



## Women's Empowerment Program Niger Evaluation: 2009 - 2013

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**International Law and Policy Institute**

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## List of Acronyms

CB	Cereal Bank
CPON	<i>Consultation Post Natale</i> (post natal consultation)
CSO	Civil Society Organisation
GBV	Gender-based Violence
HDI	Human Development Index
IGA	Income Generating Activity
MDGs	Millennium Development Goals
MFI	Micro Finance Institution
MMD	<i>Mata Masu Dubara</i> (the name for VSLA in Niger)
MSC	Most Significant Change
MTR	Mid-Term Review
NPC	<i>Natale Pre Consultation</i> (pre-natal consultation)
PFPE	<i>Ministère de professionnel technique et professionnelle et de l'Emploi</i> (Ministry Professional and Technical Education)
PSP	<i>Plan Strategique Pluriannuel</i> (Multi-Year Strategic Plan)
PROMEESS	Programme for Promotion of Social Equity, Equality and Civil Society
PMTCT	Prevention of Mother to Child Transition
SCOFI	<i>Ministère des enseignements secondaire et l'enseignement supérieur</i> (Ministry of Secondary and Higher Education)
SRHR	Sexual and Reproductive Health Rights
SSI	<i>Système de Suive des Impacts</i> (Impact Monitoring System)
TOR	Terms of Reference
VSLA	Village Saving and Loan Association
WEP	Women's Empowerment Programme

## Executive Summary

This evaluation aims to assess the impact of CARE's Women's Empowerment Programme (WEP) in Niger. It measures programme effectiveness and demonstrates the added value of the programme. The research started in 2009 and final data collection took place in 2014. The evaluation used a panel study design, in which households were surveyed at the start of the programme's implementation in 2009 and then again in 2014. Both qualitative and quantitative research methods were used. A qualitative Mid-Term Review was also conducted in 2011. 607 households, 661 women and 421 men took part in the research, alongside key informants from government institutions and civil society organisations (CSOs).

CARE has worked in Niger for more than 20 years on programmes to address inequalities and social injustice. WEP was implemented with support from Norad between 2009 and 2013 across six regions of Niger. The model of Village Savings and Loans Associations (VSLAs) became central to CARE Niger's women's empowerment work. CARE's VSLAs now cover approximately 7% of all women over 15 years in Niger, and 243,000 women are currently organised in 9,000 VSLAs. VSLAs were used as an entry point for changing attitudes and behaviour of both women and men, as well as discriminatory social norms, while supporting savings and access to loans and micro finance.

The programme was designed to help achieve significant breakthroughs at three main levels contributing overall to women's economic empowerment: 1) Individual – improvement of skills, attitudes, and knowledge among the impact group; 2) Structural – influence on social norms, customs, institutions, and policies that affect women's choices in life; and 3) Relational – less unequal balance of power, helping women to negotiate their way in society.

The evaluation focuses on nine outcome indicators: percentage of women with control over household assets; percentage of women with the capacity to cope with economic shocks; percentage of women who report meaningful participation in decision-making bodies at the community level; women's perception of social inclusion in the community; percentage of women reporting satisfaction with the availability and quality of services related to Sexual and Reproductive Health Rights (SRHR); percentage of women making informed choices/decisions regarding their SRHR; percentage of men and women with changed attitudes towards gender-based violence (GBV); existence and enforcement of women's rights laws and policies; and attitudes of men and women towards women's empowerment. The evaluation also aims to address a series of questions that are based on the OECD's Development Assistance Committee (DAC) criteria for measuring programme relevance, effectiveness, impact, and sustainability.<sup>1</sup>

The impact of the programme on women's individual agency appeared to be particularly positive. Changes in women's control over household assets were measured over the period under review. In 2014, 84.2% women reported having control over some assets in the household. This compares to 47.6% at baseline, indicating a global increase of 36.6%. Women's increased access to financial tools through the VSLAs helps women invest in their businesses, and women who are members of VSLAs are much more likely to take out a loan.

Although there has been a decline in the proportion of women able to cope with economic shocks, among those women who did report positively, more households where women were members of VSLAs (54.62%) reported being able to cope with economic shocks compared to households without VSLA membership (44.62%).

There has been significant progress regarding women's ability to participate in community decision-making. 65.57% of these women who contribute a lot or a little to decision-making bodies in the society are MMD members compared to 34.43% who are non-MMD members, indicative of the effect of their VSLA membership. Despite women's enthusiastic response about their participation in community decision-making, the spaces available for them to actually participate in community life and to represent their communities remain limited to those that are considered appropriate for women. Barriers still remain for women to actively participate in

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<sup>1</sup> DAC Criteria for Evaluating Development Assistance  
<http://www.oecd.org/development/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>. Accessed March 2015

decision-making bodies in their communities, as these spaces are protected by cultural traditions, with the result of maintaining the status of men in society.

At the same time, there has been some notable success in the realm of formal politics. WEP has successfully supported female candidates in formal elections. As such, elected female officials from within the VSLA network - the MMD Federation - have been able to advocate for better implementation of Niger's legal and policy frameworks as they apply to the rights of women and girls.

Positive developments have been noted in relation to women's ability to make informed choices about their sexual and reproductive health (SRH). 58.9% of all women reported positively that they make informed choices about their sexual and reproductive health, an increase of 23.32% over the time under review. This is closely linked with an increase in women's leverage of influence in the household, and is indicative of a shift in how couples interact with each other, as demonstrated in the qualitative research. However, there has been limited change regarding attitudes of both men and women to gender-based violence (GBV) and men's attitudes towards women's empowerment.

In conclusion, while WEP has made considerable progress towards securing women's economic empowerment, a significant proportion of women in the programme intervention areas continue to have limited knowledge about their economic, social *and* political rights, and remain limited in their ability to leverage their newly gained economic assets and property for greater control over other areas in their lives. Although women members of VSLAs reported being better able to cope with economic shocks, critical in the Nigerien context, the programme's ability to support the most vulnerable households in their ability to respond to crises has demonstrated mixed results.

Table 1: Programme Impact

Component Areas	Evidence	Impact on Women	Impact on Household and Community
<b>Women's economic empowerment</b>	84.2% of women reached by WEP reported having control over assets in the household. This compares to 47.6% at baseline, an increase of 36.6%. Out of this number 47.87% of them are MMD members compared to 47.02% who were non-MMD members.	47.87% of MMD members had control over at least one property in the household.	More MMD households (54.62%) can now cope with economic shock compared to non-MMD households (44.62%)  The increased access to savings and loans, employment opportunities, and asset ownership has improved the ability of the MMD women to earn income, generate their own savings and make financial contributions in their households. This has greatly improved their self-esteem, thereby giving them better leverage to be involved in, and to influence, household decision-making. Men reported appreciating the income women were able to bring in to the household as a result of being involved in VSLAs.
<b>Governance and Women's participation</b>	More women are now participating in decision-making bodies in the community compared to 2009.	More women influence decision-making a lot or a little, and 65.57% of these women who contribute a lot or a little to decision-making bodies in the society are MMD members compared to 34.43% who are non-MMD members.	Women are now invited to the community meetings and, as such, are given the opportunity to participate in decision-making. There are also women representatives in municipal councils, and women neighbourhood representatives designated by the Heads of Villages.
<b>Sexual and Reproductive Health Rights</b>	More women and men are in favour of joint decisions on the use of contraceptives. The knowledge about contraceptives has also improved from 14.15% (2009) to 16.8% (2014) for women and from 13.43% (2009) to 15.34% (2014) for men.	More MMD women (42.1%) reported that they used contraceptives.	The use of sexual health services has increased by 2.65% for women and 1.91% for men.  The number of births attended by skilled personnel or trained traditional birth attendants (TBAs) has increased by 3.7%.
<b>Gender-based violence</b>	There were also reports of increased awareness of appropriate responses, including increased incidences of girls opposing forced marriage as result of their involvement with programme.	Many men are increasingly recognising women's right to be involved in decision making on the marriage of their daughters.	Parents and teachers have also challenged early marriages. Reports on increased school enrolment rates and retention rates for girls across the programme intervention sites are linked to these shifts in attitudes regarding early marriage.

# 1 Introduction

## 1.1 Brief description of the programme

The Women's Empowerment Programme (WEP) started the phase under review in 2009. In Niger, the aim of the programme was for women to gain better access to, and more control over, economic resources; to increase their participation in decision making at all levels; and to realise full enjoyment of their economic, social, and political rights. By 2013, it was expected that WEP Niger would have 500,000 participants including 375,000 (75%) females and 125,000 (25%) men. 168,957 women and 37,501 men were impacted by the programme. The programme uses Village Saving and Loan Associations (VSLAs) as a platform for carrying out different activities to strengthen women's individual agency, change power dynamics within households and communities, and bring about changes at the structural level.<sup>2</sup>

CARE Norway has also been implementing WEPs in Burundi, Mali, Myanmar, Niger, Rwanda, Tanzania, and Uganda through a cooperation agreement with Norad that started in 2009 and ended in December 2013. The overall goal of the programmes was the social, political and economic empowerment of women and girls. Since their start in 2009, the scope of the programmes has expanded to include additional components, as different opportunities were created through additional funding, new partnerships, and improved expertise. Although there is a variation among the countries, some examples of the additional components include engagement with men, advocacy, grassroots activism, and adult literacy.

## 1.2 Programme's theory of change and results framework

The overall Theory of Change (TOC) of the programme is that *if* the agency of poor and vulnerable women and girls of reproductive age is developed to challenge the power structures around them - i.e. cultural norms, institutions and policies or legislation - by realising and practising their economic, social and political rights, and *if* power imbalances at the household and community level that perpetuate gender inequality are addressed, *then* this will contribute towards improving their socioeconomic position, and progress towards gender equality will be achieved.<sup>3</sup>

The theory of change relates to a broader programmatic theory of change about the economic empowerment of women. This focuses on the agency of women and girls both as individuals and as part of collectives, the ability of rights-based civil society to mobilise for gender equality, and the transformation of social, cultural, religious, and political institutions toward gender equality, all working together to support women along a pathway towards economic empowerment.<sup>4</sup>

In Niger, WEP's results framework is structured around the following outcome areas:

WEP
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<sup>2</sup> CARE Norway (2009) Women's Empowerment Programme: Programme Framework

<sup>3</sup> CARE Norway (2013) Application for Cooperation Agreement 2014-2018

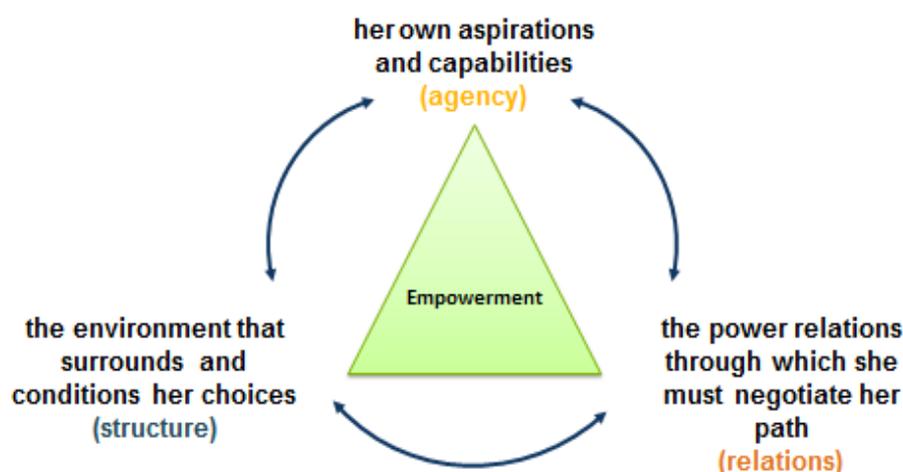
<sup>4</sup> CARE Norway (2009) *ibid*

<p><b>Outcome 1:</b> By 2015, women and marginalised men have improved their economic security.</p>	<p><b>Outcome 2:</b> By 2015, women and girls have improved their knowledge and ability to influence decisions in favour of their rights and greater gender equality.</p>	<p><b>Outcome 3:</b> By 2015, the rights of women and girls are defended by a social movement of men, women, local decision-makers, and institutions.</p>
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A Village Saving and Loan Association (VSLA) provides simple savings and loan facilities in communities without easy access to formal financial services. Research from Ghana, Malawi, and Uganda shows that the mechanism by which VSLAs affect people’s lives can be thought of as a chain of events. Short-term behavioural changes from the programme have led to welfare impacts in the long-run. For the short-term changes, access to loans from the VSLAs led to an overall extension of credit to individuals with no previous access to loans and to an increase in the average loan amounts received by respondents. Loans were then used to invest in income generating activities (IGAs), such as the purchase of agricultural and business inputs. Improved credit and access to the group’s emergency or social fund allowed members to smooth the impacts of economic shocks, pay for unforeseen health expenditures, and guarantee food security to the household. Loans have also been used to fund education expenses.<sup>5</sup>

