



# GENDER-BASED VIOLENCE

## Secondary Data Review

Date 03/01/2023

### CRISIS OVERVIEW

Niger is facing a prolonged, multi-dimensional crisis, including recurring armed conflict, displacement, malnutrition, epidemics and climate-related disasters, such as floods. The context is also characterized by deep structural challenges and the adverse socio-economic impacts of COVID-19.

Climate change has had a particularly harsh impact on the Sahel region, with temperatures reportedly rising 1.5 times faster than the global average, droughts and floods leading to declining agricultural productivity and scarce water resources. As the Human Rights High Commissioner pointed out during her visit in Niger in December 2021 “there has been an increasing infiltration of non-State armed groups and other violent actors from neighboring countries into Niger since 2015”, which contributed to a deterioration of the security situation ([OHCHR, 2021](#)).

Rapid population growth combined with persistent low agricultural productivity, climate change and environmental degradation is exerting unsustainable pressure on food supplies, natural resources and public services, and is exacerbating competition over resources. At the same time, weak governance and dissatisfaction over the management of public resources and the delivery of services is reinforcing grievances and a radicalization of existing social tensions in country ([African Development Bank, 2020](#)).

In 2020, Niger placed 189 out of 189 countries in the UN's Human Development Index. More than 10 million people – 40.8 percent of the population – are living in extreme poverty. Some 3.8 million people need humanitarian assistance, including more than 1.8 million children below five who need nutritional assistance ([OCHA, 2022](#)).

Protection incidents against the population, especially severe human rights violations have dramatically increased in the past three years. The 2022 disastrous results of the agropastoral campaign have led to food and nutritional crises in several regions of the country. Humanitarian actors' access to population groups in need and their access to basic social services remains a major problem. Despite investment efforts in infrastructure, major shortcomings persist in terms of quality, particularly with regard to basic social and health services, their rate of coverage as well as the quality of roads ([OCHA, 2022](#)).

In addition to these challenges, there are structural aspects related to a high fertility rate (6.2 children per woman on average), linked to a high rate of early marriage

(76.3 percent of girls aged 20 to 24 married before the age of 18 and 28 percent before the age of 15), the high prevalence of polygamy, the low use of contraceptive methods (10 percent), and the relatively low school enrollment of girls ([Spotlight Programme Niger, 2021](#)).

Gender-based violence (GBV) rates are extremely high in the country, and it is exacerbated by the current multifaced humanitarian crisis as well as by entrenched social norms that hinder the promotion of gender equality. Children are affected by specific protection problems such as: psychosocial distress, family separation, association with armed groups and forced recruitment, exposure to mines and other explosive devices, but also by structural protection problems that are exacerbated by gender-based violence (including child marriage and sexual exploitation), child labor and other forms of abuse ([CP AoR, N.d.](#)).

### KEY TAKEAWAYS

#### ● Key priorities

- Addressing GBV in Niger requires multisectoral and multilevel interventions, which address structural barriers to gender equality as well as GBV risk factors determined by the humanitarian situation.
- Increasing the level of humanitarian funding in Niger, as only 48% of the HNO was funded and less than 20% of the funds requested for protection interventions was allocated, including funding for specialized GBV response and prevention services ([OCHA, N.d.](#)).
- Child marriage is pervasive in Niger and the negative overall impacts on the lives of girls and the wider community means that this should be a priority area for attention at multiple levels including, but not limited to: amendment to national laws, effective law enforcement to prosecute early and forced marriage (whether under civil or customary law), effective prevention and response to early marriage programming activities and including widespread social norms change approaches to prevent child marriage.
- GBV services quality and coverage need to be enhanced with a focus on the most vulnerable groups and in line with the survivors-centered approach, placing the confidentiality of GBV data at the center of the provision of care with a focus on case management and data sharing.

- Advocating for providing equal access and availability to GBV services across the different areas of the country, allowing access to humanitarian actors to all regions in need.
- Due to the limited available data relating to Niger online, there is a clear need for more detailed information on zero tolerance of Sexual Exploitation and Abuse (SEA), clear, safe and accessible reporting mechanisms for survivors, survivor centered investigations, and access to adequate and age-appropriate assistance to SEA survivors.

### ● Key geographic areas

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According to the results of the INFORM model risk analysis in 2022, Niger has the 2nd highest risk index in the Sahel with a score of 7.4. The regions of the country with the highest scores are Diffa, Tillabéri, and Maradi. This is also confirmed by a multi-agency assessment coordinated by OCHA that identified Tillabéri, Tahoua, Diffa et Maradi as the regions whose situation has worsened in the course of 2022. In the Diffa region, humanitarian access remains limited due to growing insecurity, the effects of bad weather, and other factors that impede humanitarian actors' access to vulnerable people and to basic social services. In the Maradi region, insecurity and repeated incursions by Non-State Armed Groups (NSAGs) have decreased as a result of increased security by the Nigerien armed forces. However, some communes are not spared from the problem of crime, which affects the population and basic social services. Moreover, there are restrictions on the movement of humanitarian actors imposed by the decentralized authorities. Repeated incursions by Non-State Armed Groups (NSAGs) in the Tillabéri region are impacting on the living conditions of the Nigerien population in that area, too ([OCHA, 2022](#)). These three regions are also confirmed as priority locations in 2022 for increasing access and availability to GBV quality services by the GBV Sub-Cluster given that they recorded the highest percentage of the incidents of GBV reported by partners in 2020 ([OCHA, 2022](#)). Tahoua was an additional fourth region with a higher percentage reported incidence of GBV. GBV is occurring across Niger as GBV is widespread, but these specified regions are areas with a higher percentage of humanitarian actors, hence services ([OCHA, 2021](#)).

