

MAINSTREAMING GENDER-BASED VIOLENCE
CONSIDERATIONS IN CASH-BASED INTERVENTIONS:

A CASE STUDY FROM ZINDER, NIGER

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Mission Statements and Acknowledgements

The Women's Refugee Commission (WRC) works to improve the lives and protect the rights of women, children, and youth displaced by conflict and crisis. WRC researches their needs, identifies solutions, and advocates for programs and policies to strengthen their resilience and drive change in humanitarian practice.

Save the Children International (SCI) works towards a world in which every child attains the right to survival, protection, development, and participation. Its mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.

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Background

Cash-based interventions (CBIs) are a rapidly growing form of humanitarian assistance and it is imperative that as cash assistance is scaled, the interventions are designed to minimize protection risks and maximize protection benefits for affected individuals, households, and communities. While cash itself is not inherently risky, simply designing a CBI without assessing gender dynamics, the potential gender-based violence (GBV) risks and protection benefits associated with the introduction of cash, as well as ensuring mitigation mechanisms, can lead to unintended consequences. In order to "get cash right," it is critical that cash actors conduct comprehensive and participatory assessments of protection risks disaggregated by sub-population, implement protective program design tailored for different sub-populations, conduct robust protection monitoring, and continually adapt CBIs to ensure that risks are not being transferred to recipients who are not prepared to manage them and that the protection benefits of cash are delivered.

From 2016 to 2018, WRC undertook a project funded by the U.S. State Department's Bureau of Population, Refugees, and Migration to build the capacity of humanitarian actors to effectively mainstream GBV in CBIs, and to utilize CBIs within GBV programming to meet the needs of displaced and marginalized groups, including women, adolescent girls, and persons with disabilities.

Based on a literature review and key informant interviews with over 40 experts from more than 20 humanitarian agencies, WRC developed guidance and tools to help cash actors ensure the protection of beneficiaries from GBV risks throughout the program cycle. WRC partnered with SCI to pilot these field resources within SCI's ongoing CBI in Zinder, Niger. The pilot activities profiled in this case study were led by SCI with technical assistance from WRC and focused on mainstreaming GBV considerations in CBIs. Guidance and tools were revised based on lessons learned during field-testing in Niger with SCI, as well as lessons learned from pilots in Somalia with African Development Solutions (Adeso) and in Jordan with Mercy Corps.

This case study provides an overview of the assessment and monitoring activities conducted and key findings, as well as learning and recommendations to strengthen SCI's approach to service delivery in Zinder with implications for its interventions across Niger.

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Operational Context

Niger is located at the crossroads of ongoing conflict in Libya, Mali, and Nigeria. Niger has been significantly impacted by the Boko Haram insurgency in Northeastern Nigeria. The Office of the United Nations High Commissioner for Refugees (UNHCR) reports approximately 300,000 people of concern in Niger, including internally displaced persons (IDPs), Nigerien returnees who fled Nigeria, and Nigerian refugees.¹ 340,000 people require humanitarian assistance in at least one sector: of these, 340,000 people are in need of food assistance; 70,000 people in need of nutritional assistance; 330,000 people are in need of water, hygiene, and sanitation assistance; 236,000 people are in need of protection; 281,000 are in need of emergency shelters; and 137,000 children are in need of emergency education. The Diffa region, located in the southeast of the country, has been severely impacted. Both the host and IDP communities suffer from food and livelihood scarcity, meaning the influx of IDPs increases tensions. The majority of IDPs do not have documentation, making registration difficult.² Many young men in Diffa have not only been displaced but were previously recruited into and have fled armed groups. Many women and adolescent girls are survivors of gender-based violence and have fled to Niger from situations of rape (in many cases resulting in unwanted pregnancies) and forced marriage to Boko Haram fighters. Approximately 60% of persons of concern in Diffa are children.

While the Zinder region is more secure than Diffa, the socioeconomic context is quite similar. In Zinder entire communities

are affected by crises throughout the year, largely due to drought, price shocks, severe demographic pressures, and climate change. These crises leave families on the edge of survival without access to social safety nets. Food is out of reach due to a lack of access to land, agricultural inputs, and water, as well as lost sources of income and lost assets. This has led to a high rise in malnutrition. Attacks in other contexts have resulted in an influx of IDPs to Zinder.³

Save the Children's Cash-based Interventions

SCI is implementing cash-based interventions across Niger, including in the regions of Zinder and Diffa, to support vulnerable displaced and host households improve their food security during the lean season. SCI is funded by the Humanitarian Aid Office of the European Commission (ECHO).

