

Gender Equality and Women's Empowerment Programme II 2016-2019

Niger endline / baseline report 2019



Photo: William Hirtle/CARE

Table of contents

Executive summary	1
1 Introduction.....	3
1.1 Brief description of the national context	3
1.2 Brief description of GEWEP II	4
1.2.1 Theory of change	6
1.2.2 Objectives of the end line/baseline study.....	8
1.2.3 Limits of the endline/baseline study	8
1.3 Structure of the report.....	8
2 Methodology	9
2.1 Sampling	9
2.1.1 Predicted and actual size of the sample, including non-response.....	10
2.1.2 Selection of respondents	12
2.2 Data Collection	13
2.2.1 Data collection techniques.....	13
2.2.2 Period of data collection	13
2.2.3 Encountered difficulties	14
3 Main Findings	14
3.1 Typical profile of MMD women.....	14
3.2 Cross-cutting themes	16
3.2.1 Strengthening civil society	16
3.2.2 Economic Empowerment of Women and Entrepreneurship.....	19
3.2.3 Women's participation in decision-making.....	22
3.2.4 Men's commitment to gender transformation.....	25
3.3 The sub-themes.....	27
3.3.1 Reduction of gender-based violence.....	27
3.3.2 Strengthening sexual and reproductive rights.....	29
3.3.3 Building resilience.....	31
3.3.4 Increasing access to education for women and girls.....	33
4 Discussion of the Results	33
4.1 Main Success	33
4.2 Points of vigilance.....	35
4.3 Risks and questions	36
5 Lessons Learned	37
6 Conclusion and Recommendations.....	38
7 Date and attestation	40
8 List of Annexes.....	41



Abbreviations

AFV	Action en Faveur des Vulnérables
AV	Village Agent
CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community Based Organization
CEG	Collège d'enseignement général (secondary school, first cycle)
CMP	CARE Member Partner
CN	CARE Norway
CO	Country Office (CARE)
CSO	Civil Society Organization
GBV	Gender Based Violence
GDP	Gross Domestic Product
GED	Genre Equity and Diversity
GEWEP	Gender Equality and Women's Empowerment Program
HC3N	Office of the High Commissioner 3N (<i>Nigériens Nourish Nigériens</i>)
IG	Impact Group
IGA	Income Generating Activities
I3N	Initiative 3N « Nigériens Nourish Nigériens »
INS	National Institute of Statistics
ISCV	Initiative pour la Sécurité des Conditions de Vie
LC	Leadership Challenges
LDC	Least Developed Countries
MFI	Microfinance Institution
MMD	Mata Masu Dubara
NGO	Non-Governmental Organization
NY	Niamey (I, IV)
PROMEESS	Promotion of Equality, of Social and Civil Society Equity
RBA	Rights Based Approach
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
STI	Sexually transmitted infections
VA	Village Agent
WEE	Women's Economic Empowerment
WEP	Women's Empowerment Program

Overall information for GEWEP II

Project name: Gender Equality and Women's Empowerment Program (GEWEP) II

Project period: 2016-2019

Number of people that have been directly reached: 108 608

NIGER endline / baseline report submission: 31st March 2019

Result highlights for GEWEP II in Niger

Title	2016	2017	2018	Total
Number of MMD groupings created	1421	1005	2416	4842
Members of MMD group created	35 829	22 478	50 301	108 608
Number of networks put in place	72	86	50	164
Number of federations set up	8	9	8	25
Mobilized savings (USD)	644 922	370 738	881 274	1 896 934



Strengthening civil society:

- The militant commitment of the MMD structures for women's rights is vested and real. It is expressed with conviction and objectivity.
- GEWEP II has been successful in developing the capacity of MMD women to better withstand adversity and to establish themselves as strong partners at the local level.



Women's economic empowerment:

- Almost 70% of MMD women have assets, compared to only 51% of non-MMD women.
- 59% of MMD women claim to own their land: these results are remarkable in a context where land is still an asset that remains out of reach of the majority of Nigerien women. In comparison, only 24% of non-MMD women claim to own land.



Women's participation in decision-making processes:

- 91% of women participate in decision-making within the community structures of which they are members. Almost all are MMD women.
- 52% of women believe that they offer ideas, and argue to defend their ideas at meetings of community structures. More than 90% of them are MMD women.
- Nearly 40% of women feel that they have a strong influence on the decisions made within the community areas in which they participate. They are almost all members of the MMD groups.



Engaging men for gender transformation:

Men's attitude to gender-based violence has changed significantly: over 80% of men are convinced that it is not normal for a husband to beat his wife, that excision has no advantage (and sometimes does not correspond to local culture or traditions), women have to choose their own husbands, girls have the same rights as boys.

Executive summary

Introduction

CARE Norway runs the GEWEP II program, which continues the efforts of GEWEP I (2014-2015) and the Women Empowerment Program (2009-2013), in 6 countries including Niger. In Niger, GEWEP II is implemented by PROMEESS II. The ultimate vision is for the full realization of women's socio-economic and political rights.

The program works in 25 communes in Niger, which is about 10% of all communes in the country. These municipalities have nearly 3,136,812 inhabitants, or 16% of the country's population.

Phase II of PROMEESS runs for the period 2016-2019. The end line evaluation is carried out at the end of 2018, and provides information on the main achievements (services, products, and changes (effects) in the economic, social and political conditions of women. The end line evaluation sanctions the current phase, but will also serve as baseline (reference) for the next phase.

Methodology

In addition to the use of documentation and interviews with various projects, resource persons and third-party organizations, information from participants/beneficiaries in the field was collected through two major sources: a quantitative survey and a qualitative survey.

Three levels of sampling were used. For the "communes" level, it was agreed to focus on a maximum of two communes per region. The selection of the 20 communities combined reasoned choices and random choices: 10 communities affected by the baseline study, and 10 communities selected randomly; 800 people (400 women and 400 men) were surveyed; 40 respondents per community.

The qualitative survey took place in about fifteen communities different from those that hosted the quantitative survey. The concern was to introduce a certain diversity and specially to reduce the effect of fatigue that could be felt if everything was happening in the same communities. The choice of communities was random based on the list of communities of intervention established by partner NGOs.

Principal results

Between 2014 and 2017, the capacity of implementing partners improved slightly in various aspects of their organizational, programmatic and institutional development (score evolution from 3.03 to 3.38). The shortcomings concern the absence of internal control procedures, a slowdown in associative life in terms of interaction between members and systematic sharing of information, and a weak capacity to mobilize resources complementary to CARE's financing.

On average, 60% of women say they own the assets in their respective households. This figure is lower than that of the baseline (84.2%), and reflects the current situation where women still have little influence (control, decision) on the most important assets that are land and livestock. For more than 80% of women, husbands intervene in one way or another when they have to decide how to use (sell) their assets.

Only 12% of women decide on the use of their assets alone. The majority are female heads of households (divorced, widowed).

On average, 91% of women (almost all MMD women) participate in decision-making within the community structures of which they are members.

Women's attitudes towards gender-based violence have changed significantly over the last five years (score of 2.6 in 2014 and 3.79 in 2018). Women are more familiar with the principles and modern and Islamic rights, which are the basis of relationships in the couple, and which specify the rights of each person, man or woman, in the community and in the family.

More than 90% of men support the fact that (i) women are able to own cash savings and decide how to use it, and that (ii) women are able to inherit and possess properties or assets (of their husbands, fathers, mothers or other relatives).



38% of households affected by a crisis have been able to cope with expenses without having to sell basic household resources.

32% of women have the ability to read and write; when we look at this capacity for MMD women, it goes up to 34%. For men, the rate is 51%.

Discussions of the results

MMD groups are strongly rooted in communities. They are part of a concrete reality that animates the socio-economic life of communities. MMD women make a significant contribution to meeting the basic needs of communities. They are involved and engaged on fundamental issues such as education, the fight against forced marriages.

In the development of federations, it is important to reposition their strategic role such as women's rights defenders, and advocacy structures. They should not take care of granting credits.

Mobilization and awareness raising for access to health care is undeniably successful, but the response and services received by women are not always satisfactory or even disappointing in many cases.

It is important to remain alert to the fact that men seem to be giving up many of their obligations in terms of caring for the family. Today, if a woman crosses her fingers, her household may "sleep without food". How to avoid this perverse effect where the success of the MMD is transformed into an unequal (and unfair) transfer of family burdens on them?

Conclusion et recommendations

PROMEESS II's performance is measured by women's ability to manage resources, accumulate assets, develop crisis response capabilities, and continuously strengthen their ability to support the life systems of their respective households. This is accompanied by greater social and political inclusion of women, increased dialogue with men on critical issues such as SRH and GBV. Men carried by these transformative processes in their households and communities, provide women with more assertive support, although there is sometimes a tendency to let women take care of the family expenses.

The efforts to be continued and intensified concern (i) the improvement of women's human capital, in particular through consistent literacy programs, (ii) structured support for networks and municipal federations, and (iii) thorough reflection on entrepreneurship to fit well into women's specific demands/needs.

1 Introduction



1.1 Brief description of the national context

The population of Niger is estimated at 18.3 million inhabitants in 2015 and is characterized by a strong growth (3.9%), unequal spatial distribution with high densities in the south center, and a rurality of 80%¹. It is about 51% women, but this proportion is higher in rural areas because of the higher mortality of older men, and especially the emigration of young people to urban centers and abroad. These facts transform women into heads of households and increase their family expenses while their current status or condition does not allow them to fully assume this role. More importantly, this widening role for women has an impact on their health because at an early age, girls end up with a high workload (INS, 2010). The population of Niger is characterized by its youth. About 69% of the population is under the age of 25, while the under-15 population is about 51.7%².

Age Disaggregation: <5yrs 22%; 5-19yrs 42%; 20-64yrs 33%; >65yrs 3%
Average household size: 5.9 people/HH
Female headed households: 15.9%
Polygamy rate: 36% (women aged 15-49 years)
Literacy rates: 15-24 years: male 51%; female 21%
Infant mortality rates: 63 per 1000 live births
Niger Gender statement in brief (CARE, 2017)

The national economy is mainly based on activities in the primary sector; agropastoral production accounts for 42% of total GDP, provides between 15% and 20% of the country's exports and employs more than 80% of the active population. The performance of the rural sector, however, is affected by structural constraints that keep a large proportion of producers in chronic poverty. Every year, between 10 and 30% of rural households are deficient in cereals. The prevalence of acute malnutrition remains above the alert threshold of 10% and the chronic malnutrition rate among children is also above the critical threshold of 40%³.

Traditional roles and responsibilities of men and women
Women have access to the land only during the dry season to cultivate vegetable and crops that are exclusively feminine such as okra, cowpea, squash, groundnut, etc. Sometimes they have to look for land that is further away, which increases their charges and place them in high risk situations. When a crisis strikes (drought or flood) and the crop harvests show a deficit, men are forced to leave in exodus to other regions of the country or even outside the borders to look for work. Women go to big cities to work as cleaners or nannies but also practice desperate coping mechanisms including begging or sex for survival.
Niger Gender statement in brief (CARE, 2017)

Niger is one of the least developed countries in the world (LDCs) and consistently ranks last in the Human Development Index, mainly because of inequities and gender inequalities in all socio-economic domains. Access to school and education in general continues to be a major discriminating factor: 65% of boys are enrolled in primary school compared to 51% of girls, while only 8% of girls enter secondary school against 14% of boys. Disparities also affect the living environment, as 7% of women are literate in rural areas, while this rate rises to 45% in urban areas⁴. Overall, women are almost three times less literate (17%) than men (43%)⁵.