In the long run, increasing savings and loan volumes in more mature groups has led to more substantial improvements in welfare outcomes. Higher investment levels led to higher yields in agriculture and to growth in business ownership, as well as increased profits in income generating activities. Access to savings groups has been shown to alleviate the impact of economic shocks on the household. Easier access to lump-sums through savings and loans has translated into improvements in health indicators and education levels. Households have also begun to accumulate larger assets. Food security, intra-household decision-making, and more generally, VSLA members’ involvement in the community, have been shown to improve with time.<sup>6</sup>

*We understand empowerment as the sum total of changes needed for a woman to realize her full human rights – the interplay of changes in:*



<sup>5</sup> IPA (2012) Impact Assessment of Savings Groups: Findings from three Randomised Evaluations of CARE Village Savings and Loan Associations programs in Ghana, Malawi and Uganda

<sup>6</sup> IPA (2012) *ibid*

Figure 1: Care Norway, Programme Theory of Change

### 1.3 Purpose of the Evaluation

The research for this evaluation was conducted in two phases, combining qualitative and quantitative research. The sequencing was to conduct the qualitative assessment first followed by the quantitative measurement. The goals of the two research phases were distinct and are as follows:

#### *Qualitative assessment:*

- To assess the changes to which the programme has contributed for the programme participants using expected objectives/outcomes at country level as a starting point.
- To specifically explore the unintended positive and negative effects of the programmes on the programme participants and impact group.
- To explore the causes/explanations for the observed changes.
- To identify core aspects that should be incorporated in the quantitative measurement.

#### *Quantitative assessment:*

- To measure the level of achievement of the programme in relation to the outcome indicators (this should use similar methodology as the baseline stage).
- To measure level of achievement in relation to other indicators identified through the qualitative study (the intention here is to quantify some of the core changes/achievements identified through the qualitative study that may not have been covered through measuring the outcome indicators).

The evaluation also aims to address a series of questions, which follow the OECD's Development Assistance Committee (DAC) criteria for measuring programme relevance, effectiveness, impact, and sustainability.<sup>7</sup>

### 1.4 Methodology

A panel study design was chosen for the evaluation, allowing the same households to be interviewed at baseline and endline. In line with the baseline research-sampling guide, using the Magnani guide, the same 607 households were targeted for the quantitative research survey for the endline research. A two-stage selection was originally used to identify the households (village and household selection) and households were randomly selected based on the household list for the village. While there was no significant attrition between the baseline and endline research, household conditions had changed over the period under review, as a significant proportion had experienced persistent food and economic crises, likely to affect responses regarding coping mechanisms.

#### 1.4.1 Research Details – Quantitative Research

The quantitative research was undertaken through a survey – a household survey, a survey for women and a survey for men. The tools were designed collaboratively, led by an external consultant, together with the CARE Niger team. They were mainly based on baseline research tools and mid-term review research. The findings from the qualitative research for the evaluation were considered in a follow-up design workshop with CARE Niger, as well as programme design and identified data needs from PROMEES.

<sup>7</sup> DAC Criteria for Evaluating Development Assistance  
<http://www.oecd.org/development/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>. Accessed March 2015

In line with the baseline research-sampling guide, using the Magnani guide, the same 607 households were targeted for the endline research. The panel study design meant that the same households interviewed during baseline research in 2009 were targeted. The two studies were comparable, with the research teams taking care to replicate questions from the baseline study for comparison with the endline responses.

The data was collected using droidSURVEY and analysed using SPSS.<sup>8</sup> This software will enable the team to gather data efficiently using tablets and to manage data collection, availability and analysis using a web-based project. The team was provided with tablets - one for each researcher, regional team leader and the national research leader - preloaded with droidSURVEY software and the specific surveys for this research. Data collection took place over 12 days in June 2014. The first two days of research were considered pre-tests and the remaining days as intensive data collection.

#### 1.4.2 Research Details – Qualitative Research

The qualitative study began with a workshop to share the process and refining data collection tools. The research was developed in a participatory approach with the involvement of the programme team and staff of CSO partners, as well as officials from the Ministry of Women and Child Protection. Overall, the research process involved the following stages: the preparatory stage, workshop to design and refine data collection tools, training of researchers, data collection in the field, data analysis, and report drafting.

The research was conducted in 3 out of 6 programme regions - Tahoua (all evaluation indicators were measured), Dosso (all evaluation indicators were measured) and Niamey (evaluation indicators on the impact of advocacy and institutional change were measured) – using purposive sampling, when subjects are selected because of a particular characteristic.<sup>9</sup> This was done by selecting two target villages (one high-performing and one low-performing village) respectively from Tahoua and Dosso regions - Moutchééré and Tsernaoua communities in Tahoua, and Mokko and Koukoki in Dosso. The selection was made after applying a scale of 1-5 to the following programme measures: functionality of existing VSLA structures (networks, groups, cereal banks and literacy programmes), level of achievement of community action plans, capacity of local structures to mobilise various stakeholders in dealing with local level advocacy topics, and progress of development of local initiatives.<sup>10</sup>

In the Niamey region, the qualitative study focused on the impact of the programme on political and policy structures and institutions, and research targets included government ministries (PFPE, Ministry of Justice and SCOFI), national institutions (National Assembly, National Human Rights Commission, Conseil National De Dialogue Politique), elected officials, federations and civil society organisations (CSOs).

The primary data-collection methods used were focus group discussions with women who were members of MMDs and discussions with the spouses of women who were members of MMDs, key informant interviews with individual MMD members, and interviews with local and national government officials and CSOs.<sup>11</sup> "Most Significant Change" interviews were conducted with a selection of key informants.

<sup>8</sup>Endline data was not included in the same SPSS datafile as the baseline data.

<sup>9</sup> The regions were selected after the consideration of 3 selection criteria for sampling: socio-ethno-cultural diversity, programmatic coverage and the presence of strategic programmatic activities.

<sup>10</sup> These are all programme progress indicators for which the Niger team have data.

<sup>11</sup> Three research tools were used nationally - interview guides for elected officials, interview guides for institutions to promote women's rights, and interview guides for federations.

Data collection took place over 10 days in January and February 2014, at an average of 5 days per community. The first two days of research were considered pre-tests and the remaining days were used for intensive data collection. The main challenges encountered during the course of the study were practical and led to the deployment of additional researchers to the Tahoua region.

### 1.4.3 Ethical considerations

The research was carried out after securing the consent of the respondents, having informed them of the purpose of the study and given them assurances of confidentiality and respect for privacy. During the qualitative research, debriefings were held at the end of each research session. A validation exercise will be held nationally and in selected communities.

### 1.4.4 Description of the population under study

Niger is a country consistently ranked among the last on the Human Development Index, and in 2014, Niger was ranked 187 out of 187 countries assessed in UNDP's Human Development Index.<sup>12</sup> 63% of the population in Niger lives on less than US\$ 1.25 a day. With a population growth rate of 3.9% per year, there is considerable pressure on productive resources.<sup>13</sup> Women are poorer and more vulnerable than men; four out of six people living below the poverty line are women. Girls have limited access to formal education, compared to boys, and the national primary level enrolment rate for girls is 67.3% against 84.9% for boys. Adult literacy rates further illustrate this point – the literacy rate for women is 15% compared to 43% for men.<sup>14</sup>

The population of the area covered by the programme was 6,135,562, according to the 2009 Niger census. The total number of participants in the programme during the period 2009 to 2013 was 206,458 (168,957 women and 37,501 men).

**Table 1: Key Features of the Population Under Study, baseline (2009) and endline (2014)**

Features	2009	2014
MMD Membership	Men: 3%	Men: 12.4%
	Women: 38%	Women: 50.8%
Mean Age	Men: 39 years	Men: 46 years
	Women: 37 years	Women: 39 years
Ever attended school	Men: 30%	Men: 35.4%
	Women: 13.2%	Women: 19%
Household Land Ownership	88%	91.9%
Household Home Ownership	92.5%	84.4%

<sup>12</sup> UNDP (2014) Human Development Report 2014, [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/NER.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/NER.pdf) Accessed March 2015

<sup>13</sup> UNDP (2014) *ibid*

<sup>14</sup> UNDP (2014) *ibid*

91.9% of households surveyed in 2014 reported that they own fields, plots or gardens. This figure is higher than the 88% reported in 2009. However, in 2014, 84.4% household heads reported that they owned the house in which they lived, while in 2009, 92.5% reported that they owned the homes in which they lived. The dominant building materials for the houses was reported to be clay (89.2%), with just 5.8% of the houses built from straw. 15.2% of the households that took part in the survey were female headed households, slightly higher than the figure for the baseline study which was 12.4%.

770 female respondents were sampled for the research. Their ages ranged from between 15 and 80, and their mean age was 39, an increase from what was reported in 2009 of 37 years old. 63.4% of them were Haoussa, 2.7% Touareg, 2.8% Peul, 24.3% Djema and 6.7% from other ethnic groups. A significant proportion of the women (44.4%) reported that they were in a monogamous marriages. The proportion of those reporting that they were in polygamous marriages increased from 26% in 2009 to 39.3% in 2014. In addition, the proportion of women who reported that they were divorced has reduced to 2.6% in 2014 from 3.1% 2009. Most of the women (81%) can neither read nor write in French nor in other languages. 19% of women attended school, an increase from 13.2% in 2009. The highest educational level that most of women who had attended school reached was primary school education (68.3%). 24% had secondary school education, 4.8% had university education, and 2.4% had Quranic literacy. In 2009, 13.2% were educated and for the great majority of them, the level they had reached was primary education (70.2%). 29.8% had reach secondary school.

475 men were sampled for the research. The mean age of the men was 46.25 (up from 42 years in 2009), with respondents aged between 12 and 98 years. Over 80% reported that they were married, with 57.8% in monogamous marriages and 30% in polygamous marriages. The percentage of men who reported to have been to school improved from nearly 30% in 2009 to 35.4% in 2014. Those who reported that they could read and write increased from 39.8% in 2009 to 43.3% in 2014. The highest level of education attained by most of the men was also primary school education.

A total of 541 households were sampled for the research and 521 agreed to participate in the survey. A total of 475 men were sampled and 426 agreed to participate in the survey.<sup>15</sup> Out of a total of 770 women targeted for the survey, 676 agreed to participate.<sup>16</sup> The proportion of women who took part in the research and were members of VSL groups increased from 38% in 2009 to 50.8% in 2014. 92.2% of these groups were MMDs, established by CARE. In 2009, 3% of the men sampled were members of MMD groups. However in 2014, 12.4% were members of MMD groups. 76.9% of these groups were MMDs established by CARE.

**Table 2: Total number of respondents sampled by region (2014)**

Region	Total number of participants who took part in the survey by region		
	Men	Women	Total
Dosso	108	133	241
Tillabéri /Niamey	93	125	218
Tahoua	77	118	195
Maradi	40	127	167
Zinder	103	158	261

<sup>15</sup> Although the total number of men who participated in the survey was 426, the household code was not provided for 5 of the respondents making these nil responses.

