

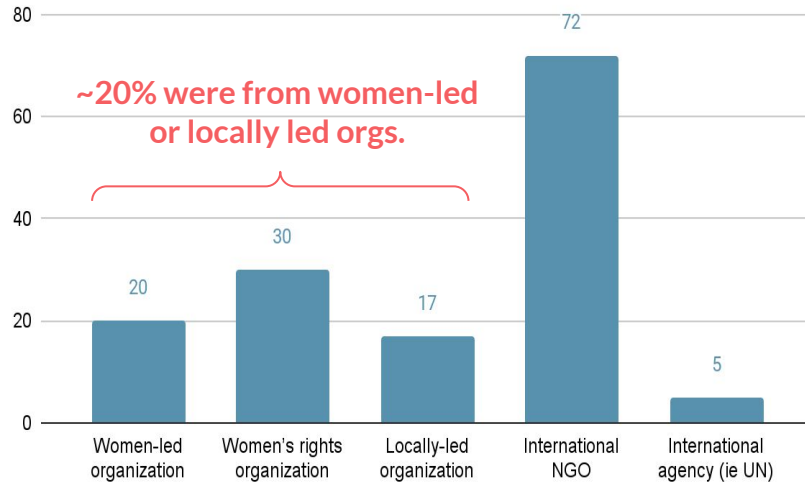
**Preliminary  
Findings from  
survey on GBV  
in the Sahel**

**May 2023**

# 99 participants started the survey. Most were from INGOs and worked in Niger.

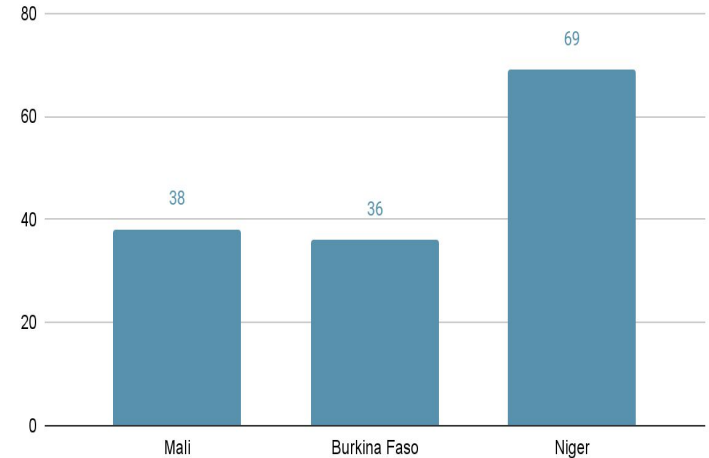
Would you describe your organization as any of the following?

N=95



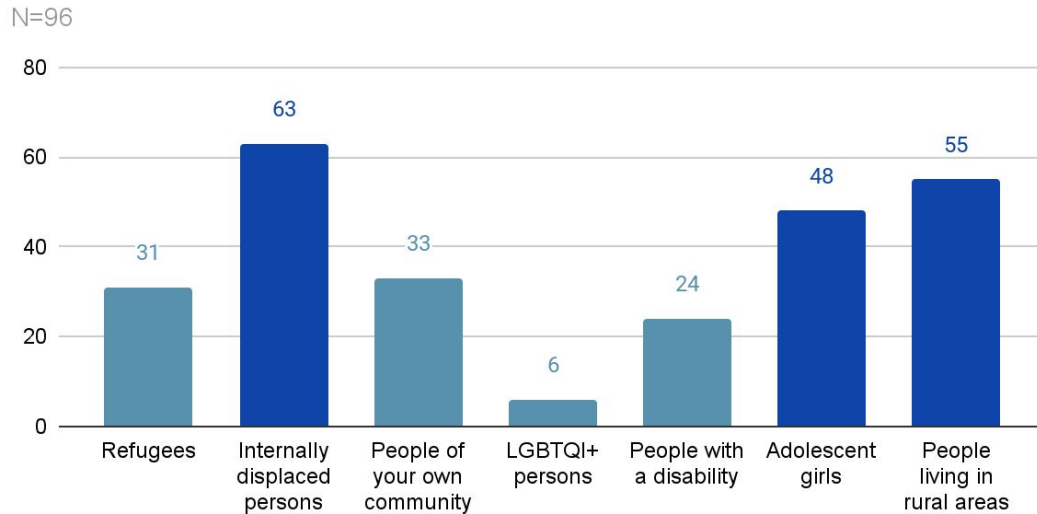
In which countries are you active?