¹ Office of High Commissioner I3N – Action Plan 2016 - 2020 of the 3N Initiative

² NIS - Directory 2010 - 2016

³ Office of High Commissioner I3N – Action Plan 2016 - 2020 of the 3N Initiative

⁴ CARE - Niger Gender statement brief, 2017

⁵ CARE Norway Program Document – NORAD Programs 2016-2019, PROMEESS II Niger

The poverty index has declined between 2005 (62,1%) and 2014 (45,1%)⁶, but a large majority of Nigeriens still live in chronic insecurity. Poverty is particularly acute in rural areas, where 96% of households face multidimensional poverty. Women make up the largest proportion of the poor: in 2005, women accounted for 73% of the poor; in 2011, this proportion remained practically unchanged (70%)⁷. In order to reverse these trends, the Government, supported by several technical and financial partners, and civil society organizations, has adopted institutional, legal and political measures over the last twenty years, the ultimate aim of which is to improve profoundly the socio-economic status of women. These are mainly: (i) the National Policy for the Advancement of Women in 1996 (revised in 2009); (ii) the Quota Law, adopted in 2000, which aims to secure 25% of the posts of appointment and 15% of the elective positions of both genders; (iii) the National Gender Policy of July 2008; (iv) the 2011 Constitution which prohibits gender discrimination; (v) the establishment of the National Observatory for the Promotion of Gender; (vi) the New Gender Policy in 2017 which updates the 2008 document to take into account the “... *new challenges related to accelerated population growth, climate change, peace and security and humanitarian emergencies*”⁸.

The provisions of these documents introduce significant advances in the status of women in Nigerien society. However, in spite of the asserted will and the constant activity of NGOs and associations promoting women, progress is still modest in the field.

1.2 Brief description of GEWEP II

Table 1: Ultimate Goal, Impact Groups and Target Groups

Country	Program goal (impact statement)
NIGER	Women aged 15-64 in poor and vulnerable households and girls and boys of school age in the 25 target communes of the Maradi, Niamey, Tahoua, Tillabery and Zinder regions of Niger, realize and enjoy fully their socio-economic and political rights
	Impact Groups and Target Groups
	The ultimate changes in the program are measured at the level of impact groups hereafter: <ul style="list-style-type: none"> • Women aged 15 to 64 in chronically vulnerable poor households • Girls aged 6 to 14 from all households in the intervention area. Men as an organization/association, leaders, husband, father, teachers, traditional and administrative authorities etc. are identified as target groups

The Gender Equality and Women Empowerment Program (GEWEP) II builds on GEWEP I (2014-2015) and on Women’s Empowerment Program (2009-2013), and is implemented by CN, CARE country offices and local partners in 6 countries: Burundi, DRC, Mali, Myanmar, Niger and Rwanda. The program aims to empower women and girls facing poverty, inequality, violence and social exclusion to claim and realize their human rights.

GEWEP II has four crosscutting thematic focus areas: Strengthening of civil society, women’s economic empowerment and entrepreneurship, women’s participation in decision-making processes and men’s engagement in transforming gender norms. Connected to these four

⁶ Office of High Commissioner I3N - Pro-Resilience Project Document 2019-2021, July 2018

⁷ CARE Norway Program Document - NORAD Programs 2016-2019, PROMEESS II Niger *citing the Bejin+20 Situation Report, 2015*

⁸ Government statement at the adoption of the New Gender Policy ceremony



areas, CARE has developed global outcome indicators. Please see the table below for the global outcome indicators.

Table 2: Cross-cutting themes and global indicators of GEWEPII

Civil society is strengthened
Capacity of partners Capacity of women's networks
Women's economic empowerment is strengthened
% of women that own assets and can sell without asking permission Changes in targeted public policies/legislation/practice promoting women's economic rights (property, inheritance, other)
Women's participation in decision-making is strengthened
% of women that are member of a decision-making body (including political parties) % of women that are member of a decision-making body and state they are able to influence decisions Women's perception of social inclusion in the community Changes in targeted public policies/legislation/practice promoting women's civic/political rights % of women that have used sexual and reproductive health services in the last 12 months based on own decision
Men's attitude towards women's rights and empowerment is improved
Men's attitudes towards women's economic security Men's attitudes towards women's participation Men's attitudes towards the protection of women's sexual and reproductive health and rights Men's attitudes towards gender-based violence

In Niger, the GEWEPII is implemented through the Promotion of Equity, Social Equality and Civil Society Program in Niger (PROMEESSII Niger). PROMEESSII deepens CARE Niger's long-term work in supporting vulnerable women and addressing the root causes of rural poverty. Since the creation of the first Mata Masu Dubara (MMD) groups in the Maradi region in 1991, CARE has stood with women to address various situations of marginalization, denial of rights, inequity, social injustice, etc.

CARE is recognized as a credible organization because of the quality of its work and its role in influencing social injustice. CARE Niger is renowned for its expertise in women's leadership development and Empowerment (...). Around 13,500 MMD groups have been set up (end of 2014) with 350,000 women members (that is to say almost 8% of the working women in the country). One in two women elected is a member of the MMD group.

Extract of the Prodoc of PROMEESSII

PROMEESSII extends CARE Niger's past efforts, which over the years have helped to establish MMDs as a national movement, a credible and recognized approach to women's empowerment, a symbol of women's commitment to women's empowerment that face adversity in all its forms. PROMEESSII has strongly emphasized gender equality and the strengthening of civil society through three areas of action (see theory of change below): (i) structuring and promoting the governance of civil society; MMD structures and elected women; (ii) increasing the entrepreneurial skills of young people and women; (iii) support for the emergence of bottom-up social movements for the transformation of harmful gender norms

The program is working on the three results in thirty (30) communes of Niger, which is about 10% of all the communes in the country. In terms of population, these communes have nearly 3,136,812 inhabitants, or 16% of the country's population.

Table 3: Intervention area of PROMEESSII

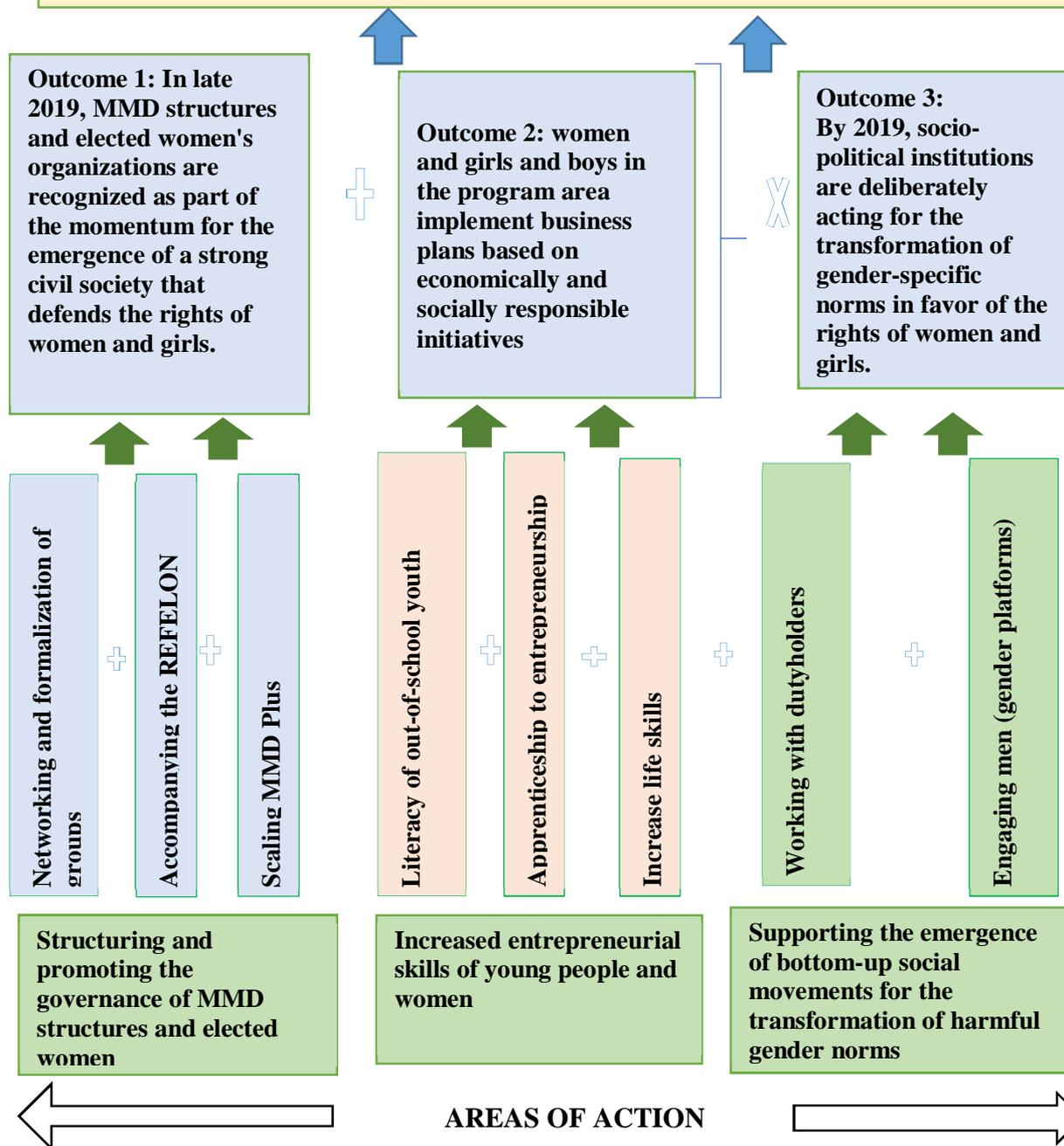
Maradi : 5/47 communes	Niamey : 5/5 communes	Tahoua : 5/44 communes	Tillabéry : 5/45 communes	Zinder : 5/55 communes
1. Guidan-Roundji	1. 1 ^{er} Arrondissement	1. Tsernaoua	1. Namaro	1. Dogo
2. Tibiri	2. 2 ^e Arrondissement	2. Bambèye	2. Hamdallaye	2. Ollelewa
3. Chadakori	3. 3 ^e Arrondissement	3. Tama	3. Liboré	3. Yekoua
4. Tchadaoua	4. 4 ^e Arrondissement	4. Tébaram	4. Say	4. Gangara
5. Jiratawa	5. 5 ^e Arrondissement	5. Badaguichiri	5. Tamou	5. Droum

1.2.1 Theory of change

The ultimate vision is for the full realization of women's socio-economic and political rights. The three change pathways are (i) a strong and sustainable organization of MMD structures as well as the network of elected women, (ii) the emergence of women and youth engaged in entrepreneurship, (iii) the intensification of social and political dialogue in multi-actor frameworks, to transform gender relations in a sustainable way.

In terms of the operational strategy, the program plans to use cross-cutting and inclusive capacity-building approaches, the multiplication of women's empowerment and leadership initiatives, and inclusive learning and knowledge management processes.

Purpose of the program: Women aged 15-64 in poor and vulnerable households and girls and boys of school-going age in the 30 target communes of the Maradi, Niamey, Tahoua, Tillabery and Zinder regions of Niger, realize and enjoy fully their socio-economic and political rights.



CAPACITY BUILDING - LEADERSHIP & EMPOWERMENT OF WOMEN -
LEARNING - KNOWLEDGE MANAGEMENT

Four main issues have been identified as obstacles to the realization and enjoyment of the socio-economic and political rights of women and girls:

- i) **Persistence** of harmful **gender norms**
- (ii) **Low access** of women to the means of **production and entrepreneurship**
- (iii) **Little engagement** of the civil society
- (iv) Weak development of the existing **legislative framework**, though well developed in national and international laws

1.2.2 Objectives of the end line/baseline study

Two main objectives are sought in the realization of this final evaluation:

- Appreciate the overall implementation of the program through the analysis of “... *traditional and general criteria for a final evaluation (such as) relevance, coherence, intervention logic, effectiveness, effects and changes, sustainability, learning and knowledge management, and innovation*”.
It should be noted that these evaluation criteria will be appreciated through the way in which PROMEESSII has implemented the four transversal themes.
- Determine the current status of the project indicators that will serve as a point of comparison with the baseline provided by the baseline study (for the next phase).

