification of some amendments, which the research team addressed we obtained the ethics approval for the project. Similarly, the Canadian Co-PI Windsor submitted the amended instruments to the University of Windsor Ethics Review Committee and we obtained the ethics approval.

2.4 Recruitment and training of Field Research Assistants: The recruitment of field research assistants for primary data collection was done, in March 2023. Advertisement for recruitment of field Enumerators was sent to each Project Local Government Area (LGA) in each senatorial district of both Edo and Delta states. A total of 134 applications were received and screened following the criteria set out in the advertisement. Thereafter, 73 candidates were invited for interview at CPED head quarter in Benin City. Following the thorough interview conducted for 66 candidates who were able to attend the interview, 30 field enumerators (5 in each LGA comprising 2 males and 3 females) were finally selected and recruited to work for a period of 3 months in the 6 project LGAs across the 6 Senatorial districts of Edo and Delta states. The recruited field research assistants were trained for a period of five days in CPED Office, Benin City on various aspects of data collection methods and protocols such as community entry strategies, survey administration, responding to irate respondents and security management skills. The testing of the research protocol through pilot surveys with respondents in two LGAs in Delta and Edo States was carried out. The field research assistants were further trained following the experience in the administration of the pilot surveys. A brief report of training of field research assistants and project officers can be accessed here.

2.5 The administration of the quantitative and qualitative instruments resulted in the following: (i) A total of 3,188 males and females males and females responded to the questionnaires in the two target states (Delta and Edo States) with females constituting about 76 percent of the respondents in line with the objectives of the survey in which more females were purposely selected as respondents to the questions so that their voices can be heard in the project. (ii) A total of 36 key informants, comprising 75 percent females and 25 percent males were interviewed across 6 local government areas (LGAs) where we administered the household questionnaires. (iii) A total of 12 FGDs were conducted comprising one female only and male only in each target LGA. (iv) A total of 24 Life History Interviews were conducted in 6 local government areas in both project states (Delta and Edo States). (V) A total of 36 other key stakeholders comprising 67% females and 33 % males were (interviewed using the semi-structure interview guide (vi) Five girls and two women were trained on taking photographs to capture the gendered work and discrimination experienced by girls and women. This activity was carried out over a period of 3 months.

2.6 Data checking, cleaning and analysis: The data generated are being analysed in terms of frequencies, percentages, and central tendencies, as well as grouping the data into class intervals. This first approach to the data analysis is more relevant to policymakers, beneficiaries and other users of the results of the research. They will be able to understand and interpret the outcomes of the study. Similarly, the qualitative data are also being analysed both in Benin City, Nigeria and in Windsor, Canada.

2.7 Literature review and synthesis: As background to the analysis of the findings of the research component of this project, the existing literature has been reviewed with specific reference to the gendered effects of the COVID-19 pandemic on Nigerian women's rights and wellbeing by focusing on studies of the impact of the mandatory lockdowns and movement restrictions on women's attainment of economic, social, cultural, political and civil rights. The literature shows COVID-19 intensified pre-existing gender inequalities between women and men in different parts of the country. The synthesis of the various studies conducted in the country shows that intensification of gender inequities, gender-based violence, sexual abuse, scanty access to reproductive health services and social justice, and barriers to participation in education, and employment were major outcomes of the impact of COVID-19.

3. Progress with respect to project objective 3: *To improve the gender equity and health status of women/girls in rural Nigeria through interventions to promote their empowerment at household and community levels and enhancing women and girls post-covid-19 access to essential health.*
The objective 3 of the project focuses on the implementation of intervention activities in six pilot communities in Delta and Edo States. The progress in the implementation of the interventions is outlined below.

3.1 Selection of six pilot communities for interventions: The six pilot communities selected for intervention activities are (1) Ikoha community (2) Usugbenu Community and (3) Idoko community in Edo State; (4) Irri community (5) Akpata community and (6) Alifekede community in Delta State.

3.2 Mobilization of pilot community-based stakeholders for participation in the interventions: The mobilization was successfully completed. The leadership of the various communities including gate keepers, women leaders, youth groups, people living with disability (PLWD), caregivers, primary healthcare providers and other key stakeholders at the local levels were well mobilized and are taking part in the implementation of activities. The summary report of this activity can be accessed here.

3.3 Detailed baseline survey of the socio-economic and institutions in the target pilot communities was carried out and this is guiding the selection of intervention activities.

3.4 Detailed baseline surveys of the context of gender inequality in the six pilot communities, especially their linkages with women's paid and unpaid work and its impact on women's health care during the COVID-19 and after was also carried out and this is guiding the selection of intervention activities.

3.5 A Manual for the Training of Community-based Stakeholders on Gender Equality, Reduction of Unpaid Household Work and Care and the Promotion of Essential Health for Women has been developed and it provides the framework for the intervention activities.

3.5 Constitution, inauguration and training of Community-based Implementation Committees in the six pilot communities has been carried out and the committees are playing leading roles in the implementation of intervention activities. The report of the selection of CPIC members including the list of members can be accessed here

3.6 Appointment of Social Influencers in the pilot communities: Social Influencers are sub-committees created from the CPIC in the various target communities to respond to different gendered issues affecting women and girls in their respective communities. They have been trained and empowered to use "native advertising", to disseminate positive messages that are addressing issues such as the importance of promoting gender equity, inclusion, and essential women's health care in their communities and strategies to engage women and girls on these issues. A key social influencer group that has been establish is the *Village Health Workers (VHWs).* CPED, over the past decades have adopted the use of Village Health Workers in strengthening health systems and to improve access to health care services in rural communities where access to primary health care is low. The trained VHWs work with women of reproductive age in their respective communities and the nearest health facility to increase ante-natal services, immunization uptake and maternal and child health care services. VHW also work with community leaders to reduce cultural barriers that tend to hinder women from accessing maternal and childcare services available at the primary health care centres.

3.7 Commencement of the implementation of intervention activities: Community-based Implementation Committees in consultation with team members and community-based stakeholders have identified intervention activities which are being implemented in the six pilot communities and the commencement of implementation has started. These interventions include provision of accessible portable water through revamping of boreholes system to reduce unpaid care work of women and girls who usually trek long distances to fetch water from streams and rivers, establishment of a revolving repayment loan system specifically designed to assist women and girls in pilot communities, support for the provision of fuel-efficient stoves,

support for the provision of farm inputs including improved seedlings for crop farmers and improved animal breeds for livestock farmers in pilot communities, and support for women and girls especially widows and PLWD to undertake specialized income generating skill acquisition in both States. These activities will fully be implemented in the second year of project implementation.

4. Progress with respect to project objective 4: *To promote the integration of context-specific innovative strategies on gender equality and women's access to essential health into gender transformative policies on covid-19 response and recovery through the capacity building and proactive engagement with policymakers, women groups and other key stakeholders.*

The objective 4 of the project, which focuses on capacity building and engagement with policymakers in Delta and Edo States has progressed as follows.

4.1 Inauguration and initial capacity building of Project Steering Committees: The ultimate aim of knowledge translation and knowledge brokerage in the women empowerment study and interventions in Delta and Edo States is to influence policy with its outcomes. It was, therefore, necessary to reach key policy and decision makers in Edo State Ministry of Health that is represented by the policymaker Co-Principal Investigator in the project team right from the commencement of the project's conception and implementation. This was done through the constitution of Project Steering Committees. The Committee is composed of the Commissioner for Health, the Permanent Secretary and Directors in the Ministry of Health and other allied Ministries. Similarly, Delta State has a standing Steering Committee in the Ministry of Health which was constituted when CPED implemented an IDRC funded project on primary health in the state in 2016. This committee is active in the implementation of this project as it relates to Delta State.

4.2 Meetings of the Steering Committees: The Steering Committees has met about four times in each target state during the first year period of the implementation of the project so that policymakers can be kept informed of the on-going project activities. The Steering Committee initiative is expected to be a permanent, dedicated, professional mechanism operating in the two states.

5. Progress with respect to project objective 5: *To communicate and disseminate the project results to key stakeholders and the public within Nigeria and in other countries in Africa to facilitate the understanding and enhanced capacity for promoting gender equality and enhancing women and girls in post-covid-19 access to essential health.*

Object 5 of the project, which focuses on communication and dissemination, has progressed as follows.

