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DRAWING ON EXCHANGES WITH YOUNG WOMEN AND MEN AND THEIR COMMUNITIES IN SITES ACROSS THE DIFFA REGION IN NIGER, NORTH EAST NIGERIA AND FAR NORTH CAMEROON IN JUNE - JULY 2020, IT EMERGED THAT MOST OF THE ISSUES REPORTED ARE AFFECTING COMMUNITY MEMBERS IN MOSTLY THE SAME WAYS AS OTHERS IN THE COMMUNITY, FOR EXAMPLE, PARENTS, NOTWITHSTANDING THAT YOUNG WOMEN WERE MORE EXPOSED TO RAPE AND HARASSMENT WHEREAS YOUNG MEN WERE MORE EXPOSED TO VIOLENCE FROM SECURITY FORCES.

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ACRONYMS

COVID-19 2019 Novel Coronavirus Disease **FGD** Focus Group Discussion **GBV** Gender-Based Violence IDP Internally Displaced Person **IGA** Income Generating Activity (I)NGO (International) Non-Governmental Organisation IOM International Organisation for Migration **PSHEA** Prevention of Sexual Harassment, Exploitation and Abuse SRHR Sexual and Reproductive Health

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and Rights

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EXECUTIVE SUMMARY

The crisis affecting the Lake Chad Basin is one of the most severe humanitarian emergencies in the world, having displaced more than 2.4 million people, half of whom are children. Most are internally-displaced but this number also includes refugees and returnees.

With the outbreak of the COVID-19 pandemic, people living in humanitarian contexts are particularly vulnerable to the pandemic and will continue to feel the post-pandemic impacts. For people living in areas with weak health systems, disrupted social support networks, and ongoing conflict and instability, the coronavirus is an additional crisis that they have to face and adapt to. Within this population, youth face increased vulnerability. The "Adolescent Girls in Crisis: Voices from the Lake Chad Basin" report indicates that young women and girls are particularly affected, given the challenges that they already face around access to basic social services, and lack of voice¹. Youth groups however, provide a critical voice for accountability at the community, state/district and national level. In addition, most youth groups tend to be self-led, volunteer-based, internally-funded and informal with little to no structure. As the pandemic continues to wreak havoc on nations' economies, the pressure for economic survival is heightened for this group who already face bleak employment or income generation prospects. Beyond the impact on youth as individuals, there's a threat to their ability to contribute to community building through youth groups, as their focus shifts to economic survival.

THIS REPORT SEEKS TO HIGHLIGHT THE EFFECTS OF THE PANDEMIC ON YOUNG PEOPLE, AND HOW THEY ARE FACING THEIR FUTURE.





Drawing on exchanges with young women and men and their communities in sites across the Diffa region in Niger, North East Nigeria and Far North Cameroon in June - July 2020, it emerged that most of the issues reported are affecting community members in mostly the same ways as others in the community, for example, parents, notwithstanding that young women were more exposed to rape and harassment whereas young men were more exposed to violence from security forces.

The following findings appeared as the main impacts of the pandemic on youth:

INCREASE IN VIOLENCE

Young people mentioned the suspension of some NGO activities as a trigger of child rights' violations as they cannot report and get support if they experience violence. It was also reported that communal violence has increased as a result of lack of economic prospects. In Niger, respondents noted that the suspension of NGO activities meant that cases of sexual violence went unreported and that vulnerable groups were not able to access safe spaces and needed protection services.

FOOD INSECURITY

Food insecurity has significantly increased as a result of high cost of food occasioned by the restriction in movement of people and goods. This exposes youth to insecurity both in terms of hunger but also given that youth engaged in theft as an alternative to the loss of economic activities. The suspension of some NGO activities, especially food distribution, for a period, has impacted negatively on food security.

INCREASED WATER SCARCITY

Before the outbreak of the pandemic, water was seen as a precious resource, as it is very difficult for some populations to get it. The research showed that the preventative measure of hand washing has placed a lot of pressure on the use of the scarce water and an additional burden on young women who are generally in charge of collecting water.

POOR ACCESS TO COMPREHENSIVE HEALTH CARE

One of the most common impacts of the pandemic on the youth in all research sites is the fear of going to health centres. There is a widely held belief that the health centres are high risk places to contract the virus. This situation has been worsened by reports that some health workers have been using unprescribed street drugs and supporting childbirth at home.

LOSS OF INCOME

Most of the youth are daily workers and are not able to cope financially with the situation. With the closure of the borders, many economic activities have slowed down as cross border trade is no longer possible.

SCHOOL DROP-OUTS

With the closure of schools, many adolescents have fallen into petty crime and have reported that they were not willing to go back to school when they re-open. Increased rates of pregnancy have been reported by the respondents, and many youths highlighted the absence of alternative education activities while schools are closed as a potential factor for future drop out once the schools will re-open.



In addition to identifying how the pandemic is affecting them, the youth described their roles in the response to the pandemic. There were no specific youth-led actions reported but most activities carried out in the community were led by local organisations with the community members. The youth who belong to youth groups are more likely to be included in the implementation of the awareness raising sessions. Few young women are engaged formally in those activities. Some youths including youth females, from their own initiative, through community discussions and exchange at household level they sensitize other community members. Youths, especially young women, are also very active in collecting water for the hand washing stations. The young people complained about the fact that they were not consulted for the different initiatives taken in response to the pandemic by either their community or by the few organisations that are responding to the pandemic in their communities.

