WOMEN'S HUMANITARIAN VOICES: Covid-19 through a feminist lens in NIGERIA
The Feminist Humanitarian Network (FHN) is a member-based network of grassroots and national women’s rights organisations (WROs) working in the Global South, regional networks, international NGOs, and individuals working to strengthen the agency and amplify the voices of women in emergencies, and to transform the humanitarian system into one that is guided by feminist principles. It facilitates space for its members to share their experiences in humanitarian settings and develop collective solutions to overcome patriarchal practices and barriers.1

FHN members in Nigeria, the Women in Humanitarian Response in Nigeria Initiative Network, the Network of Disabled Women, Women’s Right to Education Programme, Gender and Community Empowerment Initiative, and Life at Best Development Initiative, led research in Nigeria to document the context-specific impacts and challenges WROs face in responding to the Covid-19 pandemic, and the feminist solutions and community-based responses that have been adapted by WROs to respond to these challenges.

The research finds that WROs in Nigeria are encountering multiple challenges in responding to Covid-19, the greatest of these being lack of recognition, exclusion from decision-making processes, lack of access to funding, and lack of access to information on the national response and on funding opportunities.

Sexual and gender-based violence (SGBV) increased significantly due to lockdowns, and while WROs are leading the response to SGBV, this work is not recognised or resourced. To overcome these challenges, WROs are forming collectives and partnerships, and working without funding or with funds mobilized from within their communities. They continue to play a critical frontline role in ensuring that marginalised groups have their needs met and their rights upheld, despite having limited support from the government or international actors.

EXECUTIVE SUMMARY

Key Recommendations

1 Create open spaces for national and community-based women-led NGOs and WROs to actively participate in coordination and decision making for all stages of humanitarian emergency processes. The government should have a direct channel of communications with women on the ground and work with women-led grassroots organisations in order to understand what communities want.

2 Provide more direct and flexible funds to local women-led NGOs/WROs with less stringent conditions for gender programming and humanitarian interventions. Channel funding directly to local women-led NGOs working in humanitarian settings rather than through INGOs.

3 Provide continuous capacity strengthening support to WROs to enable them to meet expected standards and procedures for humanitarian response, including strengthening their governance, administrative and finance systems, programmes, monitoring and evaluation as well as reporting/media strategies. Provide targeted support to organisations working with women with disabilities.

Images have been provided by the Women in Humanitarian Response Initiative and the Network of Disabled Women of focus group discussions they led to inform this research.
INTRODUCTION

The research methodology used was qualitative: key information interviews and focus group discussions (FGDs) with 51 organisations across Nigeria were conducted to gather the data. All respondent organisations are women’s rights organisations and women-led organisations from across Nigeria.

All interviews and FGDs were held by WROs leading the research, two of whom represent national networks of women-led organisations across Nigeria: the Women in Humanitarian Response in Nigeria Initiative Network (comprised of 208 grassroots WROs) and the Network of Disabled Women (comprised of women-led disability rights organisations).

The objective of the research was to document the role and humanitarian efforts of WROs in Covid-19, to identify challenges presented to them by the humanitarian system in this crisis, and solutions they established to overcome these challenges.

Contextual background

WROs in Nigeria have been on the frontlines of humanitarian efforts responding to ongoing conflicts in the country for more than a decade. Since 2009, conflict in the states of Borno, Adamawa, and Yobe in the north east has impacted more than 10 million people. At the same time, violent clashes between nomadic herdsmen and sedentary agrarian communities in the central and southern states of Nigeria have been escalating in recent years, and extended further south.

Women and girls have been differently and disproportionately impacted by the conflict – thousands of women have been abducted and cases of SGBV have dramatically increased (though most go unreported). Four out of five of Nigeria’s 1.9 million internally displaced people are women and children, many of whom live in internally displaced persons (IDP) camps where tens of thousands of people sleep in the open or in makeshift and temporary shelters in close proximity.

The impacts of the crises in Nigeria on women experiencing different forms of marginalisation are specific and often go overlooked by humanitarian actors. WRO respondents shared that women with physical disabilities have challenges moving around IDP camps and therefore struggle to access basic necessities, including relief distributions, while those with sight and hearing impairments have challenges accessing basic information about humanitarian interventions.