<sup>16</sup> Although the total number of women who participated in the survey was 676, the household code was not provided for 15 of the respondents making these nil responses.

<b>Total</b>	<b>421</b>	<sup>17</sup> <b>661</b>	<b>1082</b>
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<sup>17</sup> The same applies with the women (as with the men above). The household code of 15 of the respondents were not provided

## 2 Results

### 2.1 Women's economic security and progress towards empowerment

The activities of the MMDs have supported many of their female members to, for the first time, become engaged in income generating activities, largely through obtaining loans from microfinance institutions (MFIs), investing in productive assets, many of which were previously in the male domain, and utilising profits to repay loans, reinvest in IGAs and to support their households during economic shocks.

The research has also illustrated how women's new knowledge, skills and confidence have helped limit the impact of food crises and economic shocks on their households. More households reported dealing with economic shocks in the previous 12 months, and despite indications that the impact of the programme was limited regarding building up household resilience, there was a significant increase in the number of women using positive coping strategies as their major responses to economic shocks. These included the selling of cash crops and/or male livestock, selling home-produced items, using savings, and using the social fund of a VSLA or women's solidarity group. In addition, MMD member households have been able to better diversify income streams than non-member households.

The women's involvement with the WEP - including their membership of the MMDs, opportunities to access literacy classes, and other training - has been critical for building their individual agency. According to the programme's theory of change, this should have a direct influence on changing the power dynamics that determine the dominant gender norms. The research has shown that for some women, their increased agency has had a positive impact on the dynamics in their households, with women and men reporting improved dynamics and better negotiation. However, limitations for younger women in particular, who have the lowest decision-making power, continue to be a significant constraint.

### 2.2 Women's participation in decision-making and governance

Although the majority of women who took part in the research expressed positive attitudes towards their potential for participating in community decision-making spaces and the importance of women's active participation in public life, their access remains restricted to spaces that are considered appropriate for women to participate in. A positive shift has been the increase in women reporting their participation as elected officials, as well as their membership of professional bodies in communities. At the same time, the attitudes of those who support the dominant gender norms regarding women's participation persist and demonstrate the challenge of transforming these particular social norms.

While the legal framework for women's and girls' rights in Niger is largely protective of their fundamental rights, the laws are not implemented in practice. Concerns remain regarding enforcement of laws against early marriage and female genital mutilation (FGM), and government support to promote girls' education, in particular. There is a limited legal and policy infrastructure for women's and girls' rights. Government institutions tend not to work in a concerted manner, meaning there is limited implementation activity, and the status quo is thus reinforced. The lack of knowledge about laws and policies at the federal and local levels remains a concern.

### 2.3 Sexual and reproductive health rights

Important positive shifts in knowledge, attitudes, and behaviour have been made regarding women's sexual and reproductive health rights, in terms of knowledge of SRH, decision-making around access to SRH services, and the use of SRH services. Both women and men reported increased knowledge of SRH services. At the same time, respondents reported increased joint decision-making and more involvement of men in decisions around pregnancy and childbirth (ante- and post- natal care, and attended births).

The qualitative research showed that there had been progress in terms of women's ability to access SRH services, and that a significant proportion of women are satisfied with these services. There were some concerns expressed about the availability of services, demonstrating a general trend for increased demand, particularly for pre- and post-natal services. There were also positive reports of attitudinal shifts by men in the area of decision-making regarding women's reproductive health.

### 2.4 Gender-Based Violence

Both women and men expressed more neutral attitudes in response to a variety of statements. In particular, men's attitudes towards women choosing a partner of their choice has shifted to a prevailing attitude that is less supportive of women's agency and autonomy. On the other hand, more men have expressed supportive attitudes regarding ending FGM and early marriage, and promoting girls' education, an indication of the effect of WEP's sensitisation activities on these particular issues. At the same time, there have been important attitudinal shifts in girls and younger women with reports of objections to forced and early marriage from the qualitative research. A shift in the attitudes of younger women is critical for driving the transformational change required for women's social, political and economic empowerment. While there appears to be an increase in the reporting of domestic violence in communities, this may not be the best proxy measure for understanding the prevalence of domestic violence.

### 2.5 Changes in laws and policies

Although there has been a significant change in legislation in the time under review, such as the passing of the Quota Law partly a result of MMD advocacy, concerns remain about the limited implementation of a range of legislation that should both protect and support Nigerien women and girls. For example, existing government policies to support girls to enrol in school, and remain in school for longer, have been identified through advocacy efforts of MMD federation as requiring a concerted government response in order for these policies to be implemented effectively.

### Table 3: Key Programme Outcomes

INDICATORS	Level in 2009	Level in 2011	Level in 2014	Confidence intervals at 95% confidence level	
<b>Outcome 1</b>					
i. % of women (marginalised) with control over assets in household	47.6%	51.9%	<b>84.2%</b>	0.84 and 0.88	Number of women whose HH owns at least a property (B) (558) Number of women who declare having control over at least a property in the HH (C) (470) C/A*100=84.2%
ii. % of women (marginalised) with capacity to cope with economic shocks	77.6%	67.6%	<b>37.36%</b>	0.32 and 0.0.45	Number of women whose HH faced economic shock in the last 12 months (B) (348) Number of women who using adaptation strategies (C) (130) C/B*100=37.36%
iii. % of Participants able to make viable choices about economic opportunity <sup>18</sup>	57.56%	78%	-		
<b>Outcome 2</b>					
% of women reporting a significant stake in the decision-making bodies at community level	33.1%	38.9%	<b>32.90%</b>	0.33	Number of women who participate in decision making bodies (B) (371) Number of women who (a little and a lot) influenced decision making (C) (122) C/B*100= 32.9%
% of women who make decisions/who make informed choices about their sexual and reproductive health	35.58%	37.6%	<b>58.90%</b>	0.588 and 0.589	Number of women between the ages of 15 – 49 (B) (455) Number of women who made informed decisions on contraceptives (C) (268) C/B*100= 58.9%
% of women reporting satisfaction with the availability and quality of SRH services	83.48%	54.5%	<b>56.8%</b>	0.567 and 0.568	Number of women who used at least one SRH service (B) (345) Number of women who reported satisfaction of SRH service (C) (196) C/B*100= 56.8%

<sup>18</sup> Guidance note missing on calculations

## 3 Women's Economic Security and Empowerment

### 3.1 Change in level of ownership of productive assets by women

There is evidence of positive change in the level of ownership of productive assets by women. Responses from women on their ownership of productive assets indicate that most of the assets named by the women were personal effects. However, there were some significant shifts reported in 2014 with 17.9% of women identifying small ruminants, 13.4% of women identifying transport means, 12.2% identifying agricultural harvests, and 9.6% identifying land and farms as their productive assets. These assets were previously entirely in the male domain.

The qualitative research has also shown how more women own productive assets that were previously exclusively owned by men. These include productive land, fields, small plots, houses, carts, motorcycles, water pumps, sewing machines, presses condiments, and agricultural products for sale (okra and onion). They have acquired these either by purchase or inheritance. Women who are MMD members have also been reportedly purchasing small ruminants for their productive use. In particular, more women reportedly purchased motorcycles and have been using these as taxis as part of the diversification of their income generation activities (IGAs). Motorcycles were considered the primary means of movement for men, and their productive use by women therefore signifies an important shift in attitudes.

These changes have been significant for household dynamics. As one male respondent at Mokko explained, *"There are no productive assets that belong exclusively to men [now]. Women have even replaced men in possession of small ruminants. In each of our households, you will find at least 3 sheep belonging to our wives while none of us have even one."*

However, certain assets such as shops, cars, and grain mills have remained the exclusive property of men. Of particular relevance is the importance applied to ownership of the family grain store/granary, as this has remained closely linked to the idea that a man must ultimately provide for his family.

Women's access to loans from their MMD groups - mainly in the form of loans provided by microfinance institutions (MFIs) - has strengthened their access to capital. As such, MMD women's ability to develop IGAs has increased during the intervention period. In Niger, by 2011, 849 VSLAs (comprising more than 3300 women members) were linked to MFIs. Women have benefitted from a total of US\$ 289,582 in credit.<sup>19</sup> Profits generated from IGAs and loan pay-outs were used to purchase productive assets.

### 3.2 Percentage of women who exercise control over household resources

84.2% of women reached by WEP reported having control over assets in the household. This compares to 47.6% at baseline, an increase of 36.6%. The highest increase over the time of the programme was in Tillaberi, where an additional 44.62% of women reported control over household assets, followed by Maradi where the increase was 40.44%. The increase was least significant in Tahoua, where there was only a 4.91% increase in the number of women reporting control over household assets (see Table 4).

<sup>19</sup> CARE Norway (2012) Women's Empowerment Programme Mid-Term Review Global Report

Indicator	Region	EDB (2009)	EDB (2014)	Value +/-
% of women with control over assets in household	Dosso	65.73%	86.7%	<b>+20.97</b>
	Maradi	36.36%	76.8%	<b>+40.44</b>
	Tahoua	70.99%	75.9%	<b>+4.91</b>
	Tillaberi	53.48%	98.1%	<b>+44.62</b>
	Zinder	55.81%	79.6%	<b>+23.79</b>
	<b>Programme</b>	<b>56.91%</b>	<b>84.2%</b>	<b>27.29</b>

A closer look at the data disaggregated by age in Table 5 shows that women's control over household assets is at its highest when women are between the ages of 35 and 44, with 79.7% of women in this age range reported having control over household assets. This is when women are most likely to be economically active and productive, suggesting a relationship between economic power and economic productivity. The continued restrictions of the economic activity of younger women reported in the qualitative research bears this out, as fewer women between the ages of 15 and 24 (64.7%) reported exerting control over household assets. This is roughly in line with how much control women have in deciding on the use of incomes or profits gained in the sale of goods or productive assets. Women are more able to decide alone on the use of incomes or profits gained in the sale of goods or productive assets as they get older. Between the ages of 15 and 24, only 10.6% of women reported being able to make sole decisions. By the time women are between the ages of 45 and 54, and the ages of 55 and 64, the figure is 21.4% and 21.3% respectively. Men's sole decision-making power reduces as the women get older. When women are between 15 and 24, 24.7% reported that their husbands make sole decisions. By the time women are between the ages of 45 and 54, and the ages of 55 and 64, the figure is 15.9% and 14.8% respectively. Joint decision-making is most common when women are between the ages of 35 and 44 when 66.7% of women reported joint decision-making about the use of incomes or profits gained in the sale of goods or productive asset.

**Table 5: Women's control over household assets, by age**

Age range	Number of women respondents	Number of women who exert control over household assets	% of women who exert control over household assets
15 – 24	85	55	64.7
25 – 34	174	118	67.8
35 – 44	150	115	76.7
45 – 54	126	96	76.2
55 – 64	61	46	75.4
65 – 74	35	25	71.4
75 and above	17	12	70.6
<b>Total</b>	<b>648</b>	<b>467</b>	

Overall, there appears to have been an important shift in the way women have been able to become more involved in decision-making about the purchase, use and sale of household goods and assets. In 2014, 16.89% of women reported making sole decisions and 60.58% of women reported deciding in consultation with their husbands. Only 26.45% women reported that their husbands made these decisions on their own. However, a closer look at the nature of decision-making in the home in Table 5, demonstrates that ultimately the person who has the final say on several issues in the household - including whether or not the woman should work to earn money, any decisions about children's schooling, what to do if a child falls sick and how the children should be disciplined – continues to be

the husband (reported by an average of 49.4%). An average of 30.3% of women reported that decisions are made jointly by women and their husbands, followed by an average of 15% reporting that decisions were made solely by women.