The objective of SCI's CBI in Zinder, conducted from June to September 2017, was to improve household food security by supporting households in diversifying and balancing their diets to prevent acute malnutrition during the lean months. SCI targeted 1,630 households (comprising 11,410 individuals), with each household receiving 32,500 franc CFA (approximately USD\$58) transferred via Niyya, a local microfinance institution. This amount will cover 80 percent of household food needs. SCI will be implementing a CBI in Diffa to improve household food security, transition communities away from risky coping mechanisms, and contribute to the dignity of affected communities. SCI will transfer 32,500 franc CFA to 1,707 households as monthly financial assistance for a period of eight months. This amount will cover approximately 82 percent of calories of their monthly food needs. Transfers will be delivered with mobile money transfers (MMT) or "Orange Money" via Segovia.



Woman receiving cash in Zinder. © Save the Children

¹ See UNHCR Global Focus: Niger. <http://reporting.unhcr.org/node/4637>.

² See ACAPS Briefing Note: Displacement in Niger. <http://bit.ly/2D2guEc>.

³ See UNHCR Global Focus: Niger Internally Displaced: <http://reporting.unhcr.org/node/11205>.

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Save the Children-WRC Partnership
WRC and SCI partnered to pilot assessment and monitoring tools in Zinder to assess and monitor GBV risks and protection benefits associated with the introduction of cash assistance for targeted households and communities to inform safer, gender-sensitive interventions. As SCI had already designed but not yet begun implementation of its CBI, this pilot provided an opportunity for course correction to ensure a gender-sensitive and inclusive approach to forthcoming service provision. The opportunities identified to strengthen SCI's approach in Zinder can be extended broadly to SCI's future programming in Diffa. While piloting the tools with SCI, WRC assessed the tools for usability and utility with the SCI team. Lessons learned have informed revision of the toolkit. Outlined in this case study is learning from Zinder, which will inform SCI's CBI in Diffa.

Assessing GBV Risks

The tool for [Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide](#) uses depersonalized stories and qualitative questions to consult communities on GBV considerations in CBIs, without putting respondents at risk of disclosing personal experiences of violence. Each story in the menu of stories is unique and intended for use with a specific sub-population (e.g., women, women with disabilities, adolescent girls who are married, etc.).

Methodology

In preparation for the assessment, WRC led a two-day training for SCI staff (from both Zinder and Diffa) on gender, protection, GBV, focus group discussion (FGD) and interview facilitation, and using the assessment tool. WRC and SCI staff worked together to adapt the tool for use in Zinder, including the phrasing of the questions and prompts, as well as language used to describe GBV. A learning workshop was conducted after data collection to capture recommendations for adapting the tool for use in Diffa.

SCI selected two villages in Zinder—Jan Kalgo and Angoal Manda—as assessment sites.⁴ The SCI team conducted eight FGDs and 16 interviews over the course of two days; eight data collectors worked in teams of two (a facilitator and a note taker) with female staff consulting women and girls and male staff consulting men and boys. Verbal consent was secured from all participants (for minors, consent was first obtained from their parents).

Seventy-four adults and adolescents were consulted through both FGDs and interviews according to the following sub-populations: women including the elderly (defined as 55+ years); women with disabilities; men including the elderly; men with disabilities; adolescent girls; adolescent girls with disabilities; adolescent boys; and adolescent boys with disabilities.⁵ Interviews with adolescents sampled participants based on marital status, whether they had children (including if they were

expecting), school attendance, and participation in income generation.

Data analysis was led by SCI with technical assistance from WRC using an inductive approach for coding and analysis.

Findings

FGD and interview participants reported a range of sub-population-specific protection risks and benefits associated with the introduction of cash assistance. Respondents also identified community mitigation strategies as well as mitigation mechanisms SCI can employ to enhance the safety and inclusion of cash recipients.