### ● Key vulnerable groups:

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GBV primarily affects women and girls, and they are therefore at-risk groups in Niger.

Adolescent girls experience a multitude of converging types and manifestations of GBV, including deprivation of education to early and forced marriage. ([Spotlight Programme Niger, 2021](#)).

The protection crisis in the country also affects thousands of migrants, asylum seekers, and refugees from West and Central Africa, who are at risk of abuse, rights violations, GBV, and exploitation. Indeed, Northern Niger remains a migration hub, with increasingly dangerous migration routes leading smugglers to bypass the city of Agadez by taking other more isolated and high-risk routes ([Protection Cluster Niger, 2022](#)).

Globally, 59 percent of HIV infections occurs among adolescent girls and young women and in some regions in Africa this percentage increases up to 67% ([UNWOMEN, N.d](#)). This is particularly worrying if we consider that knowledge about HIV prevention among Nigerien young women aged 15-24 remains pretty low (15.8 percent) compared to that of young men (25.5 percent). HIV prevalence among sex workers in Niger is also very high (9.5 percent) compared to 2 percent of the overall population, making them at high risks of further violence ([UNAIDS N.d.](#)).

Information on other groups that might face a complex array of challenges and threats including GBV, such as women and girls with disabilities, older women and people with diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC) is not fully recorded and documented.

## LEGAL SYSTEM AND JUSTICE

Niger is a party to a number of international and regional treaties and conventions that guarantee the rights of women and girls for which periodic reports are regularly produced. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its additional protocol, the Convention on the Rights of the Child (CRC) and its additional protocols, the African Charter on the Rights and Welfare of the Child, the Convention on the Worst Forms of Child Labor, the International Covenant on Civil and Political Rights and the International



# GENDER-BASED VIOLENCE

## Secondary Data Review

Date 03/01/2023

Covenant on Economic, Social and Cultural Rights. Efforts to internalize these treaties and conventions have been made.

Thus, Niger's legislative framework includes several provisions that repress and punish certain forms of violence, including female genital mutilation (FGM), rape (with a new definition), sexual harassment, slavery, sexual assault and battery, the law on reproductive health, the law on HIV, and the decree on the protection, support, and accompaniment of young girls during their schooling. However, Niger has expressed some reservations about the CEDAW, particularly with respect to taking appropriate measures to repeal all customs and practices that discriminate against women, especially inheritance and the free choice of the number and spacing of births, which limit the applicability of the principle of equality affirmed in the document. Moreover, the country has not yet ratified the African Charter on Human and Peoples' Rights on the Rights of Women (signed in 2004) and has not taken adequate measures to ensure prevention and proper management of gender-based violence ([African Development Bank, 2020](#)).

In Niger, family law has several sources: the Civil Code, customs and international legal instruments. The Civil Code sets the minimum age of marriage at 18 years for boys and 15 years for girls, and the majority of unions take place under customary law, contravening with the human rights of children stipulated by the Convention on the Rights of the Child (CRC) ([UNWOMEN, 2018](#)). While there is a legal vacuum concerning sanctions that can be imposed to the perpetrator(s) in the event of marriage before the legal age, the marriage can be annulled by the judge. However, it should be noted that judges have no means with which to annul a marriage of children older than 15 ([Save the Children UK., N.d.](#)).

The National Policy on Gender and the National Strategy on Prevention and Response to Gender-Based Violence in Niger (2017-2021) constitute the most recent key policy frameworks for advancing gender equality and the empowerment of women and girls in Niger and to reduce the GBV prevalence rate in the country from 28.4 percent to 15.4 percent in 2021; however, no updated data in relation to the impact of the implementation of these frameworks could be sourced ([UNWOMEN, 2021](#)).

**Rule of law:** The non-ratification of the African Charter on Human and Peoples' Rights on the Rights of Women, the reservations about the CEDAW, and the coexistence of three sources of law (customary, religious, and modern) are some of the major legislative challenges to gender promotion and the functioning of the

judiciary system ([African Development Bank, 2020](#)). The judicial system also suffers from a general lack of trust among citizens; the geographical remoteness of the courts and the slowness of judicial procedures; the limited knowledge that citizens have of their rights; the limited access to legal representation, due to the small number of lawyers practicing in the country, their scarcity outside the capital, the high fees ([Spotlight Programme Niger, 2021](#)).

**Women's rights, including housing land and property rights:** At a national level, Niger's Constitution was adopted on 25 November 2010. It guarantees gender equality. It also guarantees the same rights and duties for women and men. However, discrimination against women still exists in the application of these legal provisions, which are reinforced by the effective preeminence of customary and Sharia law over modern law ([African Development Bank, 2020](#)). In the majority of cases, women do not own a house (61 percent) or land (64 percent). However, the land they cultivate is generally allocated to them according to customary rules, and according to official governmental statistics 22 percent of women owned a house with someone else (usually a spouse) and 14 percent owned a house alone ([UNFPA, 2020](#)).

**Legal definitions of GBV:** There are inadequate laws for holding perpetrators of GBV accountable and consequently with providing justice to survivors. For instance, according to a World Bank study there are no specific regulations on domestic violence in Niger ([World Bank, 2018](#)). As a result, there is social acceptance of certain forms of domestic violence that remain unpunished ([African Development Bank, 2020](#)).

**Marriage laws:** As stated earlier, in Niger the Civil Code sets the minimum legal age for statutory marriage at 15 for girls and 18 for boys ([World Bank Group, 2019](#)).

**Documentation:** In Niger, the law mandates women's equal rights to an identity card and passport. However, many Nigerien women lack them. This situation is often linked to the fact that they do not hold a birth certificate ([UNWOMEN, 2021](#)). Lack of documentation particularly affects people on the move with 70 percent of returnee households, 61 percent of internally displaced people and 67 percent of refugees without any type of ID ([OCHA, 2022](#)). Among the main reasons for not having an identity card, lack of money is often mentioned. The problem of financial cost also arises for birth certificates ([Project 21, 2020](#)).