**Table 6: Decision-making in the home**

Who has the final say on the following issues	Respondent	Husband/ Partner	Respondent and Partner jointly	Someone else	Decision not made/not applicable	Total women
Whether or not you should work to earn money	107 (18.2%)	324 (55.1%)	124 (21.1%)	11 (1.9%)	22 (3.8%)	<b>588</b>
Any decisions about children's schooling	50 (8.3%)	363 (60.5%)	148 (24.7%)	25 (4.2%)	14 (2.3%)	<b>600</b>
What to do if a child falls sick	76 (12.5%)	293 (48.3%)	207 (34.2%)	21 (6.9%)	9 (1.5%)	<b>606</b>
How children should be disciplined	127 (21.1%)	202 (33.5%)	248 (41.1%)	15 (2.5%)	11 (3.7%)	<b>603</b>

While it was a challenge to get a clear sense from the qualitative data of the proportion of women who are able to exercise control over household resources, the focus group discussions and key informant interviews revealed that significant shifts have been occurring within households that have participated in the programme. One of these has been a shift in how property ownership within the home is recognised. In a significant number of interviews and discussions, the property of the wife and the husband were reported separately, whereas in the past, men controlled the ownership of all household assets. The following related examples were given during the qualitative research:

- If a woman decides to sell her own productive assets when she wants to, without the influence of another person outside the household, she can choose to inform her husband of her decision. However, this independence only applies to particular assets. For those such as land and animals, a man must play an intermediary role in all cases.
- In a household where the couple gets along, the husband takes care of all expenses related to the care of animals. While the woman informs, engages and reflects on his views, he ultimately makes decisions, and critically acts as an intermediary for any sales. In a household where the man is less supportive of the woman's involvement with the MMD, she is, in fact, more free to decide on the use and sale of goods. Usually her mother or father will sell the property, or she will accompany her husband to sell the goods.
- A husband may decide to sell a productive asset of the woman without her consent. In this case, the level of influence of women is high - she may appeal to his parents, her in-laws or any other person who can influence the decision.
- In cases of the sale of the husband's property, the level of involvement of women is that she participates in decision-making, offering her ideas, but does not have much influence over the decision. However respondents noted that if the asset being sold is a family plot, the level of involvement of women is stronger because of the potential consequences for the vulnerability of the household.
- Regarding the management of the family granary, it was noted that the man controls this. Women's level of influence is usually dependent on the type of household - polygamous or monogamous. When the marriage is monogamous, the woman is more able to jointly make decisions with the man. In a polygamous household, the man tends to make sole decisions.
- In the case of the use of women's property during crises and economic shocks, women are making decisions, usually after men's productive assets have been used.

However, it remains a taboo for young women to trade in markets, while it is considered acceptable for men and for older women to trade in markets. This severely limits young women's entrepreneurship. The establishment of MMD groups and networks and the opening of literacy centres were reported to be important factors contributing to the changes in the way women have been able to exercise control over household assets. Training and awareness raising of income generating activities (IGAs), female entrepreneurship and the use of MFI funds were also considered important, as was access to credit groups and MFIs.

Respondents also reported that support from husbands was critical. This took the form of support for the use of working capital to perform IGAs and enabling women to go out to meetings, as women's movement was previously restricted. Marabouts' sermons on the duties and rights of spouses led men to take on more of the burden of the household – this contributed to changes in household dynamics, ultimately empowering women to negotiate and be more involved in decision-making in the home.

### 3.3 Percentage of women having the ability to cope with economic shocks (PROMEES)

#### Percentage of MMD women who face economic shocks without losing productive assets (PROMEES)

In 2014, 52.6% of the women who were sampled for the study reported experiencing economic shocks in the last twelve months. This compared to 37.6% of women sampled in 2009, meaning 15% more women reported experiencing economic shocks in the twelve months before the research. This could be linked to drought affecting several Sahelian countries at the time. 54.6% of women who were members of MMD groups reported facing economic shocks without losing productive assets compared to 44.62% of women who were not MMD members.

At the same time, there was a significant decrease in the proportion of women able to cope with economic shocks, from 77.6% in 2009 to 37.3% in 2014. In light of ongoing food and environmental crises, women appeared to be coping less well overall. In 2014, a lower proportion of women overall (69.3%) used the main positive coping strategies compared to almost all women (98.7%) sampled in 2009. Even though women appeared to be coping less well, since a smaller proportion of women were actually using positive coping strategies, more of those who were using them were doing so as their major strategy. In 2009, 66.3% of those using positive coping strategies were doing so as their major coping strategy; this compared to almost 100% of women in 2014 who reported using these as their major coping strategy. These coping strategies were selling cash crops and/or male livestock, selling home-produced items, using savings, and using the social fund of a VSLA or women's solidarity group. In fact, apart from the major coping strategies, there were other strategies that women adopted in order to support their families in dealing with economic shocks in the household. The survey measured how many were using social/community based security networks; borrowing, both cash and kind; using productive assets, such as selling land, labour, vehicles, and productive livestock; and reducing consumption. In 2009, 31.7% of women were using these strategies as their secondary coping strategies, compared with 48.8% who were using them as a secondary coping strategy in 2014.

In fact, apart from the main coping strategies, there were other strategies that women adopted in order to support their families in dealing with economic shocks in the household. The survey measured how many were using social/community based security networks; borrowing, both cash and kind; using productive assets, such as selling land, labour, vehicles, and productive livestock; and reducing consumption.

**Table 7: Main coping strategies used by women (2014 & 2009)**

Main Coping Strategies	2014			2009		
	% affected women who used it in	% used as major strategy	% used as secondary strategy	% affected women who used	% used as major strategy	% used as secondary strategy

	their household			it in their household		
Sell cash crops/male livestock	22.1	45.3	14.7	46.6%	36.2%	10.4%
Sell home produced items	14.8	23.7	5.3	14.5%	10.9%	3.6%
Use savings	16.2	24.8	20	23.1%	13.1%	10%
Use the social fund of a VSL group or women's solidarity group	16.2	25.6	8.8	14.5%	6.1%	7.7%

In addition, a closer look at women who did not use any of the main adaptation strategies to cope with economic shock showed that they made up 25.9% of all women who faced economic shock in the last 12 months. Although 46.5% of women in Tillaberi were from households who faced economic shock in the last 12 months, 13.56% did not use any adaptation strategy. In Zinder, where 85.4% of women were from households that faced economic shocks in the last 12 months, a significantly higher proportion than in the other regions of Niger, only 24.44% did not use any coping strategy.

**Table 8: Women and coping strategies**

Region	Number of women touched by the survey (A)	Number of women whose HH faced economic shock in the last 12 months (B)	% of women who household faced economic shock in the last 12 months	Number of women who did not use coping strategies (C)	% of women whose HH faced economic shocks but did not use coping strategies (C/B)
Dosso	133	63	47.4%	20	31.75
Maradi	125	66	52.8%	21	31.82
Tahoua	118	25	21.2%	8	32.0
Tillaberi	127	59	46.5%	8	13.56
Zinder	158	135	85.4%	33	24.44
<b>Total</b>	<b>661</b>	<b>348</b>	<b>52.6%</b>	<b>90</b>	<b>25.86</b>

The research also demonstrates how the empowerment of women has contributed to the improvement of the resilience of livelihoods at the household level. Most recently, 2012 was marked with drought in the Sahel, which affected communities in Niger. The programme's response in Niger was to set up cereal banks. The MMDs ran 283 of these cereal banks, which made significant contributions to combating the food insecurity situation in their communities.<sup>20</sup> Their use has been an important safety valve during the food crisis. Both MMD members and non-members have accessed food from the cereal banks, which is then sold at affordable prices compared to the market. However, the fact that food crises have been persistent over the period under review has meant that household resilience to shocks has been limited. In Niger, food crises occurred in 2005, 2010, and 2012, compromising households' ability to recover and restore their productive resources. Niger has been experiencing climate-related shocks such as drought, and more recently, floods, which have led to food insecurity and have aggravated the vulnerability of households already weakened by previous shocks.<sup>21</sup>

The qualitative research findings show the various strategies of MMD women and their households and in response to the shocks they have experienced over the last five years, mainly through the use of multiple coping strategies aimed at minimising risk. The main strategies identified by respondents were:

<sup>20</sup> CARE Norway (2013) Women's Empowerment Programme Periodic Results Report 2009-2012

<sup>21</sup> Communication with CARE Niger Programme Team, 2014

- For female MMD members, they have made use of credits in cash at cluster level and in kind at from the cereal banks, which is reimbursed after harvest. This is in addition to IGAs by women's groups enabling them to secure their productive assets.
- If their needs were not covered in this way, women reported selling a proportion of their small ruminants, usually acquired with the pay-out from the MMD's credit union. This was a small livestock project activity initiated by some MMD groups, small breeding groups and grant partners. Women who were not members of MMDs did not use this particular coping strategy.
- In households with more than one active MMD member, household tasks were re-distributed. For example, someone would be responsible for cultivating the family fields while another engaged selling their labour to other farmers in the area. This strategy helped to secure the household's livelihood.
- Spouses of female MMD members were supported by their wives through the aforementioned in kind and cash credits. Some husbands decided to also initiate savings and credit groups as a response to food crises; many of these groups have continued to be active.
- The support of other NGO partners has also been important and includes cash-for-work activities, market gardening with the diversification of legume products (onion, salad, potato, cabbage) and free distribution of food.

A female respondent explained, *"One day my husband decided to go to the market to buy a bag of millet because there was nothing (in the house). It was that night that the MMD members had a meeting. I attended – I was not even a member. The meeting focused on the start of the sale of cereal from the cereal bank the next day at a lower-than-market price. In the morning, I informed my husband, who was very proud. He has not regretted my membership of the MMD group."*

The strategies of women and men who were not members of MMDs were quite different. These women resorted to picking leaves either to consume or to sell, alongside selling household equipment, such as cups, and their labour, by pounding millet for more affluent families. The first response strategy of men was to sell their labour, and then to start temporarily migrating away from their families for work. These strategies were less successful because often they led to the loss of the households' productive assets and full capitalisation of household goods and members. Overall, this resulted in limited initiative in communities to mitigate food crises and economic shocks. On the other hand, the MMD-supported women and their husbands mitigated the risk by adopting multiple coping strategies. Ultimately, this has helped to better secure women's productive assets.

Various elements of the WEP supported these results including:

- The experience of the women of MMD groups, including in IGA and the acquisition of productive assets. Ultimately the creation of these networks was critical for supporting whole communities to develop successful responses to crises and shocks.
- Within households, better dialogue between husbands and wives was noted both by male and female respondents as a significant factor leading to better management of resources within households. The reported alleviation of domestic tasks has given women more time for income-generating activities. The involvement of religious leaders was important for encouraging men to be more supportive of their wives.
- The granting of loans by MFIs helped to strengthen families' working capital.

### 3.4 Percentage of participants able to make economically viable choices<sup>22</sup>

Respondents reported that while some shifts have occurred regarding women's ability to make economically viable choices, the opportunities available to women remain restricted. The main opportunities identified in interviews and discussions are included in Box 1.

#### Box 1: Opportunities to make economically viable choices, identified by women and men

- The practice of IGAs, although young women have been unable to participate, as they are considered to be "supported and pampered by their husbands"
- Temporary migration, which has largely been a male activity, driven by the proximity of Nigeria and the economic choices this location presents
- The existence of projects and MFIs in the area
- Rural markets, which are accessible only to men and older women
- Livestock banks
- Onion counter that facilitates the provision of loans to women
- Gravel quarry, which requires equipment and some investment to become an economically viable choice
- Hydro-agricultural dam and backwater (for catching fish), fishing is an activity restricted to men

Women's increased ability to make economically viable choices is closely linked to the opportunities available to them, including skills and capabilities available from the WEP. When the programme's interventions started in 2009, only a few elderly women were involved with income generating activities (IGAs) and traded in markets. Women did not have access to credit from MFIs. The main types of IGAs practiced by women were limited to the sale of cakes and condiments (sourball).