The current level of the indicators will then give some indication of the degree of achievement of the specific objectives of the program (via the three action areas or components).

1.2.3 Limits of the endline/baseline study

Matching the endline and baseline processes offers some time-saving advantages, and allows rational use of resources. It is also a sure way to avoid breaks in operational implementation, by limiting the time spent on studies/surveys.

This procedure, however, has the disadvantage of considerably advancing the evaluation period. The targets and indicators of PROMEESSII are set for the end of 2019, but the final evaluation is conducted in late 2018, one year ahead. This is a year that the program could have used to deepen the intervention and enhance the chances of improving the final value of the indicators. The PROMEESSII could find the 2018 values of the indicators "good enough" to have an overall assessment of the implementation of the program. But does this 2018 value make it possible to conclude on the level of achievement of the indicators at the end of 2019?

1.3 Structure of the report

The first chapter includes an introduction with a brief description of the national context and the GEWEPII, as well as the theory of change. The objectives and limits of the evaluation are also presented. Then, chapter two deals with the methodology, while chapter three presents the major findings of the study structured according to the four transversal themes of the GEWEPII. Chapter Four introduces a comprehensive discussion of results, progress, and areas of improvement for the four cross-cutting themes. Then, there is a summary of lessons learned, and the final chapter on conclusions and recommendations.

2 Methodology



In addition to the use of documentation and interviews with various projects, resource persons and third-party organizations, information from participants/beneficiaries in the field was collected through two major sources: a quantitative survey and a qualitative survey.

2.1 Sampling

Three levels of sampling prevailed at the choice of the communes, communities, persons/groups from whom the quantitative and qualitative information was collected.

The first level of sampling concerns communes to visit. During the briefing meeting, it was agreed to focus on a maximum of two communes per region to take into account the limited time of field visit (12 days). The criteria put forward for the choice of the two municipalities by region are:

- The geographical position, which influences the agro-ecological conditions, and therefore the production methods (agro-pastoral, pastoral)
- Socio-economic realities: they are appreciated through the proximity of major roads and / or markets where relatively large transactions take place
- The age of the intervention of the program, linked to the achievement or not of good performances

Table 4: Characteristics of the communes selected in the sample

Regions	Communes	Main features
Zinder	Gangara	Pastoral area Offshore location Relatively recent intervention
	Yekoua	Agro-pastoral area, even agricultural south Old intervention, Proximity of the markets of Nigeria Concentration of activities with good results achieved
Maradi	Tibiri	Located on the National Highway 1 Agricultural zone, with agro-pastoral extensions, former intervention zone Good results recorded by the program
	Tchadoua	Same geographical features as Tibiri and Chadakori Particularity related to the fact that it is an area known for the precarious situation of women
Tahoua	Tsernaoua	Located on the national road, at the crossroads between several important markets of Niger and Nigeria Old intervention of the program, with interesting results
	Tama	Eccentric zone, with agro-pastoral vocation Old intervention of the program
Tillabéry	Tamou	Agro-pastoral zone; moderately accessible Old intervention of the program
	Say	Agro-pastoral zone; close to Niamey, and therefore accessible Old intervention of the program with satisfactory results
Niamey	Community boroughs NY4	Women's low level of education

		Activities focused on agro-pastoral processing and girls' schooling
Community boroughs NY1		Women's high level of education Activities focused on political dialogue and advocacy

The second level of sampling focused on community selection that combines reasoned choices and random choices. Given the time dedicated to field survey, it was agreed with the PROMEESSII team to visit 20 communities, i.e. 2 communities per commune. The communities affected by the baseline study are also those that should be targeted by the endline evaluation. This should enhance the chances of having relatively consistent comparators.

On this list were selected the communities where the program is currently working, 10 communities in total. This list was then supplemented by communities selected at random, within the intervention communes identified by the partners to reach a total of 20 communities.

Table 5: Distribution of municipalities and communities in the sample by region

Regions	Communes	Communities	Observations
Zinder	Yekoua	1. Yekoua	Baseline study
		2. Mayaaki	Random choice
	Gangara	3. Gangara	Random choice
		4. Malam Tchouloum	Random choice
	Dogo*	5. Djeda*	Reasoned choice*
Maradi	Tchadoua	6. Wakasso	Baseline study
		7. Zabon Moussou	Baseline study
	Tibiri	8. Soura Saraki 9. Fougagaou	Random choice
Tahoua	Tama	10. Tounfafi	Baseline study
		11. Tsaida	Baseline study
	Tsernaoua	12. Tsernaoua 13. Tounga Makochi	Random choice
Tillabéry	Tamou	14. Bokki	Baseline study
	Hamdallaye	15. Tondigamey	Baseline study
		16. Falanké	Random choice
Niamey	Community boroughs NY1	17. Ganki	Baseline study
		18. Yantala	Baseline study
	Community boroughs NY4	19. Soudoure	Random choice
		20. Talladjé	Random choice
		21. Pays-Bas	Random choice
	22. Tondikoirey*	Reasoned choice*	

* Communes and communities added during the complementary survey phase to complete the number of people surveyed and reach the initial number provided by the sample (see section 2.2.3).

2.1.1 Predicted and actual size of the sample, including non-response

For quantitative data, the expected size of the sample is 400 female respondents and 400 male respondents. This sample of 800 people to be investigated, was calculated by the PROMEESSII team, and provided to the consultant as a work basis. The PROMEESSII team used a software

package⁹ to determine the sample to be investigated with a 95% confidence level and a confidence threshold of 5%. On this basis, considering a population of about 300,000 people (men and women aged 16 to 64), the software package indicates a total of 384 men and 384 women, rounded to 400 men and 400 women.

A decision made with the PROMEESSII team was to define an identical number of people to investigate in each community, not to calculate this number from the size of the population. The argument is that MMD groups are not based on population size, but rather on criteria such as the level of vulnerability, demand or expression of need by women or local leaders, possibility of supervision by village agents (AV), etc.

On this basis, the distribution of the 800 people to be surveyed among the 20 communities, results in a minimum of 40 people to investigate in each community (20 women and 20 men).

Within each household, the survey involved 3 people, including the head of the household, a woman, and possibly a man and a woman (all over the age of 15). In the end, the interviews were to take place in 14 households per community, and reach 42 people (21 women and 21 men).

By relating this to the number of communities, the quantitative survey aimed to reach 840 people. The additional 40 people to have a safety margin (to take into account possible errors related to incomplete questionnaires, or to fill in any gaps in the regions that do not reach the number of respondents)

Table 6: Number of people surveyed by community (forecasts and achievements)

	Forecasts			Achievements		
	Households	Women	Men	Households	Women	Men
Maradi	56	84	84	57	85	84
Niamey	56	84	84	56	86	82
Tahoua	56	84	84	57	84	84
Tillabéry	56	84	84	57	82	78
Zinder	56	84	84	57	84	84
Total	280	420	420	284	421	412

The number of targeted questionnaires was reached in all regions except Niamey and Tillabéry for men. However, the differences do not affect the integrity of the study because the number of male questionnaires collected is 412 (against a target of 400 for the sample).

In addition, the verification of the questionnaires shows that they are all satisfactory in terms of the quality of information collected. No questionnaire was therefore rejected.

Finally, it should be noted that only 5 people (2 women in Maradi; 1 man in Niamey; 1 man in Tillabéry) refused to answer the questionnaire.

⁹ <https://www.surveysystem.com/sscalc.htm>

Comparison between 2014 (baseline evaluation) and 2018 (endline evaluation) data

The quantitative objective of the number of people to be investigated has been exceeded. The criteria used to select the communities (10 of the base study and 10 randomly chosen) and the number of people to be surveyed (similar for all communities regardless of the population weight) are reasonably objective and neutral to allow data comparison of 2014 (baseline evaluation) and 2018 (endline evaluation). Comparisons are possible for all indicators related to the four cross-cutting themes (provided the data were collated in 2014), including women's socio-economic status, and men's and men's perceptions of women's social, economic, and political status.

However, the assessment of the MMD penetration rate is difficult to achieve according to a relative inclination of the endline evaluation sample to MMD women, more available for the survey and therefore more affected than other women from the community (*see sections 2.2.3. et 3.1.*). This is especially true for the Maradi and Zinder regions, where MMD women accounted for an overwhelming share of the sample.

The qualitative survey took place in about fifteen communities different from those that hosted the quantitative survey. The concern was to introduce some diversity into the sources of information gathering, but especially to avoid a fatigue effect that could be felt if everything was happening in the same communities. The choice of communities was random based on the list of communities of intervention established by the implementing partners. Part of the qualitative survey took place in the chief towns of the communes in which these communities are located.

The lively discussions, especially with the gender platforms, confirmed the data from the quantitative survey. The analyzes were more detailed about gender relations, the status of women, and perceptions of gender-based violence. These are delicate aspects that the quantitative questionnaire did not always capture, and which were widely discussed throughout the qualitative survey.

2.1.2 Selection of respondents

For the quantitative data, the respondents (men and women aged over 15) were randomly selected using the household list prepared by PROMEESSII's implementing partners. In the absence of the list, the interviewers returned randomly to the households of the surveyed communities, following then 5 steps between two households. In both cases, the interviewers finally spoke with the households where the respondents were available (*see section 2.2.3.*). In each household, an interview was conducted with the head of the household, followed by a man and a woman. Two recommendations were given: (i) to diversify men as much as possible (do not systematically administer the household questionnaire and the men's questionnaire to the same person); (ii) ensure that in each community, in the end, 21 women and 21 men were interviewed.

For practical reasons, it was the implementing partners who organized the appointments with the key informants of the qualitative survey. It was faster and more effective that they do the first communication by specifying the groups involved in qualitative data collection. The

consultants, for their part, chose among the groups met, the resource persons (identified during the interviews) to discuss with them the most significant changes.

2.2 Data Collection

2.2.1 Data collection techniques

The PROMEESSII team has proposed a detailed toolset for conducting individual interviews and focus groups. The consultant reviewed all the tools and did not make any major change. The only adjustments concern the wording of the sentences, which was reviewed in several tools, in order to reinforce their understanding by users.

Quantitative data were collected using three questionnaires:

- The household questionnaire
- The individual women's questionnaire
- The individual men's questionnaire

Quantitative data collection was done with the **application Kobo Collect**. This digital option greatly facilitated data transmission, drastically reduced cleanup and input time, and enabled smoother processing.

Ten investigators (5 women and 5 men) conducted the quantitative data collection in the 5 regions. Each pair of investigators took charge of one region, that is, 2 communes, 4 communities, and 168 people (84 women and 84 men).

For **qualitative data**, several information gathering techniques were combined: group discussions, semi-structured interviews with key informants, discussions around the most significant changes, stories of human interest, etc. Seven interview guides were used to support discussions with the following categories of actors:

- Women members of MMD groups
- Non-MMD women
- Men
- Behavior change groups (gender platforms)
- Key people selected from the groups above (to appreciate the most significant changes)
- Integrated Health Centers managers (and/or health huts)
- The communes

The consultant used recorders to collect all the discussions held with focus groups. The voices were then transcribed to have a written version of the analyzes and opinions provided by the women and men concerned by the qualitative survey.

2.2.2 Period of data collection

The collection of information took place in the period from 20 to 31 October 2018. At the end of this first phase, the interviewers failed to reach the number of people set for the sample (see

section 2.2.3). It was therefore necessary to conduct a complementary collection between 10 and 16 November 2018.

The collection of qualitative information was spread over the period from October 21 to November 30, 2018, as well as discussions with resource persons, organizations and third-party projects.