**Access to justice:** Niger lacks mechanisms for ensuring effective legal assistance. For instance, the National Legal and Judicial Assistance Agency in charge of providing



# GENDER-BASED VIOLENCE

## Secondary Data Review

Date 03/01/2023

free legal assistance to those who do not have the means has limited financial and human resources ([UN General Assembly, 2019](#)). Survivors of intimate partner violence often resort to using community-led redress mechanisms, which do not prioritize women's rights in their conflict resolution mechanisms ([UNHCR, 2022](#)). More than half of the respondents (51 percent) to a regular protection monitoring exercise carried out in 2020 indicated that GBV survivors turned first to community leaders to ask for help, followed by women leaders (16 percent). In 26 percent of cases, humanitarian actors (UN and NGOs) were approached first, followed by neighbors in 24 percent of cases. However, findings from the same study pointed out that GBV survivors were not always referred to GBV services, when they first approached a community leader ([Project 21, 2020](#)). Finally, children in early/forced marriages face particular difficulties and challenges in accessing justice, because family reconciliation is prioritized over prosecution. This is consistent with the belief that family unity and community peace are paramount over the rights of the girl. Moreover, there is no law in Niger punishing the perpetrator of child marriage. ([UNWOMEN, 2018](#)).

**Police and policing:** The police in Niger have received little training to support them in effectively investigating and handling child and early forced marriage cases or any other forms of GBV. Thus, often they do not consider it a law enforcement responsibility which sits with them to investigate and follow due process. There is also a challenge for girls' access to police proceeding with an investigation if they lack possession of a birth certificate to prove their age ([UNWOMEN, 2018](#)). UNFPA has recently supported a set of specialized trainings to increase the capacity of the police to process and investigate GBV cases in a survivor-centered way, focusing on the four regions where the prevalence rates were the highest according to the national survey on GBV: Maradi, Tahoua, Tillabéry, and Zinder ([UNFPA, 2022](#)).

As mentioned in the legal system and justice section above, there are also weaknesses in the current legislative framework which do not amount to full human rights protection under the law and enable the Nigerian police to effectively support the full protection of GBV survivors and women and girls at risk of GBV ([Spotlight Programme Niger, 2021](#)).

### HEALTH SYSTEMS

In general, the health situation of the population, particularly of women and girls, gives cause for concern. Only 48.47 percent of the population has access to health

services within 5 square kilometers distance from where they live. Zinder and Diffa have the weakest coverage. Moreover often, health services are not functioning because of insecurity. Table 1 shows the degradation of the situation in June 2022 compared to the start of the year ([OCHA, 2022](#)).

| Table 1. Services             | Diffa |      | Maradi |     | Tahoua |      | Tillabèri |       | Total |       |
|-------------------------------|-------|------|--------|-----|--------|------|-----------|-------|-------|-------|
|                               | T1    | T2   | T1     | T2  | T1     | T2   | T1        | T2    | T1    | T2    |
| Nonfunctioning schools        | 9     | 28   | 11     | 11  | 54     | 33   | 689       | 817   | 763   | 889   |
| Number of students affected   | 1021  | 1806 | 465    | 465 | 6599   | 3511 | 59385     | 67954 | 67470 | 73736 |
| Nonfunctioning health centers | 42    | 42   | 0      | 0   | 0      | 0    | 37        | 52    | 79    | 94    |
| Non accessible markets        | 0     | 0    | 0      | 0   | 2      | 2    | 21        | 19    | 23    | 21    |

Table 1. Functioning Services

The maternal mortality rate is high (553 per 100,000 births in 2017) and the rate of deliveries attended by skilled health professionals stands at 32.6 percent compared to the African average of 50.6 percent. Adolescent girls aged 15-19 years account for 34 percent of the maternal mortality ratio ([UNFPA, 2022](#)). Niger's population growth is one of the highest in the world (3.8 percent per year). The country has a high fertility rate (6 children per woman) due to high prevalence of child marriage (76.3 percent of girls marry before the age of 18). In addition, about 15 percent of married women have unmet needs for contraception, and only 9 percent of rural women in union aged 15-49 use modern contraceptive methods ([African Development Bank, 2020](#)).

One of the main barriers to accessing healthcare remains the financial cost. More than 30 percent of households identified inability to pay for treatment as the main barrier. Security (18 percent) and distance (7 percent) were the next most common barriers ([OCHA, 2022](#)). Inequalities in resource allocations are reflected in uneven public service provision across the country. In this regard, the health sector is characterized by a high concentration of doctors in Niamey (one per 5,642 people), to the detriment of highly populated areas such as Zinder, Maradi and Tahoua and violent, radical organizations are exploiting this dissatisfaction ([World Bank Group, 2018](#)). Niger's extremely low nurse-to-population ratio, together with uneven spatial distribution and high absentee rates of health staff, create severe regional

disparities in service provision. Only 39 percent of those affected in the poorest 20 percent of the population sought treatment, compared to 66 percent in the richest 20 percent of the population. Quality of health services remains low with only one-third of diagnoses correctly performed ([World Bank Group, 2018](#)).

|                                  | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------------------------|------|------|------|------|------|
| National Hospital                | 3    | 3    | 3    | 4    | 5    |
| Military Hospital                | 1    | 1    | 1    | 1    | 1    |
| Regional Hospital Center (CHR)   | 6    | 6    | 7    | 7    | 7    |
| Private hospital                 | 6    | 5    | 5    | 5    | 5    |
| District Hospital                | 33   | 33   | 34   | 34   | 35   |
| Reference maternity hospital     | 1    | 1    | 1    | 1    | 1    |
| Integrated Health Center type I  | 650  | 669  | 699  | 738  | 781  |
| Integrated Health Center type II | 263  | 285  | 327  | 303  | 325  |
| Health posts                     | 2516 | 2507 | 2511 | 2508 | 2422 |