5.1 Commencement of the publication and circulation of policy briefs on the outcomes and recommendations of the research component: Two policy briefs and two peer reviewed occasional research papers have been published and are being circulated to key policymakers and other stakeholders. The policy briefs can be accessed here[1,2]

5.2 Meetings of Steering Committee, the Management Committees and Community-based Implementation Committees: The meetings of these committees that are held regularly so far provide the avenue for communication and dissemination of project outcomes and their policy implications.

(b) Amendments to the budget allocations

Although inflation in Nigeria has been rising rapidly during the last two years which remarkably affects the cost of items in the original budget, the situation changed dramatically after the general elections in the country and the inauguration of new democratic governments at the federal and state levels. The policies of the new

federal government, especially the removal of petroleum subsidy and the devaluation of the Nigerian Naira have led to dramatic increases in prices and costs of living as well as increases in remunerations. We are bound to rework the second-year budget to reflect these changes so that the activities of the project can be carried out with a realistic budget. We should point out here that the changes in the budget will not affect the Canadian dollar allocation to the project as the devaluation of the Nigerian Naira in relation to the Canadian dollar will make it possible to accommodate the increase in costs and prices within the original Canadian dollar approved for the project. We are in contact with the IDRC Program Officer for our project and Grants Officer on this issue.

Section 2: Research Findings (maximum 4 pages)

- ***Describe any findings, even if preliminary, from your research project. Highlight the significance of these findings in relation to the existing knowledge-base and/or policy environment, especially on aspects at the intersection of women's health and work before, during and post COVID-19. These findings could be quantitative or qualitative. Please aim to also emphasize any change or impact in terms of human experiences.***

- ***Describe how your findings are relevant for and provide evidence to answer any or all of the following research questions under priority 3.5 of the United Nations Research Roadmap for COVID-19 Recovery — How have recent economic changes disproportionately impacted women and how can recovery strategies be inclusive and gender-transformative?***

  ECONOMIC RESPONSE AND RECOVERY PROGRAMS RESEARCH PRIORITY 3.5
  How have recent economic changes disproportionately impacted women and how can recovery strategies be inclusive and gender-transformative?
  3.5.1 How do emergencies differentially impact women and women-owned businesses across age, sex, race, sexual orientation, disability, socio-economic status and migration status?
  3.5.2 How can economic stimulus programs be designed to simultaneously promote economic recovery and intersectional gender equity?

  3.5.3 What strategies can support a meaningful and sustained shift in gendered distribution of care work and promote greater participation in the labour market for women?

  3.5.4 How can economic responses to emergencies address the additional time pressures faced by women and reduce and redistribute unpaid care work?

  3.5.5 How can innovative financial tools such as gender budgeting and climate accounting be leveraged to prevent negative downstream consequences of policies and maximize co-benefits for equity, resilience and sustainability?

- ***Describe any other significant outcomes or achievements. Speak specifically to the findings from a gender and equity perspectives and how the research approach and findings are contributing to addressing the challenges to gender equality in the context where the project is operating. If the project is implemented in more than one country, please, speak to the specific learning and knowledge contribution that are arising from doing this research in multiple locations.***

(A) Research Findings so far on the project

The detailed analysis of the quantitative and qualitative data is still on-going. However, some tentative findings emanating from the analysis so far can be summarised as follows:

<u>On Patterns of gender inequality</u>

It is found that the study population in the rural communities of Delta and Edo States place value on the boy child higher than the girl child. Some families still adhere rigidly to the practice of educating the boy child and neglecting the girl child. The inheritance system favours boys than girls and the people still hold the perception that girls are not supposed to be valued equally like boys since they eventually get married off and belong to

and bears the name of another family. Women also have extremely limited rights over resources despite legislation designed to offer them an equal footing. Findings so far indicate that men are totally in control of the major resources as women do not own land except by purchase which in most cases, they are not able to do due to high cost of landed properties. Most of the land men own are inherited from their fathers, fewer women are allowed to inherit. This is because when a father passes on, the land will go to the sons only on rare cases will women be considered and that happens in families where there are no men. The men inherit all the land because they are by tradition supposed to provide for their wives, sisters and daughters. However, the findings so far also show that the social structure of rural farming communities of Delta and Edo States has been changing gradually over the years. This change is chiefly manifested in the redefinition of roles and responsibilities within households. Women's contribution to maintaining their households, particularly in the times of crisis such as the COVID-19 pandemic is tacitly expected, even though this increased responsibility within the household is not always reflected in increased power within the household. In the eyes of the community particularly some of the conservative male members, women remain under the guardianship of their husbands or, if they are not married, that of their brothers or their eldest sons.

The basic patterns of gender inequality in the rural communities of Delta and Edo States are reflected in various indicators of women empowerment. Often, despite the significant role which women play in farming activities, men have continued to dominate farm decision making, even in areas where women are the largest providers of farm labour. Women farmers receive less than 20% of the credit offered to small-scale farmers. They are deterred from applying for formal loans because of the complexity of the administrative process, unsuitable loan sizes and credit rates. There are mixed patterns regarding women autonomy to spend the income that they generate without approval from their spouses. While some women are of the opinion that it is not right to spend money they generate without the approval of their husbands, some see it as oppression and male dominance in decision making in the family circle when women do not have the free will to spend the money they make from livelihood and economic activities. When women have agency to make household decisions, often, this has positive impact on their livelihoods and those of their children. In the rural areas of Delta and Edo States, there is increasing involvement of women in recent years in decisions on key issues affecting the family. In rural communities of Delta and Edo States, groups with markedly different visions such as savings and co-operatives, can serve to strengthen women's engagement in decision-making processes and build their social capital. They are also ideal entry points for other development interventions and hence can expose women to a range of benefits.

The outbreak of the COVID-19 pandemic and the attendant public health measures adopted by governments at all levels including lockdown, restrictions of movements, closure of the public space and institutions had variegated impacts on women, girls, among other vulnerable members of the rural communities in Delta and Edo States. Some of these impacts, as this study has found, include increased stress, worries, and concerns that have had significant impact on the mental health and social well-being of women, children, and other vulnerable groups; job losses, income decline, and increase in sexual and gender-based violence. The consequences of these impacts are wide scale, longstanding, and likely generational. Thus, response, recovery planning, and programming must ensure that those most impacted by COVID-19 are not forgotten.

On Patterns of Women's Unpaid Care and the Impact of Covid-19

One of the indicators used to examine the overall workload by males and females in the study areas of Delta and Edo States is the time available for rest after a day's work. Overall, males in both Delta and Edo States had more hours of sleep in the previous night than females. This reflects the pattern of the time for sleeping available to the respondents in the study areas to the disadvantage of the females. Females being under considerable stress working in unpaid care and domestic duties combined with their normal economic activities are having less time to sleep or rest. Our research validates the need to recognize, reduce and redistribute unpaid care work in the rural communities, and exposes the cultural barriers to achieving this. Prevailing gender norms in the rural communities of Delta and Edo States mean that women and girls undertake the bulk of unpaid care work such as looking after and educating children, looking after older family

members, caring for the sick, preparing food, cleaning, and collecting water and firewood. The examination of the amount of time devoted to what can be called recognised productive activities by men and women in the surveyed areas of Delta and Edo States show some variations between male and female respondents. However, overall, the findings indicate that despite the involvement of women in unpaid care and domestic work they still spend more hours working in primary production activities compared with their male counterparts. There is general agreement among the male and female respondents in the study areas of Delta and Edo States that the burden of unpaid care and domestic work is too much for women and girls to bear. However, in most of the rural communities in Delta and Edo states as in many parts of Nigeria women do not feel comfortable seeing their spouses or male children getting involved in the delivery of unpaid care and domestic work because they believe that it is against the prevailing norms and would not allow such to happen.