2.2.3 Encountered difficulties

The endline evaluation coincided with the harvesting period in the communities. As a result, women, and especially men, were not readily available for questionnaires. The investigators spent a lot of time trying to get appointments and get people available to investigate. This slowed down the fieldwork. To this must be added the cumbersomeness of the "women" questionnaire and the need sometimes to interrupt the discussion, and to return later to complete it.

In the Niamey region, it was the urban environment that affected the conduct of the survey: households were not interested in meeting the interviewers who had trouble getting the first appointments.

These constraints have considerably slowed the field work. As a result, after 12 days of collecting quantitative data, it was not possible to gather the number of women and men required for the sample. It was necessary to add the duration of presence on the ground of a week during a complementary investigation of data.

The unavailability of men and women has introduced a certain bias in the random nature of the sample. To meet the quantitative objectives of the sample within the deadlines set for them, the investigators had to focus on the women most available to answer the questionnaires: everywhere they were MMD women, used to sacrificing their time to external solicitations who were the most available. This is particularly true in Zinder (communities of Gangara, Malam Chouloum and Djeda) where the sample is almost exclusively made up of women members of MMD groups. The same is true for the Maradi region, and to a lesser extent in the other regions. This obviously influenced the figures relating to the penetration rate of MMD groups in PROMEESSII's intervention regions and areas. (*see section 3.1*).

Despite these difficulties, the quality of the questionnaires received from the field was satisfactory; all the questionnaires were usable. The constant message given to the investigators was to favor the quality of the answers, and not hurry to obtain the quantitative objectives in terms of people surveyed.

3 Main Findings

3.1 Typical profile of MMD women

It should be noted that the analyzes are for women aged 16 to 64 (as directed by CARE). On the basis of this age criterion, 401 women (including 202 MMD women and 199 non-MMD women) are concerned.

Table 7: Distribution of MMD women and non MMD women in the sample

Regions	MMD Women	Non MMD	Total	% of MMD Women
Maradi	41	40	81	51%
Niamey	34	47	81	42%
Tahoua	29	53	82	35%
Tillabéry	30	49	79	38%
Zinder	68	10	78	87%
Total	202	199	401	51%

MMD women make up 51% of all women surveyed. Due to the bias mentioned above (see section 2.2.3), it is not possible to assess the real penetration rate of MMD groups. Based on the most recent activity reports of the implementing partners, **it appears that the average penetration rate of MMD groups is about 23%** in the intervention areas (excluding Niamey, where the presence of the Program is not focused on a quantitative extension of the groups, but rather on strengthening the federations with a view to advocacy actions).

Maradi: 23% Niamey: 2%
 Tahoua: 24% Tillabery: 22%
 Zinder: not calculate
Source: 2018 First Semester's Partners Report

94% of the MMD groups were set up and supervised by CARE, and nearly 64% of the women have been engaged for more than 4 years in these groups. On average 23% of women have become members since 3 to 4 years. When we look closely at the length of membership by region, the number of women over 4 years of age is highest in Zinder (48), where it is almost twice the number of women in the same group in Maradi and Tillabéry (26), and more than twice the women of Niamey (21).

94% of MMD groups are supported by CARE
 Almost 64% of women have been members for more than 4 years

In PROMEESSII's five intervention regions, three are in the Hausa zone (Tahoua, Maradi and Zinder), and the MMD women are mostly Hausa at the national level (more than 75%). MMD women of Djerma origin, mainly present in the region of Tillabéry, and Niamey, constitute 24%. The two other ethnic groups represented marginally are the Tuareg (in Maradi) and the Fulani (in Tillabéry and Niamey).

Young women (aged 35 and under) represent 24% of MMD women. The MMD movement is not very open to young women, let alone young girls. MMD women are indeed of a relatively mature age: the 36-45 year old represent nearly 30% of MMD women. Up to 35% of MMD women are over 46.

Mean age of MMD women
 + 46 years: 35% 36-45 years: 30%
 36-35 years: 24% 15-25 years: 12%

One-third of MMD women live in polygamous households, while 51% are monogamous married women. The level of polygamy is relatively higher than the national average of about 22%, but is relatively consistent with the observations that (i) polygamy is in rural areas, (ii) the regions

of Zinder and Maradi are those practicing more polygamy, (iii) the prevalence of polygamy increases with the age of women (up to 32% for the age group 40-44)¹⁰.

On average 34% of MMD women can read and write, this is 2 points higher than the average of all women surveyed (32%). **63% of MMD women have a primary level, compared to 60% for all women surveyed.** These figures are higher than the national average, which is estimated at 21.5% of women with primary education. **The same differences remain for the secondary level, which concerns 14% of MMD women, while the national average is only 6%.**

Ability to read and write: 34%
 School attendance: 37%
 Primary level: 23%
 Secondary level: 14%

In addition to the huge disparities linked to the geographical environment (PROMEESSII's intervention areas are rather favored in terms of accessibility and coverage of school infrastructures), this big difference between the level of education of MMD women and the national average reflects a remarkable result of the constant and long-term efforts to support the enrollment of girls in these areas.

3.2 Cross-cutting themes

3.2.1 Strengthening civil society

CARE partners with three national NGOs to implement PROMEESSII in the field:

- The NGO ISCV covers the regions of Tahoua, Niamey and Tillabery. Over the past 5 years, ISCV has shown the strongest capabilities in line with CARE's expectations. ISCV is presented « *as a transparent, efficient, accountable organization, with a great capacity for adjustment* »¹¹. That is why the NGO that initially just covered the region of Tahoua, inherited regions of Niamey and Tillabery since 2017 when the NGO in charge was excluded from the partnership because of proven problems of fraud.
- The NGO Leadership Challenges covers the Maradi region. It has performed relatively well over the two last years
- The NGO AFV covers the Zinder region. This is the youngest NGO whose capacities are considered relatively average, and which also made some progress with regards to some management aspects.

Table 8: Capacity of civil society in 2014 and 2018

Civil society is strengthened	Baseline	Endline
Capacity of partners	3,03	3,38
Capacity of women's networks*		

*: There is no objective data on network capacities.

CARE has developed a partners' capacity analysis framework covering 7 areas: leadership, strategic management, financial management, governance, services provided, advocacy, accountability. Partners' capacity assessment leads to capacity building plans.

¹⁰ National Institute of Statistics - National Assessment Study of Socio-Economic and Demographic Indicators (ENISED), February 2016

¹¹ Cabinet Leader of Africa - Evaluation Report of Partnership Relations within PROMEESS 2015, April 2016

This initial grid was however modified for the 2016 and 2017 capacity assessments: some dimensions were abandoned (leadership, services provided), and others were merged (management capacity and financial capacity merged into operational capacities). For this reason, the comparison in the evolution of the performances concerns only 5 dimensions: financial capacity, management capacity (assimilated to operational capacities), governance, advocacy, sustainability.

Between 2014 and 2017, the capacities of implementing partners have improved slightly in various aspects of their organizational, programmatic and institutional development. This average situation, however, conceals some disparities between the best-performing NGO, ISCV, which increased from 3.34 in 2014 to 3.80 in 2017, and the two other NGOs whose average capacity remains around 3.

Overall, implementing partners are performing well for operational planning and implementation of field activities. Their technical expertise and knowledge of the participating groups are welcomed by all, as well as their ability to develop effective working relationships with local authorities.



The shortcomings identified during the evaluations concern the absence of internal control procedures, a weak associative life in terms of interaction between members and systematic sharing of information, and a weak capacity to mobilize resources complementary to CARE's funding.

Beyond these organizational criteria agreed with CARE, it is essential to question the strategic and institutional development of implementing NGOs. The strategic option of working in partnership is inherent in CARE, with specific objectives: increased efficiency, scaling up of effects/impacts (scaling up), extension and sustainability of CARE's intervention, development of civil society which positions itself on national and local development issues. It is therefore important to see how NGOs take ownership of the mission of supporting MMD structures and take specific initiatives to support women in their daily efforts. The most visible activity of the NGOs is the implementation of the action plans agreed with CARE. Beyond this operational investment, what is the strategic contribution of NGOs? What added value for MMD structures? The weak capacity of NGOs to mobilize additional resources is an objective limit for more consistent and sustainable engagement with MMDs.

Discussions with NGOs highlighted some initiatives for mobilizing additional resources. The process is new and needs to be strengthened, and should be based on a clear vision of what NGOs want to achieve with the MMD structures. Plans to support MMD structures should be



on the long-term, beyond CARE's operational plans. It would be wise for NGOs to start thinking about the subject in order to orient their strategic plans accordingly.

The development of civil society is also appreciated through the emergence and strengthening of MMD networks. The raison d'être of the networks is to mobilize high volumes of savings and allow better representation of women at the municipal level. In fact, networks of MMD groups manage to drain relatively large sums of money¹² in contexts of income poverty. Discussions with MMD women and gender platforms show that activist commitment to women's rights is vested and real. He expresses himself with conviction and objectivity.

The activities of the networks within the communal federations, the participation of women in the gender platforms, their collaboration with the municipal councils, the religious leaders, the traditional chiefs, the various partners and the other federative associations, favor the construction of a communal citizenship. Communication and outreach activities are delivering results in a number of areas, including girls' schooling, the use of sexual and reproductive health services, the easing of housework, and so on. This exercise of testing citizenship needs to be strengthened so that it can sufficiently nourish the collective female identity so that it can impose itself, defend itself and remain in the public and political space.

The process is not yet completed; it needs time. Just as the consolidation of the networks took some time for the groupings for a certain inter-knowledge and inter-recognition, the anchoring of the communal federations requires a certain time. On the other hand, the question of regional confederation does not seem to be on the agenda: in the field although, the idea of regional and national gathering is often repeated and suggests a certain enthusiasm, its relevance is difficult to be explained by the women, who are only concerned with the issue of increased visibility at regional level.

Baraka Ali, the commitment of a MMD woman for her community

Baraka Ali has been a village animator (VA) since the arrival of the MMD project in Tchadoua around 1997-1998. She proceeded to the gathering and the setting up of groups in several villages. Thanks to the many trainings she received, and the experience accumulated through the various MMD projects, Baraka Ali was able to have other service contracts with the NGO Help in the department of Dakoro. Currently she participates in VA training in Aguié and is a very active member of the gender platform. *"Instead of giving you fish, it is best to teach you how to fish. I live well with my husband thanks to the many trainings I received. I gained credibility in my village. As soon as a partner arrives at Tchadoua, I am asked of. I take all my commitments conscientiously. VAs often ask me for support. The social safety nets project solicits us as part of our sponsorship of vulnerable but motivated girls in their studies. We ask in advance the agreement of the director of the secondary school to accommodate girls who have no guardian. We provide them with basic needs to enable them to continue their studies. We were 3 women at the start and today we are 12 who are sponsoring girls in Tchadoua. We also track the academic performance of sponsored girls. One of our sponsored girls is ranked first in the Arab-French school of Tchadoua. I intend to take another vulnerable girl to sponsor her. We have been sponsoring girls for four years."* Elected city councilor in 2004 and 2009, Baraka is full of hope for the political future of women: *"We wish one day to have a woman Mayor in Tchadoua. We want to increase the number of women municipal councilors. I wanted to be a candidate for the last house of representatives, but I did not have money. I will prepare myself God willing for the upcoming elections."*

¹² 881,274 USD mobilized in 2018

3.2.2 Economic Empowerment of Women and Entrepreneurship

Land and houses/dwellings are the most predominantly reported assets (by more than 80% of women). Next come small ruminants for about 55% of women. MMD women make up more than half of women with these assets in their respective households.

Assets such as large ruminants, poultry, household equipment, furniture, are relatively more present in the households of non-MMD women.

It should be noted that **a quarter of women say they have cash in their households, and this batch is made up of about 67% MMD women.** The impact of MMD groups is clear in terms of the mobilization and circulation of cash in the households of women members.