**Table 2.** Health facilities – [Niger Statistical Yearbook \(2015-2019\)](#)

**Clinical Management of Rape (CMR):** There is a lack of published information in relation to CMR in Niger, how it is being provided and the quality of the service provided to survivors of sexual violence. During 2020, UNFPA has supported the health system by providing over 150 health centers with post-rape kits, medical equipment for assisted deliveries, medicines and contraceptive products and training on clinical management of rape ([UNFPA, 2020](#)). During the compilation of this data collection, a GBV Specialist for UNFPA – one of the leading actors in the provision of SRH services – highlighted the challenge posed by the turnover of health workers, including those trained in clinical rape management – training that health workers do not systematically receive during their education (UNFPA, 2023).

**GBV services:** Challenges related to access to services and their availability are confirmed by monitoring data generated in 2020 when 25 percent of the 3763 interviewees, 35 percent being women, indicated that they did not report incidents of GBV they experienced or knew about. Among the reasons why GBV survivors do not access services, is the fear of being stigmatized by the community (24 percent). The lack of confidentiality (8 percent) and the lack of female staff in care facilities (4 percent) are also mentioned. In less than a quarter of the cases the lack of or insufficient services (12 percent), or lack of knowledge of the support system (9 percent) were the main obstacles to accessing adequate support for survivors of sexual violence. These results highlight the gaps that remain in existing services and the progress that needs to be made in terms of adhering to the guiding principles of

assistance for GBV survivors ([Project 21, 2020](#)). During the compilation of this Secondary Data Review, a GBV Specialist for UNFPA has reported that the costs related to medical consultations and specialized visits are among the most important barriers experienced by GBV survivors to access services, as they have generally limited income and live far away from the few health clinics offering CMR (UNFPA, 2023).

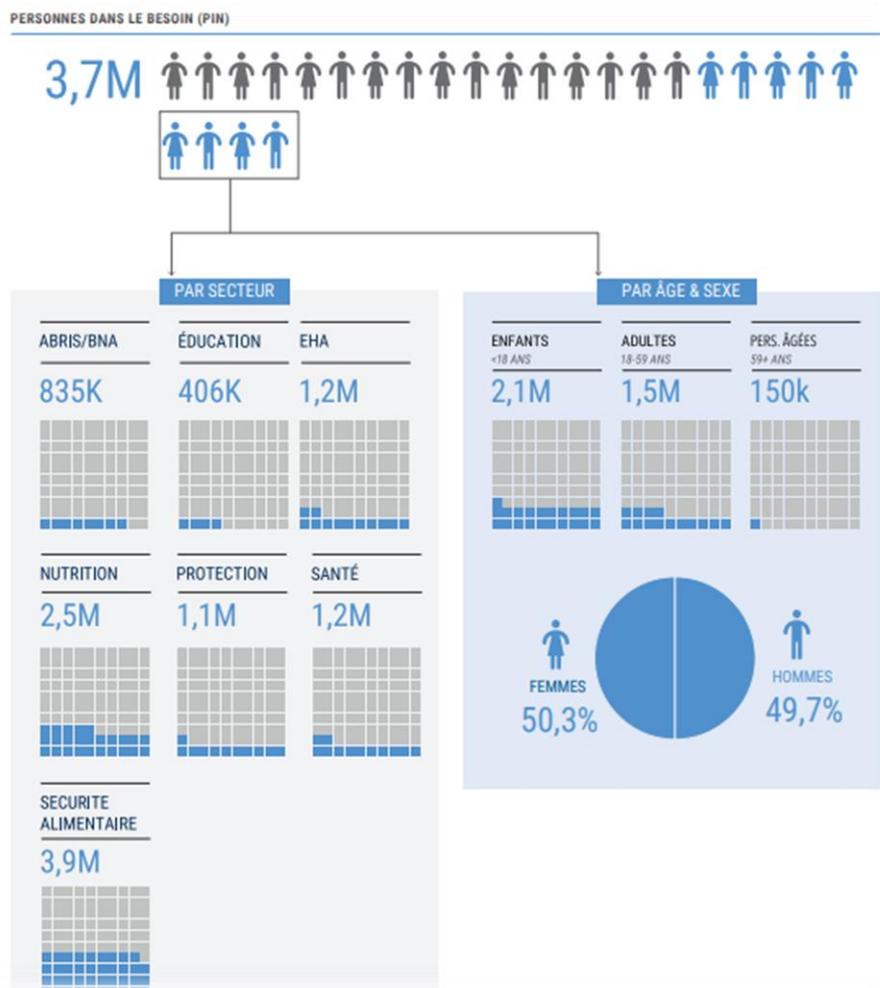
## SOCIODEMOGRAPHIC ENVIRONMENT

Niger has a population of 23,591,983 million; adolescents and youth under the age of 25 representing 69.2 percent of the population. Women make up 50.3 percent of the population; 84 percent of women live in rural areas and 40 percent are of reproductive age. The population is projected to double every 18 years; and the annual demographic growth remains the highest in the world ([UNFPA, 2022](#)). A multisectoral assessment, conducted in 2021 indicates that 9.4 percent of Nigerien households have at least one person with a disability and who has difficulty difficulties in carrying out specific activities ([REACH, 2021](#)).