The COVID-19 pandemic had its effects on the delivery of unpaid care and domestic work in the various households in the study areas because of the knockdown policy of governments during the peak of the pandemic led to a considerable increase in unpaid care and domestic work. Most household members, both old and the young that needed care were forced to be at home all the time. Even though men and boys were also forced to be at home during the period, generally women/girls still dominated the delivery of unpaid care and domestic work in most rural households in the study areas during and even after the pandemic. Beyond health and economic effects, the COVID-19 crisis has posed a shock to social norms around the distribution of unpaid care and household work. The crisis has altered daily living in such a way that may re-entrench gender roles, while also offering an opportunity to shift them. The findings show that a significant proportion of the female respondents indicate that there was an increase in the proportion of the time they devoted to various unpaid and domestic work which they carried out in their household. The highest increase in time devoted to these services in both Delta and Edo States were recorded in water supply, preparation of meals, washing of clothes, house cleaning and childcare.

On patterns of women's health and the impact of Covid-19

Women have a basic right to be protected when they undertake the risky enterprises of pregnancy and childbirth. Findings show that most of the household members who had live births in Delta and Edo States received pre-natal care during pregnancy. This is confirmed by the finding that over 80 percent of the household members that had live births in Delta and Edo States visited health centres for pre-natal care between three and four times. Comprehensive approaches to improve child health care outcomes in rural areas of Delta and Edo States require the identification and responding to barriers to access and utilization of quality services, while focusing particularly on populations living in rural settings. Female respondents choice of place of birth of their children reflects the changing pattern of the role of various health care centres and facilities in the rural areas of Delta and Edo States. The findings show that during the delivery of the first child a significant proportion of the respondents in both states patronised primary health care centres. But in subsequent deliveries several female respondents in both states shifted to the use of hospitals, which are rather far away from their communities compared with primary health care centres. This change from primary health care centres to hospitals reflects the poor performances of primary health care centres as experienced during the women's first child delivery in them thereby forcing them to move to hospitals.

Almost all respondents agreed to the fact that women and girls were more negatively affected by COVID-19 pandemic. This negative impact was due to increased workload for the women such as spending more hours in doing care work. For those with younger children, the care and supervision work increased during this period. This care work resulted to much stress for the women who may have to cook, clean the house, sweep the compound and other unpaid work, which are normally done by women and girls in the study area due to some cultural gender stereotypes. Despite the prevalence of health challenges during the period of COVID-19 in the rural areas of Delta and Edo States, access to health care in terms of health insurance coverage is very poor. The demand for contraception was also declining due to availability and accessibility. Due to lockdown requirements, some women were unable to visit health care providers to access contraceptives, including

emergency contraception, or, importantly, because they wanted to avoid exposure to infection in crowded clinics, whether this is a real concern or a perceived concern remains an issue. Furthermore, the costs of these services created affordability issue because of changes in work due to lockdown.

With respect to maternal and family planning services, most of the respondents reported that they had problems accessing maternal health care and family planning, which most of them indicated was due to financial constraints. Some reported that some of the pregnant women could not access or go for ante- natal due to restrictions of movement and transportation problems. Some of them gave birth at home during the COVID-19 pandemic. Some reported they could have gone to the hospital to take family planning injection but did not do so because they believe that they might be given COVID-19 vaccine in place of the contraceptive. Some others reported that they could not access family planning services because most hospitals were not attending to patients. Also, some of the health staff were afraid to attend to patients during that time. COVID-19 pandemic decreased women's access to essential sexual and reproductive health services because some of the women who were to go to the health centre for immunization were scared to visit the health centre because they had the notion that they were going to be given COVID-19 vaccine.

(B) How the findings are relevant for and provide evidence to answer following research questions under priority 3.5 of the *United Nations Research Roadmap for COVID-19 Recovery*

3.5.1 How do emergencies differentially impact women and women-owned businesses across age, sex, race, sexual orientation, disability, socio-economic status and migration status?

The gender component of COVID-19 in the rural communities of Delta and Edo States can be outlined as follows. In the first place, women lack adequate access to information and health services particularly as it relates to COVID-19. Traditional gender roles ascribed to women often means that they are primary caregivers for sick family members, a situation which exposes them to the risk of contracting and transmitting COVID-19. The closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children. Second, women are more disadvantaged with respect to the negative impact of COVID-19 as regards livelihood impacts. The direct implications of prevention measures, such as travel restrictions, adversely impacted livelihoods, and economic security of women in the informal sector. Moreover, women constitute a minority in the formal sector particularly, Government owned institutions where workers can still be paid in full despite less work or no work in cases of emergencies. They are mainly in the informal sector where they must work to earn even in an emergency. While government-imposed restrictions on the physical movement of citizens were necessary, they tended to increase women's burden of household care, which left them with less time to access or choose potential livelihood options. Furthermore, women and girls were at greater risk of experiencing increased gender-based violence including domestic abuse, because of prolonged periods of confinement within homes and increased tensions within households due to economic hardships. Finally, women's key role as food and nutritional needs providers to their families mean that Nigerian women who form a greater majority of Nigeria's informal economy workforce are the ones tasked with the risk of visiting informal market systems to purchase food items during this COVID-19 period.

3.5.2 How can economic stimulus programs be designed to simultaneously promote economic recovery and intersectional gender equity?

Against the background of the impact of COVID-19 on the productive capacities of women in rural communities of Delta and Edo States, economic stimulus programmes must focus on women's access to good quality arable land, a sufficient supply of good quality water, and certified seeds. They need to be supported and encouraged to adopt sustainable production systems by means of incentives, like specially adapted agricultural insurance products, storage, and preservation infrastructure. The resources and leadership capacities of community-based feminist and women's rights movements must be stepped up so that they can provide women a voice and make sure that their concerns are considered in the strategies for coping with the aftermath of COVID-19. Furthermore, women in the rural communities of Delta and Edo States should be encouraged and supported at every step of the value creation chain. Between 50 percent and 60 percent of the food produced by women is intended for family consumption in the study area. Men, on the other hand, generally tend to farm crops for

sale and/or the agro-food sector to secure an income for their families. Even if their role is often forgotten or little appreciated, women are the ones who mainly ensure their families' are food secure. It is therefore very important to encourage and support women at every step of the value creation chain so that they can play their central role in rebuilding the policies for the security and autonomy of food supply while diversifying their sources of income.

To effectively address the pandemic's socio-economic impacts on women and men in marginalised rural communities, it is important for governments to pursue a dual approach focusing on proactive and targeted policy making to close the identified gender gaps and ensure level playing field for men and women and ensuring that government action does not inadvertently reinforce existing gender stereotypes and inequalities. It is in this context that given the cross-cutting and pervasive nature of structural gender inequalities, particular attention should be brought to the baseline of structural policies, laws and regulations, budgets, and procurement processes to remove deeply rooted gender norms and stereotypes in the rural communities of Delta and Edo States of Nigeria.

3.5.3 What strategies can support a meaningful and sustained shift in gendered distribution of care work and promote greater participation in the labour market for women?

It has been reported that women in the rural communities of Delta and Edo States are overburdened by unpaid care and domestic work which became exasperated during the period of COVID-19. It is necessary that policy makers and other key stakeholders in Nigeria recognize, reduce, and redistribute unpaid care work so that women, especially in rural areas, can perform household work with relative ease and have the time to pursue work that is fulfilling and rewarding both financially and otherwise. With respect to redistribution, there is need for policy measures that support equitable burden-sharing, not only within households (between women and men), but also between and among key providers of care services. Such providers include governments, the private sector, and communities, offering support through legislation, policies and programmes that facilitate burden-sharing. These providers could be mobilized and supported to share the burden of care work through policy makers' increased attention and action. Adequate policy responses require measures that will facilitate long-term transformation of attitudes and require institutional arrangements that promote equal sharing of household and family responsibilities and societal change. Shifting cultural norms around family size and composition as well as greater acceptance of institutional care arrangements and paid care providers can allow for a redistribution of care services from households to the State and markets in rural Nigeria. Secondly, policies to expand access to quality health care in rural communities should focus on removing the barriers to health care services by, for example, expanding health care centres and reducing transportation and user fees. Finally, policies and programmes should be articulated to enable men in rural communities in Nigeria to participate more fully in family burden sharing. Men are rarely acknowledged for the role they play as caregivers and are viewed as secondary care providers assisting women. It was stated earlier in this report that men who are willing to challenge traditional gender roles by caring for family members are often derided and ridiculed by both other men and by women. It is also important to challenge the gender stereotypes that prevent men from contributing to unpaid care work. A critical task is to ensure that policies at the national, state, and local government levels in Nigeria are designed to support an enabling environment for men to share care burdens.