Check all that apply. N=99



# Many participants support at-risk groups, particularly IDPs, girls, people in rural areas

Of the services you provide, are there any of the following groups whom you primarily serve?



# Key Findings

Thank you for helping us collect robust responses! We can disaggregate by country, local organizations, communities being served, and services provided.

Respondents emphasized that we need to adapt to the local context and **work with more local partners**.

37% said a program was at-risk of being cut in the next year. The response rate was **43% for local organizations**.

Biggest challenges to GBV prevention and response beyond funding include **physical and social barriers to humanitarian access**

There are **grave effects of food insecurity on women and girls** and strong support for integrating GBV services into food security programs.

Secretary Blinken announced \$150M in humanitarian aid to the Sahel in March. We will be discussing with BHA and PRM in the coming weeks.



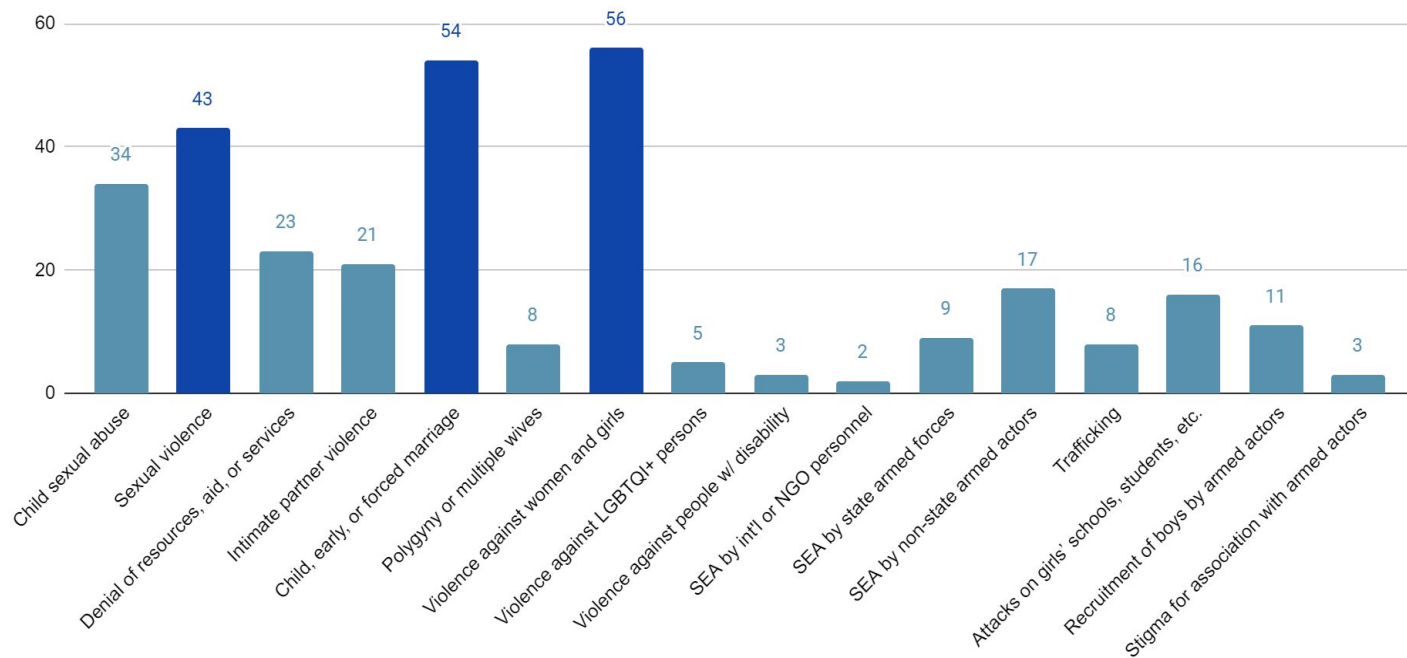
**You can help by sending us evaluation reports of effective programs and quantifiable effects of potential cuts.**