**Adolescent girls:** The period from conception to adolescence is a risky and challenging time for many children in Niger. Adolescents particularly adolescent girls, face major constraints to fulfilling their potential: 76 percent are married before 18; 36 percent of adolescent girls aged 15 to 19 have already given birth or are pregnant and only 26.9 percent are literate, versus 50.2 percent of boys. Access to secondary education is low, with only 31 percent of girls and 42 percent of boys enrolled. Adolescent girls living in rural and marginalized areas are particularly at risk of malnutrition due to the frequency of early pregnancies and child marriage ([UNICEF, n.d.](#)).

**IDPs, refugees, and returnees:** As of September 2022, approximately 549,000 people in Niger were in a situation of forced displacement, together with 264,257 internally displaced persons (IDPs), 249,765 refugees (around 52 women and girls) and returnees mainly from Nigeria and Mali. 58 percent of IDPs have "severe" cross-cutting needs (50 percent being women). Nearly 19 percent of displaced households are female-headed, and 13.38 percent of displaced household heads are widows. Refugees are also impacted by the crisis in a severe way associated with the effects of conflict and physical violence such as mental trauma, displacement, protection

problems, loss of income and livelihoods. 59 percent of refugees households have at least one child who married and left home ([OCHA, 2022](#)).



**Table 3.** OCHA (2022) HNO, Data on People in Need

**Migrants:** Migrant children and women, especially those without documentation, are vulnerable to trafficking, abuse and exploitation. Migrant women face high risks of rights violations including GBV and human trafficking as well as a lack of decent work, social protection and public services such as health care, justice and education. Migrant women face multiple and intersecting forms of discrimination on the basis of interconnected characteristics such as gender, race, ethnicity, gender identity, sexual orientation and migration status ([UNWOMEN, 2021](#)).

**People with disabilities:** In Niger, the disability prevalence is 9.34 percent. A study conducted in July 2021 on the barriers to access services and aid, showed that 60.37 percent of respondents do not participate in activities within their communities, and 57.41 percent do not have access to any decision-making process. Only 18.60 percent of people with disabilities surveyed access humanitarian assistance. 50 percent cannot access health service due to lack of financial resources. While no age and gender disaggregated data is available, it is likely that living with a disability has an impact to access GBV services too ([OCHA, 2022](#)).

**Economy:** Niger has a poorly diversified economy, dependent on agriculture (the main productive sector for women) for 40 percent of its gross domestic product (GDP). The level of extreme poverty is 42.9 percent which means that it affects more than 10 million people. The high fertility of Nigerien women leaves them with less opportunity and less time for income generating activity. Gender inequality in Niger causes enormous economic and social losses for the country due to the low level of education and literacy for women and girls, as well as limited access to financing, energy (especially in rural areas), suitable facilities, and markets. In addition, the existing financing mechanisms are not adapted to women's financing needs and the requested guarantees are barriers for women, especially in rural areas ([African Development Bank, 2020](#)).

**Education:** Children in Niger attend school for, on average, just six years and learning outcomes are among the weakest in the region. Girls have less access to the education system than boys, which, coupled with a high school dropout rate, leads to inequality continuing from one generation to another. There is a low adult literacy rate (18 percent for women and 40 percent for men), and a low school enrolment/completion rate at all levels, especially for girls in rural areas. The factors contributing to the low enrolment of girls include the lack of accommodation and hygiene facilities in schools, child marriage, poverty, and inadequate education opportunities ([African Development Bank, 2020](#)).



# GENDER-BASED VIOLENCE

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### RESPONSE ENVIRONMENT (BASIC NEEDS)

The humanitarian context as well as weaknesses in governance and infrastructure has impacted on the availability and access to a wide range of services in Niger.

**Food security and livelihoods:** The aftermath of the 2020 floods that damaged agricultural production plus a poor pastoral season in 2021, the continuing socio-economic impacts of COVID-19 (especially on cross-border trade and migrant remittances), and inflation are all factors which have severely deteriorated access to food for the local population and in particular IDPs and refugees ([OCHA, 2022](#)). Women were particularly impacted as 95 percent of them depend on survival agriculture and the informal economy ([REACH, 2021](#)). In addition, 34 percent of Niger's women are completely absent from the labor market ([African Development Bank, 2020](#)). Limited access and availability of food remains a major challenge in part because of rising food prices, which are reducing household purchasing power, particularly affecting female-headed households ([Office of the Prime Minister, 2021](#)).

Routine monitoring visits conducted by the Danish Refugee Council (DRC) have concluded that food insecurity and limited livelihoods opportunities could push women to adopt negative coping strategies to meet their food needs such as stealing, survival sex, begging, etc., which would further expose them to various protection risks (early marriage, psychological violence, etc.) ([Danish Refugees Council, 2022](#), and [Danish Refugees Council, 2022](#)). The GBV Sub-cluster had already identified that food rations and non-food-items distributed by humanitarian actors were generally inadequate, prompting women to exchange sex for extra food to feed their families. In several cases distribution targeted the male member of the families ([GBV Sub-Cluster, 2018](#)).

**Water, Sanitation, and Hygiene:** Water collection is perceived to be the responsibility of women, according to social norms, which places a significant burden on them and occupies large amounts of their time (women are typically mobilizing for up to six hours per day to try to meet the household water needs, including water needs for cattle and crops). Women's personal safety is at risk when they go in search of water, including GBV risks ([World Bank Group, 2018](#)). Routine monitoring and assessments have established additional WASH factors which place women and girls at risk of experiencing GBV, such as lack of latrines or bathing facilities in very poor conditions that do not preserve the privacy and dignity of users and force women to go to the field. Other risks for women and girls related to lack of WASH facilities (especially during nighttime travel) include abduction, physical and sexual

assault ([International Rescue Committee, 2022](#); [Danish Refugee Council, 2022](#); [OCHA, 2022](#)).