Lastly, the youth shared how they envisage the future in the context of the pandemic. The majority of the respondents expressed their belief that a return to normality will require the following: God's help, support from the INGOs, and the government for Income Generating Activities, respect of COVID-19 preventative measures and the development of a vaccine against the virus. Some think that the situation is already so bad that it is not possible to return to normality.

Based upon these findings, the following recommendations are made to governments and humanitarian organisations in the Lake Chad region:

- Involve youth in the design and the implementation of the measures to respond to the pandemic
- Take measures to ensure access to water in the communities to support hand-washing measures and alleviate the pressure of water collection on young women
- Take measures to address food insecurity, especially for young people
- Ensure responsive and adequate healthcare especially SRHR in the context of COVID-19
- Improve the protection of young women from all forms of violence
- Reintegrate children who have dropped out of school into formal education
- Build skills set and provide economic and social activities for the youths

It is important that donors also provide the funding to support these types of interventions.

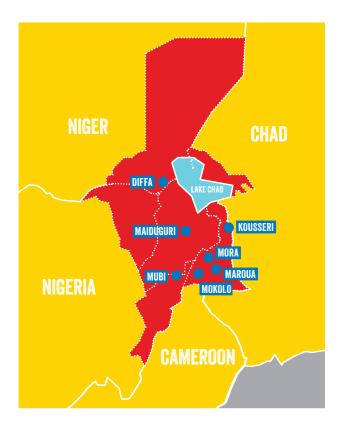
1. NTRODUCTION



Understanding the impact of COVID-19 on youth provides a foundation for those responding to the pandemic to address the key issues brought up, together with the youth. The following report seeks to highlight the impacts on different aspects of young peoples' lives, how they are navigating the situation and how they see their future.

The crisis affecting the Lake Chad Basin is one of the most severe humanitarian emergencies in the world. The crisis continues to affect North East Nigeria, Cameroon's Far North, Western Chad and South East Niger. More than 2.4 million people have been displaced, half of these children, and 10.8 million people need humanitarian assistance.²

Prolonged years of conflict with Boko Haram and Islamic State-West Africa Province have perpetuated the humanitarian crisis throughout the four countries across the Lake Chad Basin. Escalating violence, including deliberate, targeted attacks on civilians, has characterised the conflict, hindering humanitarian access and the delivery of assistance and restricting access to basic services for all the communities affected.



The Lake Chad Basin crisis can be categorised as a large-scale, complex and protracted humanitarian emergency with multiple and compounding factors contributing to the crisis. The ongoing conflict, environmental degradation and vulnerability caused by the effects of climate change combine to drive high levels of food insecurity and malnutrition, displacement and outbreaks of disease, leaving millions dependent on humanitarian assistance for survival. Protection of the civilian population is a significant concern with increasing evidence of violence, including abduction, forced marriage and forced recruitment into armed groups.

Ongoing insurgent attacks as well as counterinsurgency efforts by state militaries and vigilante groups³ continue to drive displacement throughout the region, both within the boundaries of countries and across borders. It is important to note that while the vast majority of people who are displaced in the region are so because of insurgent activities, some also fled violence over clashes over scarce resources (land and water) between herdsmen and other groups, and some also fled natural disasters. Data from the IOM (December 2016) showed that 92.9% of those displaced in Cameroon, Chad and Nigeria were fleeing insurgents, principally Boko Haram, while 5.5% were fleeing violent clashes between herdsmen and farmers (notably in Nigeria) and 1.5% fleeing natural disasters (principally flooding in Cameroon).4

Most of those displaced are residing in communities or informal settlements, with very poor living conditions, minimal support and little chance of returning to their homes.

The cyclical crisis of food insecurity in the largely arid Lake Chad Basin has been exacerbated by the ongoing conflict. In addition to the outbreak of the COVID-19 pandemic, the livelihoods and agricultural activities of communities have been disrupted by insecurity, displacement and the closure of markets, contributing further to economic insecurity and food shortages. According to FEWSNET⁵, in Nigeria alone, 6 to 7 million people will require humanitarian food assistance in Nigeria during the June to September 2020 lean season. Malnutrition in the worst affected areas has surpassed emergency levels.

This research has focused on a number of communities in the three countries (Far North Cameroon, South East Niger and North East Nigeria). They have been referred to in the report with the country names for brevity.

1.2 COVID-19 IN THE LAKE CHAD BASIN

The COVID-19 pandemic is the biggest health emergency the world is facing today. First reported in Wuhan, China in December 2019⁶, the novel coronavirus has infected over 31 million people in 188 countries and resulted in over 970,000 deaths⁷. Each of the countries the Lake Chad Programme intervenes in has recorded cases of COVID-19. As of when this report was written, there have been 79,607 recorded cases in Nigeria, Cameroon and Niger.⁸ According to the country monitoring systems, there have been 1520 reported cases in the areas affected by the Lake Chad crisis.

The governments in each country were quick to respond to the pandemic by limiting movement through the closure of airports, initiating lockdowns in high-case-burden cities, restricting large gatherings, monitoring temperature and enforcing the use of masks in public spaces, and carrying out public awareness campaigns on the virus and preventive measures. In Cameroon and Nigeria, there were bans or restrictions in interstate travel except for the essential movement of goods and/ or services. In addition to this, certain services in each country were shut down including schools, religious/worship centres, bars, restaurants and clubs. In Nigeria and Cameroon domestic air travel was also shut down and operating hours of markets and supermarkets were limited.