# Discussion

# At least one respondent noted a significant increase in each form of GBV in recent years.

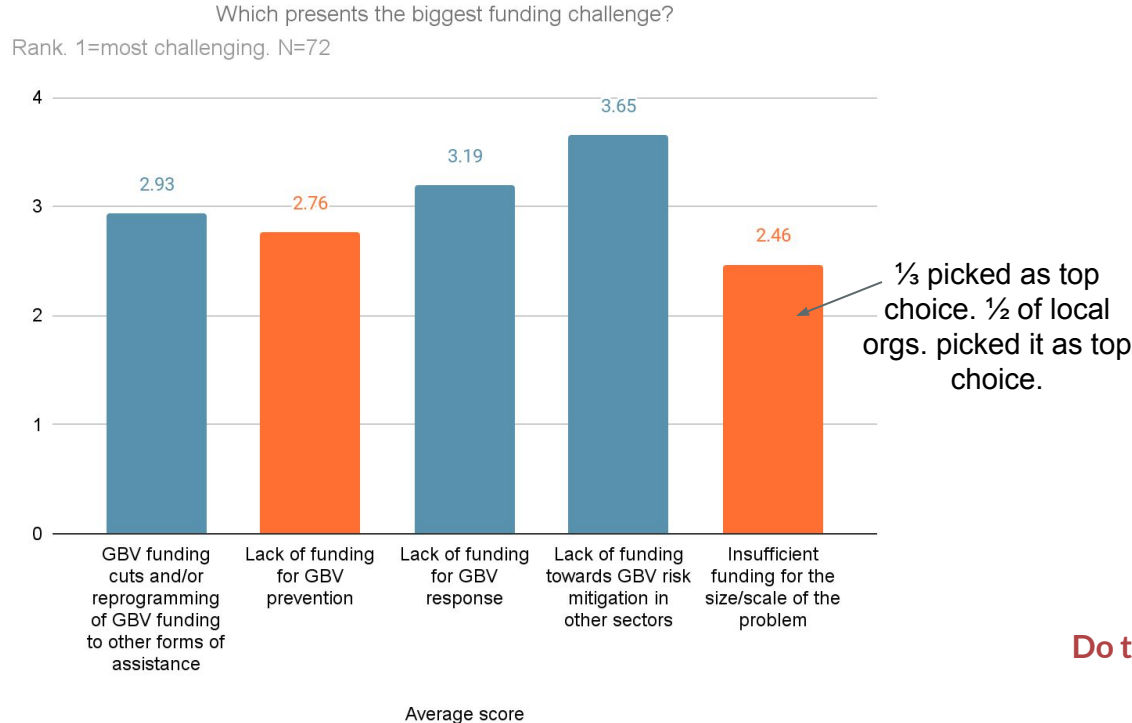
Which forms of GBV in the Central Sahel have increased significantly in recent years?

Choose up to 5. N=70.



There is a lot of consistency across sub-groups (e.g., countries, local vs. INGO).