⁴ SCI had not yet completed geographic and household targeting for the forthcoming CBI in Zinder at the time of the assessment. In order to manage expectations, SCI chose to select villages that had received cash assistance in previous years and were likely to be targeted again.

⁵ Best practice is to mainstream persons with disabilities within FGDs of their cohort (e.g., women or adolescent girls). However, as questions asked address sub-population-specific protection risks and benefits associated with the introduction of cash assistance, it was deemed appropriate to sample persons with disabilities separately.

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Perceived Positive Outcomes and Protection Benefits

Cash transfers were perceived by women and girls as an opportunity to:

- Reduce the time they spent engaging in income-generating activities, activities which they reported were often unsafe and failed to generate sufficient income;⁶
- Increase the amount of time spent caring for children and younger siblings;
- Contribute financially to community activities, which would in turn increase their social status;
- Prioritize girls' needs within the household (e.g., school tuition and access to health care); and
- Reduce girls' exposure to GBV associated with their (albeit already limited) mobility (e.g., when engaging in begging to meet their households' basic needs).

"A WOMAN CANNOT SPEND MONEY WITHOUT HER HUSBAND'S CONSENT ... SHE MUST MAKE A DECISION WITH HIM SO THAT HE CAN TELL HER HOW TO MANAGE THE MONEY BECAUSE HE IS HER SUPERIOR AND HER GUIDE."

—ADOLESCENT GIRL, FOCUS GROUP DISCUSSION

Decision-making

Respondents shared that decisions on how to spend the cash lie with the breadwinner, who is typically the male head-of-household, however, decision-making varies between households. In some households, decision-making was the domain of men only, in some households decisions are made by women, and in some households decision-making is shared by men and women.

When asked if targeting the woman within the household as the cash recipient would change decision-making practices, responses varied. Some households felt that even if the woman was targeted, men in the household would still make all decisions. In other families, women felt they would have more agency, in particular to meet basic needs and health needs. In many cases, respondents reported that even if women were targeted they would be the last to benefit within the household.

These findings illustrate that ad-hoc targeting of women as cash recipients will not guarantee that women have control over or benefit from cash transfers; consultation is needed at the household level on who should be the recipient. In addition, it is important to pair cash with activities that promote joint decision-making and equitable use of resources for the well-being of the household as a whole to reach the project's aims.

Perceived Negative Outcomes and Protection Risks

Respondents were concerned that the introduction of cash may:

- Increase risks of domestic violence related to decision-making and expenditure, including between husbands and wives or among co-wives;
- Increase incidence of divorce related to decision-making and expenditure, which could leave a woman destitute; and
- Increase risks of GBV and theft for women when collecting cash transfers.

Members of the community who were considered to be most at risk of GBV associated with the introduction of cash were (unranked): women survivors of GBV; adolescent girls; female members of polygamous households; persons with disabilities; older persons; and persons engaged in sex work.

⁶ See WRC's [Cohort Livelihoods and Risk Analysis \(CLARA\) Guidance and Tool](#) to design and implement safe, gender-sensitive livelihoods interventions.

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Reporting GBV

Women and girls shared that their likelihood of reporting incidents of GBV would depend on the form and frequency of GBV; reporting physical violence was deemed more likely than reporting other kinds of violence. Some women felt comfortable reporting physical violence to a parent or neighbor. Adolescent girls expressed that women and girls face a burden of proof (e.g., having a witness) if they report an incident. In addition, fear of the authorities and concerns regarding reprisal (against the survivor as well as against the perpetrator) influence survivors. Respondents were primarily unaware of where they could report GBV, reflecting an absence of existing/known GBV referral pathways in the targeted communities.

Community Protection Strategies and Recommendations

The following self-protection strategies within the household were shared by women and girls as ways to mitigate risks of GBV associated with cash assistance:

- Getting permission from their husbands to spend the transfer and regarding how the cash should be spent; and
- Giving all or some of the transfer to their husband to reduce tension with him and/or co-wives.

Men reported they did not face risks within the household, as they are “the boss.”