The changes reported regarding the expansion of women's economically viable choices were linked to the following:

- Diversification of IGAs: women have the skills to choose the IGA or other economic opportunities. They keep operating accounts and can decide to suspend the practice of any IGA/ economic opportunity that is not profitable. Women have been practicing new IGAs with sales growing in market gardening, peanut oil extraction, sewing, and knitting.
- Access to credit: Women have invested credits taken at the IMF to develop IGAs. Hobson Halilou, member of the MMD and former president of the network in Moutchééré confirmed, *"The last loan I took at the MFI SO DA Yarda is 35,000 FCFA for fattening. As such, I bought a sheep and 24,000. After nine (9) months, the sheep sold for 100,000, and I paid off the credit and financed the wedding dowry for my little son."*
- Women holding trading accounts, even in case of loss, finding other sources to complete the FDR and continue the same activity. Previously, women did not have access to participating in many IGAs that were reserved exclusively for men. Today, men's awareness has increased through various sensitisation measures, and women increasingly have access to training in MMD groups, both of which have allowed the women to take advantage of existing opportunities in the community.

The participation of women in MMD groups was reportedly a determining factor in women's access to economic opportunities in their communities. The credibility of MMD groups, linked to the fulfilment of commitments for repayment of loans, was crucial, as was the fact that MFIs grant preferential standards to MMD groups in relation to the repayment terms of loans.

The training of women members of MMDs in the management of IGAs, and in MFI procedures led to a good command of operating accounts and positive financial outcomes. Technical training in sewing,

<sup>22</sup> The guidance to calculate this indicator is unclear. It may need to be redesigned.

knitting, soap making, and extraction of groundnut oil by the Red Cross was well timed and an important resource. The existence of an onion counter was also an important factor. Support from some men who encouraged older women's participation was also noted. For example, in the case of fattening of animals through MFI loans, it was men who maintained the animals.

At the same time, various restrictions on women's ability to make economically viable choices remain. Younger married women have had little support from their husbands and their parents-in-law in order to develop their ability to make economically viable choices. Even in cases of divorce or death of the husband, the husband's parents have restricted young women from going to markets. This phenomenon was observed particularly in the region of Tahoua where young women do not have access to markets and receive no support from their husbands and parents-in-laws.

In addition, women continue to consult their husbands and children regarding decisions on the choice of IGAs and the related mobility of women. The last word continues to belong to the husband, who has the power to approve of how women seize economic opportunities.

### **3.5 Measures of attitudes of men and women on women's empowerment in the field of protection of economic security**

Most focus groups discussions confirmed that both men and women have adopted largely favourable attitudes towards the protection of women's economic security. This was noted more specifically in relation to the respect shown by men of women's property, as well as a widespread acknowledgment that once women have the means, they are more able to contribute to shoring up the resilience of their households to economic shocks.

The ability of women to make progress towards protecting the assets they have been able to acquire or inherit, through accessing property rights and the formalisation of transactions, is a further indicator of the shift in attitudes towards the protection of women's economic security. Indeed the ability of women to move into previously male domains of asset acquisition and ownership is an important shift. However, there are still cultural constraints that hinder women's economic empowerment. Many respondents noted that men continue to control particular, more valuable assets. Women largely continue to require the permission of men to engage in economic activity and the presence of men to complete transaction. The situation for younger women continues to be constrained by the fact that they are largely unable to trade in markets. With the exception of the Dosso region, married women of reproductive age do not have access to markets. Several of the focus group discussions echoed this sentiment, *"it is ridiculous to see a young woman in the markets."* In the research, women tended not to condemn these attitudes.

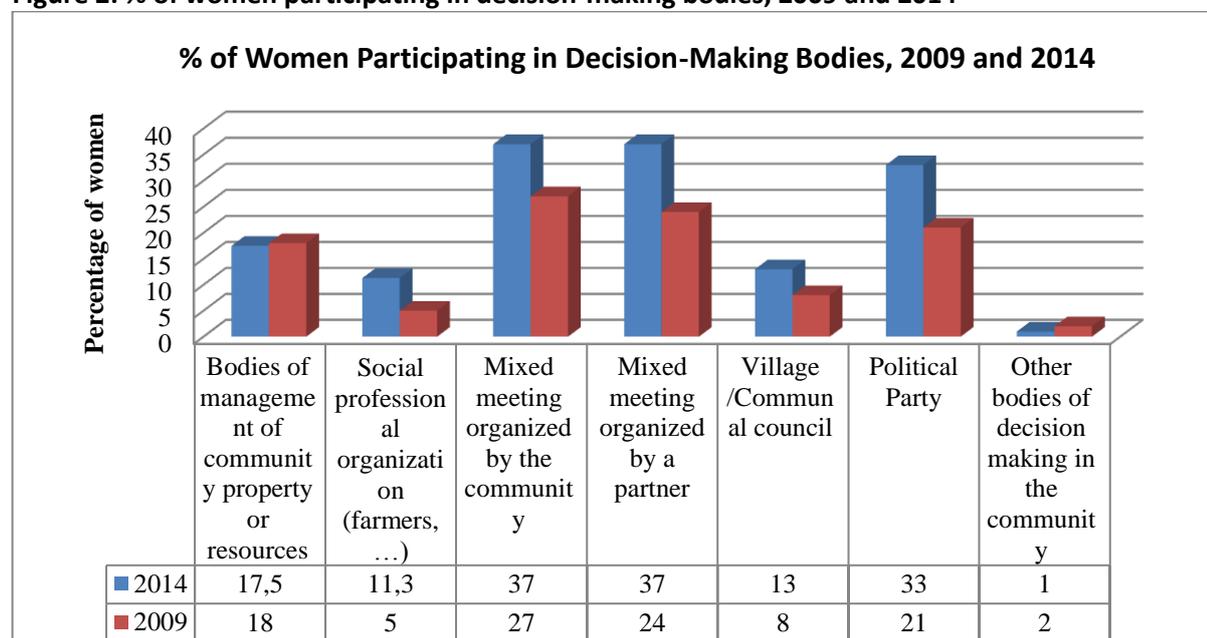
## 4 Governance and Participation Of Women In Decision-Making

### 4.1 Percentage of women who reported that their participation is significant in the structures of decision-making at the community level

Percentage of women / men in decision-making (national, regional, local) political parties, non-economic groups (committees infrastructure management, natural resources , community, social) (PROMEES)

There were significant shifts in women's participation in a range of decision-making bodies in the community. In 2009, about 50% of women reported that they participate in decision-making bodies. This had increased in 2014 to 56% of the total number of women who participated in the survey. 11.3% (compared to 5% in 2009) of women reported participating in social professional members organisations, 37% (compared to 27% in 2009) in mixed meetings organised by the community, and 37% (compared to 24% in 2009) in mixed meetings organised by a partner. Significantly, 13% (compared to 8% in 2009) of women reported their participation in village or communal councils, and 33% (compared to 21% in 2009) of women reported their involvement with a political party. The only structure where there was no shift in women's participation was in their involvement with structures that manage community property or resources, where 17.5% of women in 2014 reported their participation, compared to 18% in 2009.

Figure 2: % of women participating in decision-making bodies, 2009 and 2014



Despite this, the percentage of women who influence decision-making (either a lot or a little) has remained relatively stable overall – it was 33.55% in 2009 and was 32.9% in 2014. Dosso was the only region where there was a significant increase in the proportion of women reporting that they influenced decision-making from 31.97% in 2009 to 47.8% in 2014. In all other regions, the proportion of women reporting that they influenced decision-making in 2009 remained similar to 2014. MMD membership has an impact on women's ability to participate in decision-making bodies – 73.44% of women who reported being able to participate moderately and 65.57% of those who reported being able to participate either a little or a lot were MMD members.

Concrete results in increasing the number of women in decision-making positions are seen in Niger where the actual number of female MMD members elected as municipal councillors has increased more than three times in the period between 2004-2011 from 45 in 2004 to 140 in 2011<sup>23</sup>.

Respondents reported in focus group discussions that women are invited to community meetings and, as such, are given the opportunity to participate in decision-making. The qualitative research also identified that there are women representatives in municipal councils, and women neighbourhood representatives designated by the Heads of Villages. Not only is there a strong presence of women in some decision-making bodies at the village level – school management committees (SMCs), health and education committees, associations of parents, Management Committees of waterholes, Committees for the good hygiene around water fountains – but women felt more able to speak up in public and express their views publicly. In the recent past, the participation of women - with the exception of small number of older women - in this type of proceeding was almost non-existent because of the socio-cultural constraints that limited their ability to participate in meetings with men and speak in the presence of men.

While respondents reported their acceptance of both women and men occupying positions such as police officer, judge, mayor, MP and Minister, they are less willing to imagine women as "village chief or dilali." This is a significant stumbling block, as it demonstrates the significance of cultural constraints, in this case guided by the belief that women should not pass judgment on men. Meetings for the choice of Imam for the mosque have also remained a male space, highlighting the fact that widely held beliefs that gender determines decision-making power still remain. At the same time, the fact that there have been female representatives in neighbourhoods designated by the Heads of Villages demonstrates the openness being increasingly displayed by some customary authorities and guardians of traditions.

In households, men reported their growing awareness of the importance of women's participation in decision-making bodies. One example was given of how some men leave for community meetings accompanied by their wives with the saying, "*Ga Ga Kafar Kafar ka ta*", a Hausa adage which means, "*where you go, I go with you*". It should be noted that the strategies of women within the household, including negotiating with their husbands and acquiring their own resources and assets are crucial for the participation of women in decision-making at the community level. The support of the women's spouses was critical, particularly regarding enabling women to have the freedom of mobility, as it has been reported that a major limiting factor for younger women is the fact that they are often confined to the family home/compound.

Additional activities and factors that have contributed to the changes regarding women's participation during the programme intervention include:

- Added value of the creation of cereal banks and female literacy programmes, and the participation of women in trade meetings and workshops, as these have built women's skills and confidence, critical for developing their agency.
- Sermons by marabouts and religious leaders on the rights and duties of the spouses provide encouragement for men to be supportive of their wives.

#### **4.2 Perception of women on social inclusion in the community**

As in 2009, women who took part in the survey in 2014 reported largely positive perspectives about their social inclusion. Between 2009 and 2014, there have been some shifts, with fewer women reporting that they either strongly agree or disagree with any of the statements presented to them in

<sup>23</sup> CARE Niger (2013), Women's Empowerment Programme Periodic Results Report 2009-2012

the survey. There was an increase in the number of women who agreed with the statement “As a woman, I am happy with my involvement in social networks (naming ceremonies, marriage, foyandi groups, funerals, etc.)” from 49.9% of respondents in 2009 to 61.8% in 2014. There was also a significant increase in the proportion of women who disagreed with the statement “As a woman, I feel lonely, isolated in this community,” from 30.1% of respondents in 2009 to 49.1% in 2014. There was a slight decline in the number of women agreeing that “As a woman, I am frequently invited to attend mixed community events,” a shift from 55% in 2009 to 50% in 2014.

The qualitative research highlighted how women perceive the importance of participating in community decision-making and their commitment as decision-makers in their communities. Women who participated in interviews and focus groups felt that women’s social inclusion in their communities had improved during the time of the programme intervention. Importantly, women identified the fact that they play a critical informal role through their ability to mobilise their peers, with significant shifts in the way they feel able to express and defend their ideas more openly, and have the ability to finance actions they wish to represent.

Many participants believed that social inclusion of women is positive – more women are now invited to meetings, sit on various committees and participate in community decisions. Many reported positively about the sense of solidarity of being part of the MMD, the knowledge gained through the sessions, meetings and training, and the fact that women have increased confidence in themselves, an understanding of their potential to participate in community decision-making, and the ability to aspire to positions of responsibility.