As of the time this report was written, most of these restrictions have been lifted.

1.3 RESEARCH QUESTIONS AND GOALS

This research from the Lake Chad region has generated youth-specific evidence of the impact of COVID-19 on people living in conflict contexts.

According to the Terms of Reference, the research has interrogated the following questions:

- What is the understanding of young people of the current COVID-19 responses? What do they think are the gaps in the response at community level?
- What role have youth and youth groups played in the response? What role would they have liked to play, but were unable to? What challenges/ limitations are there for youth and youth groups?
- What is the impact of the pandemic on youth living in humanitarian situations, both at the individual and at the group level? What resilience strategies have they adopted?
- What do youth perceive as the long-lasting, long-term impacts of the pandemic on youth and youth groups?
- How do age, gender, disability, location, marital status and educational status influence the pandemic's impact on youth and their ability to respond?

1.4 METHODOLOGY

This research utilized a qualitative approach for data collection. Interviews were conducted with different categories of young people including heads of youth groups aged 15 to 24 years in Nigeria, in Niger and in Cameroon. Interview respondents were specifically selected to ensure diversity in the sample.

In each sampled community, the inclusion criteria for selection accounted for age, sex, educational background, disability and marital status (for girls and young women).

The researchers interviewed in pairs, with one person asking the questions and the second person taking notes. The interviews took place in the language⁹ the research participants were fluent in.

Key informant interviews were conducted by trained data collectors using structured guides with community youth and traditional leaders, parents, government representatives and civil society.

For each country, a videographer also recorded interviews of three adolescent girls, in addition to the interviews conducted by a field staff or a community volunteer.



1.5 DATA COLLECTION

This report uses data collected in June and July 2020 in sites across three countries in the Lake Chad Basin (Cameroon, Niger and Nigeria) (see Table 1).

Plan International country offices deployed enumerators to collect data in these sites. The geographic locations were selected in order to access a greater intersectional sample of young women and men. Consequently, a variation in the profile of the respondents chosen was sought to ensure young women and men with different experiences were included in the research. To that effect, the respondents' selection considered the following criteria: school background, population status (host, IDP, refugee, returnee), ability, and marital status (for women only).

Young women and men were divided into two age brackets: 15 - 19 and 20 - 24 years of age. The purpose of this was to further analyse the intersection of age and gender in the experiences of youth.

TABLE 1. NUMBER OF KEY INFORMANT INTERVIEWS BY LOCATION

Site	Youth females 15-19	Youth females 20-24	Youth males 15-19	Youth males 20-24	P&G*	C/NGO**	Community Leader	
Cameroon								
Minawao	12	8	8	7	0	1	0	0
Koza	19	19	7	6	6	4	3	0
Mokolo	0	1	0	0	0	0	0	0
Zamay	8	7	3	2	2	1	2	0
Gadala	1	2	0	0	0	0	0	0
Total	40	47	18	15	8	6	5	0
Nigeria								
Gomari	13	30	7	14	2	3	1	1
Kusheri	20	27	15	10	2		1	
Total	33	57	22	24	4	3	2	1
Niger								
Kindjandi	4	1	2	3	2	4 (including 1 youth group)	1	1
Nguel Madou Mai	12	11	6	7	2		1	
Total	16	12	8	10	4	4	2	1
Grand Total	89	116	48	49	16	13	9	2

^{*}Parents and guardians

Sample Questions

The interview guides' sections covered the following topics:

01	DEMOGRAPHIC INFORMATION
02	PROTECTION
03	EDUCATION
04	HEALTH
05	LIVELIHOODS
06	RELATIONS OF YOUTH WITH OTHER COMMUNITIES' MEMBERS

The questions and topics of the interview guides were shaped to reflect the respondent groups. Questions sought to encourage responses regarding the experience of the young people and the experiences of their peer group on topics including education, protection, health, livelihood, relations with the community members and engagement with the humanitarian community.

The other respondent groups were asked about their knowledge of the experiences of youth regarding COVID-19 and to describe their roles in the response to the pandemic. This data provided important context on community attitudes towards youth females and males, views of their needs, and helped to corroborate or challenge the views of youth.

^{**}Community or non-governmental organisations

1. INTRODUCTION



1.6 DATA ANALYSIS

Following data collection, data analysis was undertaken by the Lake Chad Programme unit team especially composed of Manre Chirtau, Lake Chad Youth Engagement and Consultation Specialist and Josaphat Tchetan-Awo, Lake Chad MERL Specialist.

This research project has used a qualitative approach and is not meant to establish prevalence of any particular issue of youth situation in the Lake Chad region during the pandemic. The goal of the data analysis has been to make the voices of the youth, both females and males, heard in the research findings. It tries to highlight areas of commonality and difference, which provides a rich understanding of how young women and men experience the pandemic.

1.7 RESEARCH ETHICS

Prior to starting the research, ethical approval was requested from the Research and Knowledge Management Team at Plan International's Global Hub. To support that request, the research team submitted copies of the Research Terms of Reference and information sheets, the consent forms and an application form providing details on how the ethics will be covered during the research.