The following GBV risk-mitigation mechanisms were shared as recommendations for SCI to implement that could reduce associated risks for cash recipients:

- Consulting women on family dynamics and targeting the woman in the household or the man, depending on her request;
- Providing training on GBV (including resourcing peer-to-peer education);
- Providing a strong and safe referral system to access GBV prevention and response services and educating communities;
- Advocating to and recruiting religious and community leaders to denounce GBV;
- Communicating clearly about the program objectives, eligibility criteria, and the role of inclusion in achieving equitable outcomes;

- Monitoring women’s and girls’ safety throughout the project;
- Diversifying delivery mechanisms for recipients’ safety and adapting delivery mechanisms over time if needed;
- Strengthening complaint committees and building their capacities in GBV prevention and response; and
- Pairing cash assistance with follow-on livelihoods support to ensure that, when cash assistance is over, women will not have to return to income generation and livelihoods activities where they face associated risks of GBV.

These findings illustrate the importance of strengthening community-based protection strategies and ensuring agency-led risk mitigation mechanisms for safe program design and implementation.



Woman receiving cash in Zinder. © Save the Children

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Monitoring GBV Risks

The [Post Distribution-Monitoring \(PDM\) Module: Adapting CBIs to Mitigate GBV Risks](#), comprising qualitative and quantitative questions, was used to bridge gaps in SCI's standard quarterly post-distribution monitoring (QPDM) tool and improve data collection for ongoing analysis of cash recipients' safety. Questions address risks and protection benefits associated with cash transfers, decision-making, coping strategies, and sustainability. Only findings from the module are included in this case study.

Methodology

The PDM module was integrated within SCI's quarterly PDM tool and rolled out across four villages in Zinder where SCI is implementing its CBI: Angoal Manda; Jan Kalgo; Roubounji; and Rawayou Saboua. At the village level, four focus groups were conducted with 48 beneficiaries, consisting of 12 adolescent girls, 12 adolescent boys, 12 women, and 12 men; all groups included persons with disabilities. An interview guide was used as the data collection tool. The first PDM took place in August 2017, three months following the cash disbursements, and the second took place in October 2017. The data collected were analyzed using an inductive approach. These gender- and GBV-focused modules complemented traditionally used PDMs that look at expenditure, food consumption, and reduction of risky coping mechanisms.

Findings from the 1st and 2nd QPDM

Respondents reported that:

- Recipients were not asked to exchange sexual or other favors in order to be targeted or registered to receive cash assistance;
- Recipients felt safe during the distribution;
- They felt safe with the delivery mechanism, however, some households preferred to receive cash in hand;
- Some female recipients employed risk-mitigation mechanisms when collecting or using their cash, such as being accompanied by the village chief;
- Decision-making regarding household expenditure did not change as a result of the cash transfer or targeting women as cash recipients; decisions remained with the male head-of-household or the woman in female-headed households;
- Children under 18 no longer needed to perform unpaid work because the household's needs were being met through the cash transfer. However, some girls continued to do paid work to supplement the household income;
- Some girls under 18 were able to go to school because the conditions for them to return were met through the cash transfer;

- All the groups surveyed reported that children under 18 did not get married over the last three months following the transfer of funds. However, one factor cited as to why there were no marriages is that weddings typically take place following the harvest.

When asked during the PDM how the CBI could be improved for their safety, respondents shared the following recommendations for SCI:

- Incorporate household-level counseling on decision-making to equitably meet the needs of the household;
- Incorporate household-level counseling on decision making to reduce conflict; and
- Ensure that the objective of the CBI (to improve household food security) is clear and reiterated during community mobilization to improve outcomes for children.

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Limitations and Challenges

- SCI staff have limited knowledge of gender, protection, and GBV, and limited experience of gender, protection and GBV mainstreaming; SCI does not have in-house gender or GBV specialists in Niger;
- Gender analysis has yet to be institutionalized across SCI's programming, thereby inhibiting gender-sensitive or transformative programming, as well as evaluation of the impact of cash programming for women and girls;
- It was challenging for data collectors with limited experience in FGD and interview facilitation to conduct consultations on sensitive topics (e.g., GBV), where data were unclear or unrecorded it was omitted during data analysis;
- Cultural and social stigma around GBV are barriers to collecting data on GBV and reporting GBV by survivors;
- A lack of partnerships with GBV service providers prevents SCI from facilitating access to GBV prevention and response services for survivors across targeted communities; and
- Monitoring tools for cash programming focus primarily on expenditure and nutritional intake, and not on protection monitoring.