**Health:** Overall, essential health services are limited in Niger due to lack of financial resources, human resources and infrastructures, mismatch between existing supply and needs (e.g., care for adolescents), weak coordination between existing prevention and care services, and lack of Standard Operating Procedures at the national level. Finally, there are no centers nationwide that provide essential services to GBV survivors in accordance with international guidelines and standards, except some irregular specific project-funded services ([Spotlight Programme Niger, 2021](#)).

**Shelter and CCM:** Whether in camps or outside, within the refugee community (the IDPs, asylum seekers or returnees) there are challenges with the quality and condition of shelters and the lack of safety and privacy they provide ([OCHA, 2022](#)). Shelters are commonly made of temporary materials (such as tarpaulins, straw, millet stalks, etc.) and almost all of the shelters are in such a state that they expose IDPs and refugees to bad weather and other problems such as theft, and increased risk of GBV. The overall low income of households does not favor access to safe and decent housing ([UNHCR, 2020](#)). Finally, formal and informal settlements often lack sanitary facilities ([Danish Refugees Council, 2022](#)).

**Education:** Insecurity and natural disasters have an impact on the education sector by causing, among other things, the closure of schools, the increase in the ratio of schools hosting displaced people, and a generalized sense of fear that led many children to leave the education system. In 2022, it was estimated that over 2.6 million students were out of school. This disproportionately affects girls and has had an impact on the high rate of child marriage. There has also been structural damage to education facilities caused by flooding, school fires and high winds which further impacts access to education ([OCHA, 2022](#)).

**Protection:** Forced displacement mainly due to insecurity is a major problem affecting the population ([OCHA, 2022](#)). The intensification of armed groups activities in a growing proportion of the territory has led to an increase in protection incidents (including heightened GBV risks), an increase in movement restrictions and an overall socioeconomic impact which is limiting education and livelihoods opportunities for women and girls.

**Child protection:** Violence and insecurity disrupts all aspects of children's lives by exacerbating chronic vulnerabilities resulting from high levels of malnutrition and poor access to education, clean water, and sanitation facilities, as well as causing

them to experience and/or witness violence and abuse. Of the many forms that child rights violations can take in the Sahel, 20 percent of respondents highlighted child labor as a key concern, with additional concerns being a sharp increase in child trafficking, forced labor, and forced recruitment by armed groups due to COVID-19 ([Project 21, 2020](#)). Increasing numbers of children are being killed and targeted for recruitment by armed groups, which committed war crimes and other abuses in the conflict, including the murder of civilians and targeting of schools ([UNICEF, 2021](#)). For instance, during 2021 1612 children were recruited by armed groups or abducted for child labor or sexual exploitation in the region of Diffa alone ([OCHA, 2022](#)). Many children are experiencing trauma after witnessing deadly attacks on their villages.

In some areas, women and girls have been barred from activities outside the home, due to the risk of abduction or forced marriage to armed actors ([Amnesty international, 2021](#)). Finally, child marriage remains a structural child rights violation in Niger.

### SOCIALCULTURAL AND RELIGIOUS ENVIRONMENT

According to the latest UNFPA Country Program Document, the estimated gender development index ranking for Niger is amongst the lowest in the world (0.724) ([UNFPA, 2022](#)). Women in Niger face deeply ingrained social, religious, and cultural norms that limit their rights and freedoms. While the specific treatment and role of women varies between ethno-tribal communities, across Niger women are disproportionately affected by poverty and grossly excluded from opportunities to assume decision-making roles or participate meaningfully in the economy. Niger has the highest adolescent birth rate and the highest rate of child, early and forced marriage and unions globally. 40.4 percent of adolescent girls aged 15-19 have already become pregnant and contribute 14 percent to overall fertility. Family responsibilities limit girls' access to education and other resources. Gender inequalities to access social and economic rights limit growth potential by an amount estimated by the World Bank to be about one quarter of the country's GDP ([USAID, 2021](#)).

**GBV perceptions:** In Niger, as in other countries in the region, there are socio-cultural practices which either condone or promote various forms of GBV or harmful practices, and which perpetuate gender inequality and promote child marriage while shielding male perpetrators from legal penalties and prosecution ([UNWOMEN, 2018](#)).

For instance, Niger society generally disapproves of unmarried girls who become pregnant. When pregnancy becomes apparent, girls are often forced to reveal the identity of the father. This often leads to a forced marriage, with no regard for the girl's rights, wishes, or future. Sometimes the pregnancy is due to rape, but still, society encourages the man to marry the girl. This compounded trauma leaves a lasting effect on girls, most of whom are denied access to their education after pregnancy ([Human Rights Watch, 2021](#)).

Moreover, during the latest available Demographic and Health Survey (DHS), 44 percent of respondents stated that beating a woman is justified if she neglects her children. In addition, the women interviewed felt that it is justified for a husband to beat his wife when she argues with him (50 percent), leaves the house without telling him (43 percent), or burns food (35 percent) ([African Development Bank, 2020](#)).

**Traditional marriage practices:** In Niger, girls are often considered to be their parents' property, wherein it is usually the parents of the daughter who advocate for early marriage employing the rationale that it is in everyone's interest, including the girl-child's best interest. Relatives or other community members rarely report incidents of early or forced marriage, or ask for assistance for girls at risk of forced marriage, even though this is a form of GBV. Instead, many families prefer to invest in their sons' education or training rather than their daughters, as they feel there is no need for schooling to be a mother or wife. Adolescent girls are, therefore, married off because of gender inequality and negative social norms on the value of a girl; poverty or deprivation; insecurity and lack of safety; socio-cultural and religious traditions; as well as inadequate legal and policy safeguards against child marriage. A combination of these drivers creates a series of factors that include:

- fears over girls' safety and security, especially in relation to abductions and violent attacks.
- concerns over loss of family's honor due to premarital sex and pregnancy.
- and lack of family income/livelihoods leading to trading off the girls in marriage in return for dowry and bride price.