# The biggest funding challenge was insufficient funding for the size and scale of the problem.



## Open comments included:

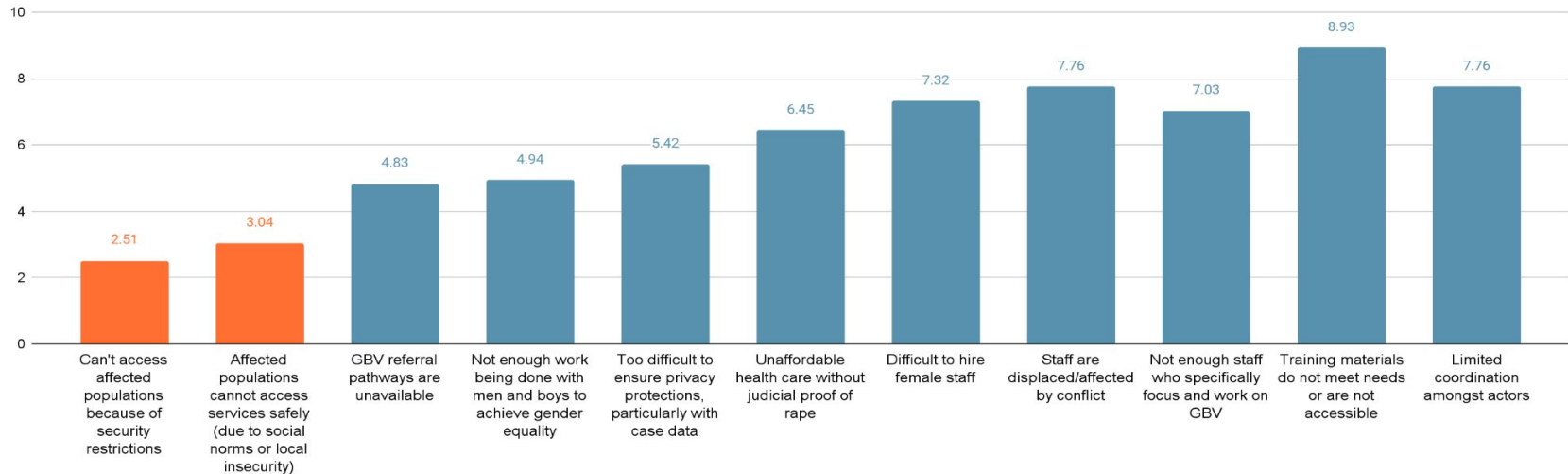
- Not enough development funding or funds for implement holistic solutions
- Not enough funding for women's empowerment, which is getting overshadowed by food insecurity and climate change
- Takes a long time to issue funds
- Gap between an assessment of needs and response

**Do these comments and challenges resonate with your experience?**

# The biggest challenges related to access and growing insecurity.

What presents the biggest challenge to GBV prevention and response beyond funding?

Rank. 1=most challenging. N=71



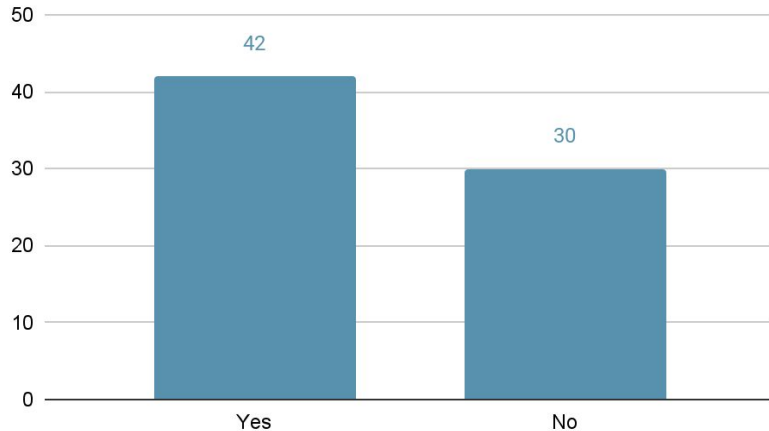
Why do the top two challenges relate to access? What are some solutions for USAID and the Department of State? How do these results affect our advocacy?



# Participants offered effective programs for preventing child marriage.

Do you believe there are effective programs to prevent child marriage in the region?

N=72



We received 32 open comments:

- 22% on keeping girls in school, including trade education
- 19% on economic empowerment of girls and parents
- 19% for engaging community leaders and doing community-level projects
- 19% for gender equality, girls' and women's empowerment
- 11% for village savings accounts
- 11% for nationwide campaigns, action plans