## 5 Sexual and Reproductive Health Rights

### 5.1 Percentage of women who report being satisfied with the availability and quality of sexual and reproductive health (SRH) services

The research considered respondents' knowledge of services, use of services and sense of satisfaction with services. The survey first considered respondents' knowledge of sexual and reproductive health services. Knowledge of both women and men increased from 2009 to 2014. In 2009, 55.95% of women reported that they knew about reproductive health services. In 2014, this had increased to 68.09%. In 2009, 59.37% of men reported they knew about reproductive health services. In 2014, this had increased to 79.31%. The biggest increases were in both women and men's knowledge about contraceptive pills and injectable contraception. There were also significant shifts in respondents' knowledge about pre- and post-natal care. For women, their knowledge about pre-natal care had increased by 18.8% (from 70.7% in 2009 to 89.5% in 2014), and of post-natal care had increased by 16.4% over the time period under review (76.5% in 2009 to 92.9% in 2014). For men, their knowledge about pre-natal care had increased similarly by 16.9% (72% in 2009 to 88.9% in 2014), and of post-natal care had increased by 19.5% over the time period under review (72.4% in 2009 to 91.9% in 2014). Respondents reported impressive gains in knowledge about the importance of births being attended by skilled personnel, from 80.9% in 2009 to 94.4% in 2014 for women; and 78.2% in 2009 to 94.8% in 2014 for men.

**Table 9: Respondents' Knowledge of SRH services (2009 & 2014)**

Reproductive Health Service name	Knowledge of SRH service (2009)		Knowledge of SRH service (2014)	
	% Yes			
	Women	Men	Women	Men
Contraceptives: pills	85,3%	78,4%	91.5	88.8
Contraceptives: Condoms	62,3%	83%	63.5	81.8
Contraceptives: injectable	73,2%	67,8%	85.4	82.2
Contraceptives: Other	15,4%	17,1%	27.2	25.3
Treatment for STIs	56,2%	70,7%	73.4	82.8
Testing and Counselling HIV / AIDS	60,9%	72,3%	72.7	84.8
Pre-natal testing and care	70,7%	72%	89.5	88.9
Births attended by skilled personnel	80,9%	78,2%	94.4	94.8
Post-natal care	76,5%	72,4%	92.9	91.9
Information and Counselling	29,9%	38%	58.5	65.1
Other services (IUD)	4,1%	3,2%	0	0.26
<b>Average of SRH services knowledge</b>	<b>55,95%</b>	<b>59,37%</b>	<b>68.09</b>	<b>71.51</b>

Despite the high level of awareness of the existence of SRH services among both male and female respondents, use of services remains limited - in 2014, an average of 16.8% of women and 15.34% of men declared they actually use these services. At the same time, respondents reported an increase in the use of SRH services over the period under review – an increase of 2.3% for women and 1.9% for men. The highest increase was in the use of the contraceptive pill, with reported usage of the pill increasing from 13.5% to 19.7% of women who took part in the survey. Out of the women who reported using a method of contraception, the majority (74.3%) reported using the contraceptive pill. More women also reported using pre-natal services (up from 21.9% in 2009 to 29.5% in 2014), and

services to support births attended by skilled personnel (27.6% in 2009 to 31.3% in 2014), while the use of post-natal services has reduced (from 35.9% in 2009 to 31.6% in 2014).

**Table 10: Respondents' utilisation of SRH services in the community (2009 & 2014)**

Reproductive Health Service name	Use of SRH service (2009)		Use of SRH service (2014)	
	% Yes		% Yes	
	Women	Men	Women	Men
Contraceptives: pills	13.5%	10%	19.7%	13.8%
Contraceptives: Condoms	1.5%	3.3%	2.8%	4.1%
Contraceptives: injectable	6.8%	5.3%	11.2%	8.2%
Contraceptives: Other	3.1%	3.5%	10.3%	5.1%
Treatment for STIs	2.4%	1.1%	3.6%	3.7%
Testing and Counselling HIV / AIDS	6.0%	5.8%	12.8%	7.3%
Pre-natal testing and care	21.9%	26%	29.5%	26.7%
Births attended by skilled personnel	27.6%	28.7%	31.3%	32.5%
Post-natal care	35.9%	35.6%	31.6%	36.4%
Information and Counselling	18.8%	23.6%	32%	30.5%
Other services (IUD)	18.2%	4.8%	0%	0.4%
<b>Average SRH services use</b>	<b>14.15%</b>	<b>13.43%</b>	<b>16.8%</b>	<b>15.34%</b>

Overall, 56.8% of women who reported in 2014 to have used at least one SRH service in the last 12 months were satisfied with the service. The highest satisfaction rate was from Tahoua (75.6%), where interestingly, the lowest usage rate was reported - only 34.8% of women reported using at least one SRH service in the last 12 months in Tahoua. The highest usage rates were from Zinder – 67.1% of women from Zinder who, in 2014, reported using at least one service in the last 12 months were from Zinder. Of these, 56.6% were satisfied with the service.

**Table 11: Use of and satisfaction with SRH services by region (2014)**

Region	Number of women surveyed (A)	Number of women who used at least one SRH service (B)	Number of women who reported satisfaction of SRH service (C)	% of women who used at least one service and reported satisfaction with SRH service (C/B)	% number of women who used at least one SRH service (B/A)
Dosso	133	66	47	71.2%	49.6%
Maradi	128	75	24	32%	58.6%
Tahoua	118	41	31	75.6%	34.8%
Tillaberi	127	57	34	59.7%	44.9%
Zinder	158	106	60	56.6%	67.1%
<b>Total</b>	<b>661</b>	<b>345</b>	<b>196</b>	<b>56.8%</b>	<b>52.2%</b>

In 2014, an average of 46.8% (this figure was 47.6% in 2009) and 37.8% (this figure was 35.6% in 2009) of the women who reported they use the SRH services under review were either satisfied or very satisfied respectively with the quality of services provided in their community. There was a slight decrease in the proportion of those reporting that they were either very dissatisfied (9.7% in 2014 compared to 12.25% in 2009) or dissatisfied (1.7% in 2014 compared to 3.71% in 2009) with the SRH services in their community.

Some of the respondents did not use any of the SRH services available in their community. The most common reasons given by the majority of female respondents remained constant in their order of frequency during the period under review: 20.87% (down from 31% in 2009) reported that their reason for not using the services was that they “did not think the services was necessary”; 11.42% (up from 3.8% in 2009) reported that their “spouse did not think the service was necessary”; 4.72% (up from 2.3% in 2009) reported that their “family did not think it was necessary”; and 2.76% (down from 3.4% in 2009) reported that they “did not know the service existed”.

For the women who reported other reasons for not using the services, the issue of old age and the fact that they have reached their menopausal age was the main reason given for not using any of the services. Some women also reported that the desire for more children was their reason for not using the services. Yet for other groups of women, widowhood, secondary infertility and the migration of partners were the reasons for not using any of the SRH services. However, for most of the men, the following reasons were given as the factors that prevented them from using the SRH services in their community: old age; not married; the negative side effects of the contraceptives; faithfulness to one’s spouse; and lack of qualified health personnel and medicines in the SRH centres.

From focus group discussion, MMD members, in particular, reported increased knowledge about sexual and reproductive health, and increased use of health facilities and services relating to their sexual and reproductive health, during the time period under review. The services MMD women reported using most were pre-natal consultation (NPC), post-natal consultation (CPON), immunisations, and family planning. Those used least were assisted births, Prevention of Mother to Child Transmission (PMTCT), and some methods of family planning such as condoms and implants. The reasons given were the low perception of risks associated with childbirth, socio-cultural practices, lack of confidence, and the unavailability of qualified staff for administering family planning methods, particularly implants.

The qualitative research showed how, in the past, health facilities were only used in cases of complicated pregnancies and childbirth. Since the intervention, women reported attending health centres for antenatal, postnatal, infant consultations and immunisation of children. However, young women in their first pregnancy are still least likely to use health facilities. The programme’s related added value is in how women have been able to use extra cash to provide better nourishment for their children, preventing malnutrition and childhood disease. During interviews and discussions, shifts in social norms around expected behaviour were noted. Before the intervention, there was shame attached to attending health centres for pre-natal consultations and delivery, as the prevailing view was that women who give birth in health facilities were considered cowards and lacking in courage, and the use of traditional medicine and healers was common both for family planning and in childbirth.

The qualitative research revealed the significance to MMD women of the collective participation of women in discussions and meetings including local forums, study groups and conferences for building momentum and raising awareness around sexual and reproductive health and rights. Several other factors contributed to these programme results:

- The signature, adoption and extension of a local convention around sexual and reproductive health and rights at the community level
- Awareness-raising sessions by health workers at fairground attractions, and sermons by marabouts on human rights and women’s rights
- The commitment of local authorities on SRHR issues
- The availability of health facilities, equipped with products and equipment, and free to the user
- The MMD programme’s literacy drive
- The impact of other related projects and NGO activity including AIDS Project Exodus, nutrition project, Child Survival Project and SSR Relief International, which helped to ensure sensitisation about sexual and reproductive health

At the same time, there are several limitations, including the continued resistance of some men, low quality of reproductive health products/inputs, lack of confidence and mistrust in certain services – particularly condoms and contraceptive pills – and the inaccessibility of health centres in some areas at certain times of the year.

## 5.2 Percentage of women who take decisions / make informed choices about their sexual and reproductive health

A total of 58.9% of women interviewed in 2014 reported that they make informed choices/decisions about their sexual and reproductive health (SRH). This is a significant increase from the programme's baseline, when only 34.7% of women in 2009 reported making informed choices/decisions about SRH. This was an overall shift of 24.16% over the time under review. Table 10 shows a breakdown by region, with the lowest proportion of women - 44.59% - reporting positively in 2014 being from Tahoua (compared to 28.57% in 2009) and the highest proportion - 73.73% - from Zinder (compared to 35.58% in 2009). In fact, Zinder has seen the biggest shift with 38.15% more women reportedly making informed choices/decisions about contraceptive use.

Indicator	Region	2009	2014	% shift 2009 – 2014
% of women making informed choices/decisions about contraceptive use	Dosso	38.96%	57.95%	<b>18.99%</b>
	Maradi	38.84%	59.14%	<b>20.30%</b>
	Tahoua	28.57%	44.6%	<b>16.03%</b>
	Tillaberi	31.13%	51.22%	<b>20.09%</b>
	Zinder	35.58%	73.73%	<b>38.15%</b>
	<b>Programme</b>	<b>34.74%</b>	<b>58.90%</b>	<b>24.16%</b>

The proportion of women who reported that they make decisions about use of SRH services on her own has remained constant over the period under review, 25.6% reported this to be the case in 2009 and 25.79% reported so in 2014. However, fewer women reported that such decisions were made only by their spouse, with the proportion of women reporting this reducing from 24.11% in 2009 to 18.84% in 2011. The proportion of women who reported that they make decisions about use of SRH services jointly with their spouse has also reduced from 38.03% in 2009 to 34.77% in 2014. Overall, there has been a significant decrease in the proportion of men who make decisions themselves about the use of SRH services. In 2009, 51.6% of men reported this to be the case. This figure has decreased by almost half in 2014 with 26.8% of men reporting that they make decisions themselves. The proportion of men who reported making decisions jointly with their spouses remained largely consistent according to the men surveyed, at 33.5% in 2009 and 36.1% in 2014.

There was a significant increase in the proportion of women who reported making decisions jointly with their spouse about pre- and post-natal care and services for assisted births. While there was no similar increase reported by men about joint decision-making on pre- and post-natal care and services for assisted births, fewer men in 2014 reported that they made these decisions by themselves. The majority of the women who declared that other people had an influence on them in relation to the decisions to use SRH services stated that health workers in the community recommended that they utilise these services, and for the majority, these services were these use of condoms and treatment and screening for STIs and HIV. These figures were consistent for men. The female respondents were asked about the form in which negotiation with their husbands took place in relation to SRH service utilisation. 52% reported that it was based on simple information, while 42% reported that the negotiation was based on discussion and agreement. It should be noted that 41.7% of the women who

reported they had relied other forms of negotiation reported that they had to use the SRH services discreetly since they did not think their husbands would agree to their use.