On average 42% of women are in households with 4 to 8 assets among which the most important are land, houses / dwellings, large and small ruminants, household equipment, and furniture (household furniture). Of these women, 43% are members of MMD groups.

These figures reinforce the above data that MMD women do not necessarily invest in a wide variety of assets. They focus mainly on the acquisition of three types of assets: land, houses and small ruminants.

A key indicator of PROMEESSII is the ownership of assets by women. Possession of an asset includes three categories: joint possession, sole possession (by the woman), sole and joint possession. On this basis, **on average 60% of women say they own assets in their respective households.**

Table 9: Distribution of women by type of household asset

Asset types	% women whose households have these assets	% MMD women (in this batch)
Lands (fields, lots, etc.)	82%	52%
Houses, dwellings, etc.	80%	48%
Jewelry	4%	22%
Plantations, gardens	6%	38%
Large ruminants	31%	46%
Small ruminants	55%	55%
Poultry	38%	44%
Household equipment	54%	40%
Furniture, home furnishings	31%	31%
Agricultural equipment	12%	42%
Means of transport	20%	46%
Agricultural Production	20%	32%
Cash	23%	67%

Table 10: Breakdown of women by number of assets in households

Number of assets in the household	% of women	% of MMD women
0	2%	80%
1	3%	73%
2	11%	70%
3	16%	51%
4	17%	43%
5	11%	47%
6	12%	46%
7	8%	38%
8	5%	40%
9 à 12	8%	52%

Table 11: Economic capacities of women in 2014 and 2018

Women's economic empowerment is strengthened	Baseline	Endline
% of women that own assets (and can sell without asking permission)	84,20%	60%
% of women that own assets and can sell without asking permission	13%
Changes in targeted public polices/legislation/practice promoting women's economic rights (property, inheritance, other)*	(Qualitative statement)	(Qualitative statement)

*: This indicator has not changed significantly in the last 5 years. The referred texts have been taken for more than 10 years

Data from the endline assessment of women's ownership of assets is inconsistent with the baseline data that "84.20% owns assets and can sell them at any time." The evaluation data have been reviewed several times, and notwithstanding the minimal deficiencies identified in section 2.2.3, there is no major quality problem that could explain such a difference with the baseline data.

Analysis of the other information produced during the evaluation (including women's and men's perceptions of the socio-economic status of women) and knowledge of the environment in which PROMEESSII intervenes, suggest instead that the baseline data were overestimated. Indeed, given the realities of the social, economic and cultural context of the different regions of Niger, it is difficult to imagine that more than 80% of women own their assets and dispose of them at will. This figure seems disproportionate in regards to the precarious situations in which women find themselves, and the multiple denials of rights that are opposed to them (including the right to inherit land that is still largely ignored in many rural areas of Niger).

Given the Program goal to strengthen the economic empowerment of women, and therefore their capacity to acquire goods, the logic would rather that the number of women with these key assets (including land, and small ruminants) increases. By bringing this observation closer to other elements such as decision-making power, the position of women in the communities and on the local scenes, it is undeniable that PROMEESSII has succeeded in developing the intrinsic capacities of MMD women to resist better to adversity and to assert themselves as strong partners at the local level.

This is confirmed by the differences that appear clearly when we analyze the assets owned by MMD women and those of non-MMD women. **Almost 70% of MMD women have assets, compared to only 51% of non-MMD women.** This is an important illustration of how MMD women have been through the years, capitalizing on the support they have received, fructifying the financial resources mobilized through their groups, and highlighting the opportunities they have to claim their rights.

Table 12: Proportion of women who own their assets

Asset types	MMD Women	Non MMD Women	Average
Lands (fields, lot, plots)	59%	24%	42%
Houses, dwellings, etc.	40%	14%	27%
Large ruminants	43%	30%	36%
Small ruminants	83%	65%	75%
Poultry	64%	50%	56%
Household equipment	95%	86%	90%

Furniture, home furnishings	95%	90%	91%
Average	69%	51%	60%

Unsurprisingly, household equipment and home furnishings are the most widely acquired assets for almost all women. Small ruminants then constitute the most important form of capitalization/investment for 75% of women on average, including over 80% of MMD women. It should be noted that 59% of MMD women claim to own their land. Notwithstanding the possible misunderstandings of the term "possession" (but which then concern all the women surveyed), these results are remarkable insofar as land is today an asset that remains out of reach of the majority of Nigerien women. In comparison, only 24% of non-MMD women claim to own land.

The second aspect related to asset control is the possibility for the woman to make use of it, including selling it, without the prior permission of the husband or any person acting as guardian. Here too, the results of the endline evaluation are well below the 84.20% estimated in the benchmark. **On average, 71% of women feel that they still need their husbands' permission primarily to sell their possessions.**

Table 13: Distribution of women according to the decision on the use of their assets

	MMD Women	Non MMD Women	Total
Permission (husband or other)	66%	77%	71%
Just inform husband	19%	13%	16%
Decides alone	15%	10%	12%

For more than 80% of women, husbands intervene in one way or another when they have to decide how to use (sell) their assets. MMD women express relatively greater autonomy than other women, and this reflects the improved status they have gained in their respective homes. Nearly 20% of MMD women just need to inform their husbands before selling their assets, compared to just 13% of non-MMD women.

Only 12% of women decide to use their assets alone. The majority are female heads of households (divorced, widowed).

Testimony of Hadiza Nouhou, 49 years, 8 children, village of Kaku (commune of Tsernaoua)

« Before joining the MMD, my husband and I had difficulty coping with household expenses. I could not do what I wanted. With my MMD group and then my network, I started earning money that I invested by first buying a sheep that put down several times. Then I was able to buy a cow that also put down several times. Then I bought a field. Today, I participate in the care of my household and I help my husband. I also give small loans to local residents when they are in need. For that, I am well considered in my neighborhood. I regularly participate in various village ceremonies and always give a contribution. »

3.2.3 Women's participation in decision-making

Table 14: Women's participation in community structures

Community structures	Women who participate	Women who do not participate	% MMD Women who participate
Infrastructure management of structures (water, school, health, etc.)	30%	70%	74%
Socio-professional organization (agriculture, etc.)	18%	82%	91%
Joint meetings organized by the community	57%	43%	62%
Joint meetings organized by a partner	50%	50%	69%
Village/communal Councils	36%	64%	71%
Political Parties	30%	70%	70%
Other structures	19%	81%	86%
Average	34%	66%	75%

Apart from MMD groups, on average 34% of women participating in a community or local organization, among them, community mixed meetings (57% of women) and mixed meetings organized by various projects in the community (50% of women).

Table 15: Indicators of women's participation in decision-making

Women's participation in decision-making is strengthened	Baseline	Endline
% of women that are member of a decision-making body (including political parties)		91%
% of women that are member of a decision-making body and state they are able to influence decisions	32,9%	37%
Women's perception of social inclusion in the community	3,4	3,56
Changes in targeted public policies/legislation/practice promoting women's civic/political rights	Weak	Medium
% of women that have used sexual and reproductive health services in the last 12 months based on own decision	16,8%	22%

On average, 91% of women participate in decision-making within the community structures of which they are members. Almost all of these women (91% on average) are members of MMD groups. They confirm by this presence that the accumulated experience and know-how within the MMD groups is an important lever for an increased role in the community management of infrastructures and the development process. Community men leaders thus recognize that MMD women bring an added value in discussions of ideas, by proposing actions and more generally, by participating in community dialogue around matters of common interest.

MMD women make up about three-quarters of the women who participate in these community structures. They clearly show a willingness and a facility to be an integral part of the community processes, to which they bring their experience of associative life and social dialogue aimed at promoting grassroots development.

Several women also explain this situation by the advent of women's empowerment projects, including PROMEESSII, which allowed women to implement and develop IGAs, considered as "outside activities". The participation of women in these visible activities makes them more and more involved in community meetings. The mobilization of money by MMD groups and their beneficial use by households, reinforces the consideration of women at the community level. The relative economic success of women has thus somewhat legitimized their

We are better considered than in the past, because of the socio-economic importance of the IGAs we conduct. But at first, men did not believe in us.

Comment taken from the women's questionnaire

We were recently at a meeting about the girl's schooling and our participation was helpful.

Comment taken from the women's questionnaire

presence in the public space (economic space and decision space). Their participation in decision-making processes is increasingly tolerated. This is facilitated and reinforced by the emergence of women leaders with strong mobilization and communication skills. They are comfortable in

discussing issues such as girls' schooling, water and sanitation, issues of sexual and reproductive health, market gardening, etc.

Table 16: How women participate in community structures

Community structures	Offer Ideas	Offer and advocate for their ideas	% MMD Women (propose and advocate)
Infrastructure management of structures (water, school, health, Land Commission, etc.)	40%	51%	86%
Socio-professional organization (agriculture, etc.)	37%	67%	100%
Joint meetings organized by the community	47%	40%	93%
Joint meetings organized by a partner	35%	59%	92%
Village/communal Councils	38%	62%	100%
Political Parties	49%	34%	81%
Average	40%	52%	92%

On average, 52% of women feel that they come up with ideas and argue for their ideas at community structures meetings. More than 90% are MMD women.

Table 17: Degree to which women influence decision-making

Community structures	Moderately	Much	% MMD Women
Infrastructure management of structures (water, school, health, Land Commission, etc.)	26%	37%	100%
Socio-professional organization (agriculture, etc.)	-	78%	100%
Joint meetings organized by the community	33%	33%	100%
Joint meetings organized by a partner	35%	47%	100%
Village/communal Councils	63%	13%	100%

Political Parties	17%	29%	87%
Average	35%	39%	98%

Nearly 40% of women feel that they have a strong influence on the decisions made within the community structures in which they participate. They are almost all members of MMD groups, and succeed beyond arguing their ideas, to impose them in certain situations. These data are impressive in a context still marked by socio-cultural norms where men hold the truth, and women are not supposed to speak on community subjects.

Women's perception of their degree of social inclusion (score of 3.56 out of 5) is slightly higher than the baseline situation (3,4), and reflects this state of affairs where they emerge and claim to be full-fledged actors in community and local scenes. They take full advantage of and value to their participation in social safety nets (baptism, weddings, social gathering, etc.) to develop a social network and increase their credit with community leaders. They feel listened to, respected and well treated.

Table 18: Women's perception of their social inclusion

	Strongly Disagree	Disagree	Neither agrees or disagrees	Agrees	Strongly Agrees	Score total
Network in the community	0,08	0,33	0,08	1,76	1,46	3,71
Participation in social networks	0,02	0,04	0,08	2,27	1,81	4,22
Invitation to mixed community events	0,1	0,21	0,16	2,04	1,16	3,67
Community members support	0,1	0,3	0,1	2,2	1	3,7
Community leaders listen to me	0,09	0,23	0,34	2,1	0,76	3,52
Feels alone, isolated	0,33	0,87	0,13	0,64	0,19	2,16
Access information and training	0,07	0,18	0,18	2,4	0,9	3,73
Negotiation mobility and access to the market	0,1	0,64	0,14	1,23	1,12	3,23
Good treatment at the health center	0,01	0,03	0,18	2,51	1,41	4,14
Average Score						3,56

At the household level, the participation of women in decision-making seems to be reinforced, in particular by the gradual improvement of their productive capacities, thus of contributing to family care. Relative flexibility begins to be noticed in the management of the family attic, sometimes allowing women to take a certain amount to sell and solve their problems. Men tolerate this *“since when the family stock is exhausted, we ask them to mobilize their own assets to support the family; (...) because it is the women who save the family in case of difficulties because they are more smart and more organized than us. (...) That's why we involve them or let them manage the production”¹³*.