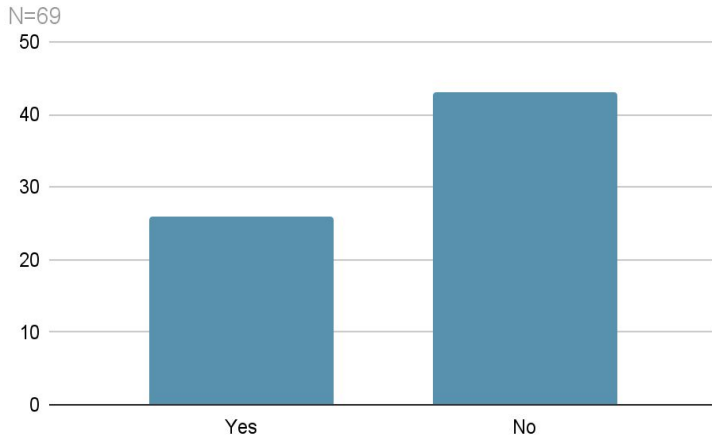
*“UNFPA has many programs on this subject, but local NGOs need to be more involved”*



**Are there effective programs funded by donors other than the U.S. government?  
Do you have evaluation reports of programs that have concluded?**

# Over $\frac{1}{3}$ of respondents have a program at-risk of being cut.

Are there any services or facilities your organization is currently providing that are at-risk of being cut in the next year?



43% of local orgs said 'yes'.

Comments mentioned a break in prevention activities, more early marriage, more displacement, and lack of information on the negative consequences of early marriage.

*"In Diffa, [it has been] more than a year since we have had any humanitarian emergency projects that integrate GBV activities, and the needs are still there."*

*"a program that supports more than 3,000 households to meet food, input and resilience needs for \$500,000"*

*"the end of certain GBV prevention projects, despite the active involvement of communities for their continuation"*

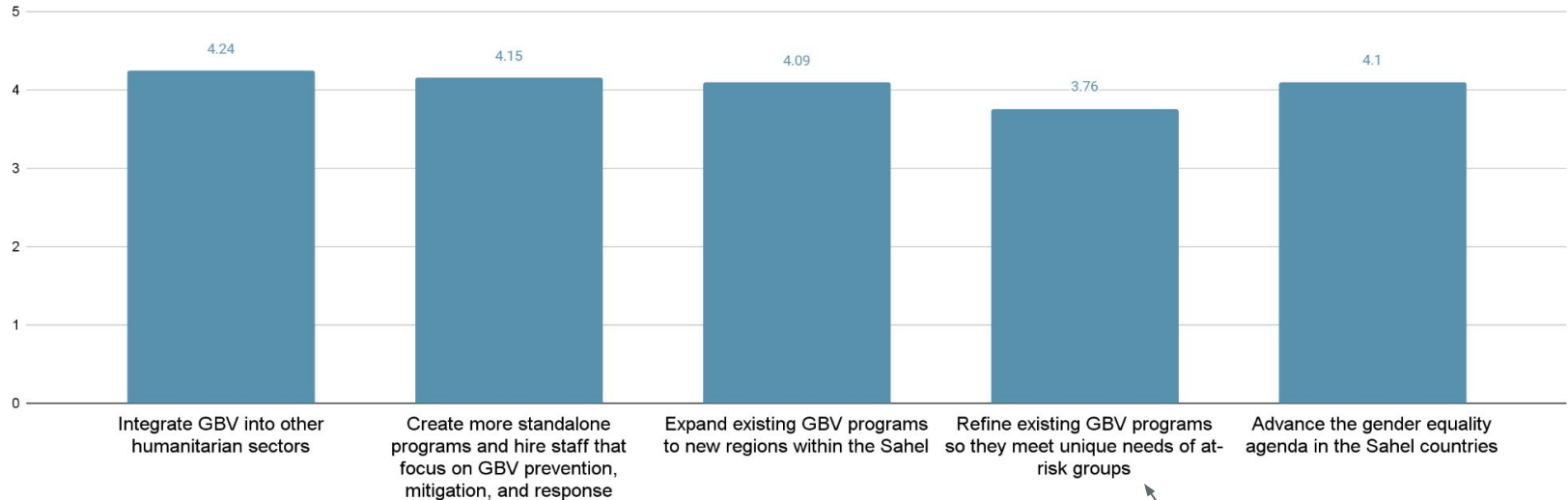
*"[It will discourage] host families of school girls and those who see them as role models."*

**For those whose programs are at-risk, do you know e.g., # people served by the program, where the next nearest program would be?**

# Participants thought favorably on all general approaches to addressing GBV.

If more GBV funds became available for the Central Sahel, how effective would the following general approaches be?