Community-based WROs in conflict-affected states in Nigeria, a significant number of whom were respondents in this research, have played a critical role in ensuring that women and marginalised groups have their specific needs met throughout the crisis. WROs in Nigeria provide critical protection and health services (legal services, sexual and reproductive health rights services (SRHR), etc), contribute significantly to peace processes, and mobilise women to take collective action to undertake advocacy and campaigning initiatives to advance women’s rights and the rights of other marginalised groups.

Sexual and gender-based violence is pervasive across Nigeria. Nigeria’s Minister of Women Affairs and Social Development has estimated that two million women and girls are sexually assaulted annually, though few cases are reported or prosecuted, largely due to stigmas and fears of reprisals. Child marriage is widely practiced in Nigeria, and remains legal in a number of states. In 2017, Unicef reported that 43 per cent of girls in Nigeria are married before the age of 18. However, the women’s movement in Nigeria is strong and is growing in momentum, with women mobilising and taking against sexual harassment and violence increasingly over 2018 and 2019.
Covid-19 has compounded the existing humanitarian crises in Nigeria, and it has also deepened the specific and gendered injustices faced by diverse groups of women and girls. As primary caregivers, limited access to healthcare in IDP camps, rural areas, and poor urban settlements impacts women greatly, and compromises their ability to protect themselves and their families from Covid-19.9

Organisations representing women with disabilities shared that the crisis had further marginalised women with disabilities in very specific ways: women with hearing and sight impairments could not access information about the response, restrictions and alternative access to services, and consequently, a number of pregnant women lost their pregnancies. Exclusion from the response for women with disabilities meant that a number of women went without access to their basic needs, such as food, and experienced significant psychological impacts.

“[Covid] has reinforced poverty and widened the power imbalance which leads to suppression and oppression of women, as well as exploitation and increased vulnerability of the woman and the girl child.”

Women and Children in Support of Community Development Initiative (WOCCI)

WROs reported a significant increase in SGBV and other forms of marginalisation experienced by diverse groups of women throughout Covid-19. Respondents played a critical role in addressing and challenging these injustices on the frontlines of the crisis. However, the challenges faced by WROs during the pandemic limited their scope of work in responding to the needs of vulnerable women and girls.
Recognition of women’s rights organisations as leading humanitarian actors

Respondents reported that even though WROs and other representative organisations had the most direct reach to vulnerable groups in communities and were well placed to lead relief efforts, their work was ‘hijacked’ by the government and INGOs during the pandemic.

WROs were not included in the government’s Covid-19 response team or task force. Despite their exclusion from the national response, WROs were on the frontlines of the crisis, and were often the first to respond to the impacts of the pandemic. WROs led the response, particularly to issues related to GBV, but their leadership and response efforts in this regard were not recognised by the humanitarian system. One respondent said that the cost of coordinating meeting and activities online limited their ability to do so, and said that without meetings, their efforts in the response were not visible enough or adequately recognised. Respondents said that not being recognised or acknowledged leads to exclusion from the humanitarian system, and to information not being shared with the organisation, which in turn, impacts their capacity to access support. WROs said that even when they have been represented at national level, they have not had the space to make decisions.

Limited access to information and decision-making platforms

Women are underrepresented in decision-making at all levels of governance in Nigeria. Representation of women in parliament is currently at 3.5 per cent: its lowest in a decade.10 Covid-19 has exacerbated the exclusion of women and girls from decision-making, and consequently, their perspectives, experiences and proposed solutions are not considered, resulting in outcomes that do not address women’s and girls’ needs, and in some cases that perpetuate and amplify harmful gender norms.11

WROs lack of representation in decision making and exclusion from information sharing processes came across as major challenges in responding to the needs of women and girls during the pandemic. West Africa Network for Peacebuilding – Nigeria (WANEP) said: “Lack of information sharing has limited our full and effective participation in key decisions at national and local levels.”