Plan's Child Safeguarding and PSHEA Policy was covered during the training of the data collectors and they signed the Code of Conduct. In addition, before all interviews, respondents were briefed on the code of conduct and reporting mechanisms in the event of a breach to the safeguarding policy.

With regard to engagement with young women, there was a strong emphasis for their inclusion as data collectors in ensure comfort levels with and understanding of the questions. Data collectors were attentive to issues that may trigger distress and the data collection tools were designed to limit the likelihood of exposing respondents to discomfort.

Principles of confidentiality, anonymity and informed consent were applied, and for girls and boys under 18, parents or caregivers were asked for consent for their children's participation and adolescent boys and girls were subsequently asked for their assent.

Careful considerations have been given to the safety of the data collectors who attended a security briefing during their training and got security clearance from Plan security advisors before going to the programme locations. Moreover, following security guidance, research teams only operated from 9:00AM to 2:00PM, and data collectors were provided with face masks and hand sanitizers. Within the context of the pandemic, only outdoor Individual Interviews have been conducted with the respect of social distancing.

1.8 LIMITATIONS OF THE DATA

Given the ongoing security risks in the area, sites were selected to avoid exposing enumerators to security risks. In addition, due to the budget constraints, it was not possible to add to quantitative data collection to the qualitative data collection process. Hence, no quantitative data is presented in the findings to avoid misrepresentation. In the absence of FGDs, it was not possible to get the discussion among the respondents which would have helped to better explore the questions.

In all the countries, efforts were made to include a diverse cross-section of young women and men, recognising the unique experiences of young married women, out of school youth, young women and men with disabilities, refugees, returnees, IDPs and host community representatives. However, this was not always possible and so the research may not fully capture the experiences of the most marginalised youth.

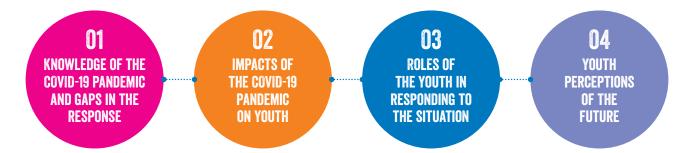
In addition, all data collection tools were designed in English and then translated into French for Cameroon and Niger. As mentioned above, the data collection was conducted in the local languages of each site and findings translated back into French and English before analysis, which creates opportunities for both questions and responses to lose some nuance or meaning.

Lastly, it was observed that the data collectors didn't always probe some responses, which may have led to additional issues being missed.

2. RESEARCH FINDINGS



The presentation of the research findings is structured around four points which are:



2.1 KNOWLEDGE OF THE COVID-19 PANDEMIC AND GAPS IN THE RESPONSE

Young women and men interviewed are highly knowledgeable of the pandemic and confirmed that their peers and other community members also know about the existence of the disease, its symptoms, and how to protect themselves from contracting it. They reported that it is an infectious deadly disease which has no vaccine or proper treatment.

Respondents recognize that adhering to the preventative measures is the only solution to combat the spread of the disease. The most cited measures are hand washing, wearing face coverings and adhering to social distancing. However, in Niger particularly, few respondents highlighted the use of soap in washing hands. Across the three countries, very small minority believe that hygiene and sanitation is a protective measure against COVID-19 infection.

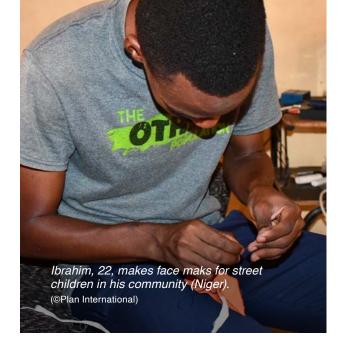
It was reported that there are some youth who still don't believe in the existence of the virus.

Generally, most of the respondents think they know enough about the disease. More youth females than youth males feel they know enough about it. The most common sources of information cited were radio, television and word of mouth (parents, community leaders, NGOs). In Nigeria, females are more likely to list the internet or social media as a source of information compared to males. Youth most often cited wanting more information about available prevention and treatments available at hospitals or traditional sources. In order to better prevent infection, respondents asked if there were additional ways of protection from infection.

Though a large majority of youth recognized that respecting preventative measures will greatly help to combat the pandemic, they requested support for the provision and equipment of hand washing stations especially water and soap. The need to intensify awareness raising measures is often evoked by the youth, with emphasis on youth engagement in all the actions undertaken at community level to fight the pandemic.

At household level the importance of information sharing among the different members of the household on COVID-19 has been highlighted. This particularly reveals the intention of being made aware of regular updated information on the pandemic and the response.

The respondents have suggested awareness raising, youth engagement and provision of hygiene kits as the major things to do to close the gaps of the response at community level. Food distribution and IGA are the others common responses mentioned by the respondents.



"Advise each other on how to cope with situation life may bring their way. This is applicable to both female and male of all categories."
YOUTH FEMALE, 18 YEARS, KUSHARI, NIGERIA

"We do not have more food stuff and thus we require help, especially for the less privileged and vulnerable in the community to ease the hardship."

YOUTH FEMALE, 17 YEARS, KUSHARI, NIGERIA

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"Members of the household should avoid food wastage."
YOUTH MALE, 20 YEARS, KUSHERI, NIGERIA

"Provide buckets and soap for washing of hands."
YOUTH MALE, 20 YEARS, ZAMAY, CAMEROON

"Train village youth on awareness raising and involve them in distribution activities."