3.5.4 How can economic responses to emergencies address the additional time pressures faced by women and reduce and redistribute unpaid care work?

Economic responses to emergencies in the rural communities of Nigeria must address the additional time pressures faced by women with respect to unpaid care and domestic work by articulating policies and on the reduction of time spent by women in unpaid works through the provision of time saving investment and infrastructure such as electricity, pipe borne water among others. Investments in infrastructure and labour-saving technologies that are focused on household-level care tasks (e.g., fuel-saving stoves, mills, wells, piped borne water, or alternative fuels) could be effective in reducing the time women and girls spend on unpaid care work. Better access to public services, childcare and care for the elderly by the government will reduce the time spent by women in unpaid elderly work while longer school time for children would reduce the time spent by mothers on unpaid child care work. Gender stereotypes which see women as solely unpaid care givers should

be discouraged through the implementation of appropriate policies and programmes involving the participation of men. Training initiatives that empower women in household bargaining or encourage men to recognize women's paid, or unpaid work have proven effective in redistributing uneven workloads in the few settings where they have been studied. Deliberate efforts towards advocacy, sensitization and awareness in Nigerian society would help to reduce the stereotyping which sees care giving as women's responsibility. Men and other critical stakeholders should be targeted to achieve this aim. Relieving women of some of the burdens of domestic work would allow them to engage more fully in the life of their communities.

3.5.5 How can innovative financial tools such as gender budgeting and climate accounting be leveraged to prevent negative downstream consequences of policies and maximize co-benefits for equity, resilience and sustainability?

As a central tool of economic planning and delivery, budgets are an important mechanism for addressing gender inequality and integrating gender perspectives into policy priorities. Governments at the national and sub-national levels in Nigeria should prioritize financing early childhood education and development as a strategy to reduce the burden of unpaid care in rural communities of the country where such facilities are lacking. Federal Government and State Government budgets should allocate finances to construct childcare centres and schools in rural areas that lack these facilities. In addition, the government should consider providing financial assistance or subsidies to already existing childcare facilities that lack the financial wherewithal to meet operational costs, caregivers' salaries, and other needs so that these institutions can operate, and also attract caregivers/educators. Basic infrastructure such as healthcare, electricity, water and sanitation, childcare, roads, and transportation should be a major priority in budgeting particularly in rural areas and in urban informal settlements which are faced with enormous challenges due to the lack of these services. In addition, social protection services for the rural poor, the elderly and persons with disabilities should be made available. These services should be brought closer to communities so that the public —and most especially women and girls who often carry the burden of care— can reduce the amount of time spent traveling to seek services. Finally, there is an urgent need for governments to focus attention on investing in affordable time-and labour-saving technologies for populations in rural areas as a way of addressing unequal distribution of care work. In the case of Delta and Edo States, there is a clear need for investing in these technologies to reduce women's care burden in poor households.

(C) Other significant outcomes or achievements

The findings so far demonstrate the intersection of gender inequalities and rural based discrimination that create multiple discriminations for women who embody the multiple marginalization of being a woman and being from a marginalized rural community.

Section 3: Monitoring indicators (max 6 pages)

Instructions to completing this section:

- ***This section captures your project's contribution to achieving Women RISE's objectives.***
- ***For each indicator, provide both quantitative and qualitative data where applicable. We recognize that not every question will be relevant for your project, and especially for every report – please use your judgement to add relevant details.***
- ***Please do not delete any part of the form – leave the section blank if you have nothing to report. This will help to build the cumulative report during the full period of implementation.***
- ***Start with a description of 3 (three) of your most notable accomplishments during this reporting period. At least one of these accomplishments needs to speak to how gender inequalities are being studied and addressed and capacities being strengthened through this research project during this period.***

Accomplishment 1: **The Commitment and participation of policymakers and beneficiaries in the implementation of the project**

There is always a wide gap between policymaking and implementation in Nigeria due mainly to the fact that there is often no coordination between research and programme implementation. Research carried out to improve programmes is isolated from the processes of resource allocation, manpower planning and strategic development. The degree to which research results are translated into actionable policy depends on the success of communicating research outputs between researchers and policymakers, practitioners, and other key stakeholders. Again because of the weak link between researchers, policymakers, and practitioners, there has been very limited translation of research results to policy development and implementation in Nigeria. Secondly, the failure of many projects designed to promote behaviour change in Nigeria is because approaches are created from the perspective of the provider external to the target groups and localities. Such activities are seen as being imposed from outside and do not consider the peculiar socio-cultural context.

It is against the background of the two issues raised above that this project is promoting the active participation of policymakers and beneficiaries in its implementation. First, the policymakers in the Edo State Ministry of Health through their representative who is a Co-PI and the establishment of a Steering Committee comprising policymakers who have embraced the project and responding positively to the outcomes and their policy implications that are being communicated to them. A similar and long-established Steering Committee is also in the Delta State Ministry of Health. Efforts have been made since the commencement of the project on building relationships with policymakers in these two target states to gain their trust and allay concerns. Constant communication and follow-up visits help to keep the project's agenda on the policymakers' tables. The project team observe that policymakers sometimes open to discuss their challenges in formulating new policies, which give the project the opportunities to identify hidden constraints to the development process. Furthermore, the participation of beneficiaries in the pilot communities has been promoted by ensuring that they, through the Community-based Implementation Committees, play a key role in the identification and implementation of the various activities of the project. Consequently, a two-way communication process has been established between the CPED project team and the project beneficiaries such that the project beneficiaries understand that their contributions and feedback on the project's agenda are valued and appreciated. This has help to secure their commitment and participation in the various project activities. It was observed that the women showed more commitment to the project whenever they were included in the planning and organization of advocacy activities and engagements.

Accomplishment 2: ***The recognition of the beneficiaries including men and boys of the burden of unpaid care and domestic work on women and girls.***

Women and girls in the rural communities of Delta and Edo States being under considerable stress working in unpaid care and domestic duties combined with their normal economic activities are having less time to sleep or rest. Findings of the project in the pilot communities for intervention show the need to recognise, reduce and redistribute unpaid care work in the rural communities, and exposes the cultural barriers to achieving this. Majority of the male respondents believe that care-related responsibilities lie squarely with women, hence their reluctance to provide support in the home. The consequence of this unequal distribution of care work in the household is that it has created enormous disadvantage for women by denying women opportunities for decent work, leisure and rest while subjecting some women to emotional and psychological distress. Most female respondents and some male respondents in the project communities support the idea that men should be involved in unpaid activities in the home front. They agreed with the fact that the unpaid care and domestic work which women do are enormous and more stressful.

It is in this context that strong advocacy and networking initiatives which have commenced in the pilot communities by women group members resulted in emerging appreciation by many community members that there is need for change to reduce the burden on women and girls. Furthermore,

because of several sensitization initiatives a sense of responsibility with respect to participating in unpaid care and some domestic work has grown amongst the male members of many families in the pilot communities. One of the male participants expressed the view that now men are cooperating with their wives so that their wives have some time for income generating activities following the sensitisation activities. One of the traditional religious leaders said that his wife has been suffering from paralysis for a long time and after attending one sensitisation and advocacy meeting now he is supporting his wife in household chores like washing cloth and other cleaning. We believe that before the end of the project the situation will improve considerably.

Accomplishment 3: ***Demonstration of the relevance of*** *the* ***Intersectionality Framework to the situation in rural communities in Nigeria***

The intersectionality theory as originally developed by Crenshaw focused mainly on the issue of racism and the multiple challenges of black women in North America. However, the result of the study so far demonstrates the relevance of the intersectionality framework to the situation which women in rural communities in Nigeria face daily. It has been found that in the rural communities of Delta and Edo States the intersection of gender inequalities, climate risks and rural based discrimination agains women embody the multiple marginalization of being a woman and being from a marginalized rural community. It is in this context that the concept of intersectionality has provided a useful framework from two perspectives. In the first place, it allowed the study to explore the ways that gender interacts with ethnicity, religion, social norms, economic status, employment, education, location, environmental action, disability, age, and participation in the rural communities of Delta and Edo States of Nigeria. Secondly, understanding how these elements impact and influence each other in rural communities allows the project to better identify and address how challenges are compounded, how needs are best met, and how women can be effectively empowered. Using an intersectional feminist lens to dig deeper into the factors that affect and hinder efforts for equality also enhances the design of programmes, the implementation of interventions, and the promotion of support systems that aim to dismantle systems of inequality. When the roots and intersections of inequality become clear, we can treat the cause rather than the symptoms.