Focus group discussions helped to uncover more about the shifts in decision-making within households around sexual and reproductive health. Overall, some women reported being able to make independent decisions about their sexual and reproductive health. In the past, decision-making was solely the domain of older women (for example, mothers-in-law) and of men. The most significant changes observed included coordination between couples over the use of SRH services; women proposing and arguing for the use of SRH services, women discussing sexual and reproductive health issues, and decisions about SRH being taken jointly in the household between women and men.

Men also reported shifts in their own attitudes, adopting a more positive outlook about the use of reproductive health services<sup>24</sup>. The following quotes from one of the focus group discussions with men, illustrates growing support from some men: *" I lost my first wife during childbirth, therefore now we take responsibility for attending appointments for antenatal care. I will not accept that the same reoccurrence, Insha Allah."*

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<sup>24</sup> Men who had travelled outside of Niger reported more willingness to support their wives in the use of sexual and reproductive health services.

## 6 Laws and Policies On Women's Rights

### 6.1 Existence and enforcement of laws and policies on women's rights

The qualitative research illustrates how, despite the existence of a legal framework for women's and girls' rights, implementation and awareness at all levels remain major challenges. The application of laws and policies remains undoubtedly the biggest obstacle for the advancement of women and girls in Niger. All institutions surveyed were unanimous that while the laws do exist, levels of awareness are low and laws have been poorly implemented because of socio-cultural constraints that hinder the institutions and keep women in a state of passivity. As noted by a respondent, *"For effective action, it is necessary to distinguish between rural women blocked by ignorance and socio-cultural and urban women blocked by politics and lack of solidarity."* Actions must take into account these categories because women do not have the same interests and are not working in the same context.

Although Niger has ratified most international conventions dealing with the rights of women and girls, the realisation of the rights of women and girls remain limited. The right to primary education is guaranteed for girls and boys in Niger until the age of 16. In terms of work, the country's laws guarantee equal work and equal pay treatment, and domestic work - affecting more girls than boys - is regulated. Women's access to employment suffers no legal discrimination in Niger. There was a high level of awareness of these legal frameworks in all the institutions interviewed.

It was clear from discussions with the institutions responsible for the implementation of these laws and policies that while there was some mastery of laws and policies in favour of women in their particular areas of responsibility, there was limited knowledge of similar provisions in other government ministries and agencies. The experience during the qualitative research of responsibility being shifted to others - "that department has the information," "go and see that other institution" - demonstrates the challenge of creating cross-government synergy and pooling contributions for the interests of women and girls.

The most significant change recorded on civil and political rights was raising the level of women's participation in municipal decision-making bodies. This was supported in part by the Quota Law despite the difficulties in its implementation. It was noted that strengthening women's leadership, as undertaken by the WEP program, coupled with initiation of dialogue with political parties play an important role.

The Quota Law has two dimensions, namely elective and nominative functions; the respondents gave more attention to the elective element of the Quota Law. At the same time, the composition of the national government seems to be the only area of application of the Quota Law regarding appointments, but it should be extended to all national institutions.

Additional notable reported changes were:

1. Women are acquiring more valuable assets and are increasingly able to protect them through realising their property rights.
2. Women are increasingly building on their economic security and property rights through capacity building around the formalisation of transactions.
3. Over the period of the intervention programme, respondents have reported more respect shown by men of women's property, alongside women's increased acquisition of valuable assets.
4. The efforts of the MMD groups have led to more enthusiasm for girls' education, with reports in some communities of a reversal of the trend in the low enrolment of girls in school.

5. Improved access to health facilities and quality of services, particularly in the field of reproductive health was noted.

## **6.2 Evidence of an increased level of influence MMD structures and their allies on national level laws and policies [PROMEES]**

The qualitative research found that there was little knowledge of the relevant laws and policies at the federal level. However, it is clear that the federal level provides great opportunities for advocacy on behalf of women. The best-known law remains the Quota Law, cited in most of the focus group discussions. This level of awareness directly related to the support of women in political activities by the WEP programme.

Girls, still under parental authority, bear the brunt of forced and early marriage and early motherhood. Respondents noted the impact of the MMDs in supporting girls to oppose forced and early marriage, and the decisions of elders and customary village authorities. The research demonstrates how MMD women have shared in the gains observed in terms of enrolment of the girls in school and mobilising stakeholders around women's rights as part of a real force for change not only for women but also for their daughters.

# 7 Gender-based Violence

## 7.1 Measures of attitudes of men and women on women's exposure to GBV

On attitudes towards gender-based violence, there is a trend in overall shifts, with both women’s and men’s attitudes shifting away from extremes of either strongly agreeing or strongly disagreeing with various statements, and more respondents either agreeing or disagreeing with statements, a shift towards a more neutral attitude. For example, women’s attitudes have shifted away from those who strongly agree with statements such as “a wife is justified in refusing to have sex with her husband/partner when she is tired or not in the mood.” The percentage of women who agreed that a wife is justified in refusing to have sex was 43.2% in 2009 (31.5% agree and 11.7% strongly agree), but declined by 7.5% to 35.7% in 2014 (28.8% agree and 6.9% strongly agree)<sup>25</sup>. More concerning is that a higher proportion of women disagreed with this statement in 2014 (36.2%) than did in 2009 (20.9%). Support for the statement “women should choose themselves whom they want to marry” was much stronger in 2009 with a total of 87.5% of the women sampled either agreeing or strongly agreeing with the statement, as opposed to 71.3% either agreeing or strongly agreeing with the statement in 2014.

Overall, there have been marginal shifts in men’s’ attitudes - fewer men agreed or strongly agreed with a variety of negative statements on physical and sexual violence. More men had shifted towards a more neutral position, overall. For example, while most men continue to disagree with the statement, “A daughter is never too young to get married if a good husband is found,” a significant proportion of men now occupy a more neutral position on the issue. There were positive developments regarding men’s attitudes towards girls education, with fewer men (12.4% of men in 2014 compared to 24% of men in 2009) either agreeing or strongly agreeing with the statement “It is better to send a son to school than it is to send a daughter.” However, there was a significant and concerning shift in the number of men who stated that they agreed with the statement “Women should choose who they want to marry.” In 2009, 92.7% of men surveyed responded that they either strongly agreed or agreed with the statement. However, in 2014, only 39.5% either strongly agreed or agreed. In fact, the proportion of men who disagreed with the statement had increased to 40.6% of men surveyed.

**Table 13 Women’s perspectives on GBV**

	2009						2014					
	Strongly Disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly Agree %	Number of Women Respondents	Strongly Disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly Agree %	Number of women Respondents
<b>Positive Declarations</b>												
A wife is justified in refusing to have sex with her husband/partner when she is tired or not in the mood.	21.7	20.9	11.9	30.2	11.2	796	7.3	48.3	8.8	28.7	6.9	578
Women should choose themselves whom they want to marry.	4.1	1.6	3.3	34.9	52.6	796	1.2	3.4	1.7	64.2	29.5	586

<sup>25</sup> This is not a significant decline.

Negative Declarations	2009						2014					
	Strongly Disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly Agree %	Number of Women Respondents	Strongly Disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly Agree %	Number of women Respondents
A daughter is never too young to get married if a good husband is found	50.4	26.2	2.4	10.9	6.3	795	23.9	60.1	1.4	10.8	3.9	586
A wife should tolerate being beaten by her husband/partner in order to keep the family together.	35.6	17.6	7.6	25.5	11.8	800	11.9	43.0	2.9	36.7	5.8	591
[IN PLACES WHERE FGC/FGM IS PRACTICED] There are important advantages for a circumcised girl.	22.1	13.5	15.5	8.7	3.9	793	23.3	44	28.9	2.8	0.9	532
If a wife goes out without telling her husband/partner, he is justified in hitting or beating her.	17.7	23.2	9	32.8	14.9	796	8.9	47.4	3.2	34	6.5	585
[IN PLACES WHERE FGC/FGM IS PRACTICED] A girl should be circumcised in order to preserve her virginity before marriage.	20	13.6	20.3	4.7	2.5	794	20.4	41.1	30.4	7.2	0.9	530
It is better to send a son to school than it is to send a daughter.	38.6	29.4	4.1	17.3	7.2	797	19.6	60.2	2.4	14.3	3.4	586
If a wife burns the food, it is only proper that her husband/partner discipline her by hitting or beating her.	34	34.5	5.9	15.3	6.7	795	13.7	65.1	3.1	15.4	2.7	584
If a woman was raped, in most cases that means she must have done something to provoke it.	22	21.7	13.2	21.5	16.1	796	10.6	34.2	24.7	25.7	4.8	584

**Table 14. Men's perspectives on GBV**

	2009						2014					
	Strongly Disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly Agree %	Number of Male Respondents	Strongly Disagree %	Disagree %	Neither agree nor dis-agree %	Agree %	Strongly Agree %	Number of Male Respondents
<b>Positive Declarations</b>												
A wife is justified in refusing to have sex with her husband/partner when she is tired or not in the mood.	18.1	19.4	16.2	31.9	14.5	665	7.1	40.3	6.4	38.3	7.9	413
Women should choose themselves whom they want to marry.	2.7	2.6	2.1	33.5	59.2	666	6.1	34.5	5.5	32.8	6.7	407
<b>Negative Declarations</b>												

A daughter is never too young to get married if a good husband is found	55.4	25.8	3.3	9.8	5.8	666	28.9	57.9	0.7	9.8	2.7	409
A wife should tolerate being beaten by her husband/partner in order to keep the family together.	35.4	21.9	6.8	27.2	8.6	672	15.7	43.3	3.1	34.5	3.4	388
[IN PLACES WHERE FGC/FGM IS PRACTICED] There are important advantages for a circumcised girl.	36.1	19.5	24	11.7	8.4	479	25.3	47.4	22.9	3.9	0.6	363
If a wife goes out without telling her husband/partner, he is justified in hitting or beating her.	24.1	38.3	8.5	20.8	8.2	668	13.1	63.8	3.2	16.7	3.2	412
[IN PLACES WHERE FGC/FGM IS PRACTICED] A girl should be circumcised in order to preserve her virginity before marriage.	31.8	24.6	28.8	6.6	8.3	472	21.8	46.1	25.1	6.6	0.3	362
It is better to send a son to school than it is to send a daughter.	38.9	32.3	4.8	17	7	663	23.3	60.2	2.2	11.7	2.7	412
If a wife burns the food, it is only proper that her husband/partner discipline her by hitting/beating.	34	34.5	5.9	15.3	6.7		20.8	65	2.7	9.4	2.2	414
If a woman was raped, in most cases that means she must have done something to provoke it.	22	21.7	13.2	21.5	16.1		7	38.6	22.3	25.2	6.8	412

Discussion unveiled that while women, girls and boys suffered multiple forms of violence both in the household, at school and in the wider community, including early marriage; forced labour of girls; limited access to inherited land and economic violence - including the sale of women's property without their consent, exclusion of girls from school, and corporal punishment; heavy domestic workloads for women and girls'; restrictions of women and girls' freedom; and insults and discrimination, respondents felt that gender-based violence was much less pronounced, both in intensity and frequency of reports, since the programme intervention.

There were also reports of increased awareness of appropriate responses, including increased incidences of girls opposing forced marriage as result of their involvement with programme. There was also a broad acknowledgement that marriages should have consent of both the female and male party, and a general awareness of women and men that the legal age for marriage is 16.

Parents and teachers have also challenged early marriages, with many men increasingly recognising women's right to be involved in decision making on the marriage of their daughters. Reports on increased enrolment rates and retention rates for girls across the programme intervention sites is linked to these shifts in attitudes regarding early marriage. However, challenges remain, as while men

and women are well informed and aware of the risks associated with early marriage, they were largely unaware of the legal age to marry for boys - according to them it is not necessary to restrict an age of marriage for boys.