1=Not effective at all; 5=Extremely effective. N=67.



Average score

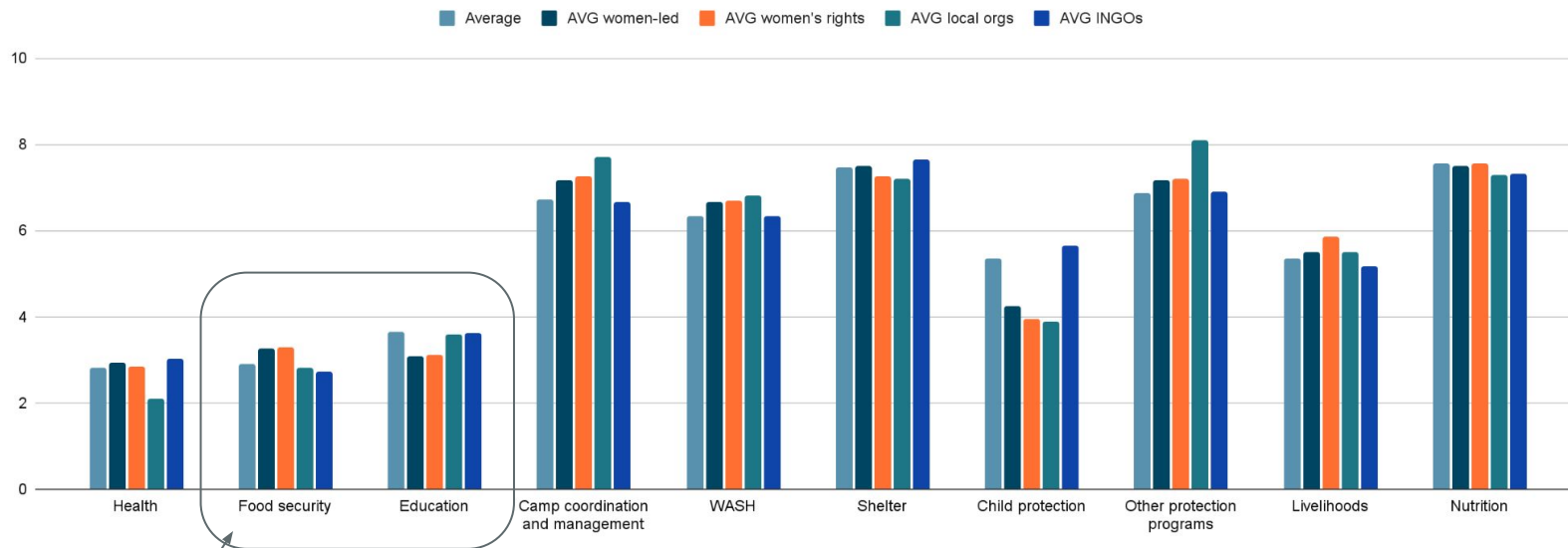
Does this balance surprise you?

Refining existing programs was a little more popular in Mali than other countries and amongst WROs, WLOs, and local orgs.

# Participants thought health, food security, and education were most effective for integrating GBV.

If the U.S. government were to award funding for GBV integration into other sectors, which sector would be most effective?

Rank. 1=most effective. N=61.