Using an intersectional feminist lens to examine these contexts in which women in rural communities of Delta and Edo States find themselves, it is imperative that addressing the challenges of sustainable, equitable development is one of gender and economic growth**.** Focusing on any one of the issues associated with gender inequality alone is not enough in the rural communities of Delta and Edo States. It is essential that solutions must strive to capture needs and opportunities that intersect and interact, resolving root causes of inequality, injustice, and insecurity. Whether at the micro or macro level, using an intersectional feminist lens improves effectiveness, impact, sustainability, and relevance of development initiatives, and it presents a coherent approach to dismantling systems of oppression and to building better systems before oppression has a chance to take root.

Support population and public health research aligned with research priority 3.5 identified in the UN Research Roadmap for the COVID-19 Recovery. Provide a brief case example on each of the following questions and where possible, focus on human/beneficiaries' stories (only if it applies to your project):

3.5.1 How do emergencies differentially impact women and women-owned businesses across age, sex, race, sexual orientation, disability, socio-economic status and migration status?

Case example - 250 words max.**:**

As the COVID-19 pandemic deepens economic and social stress in rural communities of Delta and Edo States coupled with restricted movement and social isolation measures women who are the major local food producers were most negatively affected by the lack of access to farm inputs during the period. There was a dramatic rise in the price of farm inputs during the period which makes it difficult for women to be able to afford the cost of purchasing the farm inputs they needed. One of the female key

informants in Irri, one of the pilot communities in Delta State reflected on this situation when she stated as follows: "The COVID-19 coincided with the drought that we had that year. I used to go to the agro-business to buy my farm inputs but during the COVID-19 period, I was only able to buy lesser quantities compared with the previous years. Due to restriction of movement, I could not go out to purchase the needed farm inputs. I sometimes sneaked out with my bicycle to go and purchase a few quantities of farm inputs. The coronavirus affected the quantities of my farm input because I don't have money as before to buy them. This situation of not having access to farm inputs negatively affected my harvest that year thereby reducing my income."

3.5.2 How can economic stimulus programs be designed to simultaneously promote economic recovery and intersectional gender equity?

Case example - 250 words max.**:**

Women in rural communities are more likely than men to use community-based financial mechanisms and microfinance institutions. In fact, most of the micro-finance clients in the rural communities of Delta and Edo States are women. Expanding those services entails confronting the prevailing social norms that influence where and how women save their money, take a loan, generate income, and generally manage their livelihoods and financial lives. An example of this approach that has benefited and empowered women in the rural communities of Delta and Edo States during the post-COVID period is the Rural Finance Institution Building Programme (RUFIN). The objective of this programme is to strengthen microfinance institutions in rural communities that are easily accessible to women and establish linkages between them and formal financial institutions based in urban areas. By reaching out to poor rural people particularly women, the programme ensures that they gain access to financial services and can invest in improving productivity in agriculture, livestock production and small businesses. Marginalized groups, such as women, young people, and those with physical disabilities, are particularly targeted by RUFIN. The impact of this scheme on rural women include improved skills and knowledge in financial literacy; increased access to income and loans helped to foster crop farming, animal raising and business development associations, which played important roles in organizing the farmers to save, increase productivity and improve their marketing strategy; increased asset and ownership; increased gender equality and women's empowerment; reduced immediate vulnerability and food insecurity; targeted women experienced a significant in their self-esteem, recognition; increased shared roles and responsibility; increased participation and decision-making during and after COVID-19 period.

3.5.3 What strategies can support a meaningful and sustained shift in gendered distribution of care work and promote greater participation in the labour market for women?

Case example - 250 words max.**:**

It has been reported earlier that in the target rural communities of Delta and Edo States, the burden of unpaid care work falls disproportionately on women and girls while boys and men have more time to explore economic opportunities, self-development, and leisure. The disproportionate burden of unpaid care on women and girls usually means that they must give up opportunities such as going to school to meet unpaid household obligations. Recognizing the centrality of unpaid care work to the welfare of Nigerians requires concerted efforts to make unpaid care work visible in policy formulation that will entail the integration of time budget and consumption surveys into national statistical systems, the promotion of the systematic use of gender-responsive budget initiatives, assessing the development costs of spending time on unpaid care work and raising the awareness among other key stakeholder and building the capacity of policymakers. It is against this background that an intervention programme on reducing the unpaid care activities of women/girls was conceived and being implemented in some of the pilot communities in Delta and Edo States. The components of the intervention entailed the promotion of behaviour change by men/women sharing unpaid care by men/boys and women/girls, support for the provision of fuel-efficient stoves, and support for the provision of wells/boreholes or tap water pump. The expected result of the intervention is that women in the target communities would be able to devote less time to unpaid care since men/boys are taking part in these activities.

3.5.4 How can economic responses to emergencies address the additional time pressures faced by women and reduce and redistribute unpaid care work?

Case example - 250 words max.**:**

During the period of the COVID-19 pandemic there was a dramatic increase in the time which women and girls devoted to unpaid care and domestic work which again was due to the lockdown policy which restricted the movement of people. On the positive side, due to facilities closure, some men in the pilot communities of Delta and Edo States were more exposed to the double burden of paid and unpaid work. The case study of five households were men and boys took active part in the delivery of unpaid care and domestic work in one of the communities shows that males can respond to the challenges of providing unpaid care and domestic work to take some of the burden from women and girls. The households reported that during the COVID-19 period, men and boys took over the responsibility of water collection, fuel wood collection, washing, ironing and mending clothes as well as cleaning the compound while women focused on meal preparation, caring for children, caring for the elderly, ill and disabled. The households pointed out that the redistribution of unpaid care and domestic work within their households which was prompted by COVID-19 has continued till today and that many households in their community are imitating the practice which was initiated by their households. This may lead to men and boys' increased involvement in unpaid work, which could contribute to eroding social norms and bringing a more equal division of care and domestic responsibilities. It can be concluded that with effective advocacy prevailing norms and practices can change especially during the period of emergences such as the COVID-19 period.

3.5.5 How can innovative financial tools such as gender budgeting and climate accounting be leveraged to prevent negative downstream consequences of policies and maximize co-benefits for equity, resilience and sustainability?

Case example - 250 words max.**:**

This study so far has shown that the impact of the COVID-19 pandemic is not gender neutral, as it affects men and women differently, especially in the rural communities. It is in this context that gender-responsive budgeting is essential both for gender justice and for fiscal justice. It involves analysing government budgets for their effects on gender and the norms and roles associated with them. It also involves transforming these budgets to ensure that gender equality commitments are realized. As part of the capacity building of policymakers at the local government level in the implementation of the project a gender budget training capacity building programme has commenced entailing the following. The local government should ensure that gender expertise is on the staff so that gender budgeting can be effectively carried out. The Departments with the most sensitive to gender needs are Health, Education and Social Development. Also, new budgetary programme is needed under the budget department, while spending can be executed by various departments. As much as is possible, in funding decisions consider the implications of post- COVID-19 on women. In this regard, the States and local governments should design measures with a strong gender perspective.

Support the use of research findings on the relation between gender, work and health into gender-responsive and gender-transformative policies and interventions that improve health.

i) # of research community partners and policy makers who have an enhanced understanding of the causes, implications, and effective prevention and response to epidemics in relation to women's health and work.