YOUTH FEMALE, 24 YEARS, ZAMAY CAMP, CAMEROON)

"Intensify awareness. Involve everyone in the actions taken."

YOUTH FEMALE, 22 YEARS, KOZA, CAMEROON

"Train young boys, insist on hygiene and collaborate with everyone."

YOUTH FEMALE, 19 YEARS, NGUEL MADOU MAI, NIGER

"We need to have income-generating activities for young people, help groups of young people."
YOUTH MALE, 19 YEARS, KINDJANDI, NIGER

"By creating groups of young people (clubs) support logistically, train them on important topics that concern them."

YOUTH MALE, 18 YEARS, NGUEL MADOU MAI, NIGER

"... add a drill so that women no longer suffer to fetch water and everyone can wash their hands."

YOUTH FEMALE, 21 YEARS, WOULAD KOZA, CAMEROON



2.2 IMPACTS OF THE COVID-19 PANDEMIC AND GAPS IN THE RESPONSE

The COVID-19 pandemic has affected and is still affecting youth in many ways, exacerbating an already difficult situation, the result of the protracted crisis of the Lake Chad region. Most of the issues reported by the youth are not specific to young people alone, but represent the challenges posed by the pandemic to the communities covered by the research.

2.2.1 Protection

The COVID-19 pandemic has created an atmosphere of fear within the communities and disrupted the practice of gatherings either to play or for any other purpose because of the social distancing rule set by the governments. In Niger, the closure of the Child-Friendly Spaces or Fadas was reported to be depriving adolescent girls and boys from the services they provided.

Cases of sexual abuse and physical violence have been reported to the researchers, especially in Niger and in Nigeria. The respondents also complained about the disruption of NGOs' activities which prevent them from reporting cases of abuse and violence.

Not wearing the face coverings in public has resulted in movement limitations for those who cannot afford them and didn't receive any. The study was unable to make the link between limited mobility and increased risk of violence, but there has been anecdotal evidence that this is the case in some areas.

In Cameroon, the young people interviewed reported an improvement of the overall protection situation as the parents spent more time with their children which reduced the uncontrolled and unsupervised movement of children. In some locations especially in Nigeria, the youth reported that the same context of parents' presence at home has caused more physical violence against the children. In some research sites there have been reported increased fights among the children at home as they spend more time together than usual, as well as domestic violence and physical abuse from caregivers. Youths also reported cases of child and early marriage, whereby families encouraged young people to marry as a result of lack of educational opportunities. Other youth described the negative psychosocial impact and feelings of depression as a result of losing educational opportunities.

"This made parents closer to their children to provide them with more counselling."

YOUTH FEMALE, 18 YEARS, KOZA, CAMEROON

"With this disease my household is more secure since before the dad was in Mokolo to fight now he is at home to watch over us."

YOUTH MALE, 18 YEARS, DAKOTCHER KOZA, CAMEROON

"Yes, there are some few cases of domestic violence from my neighbourhood. Female youths suffered more domestic violence than their male counterparts."

YOUTH MALE, 22 YEARS, KUSHERI, NIGERIA

"The pandemic has worsened the issues of rape and physical abuse here in Kusheri. Female youths are only group of people that face these challenges."

YOUTH FEMALE, 18 YEARS, KUSHERI, NIGERIA

"Our father used to beat us almost every day because he is always at home."

YOUTH MALE, 19 YEARS, KUSHERI, NIGERIA

"Females were harassed by male while the male were harassed by the security agents."

YOUTH FEMALE, 20 YEARS, KUSHERI, NIGERIA

"A lot of male youths were chased and beaten by the police because they refused to stay at home during the lockdown."

YOUTH FEMALE, 20 YEARS, KUSHERI, NIGERIA

.....

"Because schools are closed, I became lazy and depressed because I do not read my books"

YOUTH FEMALE, 20 YEARS, KUSHERI, NIGERIA

"The issue of rape has been in place before the pandemic but the pandemic has drastically reduced I believe because everybody is at home."

YOUTH MALE, 21 YEARS, KUSHERI, NIGERIA

"My father controls us too much now at home and his annoys us my mother when she leaves to drink her bi bil she bangs on us. Relationships are weird, too much of a problem."

YOUTH FEMALE, 15 YEARS, KOZA GOUZDA, CAMEROON





2.2.2 Health

In the communities that have experienced the lockdown, respondents reported that people who fell sick were not able to go to hospital or to buy medicines at pharmacies.

The youth feel insecure when they don't wear face coverings and they cited the wearing of the face covering as an integral part of their protection.

In some research sites in Niger and Nigeria, the fear has negatively impacted the willingness of the youth to go to health centres as they are considered as high-risk places to contract the virus. This situation has caused the use of alternatives like street drug and herbs and occasional childbirth at home. Cough or catarrh are now considered as high-risk disease and whoever is suffering from them is left alone.

"Frankly we are more protected since the advent of corona. Because before, dads didn't care about people in pain. Now as soon as someone gets hot or coughs they take them straight to the hospital."

YOUTH MALE, 22 YEARS, KOZA, CAMEROON

Girl uses handwashing facilities provided by Plan International at school in Minawao refugee

camp (Cameroon).
(©Plan International)

"Well it affected me at household level in terms of health because during this lockdown I was sick and there was no hospital to go to."