The Women, Law and Development Initiative Africa (WOLDI), said:

“Some INGOs tend to interfere with the work plans/strategies of their implementing partners, thus watering down the impact of interventions and strength of the NGO.”
Only a few organisations mentioned engaging in some form of decision making:

- **WANEP** engaged with the National Emergency Management Agency (NEMA) and State Emergency Management Agency (SEMA) to implement their Humanitarian Emergency Response and Development Project across five states in Nigeria.

- **SUWA** engaged in the national level discussions on localisation effort through Accelerated Location through Partnership, Women in Humanitarian Response in Nigeria Initiative Network (a collective of women-led and women's rights organisations working in humanitarian action in Liberia) and the Nigerian NGO Network (NINGONet).

- **Justice Peace and Reconciliation Movement (JPRM)** was able to engage in decision-making when the Women in Humanitarian Network in Nigeria Initiative Network was established. JPRM also actively participated in Christian Aid meetings of the Nigeria Joint Response Team under the ACT Alliance.

The lack of access to adequate information on the response and decision-making platforms limited WROs’ capacity and ability to participate in Covid-19 response activities. The government’s relief efforts did not engage local actors and were difficult to access due to cumbersome bureaucratic processes.

As a result of excluding WROs in decision-making, government efforts failed to reach the most vulnerable women and marginalised groups, in particular women with disabilities. Project Inclusion shared that women who are deaf could not have access to news, updates and announcements on Covid-19 due to the inaccessible information, communications and technology. Possibilities Initiative mentioned that aid did not reach women with disabilities because many could not access the location where aid was being distributed due to their disability, as some roads were inaccessible. Rainbow Child's Right Foundation reported that government cash transfers also did not reach most women and girls living in poverty.

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Network for Disabled Women said:

> “Women with disabilities have been excluded in decision making spaces, often their voices are ignored - and as an organisation NDW is not able to access discussions.”

Willing Hands Initiative said:

> “Many organisations do not like to work with disabled people’s organisations, so we were not included in the Covid-19 response at all levels.”

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Kebatkache noted that the exclusion of WROs in decision-making led to the inequality in the distribution of Covid-19 medical relief:

> “Female headed households did not benefit from the aid because the materials were given to only men for their families even when it is women leaders that distributed at the community levels. Petty traders and other vulnerable populations were not considered in the distribution. The Ministry of Women Affairs was excluded from the distribution process.”
Lack of sufficient, appropriate and continuous funding has been an ongoing challenge for local WROs in Nigeria. The WROs noted that during the pandemic, most of the support from international humanitarian agencies went to the government, and largely failed to reach the vulnerable groups on the ground. Two organisations, Environment and Climate Change Ameliorative Initiative (ECCAI) and Unique Women with Special Abilities (NDW) mentioned receiving support from the Ministry of Women Affairs to implement their Covid-19 response activities. Centre for Women Studies and Intervention (CWSI) received support from UN Women to provide aid materials for 1000 women and girls in seven local government areas of Cross River State.

One respondent shared that the processes, procedures, and requirements for accessing donor funds were sometimes very stringent and highly competitive, making them difficult for small organisations to access. One respondent said: “due diligence processes are herculean”, and another specifically referenced the requirements of UN agencies, saying that they are too high for WROs to access funding.

Opportunities that were available for CSOs had very specific terms and conditions attached.

A number of WROs said that they continually submit proposals, but to no avail. One respondent said that they were unable to access resources due to a ‘lack of capacity’, but that without funding, they could not recruit technical support or build the organisation’s capacity: “If we have the funds, we will have the capacity.” Respondents reported that information on available grants was not shared with them and was otherwise difficult to access, and funding conditions did not align with the priorities of WROs. One respondent shared that accessibility to funding for WROs across the country is impacted by the fact that the country is coping with multiple crises, and most humanitarian funding goes to the north east states, which are grappling with both ongoing conflict and Covid-19.