Name and title of research community partner or decision maker reporting to have an enhanced understanding of the causes, implications, and effective prevention and response to epidemics in relation to women's health and work.	**Description of activity the research community partner or decision maker engaged in that contributed to enhancing his/her understanding of the causes, implications, and effective prevention and response to epidemics in relation to women's health and work.**	**Comments or contribution to policy or practice (if applicable) in relation to women's health and work.**
Edo State Ministry of Health, Benin City, Nigeria	The Edo State Ministry of Health is partnering with CPED in the implementation of the project and the Ministry is represented in the Project Team by the Co-PI, Mrs. Mary Igharo. Furthermore, there is the Steering Committee based in the Ministry of Health that is composed of senior policy and decision makers. With the participation of the Ministry of Health in most of the activities of the project right from the period of conception till date, the capacities of the key policymakers and decision makers in the Ministry have been enhanced with respect to the understanding of the causes, implications, and effective prevention and response to epidemics in relation to women's health and work in the rural areas of Edo State	Through this project and its results so far to which the Edo State Ministry of Health has contributed, policymakers and decision makers in the Ministry are committed to reviewing the health challenges which women face in the rural communities of the state.
Edo State Ministry of Youth and Gender Issues, Benin City, Nigeria	The Edo State Ministry of Youth and Gender Issues is also represented in the Steering Committee by a senior policymaker and therefore benefits from the regular briefing provided to the committee by the project team as well as feedback meetings of research and intervention reports. Thus, the Edo State Ministry of Women Affairs is also enhanced with respect to the understanding of the causes, implications, and effective prevention and response to epidemics in relation to women's health and work in the rural areas of Edo State.	The findings of the project so far which have been made available to the Edo State Ministry of Women Affairs and Social Development is changing the policymakers and decision makers' perspectives on the problems of unpaid care and domestic work, which women and girls in rural communities, face and are responding to the situation by re-examining existing policies and programmes.
Delta State Ministry of Health, Asaba, Nigeria	The Delta State Ministry of Health has a Standing Steering Committee which was established in 2016 when CPED implemented a primary health	Policymakers and decision makers in the Delta State Ministry of Health are also

	development project funded by IDRC. This Steering Committee has also been participating in the implementation of this project. Again, the capacities of the key policymakers and decision makers in the Ministry have been enhanced with respect to the understanding of the causes, implications, and effective prevention and response to epidemics (COVID-19 in particular) in relation to women's health and work in the rural areas of Delta State	committed to reviewing the health challenges which women face in the rural communities of the state.
Delta State Ministry of Women Affairs, Community and Social Development, Asaba, Nigeria	The Delta State Ministry of Women Affairs, Community and Social Development is also represented in the Delta State Ministry of Health Steering Committee by senior policymakers and therefore benefits from the regular briefing provided to the committee by the project team as well as feedback meetings of research and intervention reports. Thus, the Delta State Ministry of Women Affairs, Community and Social Development is also enhanced with respect to the understanding of the causes, implications, and effective prevention and response to epidemics (COVID-19 in particular) in relation to women's health and work in the rural areas of Delta State.	The Delta State Ministry of Women Affairs, Community and Social Development is appreciating the problems of unpaid care and domestic work as well as women's health, which women and girls in rural communities, face and are ready to review existing policies and programmes for the benefit of rural women
Intervention Council for Women in Africa, Benin City and Abuja	The Intervention Council for Women in Africa (ICWA) is partnering with CPED in the implementation of the project and the organisation is represented in the project team and therefore participates in all the activities of the project. ICWA capacity has been enhanced with respect to the understanding of the causes, implications, and effective prevention and response to epidemics (COVID-19 in particular) in relation to women's health and work in the rural areas of Delta and Edo States	The implementation of the project is enhancing the research and intervention capacity of ICWA, especially in the context of the recognition of unpaid care and domestic work by women in rural areas.

ii) # of research community partners, and decision makers who report improved national level progress towards the use of evidence in improving women's health and work during and after COVID-19.

Name and title of research community partner or decision maker who report improved national level progress towards the use of evidence in improving women's health and work before, during and after COVID-19.	***Description/example of national level use of evidence to improve women's health and work before, during and after COVID-19.***	***Date/period***	***Link to online reference or attached electronic copy as applicable***
Edo State Ministry of Health, Benin City, Nigeria	The key project activities and knowledge mobilisation of policymakers and decision makers are still on-going being just in the first year. It is hoped that such reports		

	will be available towards the end of the second year.	Not applicable in this first year	Not applicable in this first year
Edo State Ministry of Youth and Gender Issues, Benin City, Nigeria	The key project activities and knowledge mobilisation of policymakers and decision makers are still on-going being just in the first year. It is hoped that such reports will be available towards the end of the second year.	Not applicable in this first year	Not applicable in this first year
Delta State Ministry of Health, Asaba, Nigeria	The key project activities and knowledge mobilisation of policymakers and decision makers are still on-going being just in the first year. It is hoped that such reports will be available towards the end of the second year.	Not applicable in this first year	Not applicable in this first year
Delta State Ministry of Women Affairs, Community and Social Development, Asaba, Nigeria	The key project activities and knowledge mobilisation of policymakers and decision makers are still on-going being just in the first year. It is hoped that such reports will be available towards the end of the second year.	Not applicable in this first year	Not applicable in this first year
Intervention Council for Women in Africa, Benin City and Abuja	ICWA as an NGO will play a major role in knowledge mobilisation with policymakers and decision makers in the second year of the project that will hopefully lead to national and sub-national level use of evidence to improve women's health and work before, during and after COVID-19.	Not applicable in this first year	Not applicable in this first year

iii) #Policy briefs

Title and author(s)	***Description of policy brief***	***Link to online reference or attached electronic copy as applicable***	***Follow up actions or recommendations***
'Recognizing the Importance of Unpaid Care and Domestic Work for Policies on Rural Women's Empowerment in Nigeria' By Andrew Onokerhoraye, Francisca Omorodion, Mary Igharo, Johnson Dudu, Job Eronmhonsele, Rebecca John-Abebe, Eddy Akpomera and Vere Balogun	Due to the limited understanding of the broader impacts of unpaid care on growth and development in Nigeria, the issue is generally ignored in policy formulation. Recognizing the centrality of unpaid care work to the welfare of Nigerians requires concerted efforts to make unpaid care and domestic work visible in policy formulation that will entail the integration of time budget and consumption surveys into national statistical systems, the promotion of the systematic use of gender-responsive budget initiatives, assessing the development costs of spending time on unpaid care work and raising the awareness among other key	The policy briefs can be accessed here.	The policy brief is presented to the Steering Committees in both states and being widely distributed to policymakers and other stakeholders in Nigeria. It will be further presented and discussed in policy-linkage meetings and

	stakeholders and building the capacity of policymakers. It is against this background that this policy brief focuses on the need for policymakers in Nigeria to recognise the importance of unpaid care and domestic work in the country based on the findings of the on-going project on 'Gender Inequality and Rural Women's Health in post- COVID-19 Nigeria' funded by the Women Rise Initiative of the IDRC, Canada.		workshops of the project.
'Promoting post-Covid-19 inclusive and sustainable rural women's health in Nigeria' By Andrew Onokerhoraye, Francisca Omorodion, Mary Igharo, Johnson Dudu, Job Eronmhonsele, Rebecca John-Abebe, Eddy Akpomera and Vere Balogun	The Covid-19 pandemic had major impacts on the health care of women in Nigeria particularly in the rural areas. COVID-19 disrupted antenatal, skilled birth, and postnatal family planning services which were normally inadequate in rural communities. Restricted travel due to the fear and anxiety associated with contracting COVID-19 resulted in delays in accessing prompt skilled care and essential healthcare services such as pregnancy care, immunization, and nutritional supplementation. Misconceptions relating to COVID-19 prompted concerns and created distrust in the safety of the healthcare system. Innovative measures are required to address these obstacles and ensure that rural women are not denied access to available, accessible, acceptable, and quality maternal healthcare services in the post- COVID-19 period. Some key strategies worth instituting include encouraging healthcare providers to adopt innovative and technological approaches to administer all services that can be offered remotely, promote the standard of care improvements, and contribute to the co-design of public health messaging to dispel fears in rural communities. It is against this background that this policy brief reviews the impact of COVID-19 on rural women's health in Delta and Edo States and the implications for policies on promoting post- COVID-19 inclusive and sustainable rural women's health in Nigeria.	The policy brief can be accessed here.	The policy brief is presented to the Steering Committees in both states and being widely distributed to policymakers and other stakeholders in Nigeria. It will be further presented and discussed in policy-linkage meetings and workshops of the project.