YOUTH FEMALE, 24 YEARS, KUSHERI, NIGERIA

"I fell sick and all medicine shops were closed which I found difficult with the fever persisting, I used herbs to sustain my life. Many gave birth at home as a result of the lockdown, no means of transportation to hospital."

YOUTH FEMALE, 16 YEARS, KUSHERI, NIGERIA

"We are afraid to go to the health centre and even when someone is coughing; we move away from him, we have this fear that we are treated as carriers of COVID-19."

YOUTH FEMALE, 24 YEARS, NGUEL MADOU MAI, NIGER

"Many are afraid when they have a cough to go to the hospital for fear that they will be told that it is the corona."

YOUTH FEMALE, 19 YEARS, MINAWAO CAMP, CAMEROON

"Everyone is looking for traditional remedies to heal themselves."

YOUTH FEMALE, 17 YEARS, KOZA GOUZDA, CAMEROON

"For the young girls and young men of our village, we stay at home to take care of ourselves because people have no money."

YOUTH FEMALE, 21 YEARS, KOZA, CAMEROON)

"Same and even when you go to the hospital people avoid you especially if it is a cold."

YOUTH FEMALE, 23 YEARS, NGUEL MADOU MAI, NIGER



2.2.3 Education

Regarding the education sector, schools have been closed without any alternatives being proposed. Cases of dropout have increased as some young people have abandoned school to support their parents in their activities. Other youth don't want to go back to school. Petty theft has also increased..



"The children walk around as there's no school, so I see that they lose much."

YOUTH FEMALE, 20 YEARS, CAMP DE DEPLACE 2, CAMEROON

"For the school, the pupils have stopped, the lessons since March 2020 until today; they no longer revise their lessons."

YOUTH FEMALE, 18 YEARS, MINAWAO CAMP, CAMEROON

"Some have dropped out of school. Some young people got married early to leave a child before dying from corona."

YOUTH MALE, 22 YEARS, KOZA, CAMEROON

•••••

"It has affected my family because all the schools were closed and as a result, my father wanted me to marry one of my cousins who is also my age mate."

YOUTH FEMALE, 20 YEARS, KUSHERI, NIGERIA

"Only the rich has extra lessons teachers. The less privileged cannot afford money to pay lesson teachers. The less privilege hardly go through their book because of their parent are illiterate."

YOUTH FEMALE, 20 YEARS, NGOMARI, NIGERIA

"It affects because even me I dropped school to work and help my parents to suit their needs."

YOUTH MALE, 18 YEARS, NGUEL MADOU MAI, NIGER

"At the level of our household the children do nothing, their level has fallen now with the recovery they do not want even to go to school."

YOUTH MALE, 20 YEARS, NGUEL MADOU MAI, NIGER

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2.2.4 Livelihoods

The pandemic has also impacted livelihoods as life has become more expensive. In reaction to the situation, the support provided by the parents/ caregivers to the youth has stopped in some cases or started to decline. Most of the youth are daily workers and are not able to cope financially with the situation. Businesses have collapsed in most of the research sites. For the rural people, it has become difficult to sell their produce as people have no money to buy it.

With the closure of the borders, many economic activities have slowed down as cross border trade is no longer possible. The suspension of NGO activities in some cases has also had a negative impact on the livelihoods in the communities.

It is important to note that young married girls and young men who are heads of household suffer more than the rest of the youth as they have to cover beyond their own needs.

The youth have stressed the need for income generating activities (IGA) as a gap in the COVID response, but the need for IGAs for young people was identified as a need even before the pandemic.

"There has been a change because before things are cheaper; but since the arrival of the corona everything has become expensive, supposedly the borders are closed."

YOUTH FEMALE, 23 YEARS, GADALA BOUWAL, CAMEROON

"We do not have more food stuff and thus we require help, especially for the less privileged and vulnerable in the community to ease the hardship."

YOUTH FEMALE, 17 YEARS, KUSHARI, NIGERIA

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"We are not eating fine. Some organisations are not working again because of this disease so they are not helping us again."

YOUTH FEMALE, 17 YEARS, ZAMAY CAMP, CAMEROON

"Others fight to survive while some embark on theft."
YOUTH FEMALE, 24 YEARS, KOZA DZABA, CAMEROON

"Everything is expensive in the market, economies are down, especially since many rely on humanitarian aid."
YOUTH MALE, 18 YEARS, NGUEL MADOU MAI, NIGER

"We cannot sell our products as before, because of the closure of the borders there is the expensive food on the market."

YOUTH FEMALE, 20 YEARS, NGUEL MADOU MAI, NIGER

"We can no longer find food since we can no longer go to the markets of other villages to do small trade in order to have something to eat."

YOUTH FEMALE, 16 YEARS, KINDJANDI, NIGER

"Even other youths have nothing to buy because they don't have money. Male youths are more affected because they are the ones that provide for the family."

YOUTH MALE, 20 YEARS, KUSHERI, NIGERIA

Many people have lost their source of income and feeding has become very difficult; many go through the day without food and some parent sacrifice their portions to the younger ones in the house.

YOUTH FEMALE, 20 YEARS, KUSHERI, NIGERIA

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2.2.5 Relationships with other members of the community

The COVID-19 pandemic has led to a constant atmosphere of fear in the communities. This fear of physical contact has affected relationships among the youth and relationships with other community members. This has affected young women and men differently because they socialize differently. For example, young women socialize mostly through the ceremonies they attend while young men socialize during their economic activities. As such, the movement restrictions affect them equally but differently.