Moreover, WROs struggled to implement their planned activities on time due to the challenges brought on by Covid-19 and thus did not receive any new funding. Many NGOs had to self-sponsor activities to cope with the pandemic – often through individual donations or the personal resources of their leaders. Those who did not have enough resources had to put their work on hold. WROs working with persons with disabilities struggled in particular, as they were sidelined by other organisations due to their lack of capacity. Most of the WROs who participated in this study echoed that lack of flexible funding and resources had been one of the major challenges during the pandemic.
Several respondents reported the effects that the economic impacts of Covid-19 paired with limited access to funding has on the women they work with. One respondent shared that, “It tends to limit the women from achieving their goals due to the fact that since there is no sufficient resources, they find it difficult to grow economically... [which] leads to mental depression because when the women have already lay down their ways to achieve their goals and at last it didn’t work out the way they planned it, they become mentally depressed.”

**Lockdown restrictions**

The lockdown restrictions and Covid-19 prevention rules prescribed by the World Health Organisation (WHO) such as social distancing, disrupted the meetings and activities of WROs. Some WROs struggled to utilise virtual platforms for meetings and activities due to lack of capacity, cost of technology, and poor internet connectivity. Project Inclusion, said: “We were working from home so we could not have face-to-face discussion with prospective funders and this has led to inadequate funding in our organisation.”

**Gender-based violence**

The impact of lockdowns on livelihoods led to greater tension in the home, at the same time as confining families together. Several WROs reported a surge in incidents related to SGBV such as rape, physical, psychological and sexual abuse against women and girls during the pandemic lockdown. The already existing risks of SGBV were exacerbated when the government imposed a lockdown in mid-March 2020 to curb the spread of the virus. This increased the risks of domestic violence, as women and children with abusive family members were confined at home due to restricted mobility, isolated from the people who could help them. In camps, government restrictions meant that IDPs could not leave, which decreased their access to goods and services significantly and led to an increase in sexual exploitation.12

Eunice Spring of Life Foundation said: 

“During our Covid-19 response activities, we gathered from beneficiaries that during the lockdown, there was a surge in incidences of domestic violence with women being victims in most cases. In some households, even while men stayed at home, it was the women who had to continuously perform the unpaid duty of caregiving for men and children who were also out of school. Women, especially petty traders and others in the informal sector lost their jobs, businesses and livelihoods. As a coping mechanism many had to succumb to illicit sexual activities that made them vulnerable to exploitation and abuse.”
Covid-19 has compounded the existing humanitarian crises in Nigeria, and it has also deepened the specific and gendered injustices faced by diverse groups of women and girls. As primary caregivers, limited access to healthcare in IDP camps, rural areas, and poor urban settlements impacts women greatly, and compromises their ability to protect themselves and their families from Covid-19.

Women Initiative for Sustainable Community Development (WISCOD) established a sexual and gender-based violence (SGBV) help desk and carried out activities for building the capacity of local communities, security agents and court officials on SGBV reporting. In addition, they also established mobile courts at the community level for handling SGBV cases. Similarly, SIRI Care Foundation self-funded projects related to child protection in response to the spike in GBV cases during the pandemic, and EDF partnered with other organisations to offer pro-bono counselling services for women and children experiencing GBV.

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SUWA worked with community volunteers to distribute information to community members and to distribute posters and handbills on Covid-19 awareness.

Even though most WROs struggled to access funding during the pandemic, a few organisations were able to secure some funds and resources for Covid-19 response activities. For instance, Network for Disabled Women (NWD) was able to get some packages of aid for community members through the Minister of Women Affairs, Ministry of Humanitarian Affairs, Disaster Management, and Social Inclusion and Minister of Federal Capital Territory for the state. Several other WROs played a key role in providing aid including personal protective equipment (PPE), food and non-food items to their communities. LEAD received funding to buy non-food items and give out conditional cash gifts to families and provide training on prevention and mitigation of

“Most of us are driven by passion but because of limited funds, using whatever available means to source for funds to make sure that these people meet their needs as much as they can.”

Women’s Midlife Support Initiative (WOMSI)
GBV, promoting positive male behaviour and preparedness for conflict or disaster management. WANEP received funding to create Covid-19 prevention awareness programmes and distribute preventative supplies covering seven states in Nigeria: Bauchi, Bornu, Delta, Edo, Gombe, Lagos, and Rivers States.