Cash recipient in Zinder. © Save the Children

Key Learning & Recommendations

This pilot highlighted the critical need for SCI to mainstream gender as well as GBV within its programming. Below are key lessons learned and recommendations for CBIs to ensure inclusion and protection across its CBIs in Niger.

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Gaps in staff knowledge of gender, protection, and GBV and mainstreaming across the program cycle

- Train all staff in gender, protection, GBV, and mainstreaming across the program cycle;
- Prioritize funding for gender and GBV specialists within business development efforts.

Lack of quality gender analyses and consideration of GBV within the design and implementation of cash programs jeopardizes quality programming, the safety of cash recipients, and intended outcomes

- Strengthen capacity of staff in gender analysis and ensure that this analysis informs program design and implementation;
- Operationalize the SCI Gender Toolkit and Gender Marker to ensure gender sensitivity is taken into account at each stage of the program cycle.

Lack of GBV referral pathways and awareness of GBV among targeted communities and cash recipients

- Establish a strong and accessible GBV referral pathway; map engagement of actors in Zinder and Diffa; and build strategic partnerships;
- Ensure that community mobilization promotes referral pathways: introduce GBV awareness, prevention, and response during standard pre-distribution community mobilization sessions; and expand community mobilization strategies, approaches, and tools to ensure safe, equitable access to information (including diversifying communications regarding referral pathways for different sub-populations).

Lack of staff knowledge and experience with gender sensitive and gender-transformative activities (e.g., male and community engagement activities or counseling households on joint-decision making)

- Prioritize funding for gender and GBV specialists within business development efforts;
- Build the capacity of staff and ensure that these activities are incorporated into program design and implementation.

Assessments identified significant differences among sub-populations' risks and needs.

- Institutionalize inclusive community outreach and data collection approaches;
- Sensitize and train staff on consulting marginalized sub-populations

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LEARNING	RECOMMENDATIONS
<p>Ensuring access to multiple delivery mechanisms is an essential component of protective program design.</p>	<ul style="list-style-type: none"> • Build partnerships and establish standing vendor agreements so that multiple delivery mechanisms can be used within CBIs for enhanced protection outcomes
<p>SCI's targeting strategy needs to be refined.</p>	<ul style="list-style-type: none"> • Consult households regarding whom should be targeted within the household (only target women when their risks of GBV would not be increased as a result of their recipient status).
<p>Communities utilize protection strategies to mitigate risks and have recommendations for agency-led risk mitigation mechanisms; these can be strengthened and leveraged for safer programming and for a sustainable exit.</p>	<ul style="list-style-type: none"> • Consult communities on and strengthen community-based protection strategies within program design; • Put in place organization-led risk mitigation mechanisms and monitor their effectiveness throughout the project cycle
<p>Comprehensive gender and protection monitoring has yet to be integrated into SCI's monitoring and evaluation (M&E) approach; stronger monitoring tools are needed.</p>	<ul style="list-style-type: none"> • Institutionalize protection monitoring by strengthening standard operating procedures, approaches, and tools; • Build M&E staff capacities in protection monitoring; • Ensure disaggregation of recipient data by sex, age, and diversity; • Ensure that CBIs are adapted throughout the program cycle to ensure protection from GBV.

Conclusion

The pilot provided insights into risks of GBV associated with the introduction of cash assistance, the potential protective benefits of cash assistance for protection outcomes, as well as opportunities to mitigate risks of GBV in Zinder. In addition, this pilot highlights the kinds of approaches and tools that SCI can use to capture GBV considerations and ensure that these are mainstreamed across the program cycle, not only in Zinder, but in Diffa as well.

CBIs that mainstream gender and protection, including from GBV, can build the resilience of communities and begin to break generational cycles of economic insecurity and violence. SCI is committed to strengthening its capacity across its Niger operations. Since the pilot, several staff have been trained in SCI's Gender Policy and Toolkit. Planning is underway to roll this training out to all staff. In addition, SCI is conducting several gender analysis exercises to improve the understanding of its staff and partners, as well as the quality of its interventions.



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