Generally, youth used to be involved in many activities or leisure requiring physical contact. Even the greetings implied hand shaking thus physical contact. But with the pandemic, the youth restrained themselves from their peers and the other community members.

At household level, some arrangements made to respond to the situation, like limiting the practice of eating together and, in some cases, avoiding sleeping in the same bed. The measures at community level are stricter as any contact with the other community members is avoided.

It is important to note that the youth who still do not believe in the existence of the disease continue to behave as before which tends to create misunderstanding between this group and those who believe in the existence of the pandemic.

Socializing in the context of COVID-19 has become really challenging for youth.

The pandemic has also impacted the practice of people's religion as public gatherings for worship or prayer were no longer permitted.

Male youths usually gather and play football and discuss among themselves but is hardly to see now because of the pandemic.

YOUTH MALE, 19 YEARS, KUSHERI, NIGERIA)

It affects the male more than the female because the male youths are not use to staying at home they go out for their daily work they only come home at night to eat and sleep but the female youths most of the time are at home with the kids so they are used to staying at home

YOUTH FEMALE, 17 YEARS, KUSHERI, NIGERIA)

Yes. Because they stop coming together to pray, they don't visit each other, they no longer attain ceremonies. It affects female youth mostly because they no longer attain ceremonies like before

YOUTH MALE, 18 YEARS, NGOMARI, NIGERIA

There is also fear between young girls and young men but it is the young men who are much more afraid YOUTH MALE, 20 YEARS, MINAWAO CAMP, CAMEROON

The corona has not affected anything with my relatives or other members in my house? We are as fine we have ever been.

YOUTH MALE, 23 YEARS, ZAMAY CAMP, CAMEROON

In the exercise of our religion no prayer, visit, marriage YOUTH MALE, 18 YEARS, NGUEL MADOU MAI, NIGER)

Young men and girls also have a limited relationship, more crowd, no games between young people, those numbers are limits to the ceremonies, the displacements also

YOUTH FEMALE, 22 YEARS, KINDJANDI, NIGER

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Young girls and men no longer come together to talk they are afraid of each other even if one drinks water the other does not drink in it to avoid contamination of the pandemic

YOUTH FEMALE, 18 YEARS, NGUEL MADOU MAI. NIGER



2.3 ROLES OF YOUTH IN RESPONDING TO THE SITUATION

In the response to the COVID-19 pandemic, some youth organizations excluded other youth who were not organization members. This situation is even more difficult for young women. Often, youth participation was limited to the implementation of activities such as awareness raising sessions and sometimes the distribution of face coverings. Young people are rarely involved in the planning of response measures.

The majority of youth, whether they are members of a youth group or not, are engaged in awareness raising on the pandemic, as they understand that the pandemic is affecting everyone. There are two main reasons mentioned for the voluntary involvement of the youth in awareness raising: their exposure to the disease and the acknowledgement of the value of their contribution.

Awareness raising which takes the form of information sharing from the household level to the community level is undertaken equally by women and men. However, many young women are confined to their homes, while married women often need permission from their husbands to do sensitization outside of their homes, which limits their participation.

Apart from awareness raising, young people support the implementation of the response both at household level and community level by respecting the preventative measures and encouraging other household members to do so, and in supporting the functioning of hand-washing systems.

It is important to mention that in addition to household chores, young women are more engaged in making sure that water is available for the handwashing stations as they are also in charge of monitoring the adherence of the children to the preventive measures thus increasing their workload. It was also reported that some youth, especially males, contribute financially to the purchase of soap used at the hand-washing stations.

Given that the research found that some people still don't believe in the existence of the disease, the involvement of youth engaging with their peers will help to increase knowledge and understanding.

Most of the youth highlighted increased awareness raising as a means to get everyone on board and to boost their involvement in actions to fight the pandemic. The following suggestions were mentioned as measures to address the current gaps in the response: organizing youth in groups and supporting Income Generating Activities for youth.

"They help in raising awareness among the people that doesn't know about the virus. No, there is no different among female youths because all are involved in sensitization to avoid the spread of the virus."

YOUTH FEMALE, 20 YEARS, KUSHERI, NIGERIA

"Youths female of my age are involved in fetching of water and taking good care of the house."

YOUTH FEMALE, 23 YEARS, KUSHERI, NIGERIA

"Not involved. No, because they are not part of the decision making."

YOUTH MALE, 18 YEARS, GOMARI, NIGERIA

"They fill the buckets with water to wash the hands; they sweep the neighbourhood and burn bad garbage." YOUTH MALE, 21 YEARS, KOZA GAGAD WERE CAMP MISSION, CAMEROON

"Youth males sensitize the other members of the community."

YOUTH FEMALE, 18 YEARS, KOZA DZABA, CAMEROON

"It is their parents who involve them, yes because they involve young men more than young girls."

YOUTH FEMALE, 15 YEARS, KINDJANDI, NIGER

"Young women are involved in sensitization in the household; a difference between young married girls who must first have the consent of their husband."