Some organisations came up with innovative low-cost solutions to prevent the spread of the virus. WOMSI, for example, provided a local solution to local communities called ‘Agama II’ which uses recycled containers filled with tap water for handwashing for those who could not afford the buckets with taps being sold in the market.

**Concern for Women and Girl Child Development Initiative (COWACDI) said:**

“We had to re-strategize, tailor our budget, engage communities to come-up with alternatives, community-based sourcing of resources, ensure full community participation with full compliance to minimum standard and all humanitarian principles.”

**Reaching the most vulnerable**

Several organisations took an intersectional feminist approach in ensuring women who were vulnerable and/or marginalised were not left out, and the specific needs of women were taken into consideration:

- WANEP targeted community women, persons living with disability, girls and women in Internally Displaced Camps (IDPs) with their Covid-19 response activities. This included producing radio programs, IEC materials, and distribution of face masks, hand sanitisers, antiseptic soaps, and buckets.

- CHABASH created safe spaces for children and adolescents who were at risk of experiencing GBV.

- LEAD provided sanitary supplies to women and children and repaired water points or installed boreholes to reduce the burden on women travelling long distances to access water for their families.

- Kebetkache engaged through their membership in the Women in Humanitarian in Nigeria Initiative Network, where they nominated vulnerable women heading households to benefit from the Covid-19 cash aid.

- WOLDI Africa, in partnership with the Urgent Action Fund Africa (UAF-AFRICA), reached out to survivors of SGBV in rural communities, female inmates in correctional facilities, and women with disabilities to ensure their access to justice.

- During the lockdown, ESLF, in partnership with other CSOs, mobilised resources to organise Covid-19 awareness sessions and distribute hygiene packs and nutritional items to over 2000 underprivileged persons, including people with disabilities, widows, the elderly, and displaced persons from hard-to-reach communities in eight local government areas in Benue State.

“During Covid-19 pandemic, we were able to reach 4000+ persons with disabilities in Nigeria with aid packages.”

Network for Disabled Women (NDW)
Economic and livelihood opportunities

Sanitation and Hygiene Education Initiative (SAHEI) opened a livelihood centre where they employed women to sew face masks and menstrual pads using local fabrics, and also produce liquid soap.

LEAD distributed conditional cash to women, who were able to invest the cash donations in agricultural or other economic ventures to improve their livelihoods. Similarly, Hope for Women Initiative (HWI) also provided stipends to the survivors of the insurgency and provided them with training on livelihood activities.

ESLF identified and profiled co-operative farmer groups in communities and supported them with information on healthy food combinations and access to improved farm inputs. Similarly, GEN supported local women and children by producing high calory food to treat malnutrition.

Awareness raising

Many WROs were involved in carrying out activities on awareness and sensitization on the Covid-19 preventive measures as well as in the distribution of preventive supplies such as hand washing gels, sanitizers and face masks. WROs used community-based awareness raising activities (eg. door-to-door distribution of flyers) as well as mass media (radio programs) to ensure communities were informed on Covid-19 guidelines and prevention raising activities.

Collective response and feminist solidarity building

A number of respondents reported on the positive impact of working in solidarity with other WROs throughout Covid-19, and highlighted the difference that collective action brought to their work and their role in the response. One respondent said that they were able to make decisions once they joined the Women in Humanitarian Response in Nigeria Initiative Network.

Some of the WROs turned to their networks to initiate collaborative work to tackle the common and collective challenges faced by their communities. For instance, EDF partnered with other organisations to offer pro-bono counselling services for women and children experiencing GBV during the pandemic. WOLDI Africa used the opportunity to piggyback on their partners’ projects to carry out some of their interventions, which encouraged collaborations and mutual support between WOLDI and their partners.
Justice Peace and Reconciliation Movement (JPRM) encouraged women to form support groups that enabled them to share food and other essential items with each other during the lockdown period. CWSI, with support from Human Rights and Paralegal group, also formed women’s groups that provided safe spaces for interaction and support amongst women.

EDF and REBHI took a mentorship approach to provide support to young girls and women with a series of training as well as stipends. The mentorship helped to build their knowledge on their rights as well as leadership skills for them to eventually become advocates for their rights within their neighbourhood.