Develop global health researchers' expertise to conduct gender-transformative research and research on the relationships between women's work conditions and health status and nurture a community of practice in this area

i) # and type of training offered on the relationship between women's work and health condition (e.g., peer-to-peer learning, mentorship, etc.).

Title, dates, and location of training	Name and title of persons trained (please describe their role in the research project)	Type and description of training activity (e.g., which skills have been strengthened and any general comments)	Link to online reference or attached electronic copy as applicable	Comments and follow up actions
1. Project Inception Training Workshop for Team Members and Mentees; November 29-30, 2022, Benin City, Nigeria	**Team Members** (Prof. Andrew G. Onokerhoraye, Prof. (Mrs.) Francisca Omorodion, (Mrs.) Mary Igharo, Prof. (Mrs.) Dicta Ogisi, Prof. (Mrs.) May Nwoye, Prof. Gideon Omuta, Prof. Eddy Akpomera, Dr. (Mrs.) Rebecca John-Abebe, Dr. Johnson Dudu, Engr. Job Eronmhonsele, Dr. (Mrs.) Vere Balogun Dr. Francis Onojeta, Prof. (Mrs.) Felicia Okoro). All the listed team members are involved in the execution of the project activities relating to the development of the proposal, knowledge generation, interventio activities in pilot communities and knowledge mobilisation and dissemination. **2. Junior Researchers being Mentored.** 1. Hitlar Denyiye 2.Naomi Aika 3.Ilamosi Elizabeth Egworaha 4.Endurance Obroku 5.Ugah Modesty 6.Edgedi Thelma Aghogho 7.Adamu Jibir 8.Kopdena Boniface John 9.Enwah Sarah 10.Euruze Mieseiyefa Sarah The mentees are: (a) taking part in all project activities (b) but they are under the	Both the Team Members and Mentees were exposed to the various strategies for the implementation of the project by focusing on design of survey instruments, data collection, data analysis, gender transformation strategies, unpaid care and domestic work, post- COVID-19 and challenges of women's health, working with policymakers, the steering committee and its functions, and knowledge mobilisation approaches	The report of the inception workshop including programme of the event can be accessed here	The skills acquired during the Inception work are being put into use in the implementation of the project

	mentorship of Team Members who they are assigned.			
2. IDRC and HPRO Peer-Learning Workshop for Some Team Members of Women Rise Initiative Projects. January 24 - 26, 2023 in Nairobi, Kenya.	CPED and Windsor Team Members: 1. Prof. Andrew Onokerhoraye PI 2. Mrs Mary Igharo Co.PI. 3. Prof. Francisca Omorodion Co.PI. 4. Engr. Job Eronmhonsele, Team Member	Peer-to-peer Learning on the Women Rise Initiative Projects and strategies for implementation	Link is with HPRO	Project PIs. and the team members that participated benefitted from the presentations which are helping in the implementation of the project
3. Training Workshop for Field Research Assistants; April 3-7, 2023, in Benin City.	30 Field Research Assistants comprising **18 females and 12 males** were trained to administer the various survey instruments designed to collect primary data in Delta and Edo States.	Recruited field research assistants were trained on various aspects of data collection methods and protocols such as community entry strategies, survey administration, responding to irate respondents and security management skills. They were also trained on conversational manner, use of probing questions during interviews with key informant and when conducting FGD, how to demonstrate warmth and Empathy when meeting a household and local norms and tradition of the study areas.	The copies of the six survey instruments with which they were trained to use for data collection can be accessed here	The Field Research Assistants were able to use the skills impacted in the successful administration of the survey instruments
3. Training for Members of the Community-based Implementation Committees in the six target communities from August 2, 2023, to September 23, 2023.	90 members of the various Community-based Implementation Committees in the six target communities (at least 15 members per community) out of which 70 - 75% are women and girls trained to play key roles in the delivery of the different intervention activities in their communities. This training will continue in the second year of project implementation.	They were trained using a manual with three components as follows. Part A: Manual on the Promotion of Gender Equality: Part B: Manual on Unpaid Care and Domestic Work. Part C: Manual on Women's Essential Health	A copy of the training manual being used in the training of the community-based implementation committee can be accessed here	The training manual is at present being used in the intervention activities

4. IDRC and HPRO Peer-Learning Regional Workshop for Some Team Members of Women Rise Initiative Projects in West Africa. August 8-9, 2023, in Accra, Ghana.	CPED and Windsor Team Members: 1.Prof. Francisca Omorodion Co-PI. 2. Mrs Mary Igharo Co-PI. 3. Engr. Job Eronmhonsele, Team Member and stood in for the PI 4. Dr. Johnson Dudu, Team Member	Peer-to-peer Learning on the Women Rise Initiative Projects in West Africa and reports on progress in the implementation of various projects	Link is with HPRO	The peer-to-peer learning benefitted participants and their projects as they learnt from the experiences in the implementation of the various projects

ii) ***# and type of activities engaged in to foster a Community of Practice (e.g., workshops with key stakeholders, cohort platform for sharing and learning, etc.) to enhance better understanding of the relationship between women's work and health status during and after COVID-19.***

Title and type of activity engaged in to foster a Community of practice	***Description of activity and relevance to enhance better understanding of the relationship between women's work and health status during and after COVID-19.***	***Link to online reference or attached electronic copy - as applicable***	***Follow up actions or recommendations***
Not applicable in this first year until the second half of second year when the knowledge generation component is completed, and remarkable progress has been made in the implementation of intervention activities. During this period knowledge mobilisation with policymakers, decision makers and other key stakeholders and members of the public will take place.	Not applicable in this first year. During the second half of the second year, knowledge mobilisation with policymakers, decision makers and other key stakeholders and indeed members of the public will take place.	Not applicable in this first year	Not applicable in this first year

iii) ***# of peer-reviewed publications***

Please provide full citation (APA style)	***Link to online reference or attached electronic copy - as applicable***	***Publication date***
Andrew Onokerhoraye, Francisca Omorodion, Mary Igharo, Johnson Dudu, Job Eronmhonsele, Rebecca John-Abebe and Vere Balogun (2023) 'Perspectives on Gender Equality in Nigeria: A literature Synthesis' CPED Policy Paper Series No 2, 2023	This CPED Policy Paper Series No 2, 2023 can be accessed here	2023
Andrew Onokerhoraye, Francisca Omorodion, Mary Igharo, Johnson	This CPED Policy Paper Series No 3, 2023 can be accessed here	

Dudu, Job Eronmhonsele, Rebecca John-Abebe and Vere Balogun (2023) 'The Impact of Covid-19 on Women's Unpaid Care and Health in Nigeria: A Synthesis of the Literature' CPED Policy Paper Series No 3, 2023		2023

iv) ***# Graduate students trained***

Name of graduate student or emerging researcher	***Current level of study (i.e. masters, PhD, post-doctoral).***	***Current role or tasks undertaken for reporting period***	***Outputs (e.g. certificate, thesis, etc.)***
Dara Vosoughi	Ph.D. Student	Literature Review	On-going
Kuukua Hanson	Masters	Literature review, data management and analysis	On-going, part of the report at the West African regional Workshop, Accra Ghana

Strengthen research collaboration and learning exchange between researchers in Canada and LMICs, especially emerging researchers in this area.

i) ***# of research actors and policy makers who report having developed new collaboration between researchers in Canada and LMICs***

Name of research actors or policy makers – and his/her role in the research project - who report having developed new collaboration between researchers in Canada and LMICs	***Description of new collaboration***	***Details and type of supporting documents (i.e., MOU or minutes). Provide Link to online reference or attached electronic copy - as applicable.***	***Organizations/institutions involved if applicable***	***Main follow up actions or activities***
1. Mrs. Mary Igharo. 2. Engr. Job Eronmhonsele. 3. Dr. Johnson Dudu. 4. (Mrs.) Rebecca John-Abebe. 5. Dr. (Mrs.) Vere Balogun.	The four Team Members from Nigeria have been engaged in Collaborating with the Team Member from the University of Windsor (Professor Francisca Omorodion) on collaborative research and techniques of		(i) Edo State Ministry of Health, Benin City. (ii) Centre for Population and Environmental Development (CPED), Benin City. (iii) University of Windsor, Windsor, Canada	This collaboration is continuing throughout the project period and will also continue after the project as CPED and University of Windsor will continue to respond to calls for research proposals by different funding organisations

	qualitative data analysis.			
CPED Ten Junior Researchers (mentees) 1.Hitlar Denyiye 2. Naomi Aika 3. Ilamosi Elizabeth Egworaha 4. Endurance Obroku 5. Ugah Modesty 6. Edgedi Thelma Aghogho 7. Adamu Jibir 8. Kopdena Boniface John 9. Enwah Sarah 10. Euruze Mieseiyefa Sara University of Windsor Postgraduate Students: 1. Kuukua Hanson 2. Dara Vosoughi	Team Member from the University of Windsor (Professor Francisca Omorodion) is mentoring the junior researchers and the postgraduate student from the University of Windsor on research methods with specific focus on techniques of qualitative data collection and analysis.		(i) Centre for Population and Environmental Development (CPED), Benin City. (ii) University of Windsor, Windsor, Canada.	This mentorship is continuing throughout the project period. Opportunities will be explored for some of the mentees to visit Windsor after the completion of project by exploring different sources of funding available to junior researchers just as the postgraduate student from Windsor visited CPED.