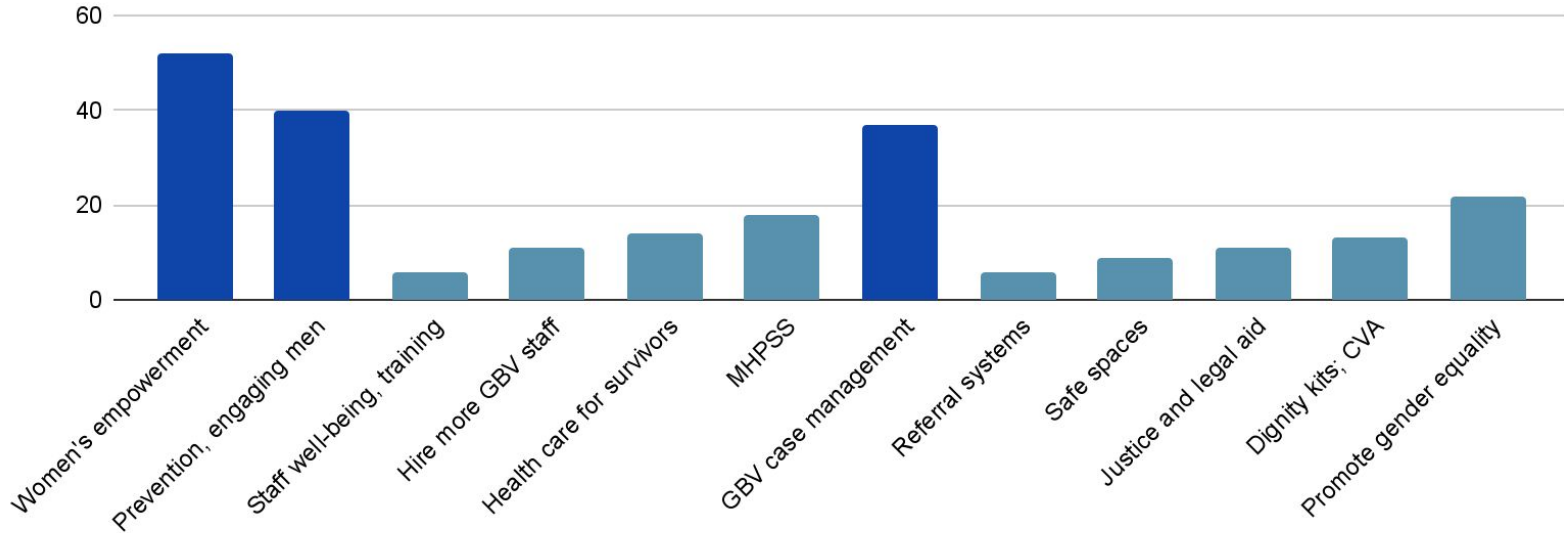
WROs and WLOs thought education was more effective than food security, compared to the average.

Are GBV experts being invited into food security conversations and project designs?

# 3 programs stood out as effective responses to GBV in the region.

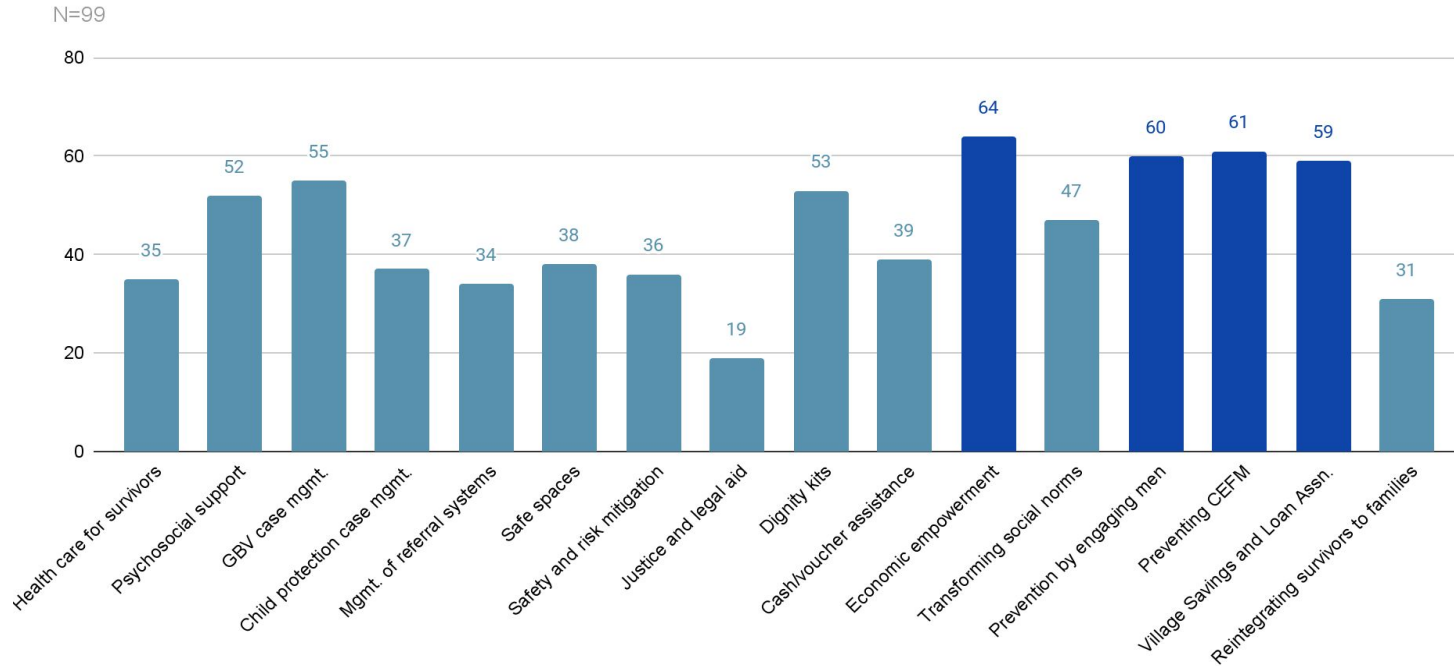
If the U.S. government were to fund more standalone programs, what would you prioritize to prevent, mitigate, and respond to GBV?