YOUTH MALE, 18 YEARS, NGUEL MADOU MAI, NIGER





2.4 YOUTH PERCEPTIONS OF THE FUTURE

The majority of the respondents expressed fear for the future of young people because of the uncertainty that lies ahead. Economic uncertainty might lead to youth migrating to cities to look for jobs thus exposing them to protection and health risks.

Most of them expect that the discovery of the vaccine will bring the situation back to normal if accompanied by Income Generating Activities support from INGOs and the government. In the meantime, they fear that hunger and starvation and its associated issues like rape and transactional sex for young women and armed robbery and migration for young men.

The youth have also mentioned that the respect of preventative measures will continue to affect their attitudes and behaviours for a long moment at least until the end of the pandemic.

The youth group leaders interviewed are very sceptical about their capacity to get back on track if there is not enough support from the INGOs.



"The future is uncertain in terms of food. Young people risk fleeing the village to find work in the city."

YOUTH MALE, 24 YEARS, ZAMAY, CAMEROON

"If people respect the preventive measures, the future will be good, the better. Otherwise the future will be blurry."

YOUTH MALE, 22 YEARS, KOZA GABOUA, CAMEROON

"Our level of dependence will increase."

YOUTH FEMALE, 21 YEARS, MINAWAO CAMP, CAMEROON

"Our life will not be like before because with the pandemic some parents have lost their way of doing business."

YOUTH FEMALE, 20 YEARS, NGUEL MADOU MAI, NIGER

"Life will not be the same without income generating activities."

YOUTH MALE, 24 YEARS, KINDJANDI, NIGER

"The future will be catastrophic because poverty will increase, children who cannot stand hunger will bother them a lot if the pandemic continues."

YOUTH FEMALE, 18 YEARS, NGUEL MADOU MAI, NIGER

"There will be trouble because the little food we stored will be finished. Everyone will fall sick. There will be death in the family because of hunger."

YOUTH MALE, 20 YEARS, NGOMARI, NIGERIA

"People will die because of lack of food, diseases will be rampant, people will be depressed, loss of job."

YOUTH FEMALE, 18 YEARS, NGOMARI, NIGERIA

"The youth females will be exposed to rape, prostitution and the youth males will become arm robbers."

YOUTH FEMALE, 18 YEARS, NGOMARI, NIGERIA

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3. CONCLUSION AND RECOMMENDATIONS



to the protracted Lake Chad crisis. Among these are the loss of jobs and the slowing down or stopping of economic activities with the disruption of the usual gatherings for playing or socialising. It is important to mention from the responses shared by the youth that they felt that the pandemic is not affecting them any differently to the rest of the community.

existence of the disease have engaged in community awareness actions to try to convince their peers who reject the existence of the pandemic.

Considering the economic consequences of the pandemic and the uncertainty about the future there is an atmosphere of pessimism about the long-lasting effects of the pandemic among the youth interviewed.

The recommendations that follow respond to the need to alleviate the impact of the disease on the youth.

3.1 RECOMMENDATIONS

Based upon these findings, the following recommendations are made:



INVOLVE YOUTH IN THE DESIGN AND THE IMPLEMENTATION OF THE MEASURES TO RESPOND TO THE PANDEMIC:

- Support youth to organize themselves in groups especially youth females and to take actions regarding the pandemic
- Ensure youth voices in their diversity inform awareness-raising efforts.

TAKE MEASURES TO ENSURE ACCESS TO WATER IN THE COMMUNITIES TO SUPPORT HAND-WASHING MEASURES AND ALLEVIATE THE PRESSURE OF WATER COLLECTION ON YOUNG WOMEN:

 Put in place projects which offer potable water to communities, reducing the distance the youth especially females cover to fetch water.

TAKE MEASURES TO ADDRESS FOOD INSECURITY, ESPECIALLY FOR YOUTH:

- Put in place food distribution activities which target the needs of youth of all categories with appropriate location of collection points and collection times
- Put in place projects which offer livelihood and economic opportunities for vulnerable youth women and their families
- Promote micro-enterprise programmes for youth which include development of businessrelated skills and start-up kits and cash.

ENSURE RESPONSIVE AND ADEQUATE HEALTHCARE IN THE CONTEXT OF COVID-19:

- Organize public outreach and communication campaigns which raise awareness of the pandemic, its symptoms, the ways of contamination and the preventives measures.
- Include in the communication campaigns some activities of psychosocial well-being to alleviate the trauma and stress of the situation on youth
- Discuss with the health workers about appropriate communication and behaviours towards the patients in the context of COVID-19
- Support healthcare services to organize and deliver effective care and treatment for the community members especially youth from the suspicion to the confirmation of the case.
- In the case of lockdown, ensure that young women have access to dignity kits for effective menstrual hygiene and services on their SRH

IMPROVE THE PROTECTION OF YOUTH, ESPECIALLY FEMALES FROM ALL FORMS OF VIOLENCE:

- Intensify programmes which focus on promoting gender equality and reducing gender-based violence (GBV), sexual harassment and domestic violence
- Develop mechanisms to make the safe spaces functional in the context of COVID-19.
- Put in place and communicate widely to the populations the COVID-19 sensitive mechanisms to report Child-Protection, GBV and any abuse cases.

REINTEGRATE CHILDREN WHO HAVE DROPPED OUT OF SCHOOL INTO FORMAL EDUCATION:

 Support the delivery of upgraded education programmes for those who have dropped out of school which respond to the economic situation of the families.

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About Plan International

We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

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