Several village chiefs reported a decrease in complaints related to violence, linked to an increased awareness of the impact of gender-based violence on households. The involvement of the religious leaders in the activities of the savings associations, home visits, and more general awareness about the impact of gender-based violence were reported as influencing both attitudes and behaviour regarding GBV and gender roles. Respondents highlighted the involvement of religious leaders who provided sermons (in mosques and at meetings) on the rights of spouses, and Behaviour Change Groups through home visits and raising awareness on GBV. The advent of the law on gender-based violence has influenced local movements against gender-based violence, raising awareness not only of women, but also men. The impact of women sharing experiences at group meetings alongside denunciations of violence by decision-making bodies is clear.

### **7.1.1 Evidence of change in gender roles in the household and community level (PROMEES)**

A significant driver for change in household dynamics regarding gender roles reported during the qualitative research has been the opportunity for improved dialogue between women and men created as a result of the activities of the MMDs. There are reports, for example, that men are sharing more of the household burden - fetching water and wood were primarily tasks for women and are now being taken on by men. In some communities, these shifts in gender roles are quite visible.

Both women and men expressed their appreciation of this shift related to the reduction of the workload, relating a lighter workload to women's increased access other opportunities, such as education and economic activities. At the same time, the advent of animal-drawn carts in many communities has significantly reduced the time needed for water collection for women who have ceased to carry heavy loads on their heads. A group of women who took part in a group discussion in Koukoki said, *"Today we are in good health physically because the workload has decreased. We have more time to take care of ourselves and take care of education our children."*

Other reported contributory factors for the shifts that are emerging regarding gender roles include:

- The fact that the MMD structure is focussed on the financial autonomy of women and makes explicit linkages between women's agency and their relationships, in other words, the power dynamics within the household and the importance of open dialogue;
- The involvement of religious leaders who provided sermons (in mosques and at meetings) on the rights of spouses;
- An 'exodus' of men, migrating temporarily to other countries in the West Africa region, which appears to have contributed significantly to attitudinal and behaviour change regarding gender roles and responsibilities.

## **8 Discussion of the key findings**

### **8.1 Review of programme impact<sup>26</sup>**

#### **8.1.1 How has WEP addressed women's preferred pathways and strategies for empowerment?**

While there have certainly been shifts in the attitudes and behaviour of individuals regarding women's ownership of and access to economic resources during the programme intervention period, there is

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<sup>26</sup> This section aims to address programme impact in relation to the DAC Principles: Relevance, Effectiveness, Efficiency, Impact and Sustainability

limited evidence of the kinds of transformational, structural change that are an important part of the story of women's economic empowerment.

In Niger, WEP has been effective at supporting women to make valid and viable economic contributions in their households. This study does demonstrate the power of the MMD group membership in building women's agency – their confidence, skills and knowledge – which are important elements along the pathway towards economic empowerment. This shorter-term behaviour change - access to cereal banks and loans, and investments in productive assets - has had an impact in households, helping to mitigate the impact of food crises and economic shocks.

However, the remaining challenge is the shift in power dynamics and the structural change required for women's long-term empowerment. This was particularly apparent in the less significant shifts in changes in attitudes towards women's participation and gender-based violence. At the same time, while women are increasingly represented on decision-making bodies in their communities and in formal politics, they continue to be less able to effectively participate and influence change.

#### **8.1.2 Have the activities and outputs been consistent with overall goal and attainment of its objectives?**

See Programme Impact table – page 9.

#### **8.1.3 To what extent are the objectives of WEP still valid?**

The objectives of WEP are still valid as there is still work to be done to shift the power dynamics at play that censure the barriers in place that prevent women's social, political, and ultimately, economic empowerment.

#### **8.1.4 What have been some of the unintended results of programme?**

There is some evidence that increasing women's income earning and participation opportunities has intensified their domestic workload. It is important for the programme to consider strategies to address this, such as sensitising men to take a more active role in domestic responsibilities.<sup>27</sup> The programme has had an unintended impact on the education system in Niger - gender equality is a subject integrated in the national curriculum of primary schools, with CARE being tasked to train the staff of Ministry of Education and regional education authorities in gender and develop a guide for its integration into the curriculum.<sup>28</sup>

#### **8.1.5 Where has there been less progress than expected?**

There has been limited progress in the following areas:

1. Attitudes towards gender-based violence, where both attitudes of men and women have shifted to a more neutral position.
2. Concerns about the quality of SRH services, albeit driven by increased demand for these services.
3. Despite the appearance of a strong sense of solidarity among women participants in MMDs, the dynamics between older and younger woman mean that younger women appear to be less supported. In Niger, the dominant gender norms are maintained by men, and by older women. Older women continue to be owners of decision-making power, both in the MMD groups and in many households. Women's ability to control household assets still depends both on their age and marital status.

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<sup>27</sup> CARE Niger (2013) Women's Empowerment Programme: Periodic Results Report 2009-2012

<sup>28</sup> CARE Niger (2013) *ibid*

### **8.1.6 What are the major factors influencing the achievement the programme's sustainability?**

The programme aims to bring about transformational, long-term change in people's attitudes towards women's rights. The emergence of women's political activism that has helped to achieve this goal at different levels is expected to persist after the programme period. Ensuring the economic, social and political empowerment of women, enabling them to be able to permanently participate in community development and decision-making processes, is also a significant factor.

### **8.2 What are the key trends on women's rights?**

WEP in Niger has had promising results and made considerable impact towards the realisation of women's economic, social and political rights. Despite some challenges, the programme interventions have resulted in considerable progress towards economic security for women members of MMDs in particular by increasing ownership of productive assets and increasing their control over household resources. Increasing women's access to loans and savings and supporting them through targeted interventions like the establishment and operation of cereal banks has led to results, despite early challenges reported regarding IGAs. Cereal banks, of which there were 283 established over the period under review, were mainly managed and run by women in Niger and became an important instrument for coping in times of economic or environmental stress. For example, drought related crises that occurred in 2005, 2010 and 2012 revealed the important contributions of the MMDs in mitigating the crises through access to credit, cereal banks, intra-group loans of animals and vegetable farming. Women's leadership in managing cereal banks, in particular, is one in a series of transformative opportunities that have increased women's status in their relationships, their households and their communities, and ultimately supported their right to economic security. Women's increased status is intrinsically linked to reported shifts in control over household resources, particularly the increases in ownership of assets that were previously in the male domain, and positive, albeit limited shifts in decision-making about household assets. Land acquisition by women is recognised as a game changer in gender relations because of the socio-cultural and economic value of this particular asset.

WEP has also shown promising progress at opening up spaces within relationships and in households for more open and supportive dialogue on a range of issues that are critical for the realisation of women's rights. The shifts in men's attitudes towards joint decision-making and supportive choices on pregnancy and childbirth are a good example of positive results. Moreover, more women and men reported seeking SRH services as a couple.

However, despite some positive shifts in attitudes towards FGM and early marriage, the programme has performed less well in relation to the expected transformational shifts in men's attitudes regarding women's empowerment in general, and gender-based violence, more specifically. At the same time, there have been increases in reporting of cases of domestic violence by MMD women - in 2011, 361 female members of MMDs reported cases to either traditional leaders, the mayor's office or the police – an indication of some of the likely results of shifts in attitudes in terms of securing women's right to protection from violence.

The programme's contribution towards the transformation of Nigerien political institutions into ones that support gender equality and the realisation of women's rights has been significant. WEP Niger has supported campaign plans of female political candidates, which has contributed to an increase in the number of female MMD member candidates in elections by 96% - from 112 candidates in 2004 to 279 in 2011. 113 female members of MMDs were granted airtime in local radio broadcasts during local elections for their campaigns and political messages. The number of female MMD members elected as municipal councillors has increased three times in the same period - from 45 in 2004 to 140 in 2011. In addition, four women who were part of the MMD federation have been elected as Members of Parliament (MPs) and the president of the Union of Women's groups – a VSLA constituency – was elected as adviser in the city council of Niamey.

## 9 Conclusions and Recommendations

### 9.1 Conclusions on Key findings

The programme has made a significant impact on power dynamics within the household through the gains made by women and men participating in the programme. In 2014, 84.2% women reported having control over some assets in the household. This compares to 47.6% at baseline, a global increase of 36.6%. The main changes over the period under review were in terms of increased access to savings and loans, and asset ownership. The ability of the MMD women to earn income, generate their own savings and make financial contributions in their households greatly improved their self-esteem, thereby giving them better leverage to be involved in and to influence household decision-making. Men reported appreciating the income women were able to bring in to the household as a result of being involved in MMDs.

While exposure of the households covered by the programme to economic shocks and environmental stress has increased over the time under review, overall, the ability of women to cope with economic shocks has declined over the time of the programme. At the same time, the programme made important progress supporting participants to use better adaptation strategies and to be able to make viable choices about economic opportunity in the face of economic shocks and environmental stress. The qualitative research demonstrates the impact of long-running crises on households more clearly, and the challenge of building household resilience in such a context.

The results for participant women's decision-making regarding their sexual and reproductive health (SRH) was impressive with 58.9% of all women reporting positively that they make informed choices about their sexual and reproductive health, an increase of 23.32% over the time of the intervention. This is closely linked with the increase in their leverage of influence in the household, and is indicative of a shift in how couples relate with each other, as demonstrated in the qualitative research. At the same time, despite this positive result, there was a decline in the percentage of women reporting satisfaction with both the availability and quality of SRH services over the time of the programme, from 83.48% reported during the baseline research, to 54.5% at mid-term review to and 56.8% by the programme's conclusion.

Through an approach that supports the development of women's negotiation skills and an initiative to engage men better in the fight for equality, there were reports of improvements in household relationships. Men in these households, who took part in the qualitative research, reported a more positive attitude towards women's empowerment and a tendency to offer more practical support with domestic activities. However, overall, there are concerning shifts in attitudes towards gender-based violence recorded in the end line survey. Both women's and men's attitudes are shifting towards a more neutral position, and there is less support for statements related to women's fundamental rights to choice. At the same time, there was also less support for statements that support harmful traditional practices such as FGM and early marriage.

Based on the qualitative research, important progress has been made towards the rights of women and girls being defended by a social movement of men, women, local decision-makers and institutions. The MMDs together form an important social network that has become an influential force for social change in Niger. As a result of increased knowledge on their rights and improved leadership skills, women have been able to better realise both their practical and strategic interests. The MMD groups and networks have also enabled a number of women to mobilise support when they are running for formal elections, and this support has led to an increase in the number of women being elected into different positions.

The percentage of women reporting a significant stake in the decision-making bodies at community level has remained stable at around 33% (32.9% in 2009 and 33.6% in 2014, indicating an increase in the absolute number of women who exercise real influence in their communities. This increase has been significant from an average of 15 women reporting participation in each decision-making body in 2009 to an average of 164 women in 2014. Although more women were included, power has been maintained by men, resisting any real influence by women. Despite this resistance to their participation in some community decision-making bodies, the contribution of women in MMDs has been increasingly recognised and appreciated both at local and national levels.

## **Recommendations**

1. Better identification and targeting of chronically vulnerable households, particularly those headed by women could be a valuable approach for building their resilience in the face of ongoing economic crises, environmental stress, and general insecurity, a situation that is unlikely to change in the short-term in Niger.
2. The success of the cereal banks at providing immediate support to households in response to economic shocks should be scaled up as part of a wider strategy of supporting women and their families to be more responsive and ultimately more resilient.
3. A stronger intervention targeted at engaging men in a more meaningful way and with the objective of transforming social norms and creating more equitable relations between men and women is necessary. This intervention could be multi-layered and targeted at both individuals and institutions in which men are the major power holder and power brokers.
4. The changing attitudes reported among younger women, in particular, and some men, about girls' education and early marriage present important opportunities to deepen the work in communities about these issues that are so critical for breaking the generational cycle of gender discrimination, vulnerability and poverty.
5. Utilisation of the federation structure of the MMD and the influence of elected female officials in its membership to advocate more strongly for the implementation of specific government policies, including the recently launched National Gender Policy, policies to support girls' education, and policies to develop resilience of the most vulnerable households.