¹³ Testimonials gathered during discussions with the Tsernaoua gender platform

Discussions with gender platforms clearly highlight the qualitative evolution of the social status of women in their communities. Women are increasingly involved in marriage decisions, not just informed. In the opinion of both men and women, training and literacy activities have empowered women with thinking and communication skills that have improved their image and position within households. They assume a more responsible role in their family roles; this attitude forces respect and influences the quality of the exchanges within the household.

This changing role for women is reflected in sensitive issues such as early marriage and forced marriage. Keeping girls in school is often a strategy for mothers to avoid early marriage. So, they mobilize their own resources and those of their savings to take care of the schooling of their daughters. Smart girls often use MMD women leaders to discourage their parents from marrying them early.

3.2.4 Men's commitment to gender transformation

The affirmation of women as actors and partners in community and local development is accompanied by the commitment, or at least a better willingness of men to change gender norms. On different issues of women's economic and social empowerment, sexual and reproductive health and gender-based violence (GBV), men are showing increased understanding and claiming to be part of a positive evolution of mentalities and behaviors.

Table 19: Indicators related to men's attitudes to women's empowerment and GBV

Men's attitude towards women's rights and empowerment is improved	Baseline	Endline
Men's attitudes towards women's economic security	3,6	3,53
Men's attitudes towards women's participation	3,5	3,09
Men's attitudes towards the protection of women's sexual and reproductive health and rights		
Men's attitudes towards gender-based violence	2,5	3,87

Of the seven statements about women's economic empowerment, more than 90% of men support the fact that (i) women are able to own cash savings and decide how to use it, and that (ii) women are able to inherit and own property or assets (from their husbands, fathers, mothers or other relatives).

The least supported statements are about making important decisions (buying land or other assets, building houses) for which 57% of men think it is a male prerogative. They are just 41% to feel that women should also have this right. Men's perceptions also differ with regards to the traditional role of women: half believe that a woman should only take care of her family and meals, the other half is somewhat divided between those who do not agree with this affirmation (49%) and those who do not decide (1%). These two statements about decision-making and the role of women in the family, sum up the lowest scores (less than 3) and pull down the average score of men's perceptions on the protection of women's economic rights.

The change of approach by involving men to advocate for women's rights gives concrete results according to the populations. Outreach conducted by religious leaders, traditional leaders, women's associations members of communal gender platforms have certain effects. The fact that the cause of women is worn by men legitimizes this cause. In addition, the Qur'anic argument developed by religious leaders questions the basis of attitudes of violence and violations of women's rights by men.

Traditional leaders are in favor of promoting women's rights because, they say, most of the conflicts they handle on a daily basis are related to the abuse of women. In the village of Guidan Sori, community members told us during a sensitization session that they never knew that the woman has the right to the inheritance of the farms.

Testimony of a councilor of Tibiri

The perception of women's civic and political rights by men remains moderately favorable, with a score that does not equal that of the reference data. More than 80% of men (score of 3.79) find it normal for women to run for all institutions in order to be elected, regardless of the position. But men are less supportive of the idea (57%) that a woman may disagree with her husband's political opinion. In the same vein, over 85% of men believe that a married woman should get her husband's permission before voting; they are even more likely to make the use of public places by women conditional on prior permission from the husband (93%). Here too, the main argument is religious: the Islamic religion has set limits that women should not transgress.

Beyond this religious constraint, the different answers corroborated by the discussions with men and women, show a certain inclination of men to control decision-making in the household. Consultation with women on family, community and public affairs is well received and generally accepted by men. But the tolerance of different opinions, even contradictory decisions by women, is still not widespread.

The attitude of men to gender-based violence (GBV) has changed significantly in the positive direction (more than one point away from baseline data). More than 80% of men are convinced that it is not normal for a husband to beat his wife, that excision has no advantage (and sometimes does not correspond to local culture or traditions), that women have to choose their own husbands, that girls have the same rights as boys. Men emphasize on the dignity of women, the importance of husbands' respect, their rights as spouses who participate in the lives of families and the community, and the rights of girls to build their future as much as boys.

On the other hand, subjects related to sexuality do not meet the same unanimity. 51% of men believe that a woman should not refuse to have sex with her husband even when she does not want to. They put forward religious prescriptions to explain this position. In addition, more than a quarter of men find it normal for a woman's rape to be the result of provocative acts she allegedly committed. More than 10% of men do not know what to think about this subject. Sexual violence against women remains a subject for further discussion in the sense of human rights and dignity.

Testimony of the village chief, husband of a MMD woman from Kalgon Waraou (Tibiri)

At the celebration of the marriage, the men undertake to cover all the needs of their wife. But some men do not, while they have the means. Meanwhile, they cover the needs of women outside the home. For the past 10 years since I was chief of this village, I have not registered any complaints about a case of violence against women. Insults are however frequent in Niger (opinion of the husband of a MMD woman)

3.3 The sub-themes

3.3.1 Reduction of gender-based violence

Women's attitudes towards gender-based violence (GBV) have evolved significantly over the past five years. The average perception of women rated 2.6 in 2014 (out of a total score of 5) increased to 3.79 at the time of the endline evaluation. Women are more familiar with the modern and Islamic principles and rights that form the basis of relationships in the couple, and which clarify the rights of each person, man or woman, in the community and in the family.

Table 20: Indicators of women's attitudes towards GBV

Gender-based violence is reduced (links also to UNSCR 1325)	Baseline	Endline
Women's attitude towards gender-based violence Changes in targeted public policies/legislation/practice addressing all forms of gender-based violence (domestic violence, sexual violence, female genital mutilation, trafficking, other)	2,6 (Qualitative statement)	3,79 (Qualitative statement)

*: This indicator has not changed significantly in the last 5 years. The texts in question were taken previously

All GBV-related topics (with the exception of the topic of sexuality within the couple) score higher than the average score. 60% of the subjects score higher than 4, and reflect the majority of women's adherence to positive and Islamic law that promotes and protects human dignity, recognizes and recommends respect for women and girls, places on the same footing equality between men and women. Remarkable developments include topics such as marriage (where 91% of women feel they have to choose who they want to marry), female circumcision (more than 90% of women see no benefit, and more than 80% disapprove of the fact that excision preserves the virginity of girls before their marriage).

The only theme with a score (2.46) lower than the baseline is about sexuality within the couple. On behalf of Islamic prescriptions, nearly two-thirds of women disapprove of the fact that a woman refuses to have sex with her husband when she is tired or in no mood. Basing themselves as much on the customary as Islamic law, they recognize and accept "this duty to submit to the desire of the husband". A differentiated analysis of the behavior of MMD women shows that they represent 95% of the group of women who adopt this attitude. It is in this group of MMD that the references to religion are the most numerous to explain the submission to the sexual desire of the husband. Should we see an effect (not expected?) of better access for MMD women to Islamic knowledge?

To a lesser extent, between 36% and 40% of women "understand and agree" to be beaten by their husbands either to preserve their family or to punish the fact that they go out without informing their husbands.

Group discussions showed that there is general agreement that physical violence against women has declined significantly. These include rapes (which have become rare since the ginning grounds are closer to the villages) and assaults which the customary and religious leaders have committed to combat. Sensitization, preaching and fear of sanctions have been key elements, to which must also be added improved communication between men and women within households.

If physical violence has decreased, other forms of violence are denounced by women especially. Rationing food, refusing to feed and / or dressing his wife are cited as a kind of punishment for women. Often, because of the vulnerability of under-production, men do not participate as much in the family burden as women do. In some communities in Maradi especially, a harmful practice persists: men are content to give a few bulks to his wife for the rest of the year until the next rains.

Men do not give condiments, we are the ones who manage to do it and despite everything, women are accused of stealing food. To punish their wives, some men ration food or refuse to feed them. We often do 2 months without eating meat.

Testimonials from women's platform Tama

This abuse is recognized by men as illustrated by the testimony of this religious leader: *"Many families do not cook at night because of husbands' fault. In some homes, it is only once a week that the meal is offered. All the rest of the time, porridge is consumed."* Religious leaders, however, believe that the situation is improving following the many sermons that call men to their responsibilities as heads of households. At this level there is some difference between young couples and older couples. The former tend to respect their family care obligations. This is likely to happen as they aspire to polygamy and the way of dealing with the first spouse will probably have influence on the possibility of having a second wife.

The overworking and arduous nature of housework as forms of violence against women is somewhat relieved:

- The chore of water: The situations are very different according to the contexts. In the chief towns of communes and villages that have experienced many interventions including the presence of MMD groups and have benefited from fountains and taps, lightening strategies are in place. Thus, in Tsernaoua, Tama, Tibiri, Tchadoua and Dogo, the use of cans and dumpers is developed, thus allowing a reduction of time and a participation of the boys in the transport of the water
- Cereal processing: Hand grinding is the primary form of processing of millet and is done exclusively by women. Ginning and dehulling machines are still absent in these areas. As for flour mills, often installed by projects, they are often out of order or insufficient. It is often their insufficiency which causes the breakdowns because of the strong demand and pressure which they undergo.
- The chore of firewood provided by women becomes more and more difficult because of the lack of wood. However, some men begin to get involved by buying wood or asking boys to bring some back from the bush.
- Participation in family farm work and meal transportation are tasks that women appear to have liberated in many places. One main reason lies in reducing the size of farms which no longer requires a large workforce.

Most disputes in the home arise from remarriage of the husband. The first wife is not always compensated; she is often neglected or abandoned. Some men get married to several women knowing that they are not able to feed them properly.

In case of divorce, some spouses forbid us to leave with our animals, on the pretext that everything was won on the occasion of the marriage. But more and more women stand up for themselves.

Words of a platform member in Tama

The exclusion of women from land inheritance was another violence that began to disappear according to discussions with women. Everywhere, the right of women to the inheritance of the land is recognized due to an increased application of the Islamic law.

However, in areas where the process of land saturation is very advanced, women often give up their share of land for the benefit of their brothers.

3.3.2 Strengthening sexual and reproductive rights

A dozen sexual and reproductive health (SRH) services were subject to the appreciation of women. If we take out condoms, other contraceptives and information/counseling with the lowest rates of use (3 to 4% maximum), 22% of women still use other SRH services. By integrating the three marginal services, the rate drops to 17%. There is no noticeable difference between MMD and non-MMD women in the utilization rates of different SRH services.

Table 21: Indicators of the use of SRH services

Women's sexual rights and health rights are strengthened	Baseline	Endline
% of women that have used sexual and reproductive health services in the last 12 months	16,8%	22%
% of women that have used sexual and reproductive health services in the last 12 months and are satisfied with the services	56,80%	90%
% women making informed decisions about their SRHR (58,90	75%

Among women using SRH services, the satisfaction rate is 90%, and reflects satisfactory management of women during visits to the health center. Post-natal care and information/counseling are the highest averages with a satisfaction rating of close to 100%.

I make home visits to encourage pregnant women to go to prenatal consultations. In case of pregnancy out of wedlock I contact the girl and her parents to tell them that it is an accident and that this should not prevent the woman from going to prenatal consultations, and that it is important not to take the risk of aborting

Words of a village chief

Everywhere, testimonies converge on the fact that attendance at health services has improved a lot. In addition to curative care, women go for prenatal consultation, deliveries, feeding consultation, vaccinations and family planning. They receive support from men who encourage them, accompany them or give them the means to go to health centers. The competition organized by the state between the municipalities as part of the Rapid Result Initiative (RRI) strategy has accelerated the momentum driven by awareness and training delivered by the PROMEESSII. The collective and individual involvement of religious leaders, traditional leaders, women's associations, local elected representatives has strengthened the dynamic.

Home births are rare, except in cases of emergencies. In some localities such as Tsernaoua, a dissuasive fine is introduced for every husband whose wife gives birth at home. The birth registration is done immediately after the birth and a penalty is imposed on those who come to make a declaration of birth.