Kebetkache noted that despite the lack of access to official funding and resources, there has been an increase in support from the community members. Churches provided palliatives and many philanthropists emerged among the community members, with individuals supporting their neighbours and friends.
This research finds that a significant percentage of grassroots women’s rights organisations in Nigeria are playing a critical role in the response to Covid-19, despite extremely limited access to funding and systematic exclusion from decision-making processes. Throughout the crises, WROs have increasingly worked collectively to secure funding, to influence decision-making, and to administer humanitarian programs to reach the most vulnerable.

The provision of funding and deliberate and targeted sharing of information with WROs by national and international actors is essential to ensure that WROs are able to continue and upscale the essential work that they are doing to reach the most vulnerable groups in the communities they work in and represent. Organisations that represent marginalised groups, and more specifically, women experiencing marginalisation (such as women with disabilities), must be systematically included when information is distributed, when decisions are made with regards to national humanitarian action plans, and in funding bids.

CONCLUSION

“One respondent said: “The international community can only improve their support towards women and girls by increasing support for women-led organisations, building their capacity and as well increasing their participation at all levels of engagement. We should also try to encourage local NGOs led by women, that will change the gender dynamics and give women more voices in Nigeria.”

Women’s Midlife Support Initiative

“... when they [international communities] come, they go through the government. And when it goes through the government there’s no proper monitoring and evaluation to account for it. So the best way to go is to identify with local NGOs who work with these people in the community and know what they face, how they feel, and their pains. The problem is when the international community wants to implement a project they bring their people from Lagos, Abuja etc. to work with a community they know nothing about. Most times they succeed but they don’t think of sustainability. But if they use local NGOs they are the ones to sustain the project. They can come and build our capacity if they think or feel our capacity is not enough for them.”
RECOMMENDATIONS

1. Provide humanitarian interventions that are gender-sensitive and focus on the needs and concerns of women and girls, specifically in preventing gender-based violence (GBV).

2. Create open spaces for women-led NGOs and WROs to actively participate in coordination and decision making for all stages of humanitarian response. The government should have a direct channel of communications with women on the ground and work with grassroots organisations in order to understand what communities want.

3. Identify local women-led NGOs/WROs that are first responders to lead humanitarian activities and allow independence of local women-led NGOs/WROs in the implementation of assigned projects with no undue interference by donor agencies.

4. Provide more direct and flexible funds to local women-led NGOs/WROs with less stringent conditions for gender programming and humanitarian interventions. Channel funding directly to local women-led NGOs/WROs rather than through INGOs.

5. Embrace the localisation agenda and framework, and recognise and respect local actors in and out of humanitarian response.

6. Support building more synergy and strengthening networks that engage with women and girls to ensure that the gender dynamics are adequately addressed and efforts are not duplicated.

7. Provide continuous capacity strengthening support to women-led NGOs and WROs to enable them to meet expected standards and procedures, including strengthening their governance, administrative and finance systems, programmes, monitoring and evaluation as well as reporting/media strategies. Provide targeted support to organisations working with women with disabilities.
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13 This is in line with commitments to localisation under the Grand Bargain stemming from the World Humanitarian Summit (WHS) in 2016 that signatories are accountable to.
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- Okaha Women and Children Development Organisation (OWACDO)
- Environment and Climate Change Amelioration Initiative (ECCAI)
- Justice Peace and Reconciliation Movement (JPRM)
- Centre for Women Studies and Intervention (CWSI)
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- Elohim Development Foundation (EDF)
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- Rehabilitation Empowerment and Better Health Initiative (REBHI)
- Hope for Women Initiative (HWI)
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- CHABASH Development and Health Initiative
- Care Best Initiative (CBI)
- Big Smile Foundation
- Kebatkache Women Development & Resource Centre
- Legal Awareness for Women in Nigeria (LEAD)
- Network for Disabled Women (NDW)
- Possibilities Initiative
- Project Inclusion
- Willing Hands Initiative
- Kumba Initiative
- Safe Host Initiative
- Rainbow Child's Right Foundation
- Unique Women with Special Abilities
- Gender Equality Peace and Development (GEPaDC)