While positive cultural practices appreciating alternative rites of passage have been seen to help mitigate child marriage, retrogressive cultural practices are still accorded high precedence, and this makes it difficult to implement legal and policy frameworks including ratified international legal instruments ([UNWOMEN, 2018](#)). Moreover, the stigma associated with being unmarried or being unable to marry is pervasive.



# GENDER-BASED VIOLENCE

## Secondary Data Review

Date 03/01/2023

**Household decision-making:** Economic decision-making power is overwhelmingly in the hands of men in Niger. It is men who decide on expenses involving access to health services (agreement of/on companions, transportation) and medical costs (consultations, medication, and hospitalization). Finally, it is overwhelmingly men who occupy the key institutional and decision-making positions in health systems ([African Development Bank, 2020](#)). In sub-Saharan Africa, for example, where about 50 percent of women make autonomous decisions, there are three countries – Mali, Niger and Senegal – where less than 10 per cent do ([UNFPA, 2021](#)). Women in Niger do not have the right to choose their spouse ([UNWOMEN, 2018](#)). Women’s decision-making powers, including over their own sexual and reproductive health (including decisions related to family planning) are limited.

**Participation:** At the policy level, women’s participation in decision-making bodies is still relatively low despite the adoption of Law No. 2000-008 establishing the quota system, and amendments, thereto raising the percentage of women for elective mandates to 25% and appointments to public administration positions. However, there are many structural barriers (as mentioned previously child marriage, barriers to educational opportunity, denial of resources) which prevent girls from aspiring to participate in politics and for women in attaining these positions. In addition, some men do not allow their wives to engage in politics ([African Development Bank, 2020](#)). In the Sahel, women represent less than 25% of the members in more than two-thirds of community structures, such as community committee, parents associations, indicating a clear under-representation of women even at that level ([Project 21, 2020](#)).

**Freedom of movement:** Women have limited access to markets for the sale of their produce because of cultural constraints. Rural women are limited to selling their agricultural produce within the village, as they are rarely allowed to go to markets in surrounding villages due to social norms. To sell their produce outside of their villages, they are forced to entrust it to relatives, and this increases their transaction costs, with impacts on the economic profitability of their farms ([African Development Bank, 2020](#)). Married girls usually lose their freedom of movement and interaction or have this right hugely curtailed. In many cases, married adolescent girls are barred by their husbands from going to social places such as markets, joining community development groups and visiting youth centers in their communities. They are also often barred by their husbands or family members from visiting hospital unless they are accompanied by them which can lead to harmful health consequences. Early and forced marriage can have isolating impacts which are long lasting ([UNWOMEN, 2018](#)). Finally, movement restrictions are also the consequences of the

high insecurity. Yet, women are regularly forced to leave their home to carry out their traditional domestic duties, including collecting food, water, and wood. This increases their exposure to GBV, as confirmed by the many security incidents reported during 2020 on the outskirts of villages, camps, and other sites hosting displaced persons. Physical violence against women remains high in latrines, markets, and other public places ([Project 21, 2020](#)).

**Religious and traditional leaders:** Some religious and traditional leaders have been advocating for the promotion of women rights and gender equality in recent times indicating an opportunity for positive social norms change ([African Development Bank, 2020](#)).

### TYPES OF GBV

GBV and harmful practices are of great concern in Niger, as the key GBV data collected in Table 4 show. According to the study on the extent and determinants of gender-based violence in Niger conducted in 2015, the national prevalence rate is 28.4 percent, with disparities between regions.

Zinder and Maradi are the areas with the highest percentage of survivors, with 95% and 88% of women, respectively, reporting having experienced at least one incident of violence in their lifetime.

| <a href="#">Table 4. Key GBV data</a>  |       |
|--|-------|
| Gender-based violence prevalence   | 28.4% |
| Decision making on sexual and reproductive health and reproductive rights, percent (2007-2020) | 7%    |
| Adolescent birth rate per 1,000 girls aged 15-19 (2004-2020)                                   | 154   |
| Intimate partner violence, past 12 months, percent, (2018)                                     | 13%   |
| Unintended pregnancy rate per 1,000 women aged 15-49, (2015-2019)                              | 49    |
| Child marriage by age 18, percent, (2005-2020)   | 76%   |
| Female genital mutilation prevalence among girls aged 15-19, percent, (2004-2020)              | 2%    |

The domestic space is the main place where violence occurs: physical violence (61.4 percent), sexual violence (91.9 percent), psychological violence (67.6 percent), economic violence (95.1 percent) of the reported incidents happen at home ([Spotlight Programme Niger, 2021](#)). 8.2 percent of cases involve adolescent girls and young



# GENDER-BASED VIOLENCE

## Secondary Data Review

Date 03/01/2023

women. Sexual violence and economic violence have a prevalence of 6.6 percent and 2.8 percent, respectively. The denial of opportunity for women due to economic violence is high (14.6 percent), ([UNFPA, 2022](#)). Most recently, GBV actors are adapting their services to better respond to intimate partner violence (IPV) as IPV is the most frequently reported incident among women and girls in humanitarian settings. Approximately 75 percent of survivors assisted in service provision points across the Sahel have experienced IPV. However, service coverage remains woefully inadequate ([Project 21, 2020](#)).

Women and girls are bearing the brunt of the conflict related violence and are at heightened risk of various forms of GBV. Older women and women and girls with disabilities are also at risk and often particularly vulnerable ([Protection Cluster, 2022](#)). Women and girls are primarily impacted by harmful social norms and multiple discriminations based on age and gender, further exacerbated by the socioeconomic impact of the crisis, climate change, the COVID-19 pandemic, and other epidemics. Women and girls in local communities are exposed to widespread and increasing risk of being abducted, married by force, sexually assaulted and raped. IDPs and refugees accounted for more than two-thirds (68per cent) of GBV survivors seeking specialized assistance in 2021 ([OCHA, 2022](#)).