Deliverings occur in better conditions. Rooms are cleaner compared to what we are used to have in the past. Previously, women used to deliver and stay on old and dirty mats for a week. Men did not want to attend these unhealthy environments and stayed away from their wives.

A man and a woman from Dogo

More than half of the women say that the decision to use an SRH service is taken together with the husband. Almost 15% of women even say that the husband is at the base of the decision to use an SRH service. For two thirds of women, men are involved in the use of SRH services. This is a significant advance in

terms of men's commitment to improving the health of their wives, and encouraging them to adopt healthy SRH behaviors. The evolution is also remarkable in the dialogue between husband and wife around SRH, a dialogue that translates a common responsibility for the well-being of the family and a commitment of the couple to take the necessary actions to do so.

Table 22: Who decided on the use of SRH services

Services SSR	Myself	My Husband	Both of us	Other
Pills	20%	14%	62%	5%
Condoms	0%	0%	75%	25%
Injectable	12%	12%	67%	9%
Treatment for STIs	32%	11%	36%	20%
HIV/AIDS testing and counseling	25%	22%	48%	6%
Prenatal care and screening	17%	27%	50%	6%
Assisted delivery/health staff	28%	18%	50%	5%
Postnatal Care	31%	6%	34%	29%
Information and counseling	25%	25%	50%	0%
Average	22%	14%	53%	11%

Sometimes the decision to use SRH services does not involve the husband: about 23% of women make this decision during visits to health centers, and often with the advice/recommendations of health workers. Once women arrive at health centers, it is easier to pass on several key messages related to SRH, and to make them decide alone fast and normally anonymously. About one-third of women decide alone to treat sexually transmitted infections (STIs) and postnatal care, while 25% decide on HIV/AIDS testing and counseling alone, to receive information and counseling services.

Table 23: Use of SRH services by women of childbearing age

Most used SRH services	Yes	No
HIV/AIDS testing and counseling	34%	66%
Prenatal care and screening	29%	71%
Assisted delivery/health staff	33%	67%
Postnatal Care	16%	84%

The most commonly used SRH services are HIV/AIDS testing and counseling, antenatal care and screening, and assisted delivery by a health professional. On average, 30% of women use these services in relation to maternity cycles. Disaggregation among women of childbearing age (15 to 49 years) does not fundamentally change this rate, and confirms that it is the most active segment in the use of SRH services.

That said, it is important to consider that nearly 80% of women do not use the SRH service package, and that 70% of women do not have HIV/AIDS testing, counseling, antenatal care and screening nor childbirth assisted by a health professional. Differentiated analysis among women of childbearing age barely improves this rate, as it still appears that, on average, 68% of these women have not used basic SRH services in the last 12 months.

These women do not use health centers because they or their husbands are not convinced of its need (46% of cases). Other reasons cited include menopausal women, those who have no husbands (widowed, divorced) or whose husbands are in exodus, women who successfully practice traditional methods of birth spacing (through including the exclusive breastfeeding of their children until the age of two), and women who wish to have children.

Table 24: Reasons why women do not attend health centers

Cost too high	7%
Regularly closed center	0%
The service is too far	1%
I learned service has no product	1%
No female staff	1%
Treated badly/with disrespect	0%
I was prevented from accessing the service	1%
I did not think it was necessary	36%
My husband did not think it necessary	10%
My family did not think it was necessary	1%
I did not know it existed	3%
Other	36%

3.3.3 Building resilience

In the last 12 months, 45% of households experienced a crisis that affected resources, and/or increased the need for money to cope with expenses. About 43% of households in this category were affected by diseases, often requiring hospitalization. Social obligations resulting in extra and unplanned expenses for the death of an immediate family member, or marriages and baptisms, affected about 23% of households who had to use their financial resources to deal with it.

38% of households affected by a crisis have been able to cope with expenses without having to sell basic household resources. Either they had the necessary cash or they completed it with the sale of easily marketable items (various items or products of transformation). In this group of households, MMD women represent 57%.

Table 25: Indicator of household resilience

Resilience is strengthened	Baseline	Endline
% of households that have experienced shocks and did not have to sell household assets	37,30%	38%

The evolution is insensitive compared to households with the same capacities when establishing the baseline situation (37.30%). The great precariousness of the production environment explains this state of affairs: economic resources of family farms are very small, and subject to several technical, socio-economic and structural constraints that do not protect vulnerable women and men from shocks. In these circumstances, the fact that the number of households with the capacity to withstand crises has remained stable or even slightly increased after five years, should be read as a remarkable success.

In the 62% of households that cannot cope with crises without mobilizing a significant portion of their resources, women participate in different ways to compensate for losses and maintain an acceptable standard of living in the household.

Table 26: Women's contribution to household needs in crisis

Strategies used by women	Main strategy	Secondary Strategy
Use resources issued from production	18%	19%
Loan in cash or in kind	14%	27%
Use of production assets	7%	13%
Reduction of consumption and other strategies	6%	15%

For about 30% of women, the resources they have been able to mobilize represent the main strategy or secondary strategy. The most common strategy (for 41% of women) is to borrow in cash or in kind; but in most cases, it is a direct help (in cash) from a family member who helps in times of crisis.

The second most common strategy is the use of resources from production. It concerns about 37% of women who use production of cash crops, and male animals born of their livestock to provide the necessary amounts for household.

The use of a harmful strategy such as the sale of production goods is declared by 20% of women, either as a main strategy or as a secondary strategy. It is mainly the sale of breeding stock (young females, spawners) that is used for women living in highly vulnerable households who do not have other solutions to deal with crises.

Still talking about households that cannot cope with crises without mobilizing a significant portion of their resources (62% of women), women estimate that 56% of these households are very vulnerable and 31% vulnerable. Women's assessments are divided as to how MMD groups have reduced economic vulnerability. Half of the women believe that the MMD groups have resulted in better response and resistance to crises; the other half do not see a noticeable improvement in their situation in terms of economic vulnerability. Looking specifically at MMD women, the rate of those who believe that groups are effective in reducing economic vulnerability is about 72%.

The most important contribution of the MMD groups relates to increased savings capacity, which is an opportunity for women to obtain credit, and various services such as access to food from cereal banks and the possibility of acquiring livestock (small ruminants) to strengthen savings and further strengthen women's resilience.

Table 27: How MMD Groups Help Address Economic Vulnerability

Improved access to savings	75%
Can decide how to use my savings	28%
Improved access to credit	33%
Can decide how to use my credit	15%
Improved support across MMD	30%
New and different sources of income	28%
Increase in my income	30%
Influence on the household // IGA authorization	20%
Community Attitude // Women income changed	13%
Can make decisions on lands / other resources	15%
Other	8%

Women's Testimonials on MMD's Contribution to Reducing Economic Vulnerability

- I especially liked literacy; today I know how to read and write
- I am a municipal councilor thanks to MMD; and I participate in the development of my commune

- The group allowed us to strengthen our relationships with others; thanks to meetings, we get to see each other frequently, we have the opportunity to advise each other, and to be advised

3.3.4 Increasing access to education for women and girls

The ability to read and write refers to the literacy rate that measures the proportion of people aged 15 and over who can read and write a text in any language. 32% of women have the ability to read and write; when we look at this capacity for MMD women, it goes up to 34%.

51% of men can read and write.

For both women and men, the important weight of Niamey brings up the ability to read and write. By subtracting Niamey, the rate falls to 25% for women, and 45% for men.

Table 28: Indicator related to adult literacy

Access to education for girls and women is improved	Baseline	Endline
Adult literacy rate (women)	18,7%	32%
Adult literacy rate (men)	40,08%	51%

The adult literacy rate (men and women) in the PROMEESSII area is above the national average that is less than 30%.

Words of a Tibiri Municipal Councilor

Women are very committed to the fight for development in Tibiri. If all the women of Niger could do like those of Tibiri, the country would have advanced. I will give you an example: 30 of our schools out of the 104 had a deficit of young girls, but with the financial support of CARE Niger (and this is the place to thank them), we have, with MMD women, conducted activities of awareness in the villages involved. We conducted the awareness in the 30 schools and the results are spectacular. The problems identified are of several kinds: the numeric insufficiency of teachers, the poor living conditions of girls etc. After our investigations, we realized that it was the women who prevented their daughters from going to school, to devote them to petty trading or other reasons not clearly expressed. During our awareness campaign, we found that most of village health facilities are led by men. And that's why women do not attend them. You do not think it's paradoxical? At the same time that the parents refuse their daughters to go to school, at the same time, they want to find nurses in village health facilities. To demonstrate our commitment to the advancement of women, we asked parents to propose a nurse girl that the town hall should recruit immediately. It was the president of the MMD women of Tibiri who animated the sessions during our journey. We were just situating the context of the visits and made a few remarks.

4 Discussion of the Results

4.1 Main Success

PROMEESSII has achieved success in the following areas where future interventions can be strengthened:

- The MMD groups are strongly rooted in the communities: The MMD movement is part of a concrete reality that contributes to the socio-economic life of communities, is recognized as being of common (community, local) utility and contributes, year after year, to cover the basic needs of the communities (cereal bank, livestock feed, etc.). MMD groups are

recognized and valued by third parties (beyond CARE), for example village agents who are mobilized by other organizations/projects.

- b. The empowerment of women is under way and translated into a strong commitment of women to self-help (despite multifaceted adversities). MMD women have made a considerable leap in terms of openness and are helping to create an environment that is less and less conducive to the spoliation of their rights over issues of access/control over resources and benefits of women. Economic, social and political empowerment comes down to everyday life: women come together, they express themselves, they access information, they can understand things for themselves, express their opinions even on complex issues such as SRH (women are spokespeople, and they make peer communication), violence in households, topics of political interest (management of the city) and of public interest on the municipal scenes (platform).

"Gurin na ya cika": "I achieved my goal"
She is a MMD woman, illiterate, she has 10 cows, she is afraid of nothing, she won against a teacher in the local elections of 2011, she estimates that the food insecurity (2016, 2017) did not have too much negative effects on her resources and their ability to resist (stocks, livestock)
Aicha Bako (Tibiri)

Women are concerned and committed to fundamentals such as school, the fight against forced marriages (case of Kalgon Waraou, Tama, Dogo, Tsernaoua). Women are vigilant about the school issue; they say they are ready to stand up to prevent forced marriages.

- c. At the communal level, gender platforms have appropriated the public space, they are positioning themselves as whistle-blowers on issues that affect the interests of girls and women (e.g. the case of the local elections of 2011 in Tchadoua. The woman fought to get her seat against the men who wanted to deprive her of it).

The in-depth work carried out by the activities of the gender platforms is shaking up several norms deemed unfavorable for women. The chore of wood and light water with a more active involvement of men and boys.

Men recognize women's abilities and realize that it is no longer about « *the women before* », they are « *obliged to count with them* ». They therefore express support for the emergence of women, who ultimately will achieve their own interests (men). Men's position and conviction are based on the evidence related to the changes brought by MMD groups (dynamic savings, circulation of cash, stocks available locally, etc.). MMD groups help communities throughout the year. Is the balance of power between men and women changing? Balancing? Reversing?

- d. MMD women show undeniable resilience: This is the result of coherent and multiform support spread over almost thirty years. Today MMD women are relatively well equipped to cope with shocks and support their families, and close communities. The current context (land saturation, dry agro-climatic conditions, crops less and less sufficient, exodus exposed to various risks) not being particularly favorable to men, their survival strategies are limited and/or in loss of efficiency. They are logically obliged to rely more and more on the resources and complementary income of women.

In this unfavorable context, women have relied on the traditional elements of socialization (common spaces, ceremonies, etc.) to strengthen themselves and better face adversity: this is the very essence of MMD. By supporting them in the management/multiplication of their minimal gains and the consolidation of their social capital, PROMEESSII has greatly contributed to strengthening their capacities to cope with shocks.