Section 4: Key Challenges (maximum 2 pages)

Discuss the top 2-3 challenges encountered during this reporting period. Describe how implementation during this reporting period differed from your expectations, and why. Include administrative or financial challenges, changes in political/policy space, unexpected delays, or staff changes. Describe how you have responded to them (solutions/way forward) and identify any specific support you require from IDRC.

In the first year of the implementation of the project the technical proposal as approved by Women Rise Initiative has guided the execution of various activities. The project has not deviated from the original conception. It is on track to meet its overall and specific objectives; the activities carried out so far reflect the action plan of the project; the methodology; and the implementation of project activities are on schedule as planned. The process of the implementation of the project to date has been exciting to the Research Team Members and the young researchers that are being mentored, as well as the Project Staff some of whom are involved in the implementation of an action research programme amongst rural women for the first time. It is another unique experience by CPED in policy research in Nigeria and all stakeholders are determined to make the success of the project. However, the implementation of the project so far has been confronted with some challenges. The three major ones are highlighted in this section.

The Challenge of the electioneering campaigns for a new democratic government in Nigeria during the period September 2022 to March 2023 and their effects on the implementation of the project.

The elections for a new government in Nigeria were held on 25 February and 11 March 2023. Before the elections vigorous campaigns started in September 2022 just about the same time the Women Rise projects were approved. Thus, the commencement of the project in October 2022 coincided with period of the campaigns which in many localities are characterised by violence. While most of the project activities earmarked for implementation between October 2022 and March 2023 were not significantly affected, a few were delayed specifically the mobilisation of key policymakers in the Ministries of Health and Women Affairs in both states as well as mobilisation visits to the target local government areas in Delta and Edo States. The

political heads of the target Ministries in the two states were involved in the campaigns and often always out of office so that discussions could not be held as promptly as expected. Even though the career decision makers otherwise known as civil servants were generally available, but they often insist that the political heads known as Honourable Commissioners must give approval before any action can be taken. Thus, there were delays in completing the mobilisation activities in the target Ministries in both states, but the mobilisation was successfully completed, and the Steering Committees were constituted in the two states.

With respect to mobilising stakeholders and beneficiaries in the target rural communities, there was a tendency to confuse project team members' visits to many of these communities with those of political campaign groups. In the first place, violence often characterises political campaign in Nigeria as thugs of political parties tend to use force during the campaigns. Team members were therefore constrained in terms of their travels to rural communities during the period so that they do not expose themselves to any form of violence from political campaign groups. Secondly, the interests of many stakeholders and beneficiaries in the target rural communities during the time of the campaigns were largely on what political parties would do to improve their welfare which is somehow at variance with the purpose of this project because women empowerment issues, unpaid care and domestic work burden on women and rural Women's Health in post-Covid-19 Nigeria were not seriously regarded as priorities by some of the political parties. Finally, political campaigns in Nigeria are characterised by the distribution of funds to people so that they could vote for their parties. The project team purpose and strategies did not fit into the prevailing political activities going on in these rural communities at that period. The project team was forced to adjust in terms of the timing of visits to various communities for mobilisation which slowed down the mobilisation process, but these were successfully completed with good response from the key stakeholders and beneficiaries in terms of their commitment to participating in the implementation of the project in their localities.

The challenge of working with policymakers in Nigeria and its effect on the implementation of the project

One of the key elements of the process of implementing the research project relates to a rather novel approach to engaging policymakers in the research process in Nigeria. The degree to which research is translated into policy action in Nigeria, as in many other developing countries, depends on the success of communicating research outcomes between researchers and policymakers. The idea of engaging top policy and decision makers by setting up Steering Committees for intensive interaction right from the period of project conception which CPED is adopting in this project has added value to its approach to influencing policy. Consequently, the successful dissemination of research outputs to policymakers is now regarded as a key component of any research programme, not only as a means of translating research results into policy action, but also to provide reward for the investment in research. But how can this been done to achieve results?

This is the challenge being faced by this project which requires some reflections. A major issue so far relates to that of engaging key policymakers at the highest level. The government system in Nigeria is rather frustrating in terms of reaching key policy makers. If letters are written, they would not be replied. If one telephones, the senior official will not pick it. Rather his assistant will do so and may not be of any help. Even when appointments are firmly booked, they may be cancelled because of what they call 'other state duties' or emergencies. Even when it has been arranged to have meetings on a specific day with say members of the Steering Committee, some members may have other assignments preventing them from attending. We had to organise to meet members of the Committee separately. The implication of this is that costs are involved as several travels must be made by Project Team members to target Ministries in Asaba capital of Delta State. Despite these challenges of working with policymakers, CPED has got the experience of mobilising and working with them over the last fifteen years and this experience is being successfully put into the implementation of this project.

The challenge of rising inflation which indeed is looking like hyper-inflation in Nigeria and **its effect on the implementation of the project.**

There has been a rapid rise in the rate of inflation in Nigeria since the onset of the Covid-19 pandemic in 2020. However, the rate of inflation increased remarkably during the period of political campaigns when politicians poured campaign funds into the economy. The situation got worse after the new government was sworn in on May 29th, 2023, whose policies led to the removal of the petrol subsidy which Nigerians have enjoyed for the past twenty-five years. The removal of the subsidy took immediate effect and was indeed announced during the inauguration address by the new President. At the same time the new government devalued the Nigerian Naira by almost 40 percent. These two developments, as pointed earlier in this report, led to dramatic increase in the cost of implementing the project in terms of salaries of personnel which have tripled in most sectors of the economy and the cost of transportation which has increased by 200 to 300 percent, especially in the rural areas where the roads and transport facilities are poor. These prices and cost increases had major effects on project expenditures as from June 1st, 2023. Even though the increases in the costs of the implementation could have been somehow accommodated by the lower value of the Nigerian Naira in relation to the CAD but the funds received in April 2023 by CPED from IDRC was converted to the Niara immediately which is the normal practice. Thus, the higher costs of project activities between June and September 2023 which is higher than the original budget has been a major challenge to CPED finances. It is in this context that CPED is asking for the review of the project budget for the second year as suggested earlier in line with the prevailing price and costs of project activities in Nigeria. This hopefully will not have effect on the amount of CAD approved for the CPED component of the project as the lower exchange rate of the Naira to the CAD can hopefully accommodate the rise in costs of the project.

Section 5: Recommendations to IDRC (maximum 1 page)

The Project Team does not have any significant recommendations to make to IDRC based on our experience of the implementation of the project in this first year as the project has gone on well with the support of IDRC and HPRO. Rather we want to take this opportunity to formally appreciate the support provided to the project by IDRC and HPRO. The role and engagement of IDRC and HPRO have been very good right from the period the proposal was being revised and the budget also revised. Furthermore, the team appreciates the regular flow of valuable information from IDRC and HPRO which has kept team members informed on issues relevant to the implementation of the project. The project is going quite well. There are no changes in the implementation envisaged at this stage. CPED hopes that specific recommendations to IDRC will be made at the end of the project in the second year.