Domestic and sexual slavery, known as *wahaya*, is also reported in country, occurring particular in the Tahoua region, where very young girls are sold, yet no prevalence data could be found ([U.S. Department of State, 2019](#)).

Niger is also a country of origin and transit destination for women, men and children who have been subjected to trafficking. In 2019, the Nigerien authorities identified 53 victims, compared to more than 70 victims (primarily women and girls) in 2018 ([U.S. Department of State, 2019](#)). These figures are likely to be an under-representation of the full scale of the issue.

Finally, as described in various sections of this report, Niger has one of the highest rates of child marriage recorded in the world.

### GBV CONSEQUENCES

Violence against women and girls has long been a barrier to their equal participation in and contribution to society. Any and every form of violence against women – physical, mental, verbal, psychological or emotional – is a violation of their human rights, has severe and long-term impacts on survivors, their families and communities,

and also affects social and economic development. There are multiple ways in which violence is experienced by women, several contexts in which it occurs, and thus, its costs and consequences are widespread.

In particular, child marriage denies girls the opportunity to enjoy their rights as children and their integral human development. Child marriage is also a powerful constraint on the agency of women and girls, forcing them into lifelong subordinate relationships before they achieve the legal capacity to make decisions that affect their entire lives ([UNFPA, 2021](#)).

Gender-based violence is a complex issue and GBV types are often interconnected and linked to each other. Girls in marriage are victims of continuous gender-based violence and are subjected to rape throughout the period they are in the marriage. Other consequences of child marriage include physical violence, sexual violence, child labor through performing unpaid care, domestic and farming work as well as emotional abuse from their husbands. This constitutes intimate partner violence ([UNWOMEN, 2018](#)).

GBV adversely affects survivors' (the majority of whom are women and girls) quality of life in diverse, severe and often lasting ways. These effects range from biological/physical (including mental health), to social and economic. Sexual violence often has harmful consequences for women and girls' reproductive health including but not limited to uterine infections, obstetric fistula, unsafe abortion, and miscarriages ([UNWOMEN, 2018](#)). GBV is a human rights abuse and affects survivors' life chances.

### INFORMATION GAPS AND NEEDS

While there is a functioning GBVIMS and GBV Sub-Cluster in country no information on GBV services and GBV stakeholders mapping is available online to provide an overview of the main GBV actors and activities in-country. While some relevant GBV data was sourced from UN agencies, the African Development Bank, INGO reports, and some other sources, very little data was located on key actors, services and key ongoing interventions.

There is a Prevention from Sexual Violence and Abuse (PSEA) Network in place in Niger, with some trainings on PSEA having been conducted. A strategy and code of conduct are also in place; however, data to illustrate the challenge and response to this in Niger was not found online ([IASC, 2022](#)).



# GENDER-BASED VIOLENCE

## Secondary Data Review

Date 03/01/2023

Given conflict and insecurity as well as environmental degradation, climate change and the adverse global economic outlook, it is important that these intersecting crises and their impacts on GBV survivors and women and girls at risk of GBV in Niger are factored for in order to deliver effective humanitarian aid. Presently there was little information on how humanitarian aid agencies and local actors are specifically addressing this confluence of challenges.

In addition, accessing specific data on vulnerability dimensions and factors for at risk groups is a consistent challenge given their invisibility (e.g. women and girls with disabilities, lesbian, bisexual or transgender women, older women, widowed women etc.).

### LESSONS LEARNED

Addressing the drivers of child, early and forced (CEFM) marriage is a cornerstone which can contribute to preventing gender-based violence in Niger as this is perceived and documented as one of the main issues affecting the wellbeing of girls and of future households. Lessons learnt and good practices are available in Niger and in the region. However, whilst addressing CEFM must be a priority given the scale of this issue, so must addressing other forms of GBV in this context. The available data highlighted within this report shows that women and girls are facing significant GBV risks on a daily basis when conducting their regular everyday activities (e.g., when accessing latrines, bathing facilities, travelling, at home etc.) and they face these risks from both known and unknown perpetrators.

Whilst it is promising that Niger is a signatory to a number of international and regional treaties and conventions, and there is a quota for political representation for women in place, this is insufficient without further institutional and social transformation at all levels to support women and girls' safety and their access to education and economic opportunities. Without efforts to remove the multitude of structural barriers women and girls face to active participation and to enjoy their rights, then their safety, health, education and economic wellbeing will continue to be compromised and community and economic development impeded. The legal framework and law enforcement inadequacies which fail to hold perpetrators who force girls into marriage below the legal age (whether through civil or customary processes) also requires urgent attention from duty bearers.

The deterioration of the humanitarian situation due to insecurity, COVID-19 and natural hazards have reinforced existing contributing factors to GBV but have not dramatically changed the main drivers of GBV in Niger, which remain poverty,

displacement, women lacking information on their rights, limited education opportunities, lack of employment, and overall impunity of GBV perpetrators due to an insufficient legal framework.

The demographic profile of the country indicates that Niger has a window of opportunity to harness the demographic dividend. To capitalize on this opportunity, targeted investments in sexual and reproductive health, education and the empowerment of young people are essential.

### LIMITATIONS

There are few published reports and documents available that are from national and women-led organizations, impacting on the equal representation of Nigerien women voices in this SDR.

GBV mapping and ongoing key interventions to respond and prevent GBV could not be fully assessed as this information was not publicly available and published.

Another limitation of this SDR is that it was drafted within a limited time frame based on a rapid document review.

The literature covers a limited time period of 2019 –2022.