- e. Several initiatives testify the essential role of structures/women for progress at different levels, and their ability to support local development. Through the Dogo network, women built a room that is used as a guest house (with the support of an external partner) on a space they had bought with their own funds. Tama's network has invested in sheep farming to build houses with the goal to rent them. Women adopt a logic of reinvestment, project themselves in the future, begin to think beyond savings, and imagine endogenous solutions to increase their financial resources.

An interesting sponsorship experience in Tchadoua is a good illustration of the commitment of MMD women to local development, as the initiative is not motivated by immediate gain. MMD women speak with secondary school leaders to identify vulnerable girls they are caring for (toilet trunks, uniforms, supplies, small food support, school attendance, etc.). The girls stay at their starting tutors; they remain connected in their environment, and receive support from their godmothers. The initiative has been ongoing for at least 4 years with a leading role of counselling by NGO Leadership Challenges. MMD women affirm their civic commitment; they are mobilizing for vulnerable children, who are not theirs, or those of their relatives. MMD women are committed to general progress: they carry a vision that is not always attached to their practical interests; they commit to general progress

4.2 Points of vigilance

- a. The formalization of MMD structures and their evolution towards umbrella entities (networks, communal platforms) follows a logical evolution based on the needs of women to regroup their resources and energy within stronger groups. But the idea of the regional federation evoked by women, and pushed by the PROMEESSII, does not seem sufficiently clear yet. Communal federations are not yet mature enough to formulate strategic objectives and organize themselves at the regional level. They are even less equipped to conduct an objective analysis of the added value of the regional federation, nor of the risks incurred by the emergence of an umbrella structure that does not meet their expectations, and which could ultimately escape their control.

A regional federation far removed from women's concerns runs the risk of political recovery or instrument it for the benefit of an elitist minority which, in the absence of being able to defend the rights of women and girls, uses the movement to its own ends.

- b. All current levels of structuring (municipal federations, networks, groups) grant credits. This can result in a significant risk of over-indebtedness of women. Federations should not normally look at credit, but position themselves on strategies, such as women's advocacy organizations, advocacy structures, and resource mobilization efforts. The networks could

then use its resources to finance structuring projects in favor of the groups, including the refinancing of groups for women's IGAs.

- c. Mobilization and awareness raising for access to health care is undeniably successful, but the response and services received by women are not always satisfactory or even disappointing in many cases. Discussions with women, or even health center officials, indicate that they do not have the minimum required (insufficient human resources, unavailable drugs and other essential consumables, etc.). The reception given to women is sometimes disastrous. They can walk 2 to 3 km to be repressed because they would not be in their health reference structure. Zoning of health facilities is not always favorable, and health workers sometimes not competent.
- d. Literacy: The general education level of women remains very low (only 34% can read and write). This situation does not give sufficient value to the skills, abilities and strong motivations of women to progress. Literacy is not sufficiently generalized or systematically conducted in the long term, with the necessary support, to establish itself as a transversal activity of groups, networks and platforms.
- e. The question of entrepreneurship remains unresolved and is struggling to settle in the march of MMD structures. The MMD dynamic is indeed about short-term processes; the sharing of the fund is a special event/ceremony that motivates women, who know that after one year, they will have the rewards of their investments. They engage with this short-term perspective. On the other hand, the logic of entrepreneurship requires investment in the medium term at least, or even in the long term. How to reconcile this with the dynamic that forms the success of MMD structures?
- f. What support for the MMD structures: The strategic option to work in partnership is inherent in CARE International, with specific objectives: increased efficiency, multiplication of impacts (scaling up), creating sustainable conditions for CARE's intervention, development of civil society that positions itself on national and local development issues. It is not at all certain that the current set-up of the program with the implementing NGOs is in line with these expectations. The most visible activity of the partners is the implementation of the action plans agreed with CARE. And after that? and beyond this operational investment, what is the strategic contribution of NGOs? What added value for MMD structures?

4.3 Risks and questions

- a. Men seem to be giving up many of their obligations in terms of caring for the family. Today, if a woman crosses her fingers, her home may "sleep without food". How to avoid this perverse effect where the success of the MMD is transformed by an unequal (and unfair) transfer of family burdens on them?
- b. Should entrepreneurship remain a central focus of the program, or rather be approached as a track to discuss and explore with structures (or women) who have ideas, plans, projects and motivated to take the necessary risks? and engage in it? Is it realistic to have an approach to mainstreaming entrepreneurship?

- c. If the sponsorship is not framed, it can lead to abuse. For example, in Dogo, women brought girls to their homes and sponsored them and put them into domestic chores with all the risks of exploitation that entails. In doing so, women undermine their image as mothers (disinterested godmother)
- d. With regard to the regional federation, taking women out of their comfort zones and launching structures with little control over their development, content and purpose, involves certain risks. These umbrella structures may escape women or be empty shells. The low level of education and general culture of women, could moreover be a limiting factor. At a local level, women defend their interests well; but taking them to another institutional space involves risks that are not sufficiently analyzed.



5 Lessons Learned

- a. MMD women are public actors (politicians?) On the local scenes: their opinion counts; they are consulted; they are considered; they invest (build) in the husband's concession. They gradually become co-owners of household goods.
- b. The management of socio-economic infrastructures has positive effects in terms of collective approaches to problems, local efforts to take care of them, consultation and exploration of alternatives to the difficulties that arise.
- c. Gender platforms offer MMD women leaders a framework for confronting (in a positive sense) men, reinforcing their arguments for women's rights (building process of arguments against arguments) and expanding their actions spaces (visit places/villages where they have never been). This framework tests their activist commitment and gives them the opportunity to reposition themselves in the public and political space
- d. The savings allow women to be sheltered from certain situations, to strengthen their resilience but do not allow them to implement a real commercial enterprise. The entrepreneurial option is far from being a logical and profitable solution. It requires prerequisites to better understand the following problem: the dynamics of money is individual in MMD women, and short-term, while entrepreneurship requires to combine multiple human resources, and places the fallout on the medium/long term. It would require a coherent process of capacity building, market studies, and value chains, and pilot projects (case studies) to assess the profitability of investments
- e. The process of consolidating communal networks and federations is still ongoing and not completely successful (the regional level is not yet a reality). It still takes a time of necessary inter-knowledge and inter-recognition between the networks for the construction of a collective identity strong enough to carry the confederation, and a common agenda (what goal do we pursue, what added value?).
- f. A recurring challenge of the MMD approach is the legal anchoring: these groups are considered cooperatives under the supervision of the DACPOR (Directorate of Cooperative Action and the Promotion of Rural Organizations), while they carry out activities on activist commitments that go beyond the scope of cooperatives.

6 Conclusion and Recommendations

Progress in women's economic, social and political empowerment is easily appreciated in the light of conversations with women. In unfavorable, sometimes hostile, socio-economic and cultural environments, the momentum generated by MMD groups has led over the years to qualitative changes in the position of women in their households and communities. Women's political participation has also begun, with a clear intention for the leaders of the MMD groups to position themselves on local political scenes, despite the adversity of men and the complexity of the political games that they will have to learn to overcome.

PROMEESSII's performance is measured by women's ability to manage resources, accumulate assets, develop crisis response capabilities, and continuously strengthen their ability to support the life systems of their respective households. This is accompanied by greater social and political inclusion of women, increased dialogue with men on critical issues such as SRH and GBV. Men encouraged by these transformative processes in their households and communities, provide women with more assertive support, although there is sometimes a tendency to let women take care of the family expenses.

The efforts to be continued and intensified concern (i) the improvement of women's human capital, in particular through consistent literacy programs, (ii) structured support for networks and municipal federations, and (iii) thorough reflection on entrepreneurship to fit well into women's specific demands/needs.

With a view to multiplying the current changes, the following recommendations are formulated:

- a. Continue reflections and debates around the MMD process, in order to question the approach in terms of relevance in the current context. The discussions highlight the usefulness of maintaining the method in its first phase of organizing women around a fund whose payments are fixed according to the possibilities of the members, in order to preserve the social dimension initially assigned to the method; and maintain women's interest / motivation for a short-term return on investment.
- b. The circulation of money within groups, networks, federations, between groups and networks, between networks and federations, processes for making money at the level of groups and networks, and the process of redistribution, deserve a detailed analysis to better understand the different relationships to money and the structuring of the circulation of money.
- c. Analyze the capacities of groups, networks and federations, to assess the ability of women to move to different stages of development, and:
 - Propose support, projects and processes of evolution/structuring à la carte according to the needs, capacities and priorities of the structures
 - Facilitating the transition between current support with NGOs (uniform support) and specific support based on specific needs

- d. Literacy should remain a central priority; possibly explore a specialized partner that would bring this transversal strategy within the program
- e. Strengthen the focus on the political representation of MMDs, particularly through training, communication and sensitization of women, so that they do not opt out of elected positions under the pressure of parents, and with this leitmotif: *"I'm not here in my name, but on behalf of a network, hundreds of women"*.
- f. It would be useful to take stock of emerging economic enterprises, better performing IGAs and value chain studies to identify and strengthen linkages. Since IGAs are primarily based on agricultural products and the main concern is food security, agriculture and livestock should be the main entry point for entrepreneurship. Consequently, this question should not be generalized for all MMD structures, but to be approached on a case-by-case basis. As the business environment is extremely unfavorable, the approach should be prudent
- g. Federations should position themselves as women's, girls 'and families' advocacy groups: advocacy, resource mobilization, communication, sensitization on central issues and rights, development of strategies (for example, discussing with local authorities to plan professional training related to training centers - mills and boreholes often break down (high pressure, insufficient number, insufficient maintenance).
- h. As the communes constitute the operational level of implementation of development actions, the municipal federation can play many roles in terms of resource mobilization and advocacy:
 - Projects would benefit the networks that would benefit the beneficiary groups
 - The municipal federation would focus on its advocacy actions, political dialogue, social communication, etc.
- i. The municipal federations should take care of the issues of poor services provided by health centers. Their presence at the communal level and the ongoing political dialogue should tend to regulate the more than average performance of the health structures
- j. If the regional federations option is retained, two precautions are necessary:
 - It will be important to think about what the Program wants to do with the regional federations and analyze the inherent risks
 - And also, to comply with local conditions and priorities / aspirations / rhythms / needs of women to structure these federations
- k. An overall reflection is necessary to agree on the role, the mode of action and the relations with the implementing NGOs. Without questioning the entire operational setup, it will be critical to objectively appreciate what is expected of partner NGOs and how they contribute to the qualitative evolution of MMD structures, beyond the operational aspects:
 - Definition of precise specifications
 - Collection of NGO proposals where their added value should be clearly highlighted
 - Commitment to a business model that incorporates CARE's organizational, programmatic and strategic development requirements



- Explicit formulation by NGOs of their vision of developing MMDs and how they intend to support the structures
- l. Explore innovative methods of supporting federations based on their current capabilities, level of development, advocacy plans and action plans, and capacity-building projects. A technical assistance system housed within the federations should be tested and evaluated.
- m. Explore and test simple, inexpensive initiatives that increase and leverage effects of the Program. It may be wise to use outreach radios to obtain "MMD spaces" where cross-cutting themes are discussed/shared, as well as life stories that inspire women. A permanent initiative to sell MMD fabrics that could generate resources for the benefit of the federations
- n. Adopt and implement a systematic and consistent monitoring-evaluation mechanism that enables the generation of real-time information.

7 Date and attestation

I attest that to the best of my knowledge and belief the information given in this report is correct.

Date: 31st March 2019

CARE Niger

8 List of Annexes

Annex 1: Consultant's TOR (*separate document*)

Annex 2: Questionnaire (*separate document*)

Annex 3: Figures and Tables (*separate document*)

Appendix 4: Interview Guides (*separate document*)

Annex 5: Selection of case studies (*separate document*)

Annex 6: GEWEP II Results Framework (*separate document*)