Please select up to 4. N=61.



# Respondents provide many services; top choices include economic empowerment and prevention

Which types of services do you provide?



Does this represent the GBV response in the region? Should these be the prevailing activities?

# Closing advice from GBV specialists in the region

Act local; take cultural norms into account

- Several calls for involving traditional leaders. Additional calls for involving women and young people and strengthening local and women-led organizations.
- *“Require that at least 70% of the funding goes to the programs.”*
- Need to understand the local context and provide an appropriate, local solution.
- *“What is considered GBV elsewhere isn’t considered GBV here.”*

Improve response capacity

- Analyze the context and map actors before a project is implemented.
- Improve data collection and capacity of local public officials
- Improve case management and help survivors access other services
- Have a more robust investigation of the root causes

Think long-term and holistically

- *“Implement development programs and work for social cohesion between communities. Set up projects that offer jobs to young people and support the dynamics of opening up the Sahel through the construction of roads, which will reduce conflicts and could reduce acts of GBV”*
- Calls for job creation program for boys and girls, health services, and a food security program for women.
- Noted access limits and that the locations of services are important.

# Thank you!

If you have additional comments or documents, please email:

- Caroline Goodson, [cgoodson@savechildren.org](mailto:cgoodson@savechildren.org)
- Helena Minchew, [helena.minchew@rescue.org](mailto:helena.minchew@rescue.org)
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- Hifzah Malik, [hmalik@interaction.org](mailto:hmalik@interaction.org)



# Appendix

# We also asked about the effects of food insecurity on GBV.

*“It promotes [...] physical aggression and psychological violence”*

## Negative coping mechanisms: 16%

*“Increase in inter- and intra-community conflicts (and increased vulnerabilities for women/girls), early marriages to meet household needs (dowry), trafficking in women and girls, school drop-out, population movements and protection risks”*

*“The men leave for an extended period, abandoning the women and children.”*

*“[...] the **distribution of meals** is done to the detriment of women and adolescent girls.”*

*“[...] deprives women of the products they can have by cultivating their own fields, which **protects them from total dependence on their husbands.**”*

## Early and forced marriage: 12%

*“[...] sex for survival, the increase of young girls on the main roads for small business, domestic work, and forced marriage.”*

## Survival sex: 11%

*“Hungry people who need food sometimes turn to prostitution to gain access to food. [...] when they ask for food from wealthy people, [wealthy people] offer them sexual relations before meeting their needs. **As they are hungry, they accept.**”*

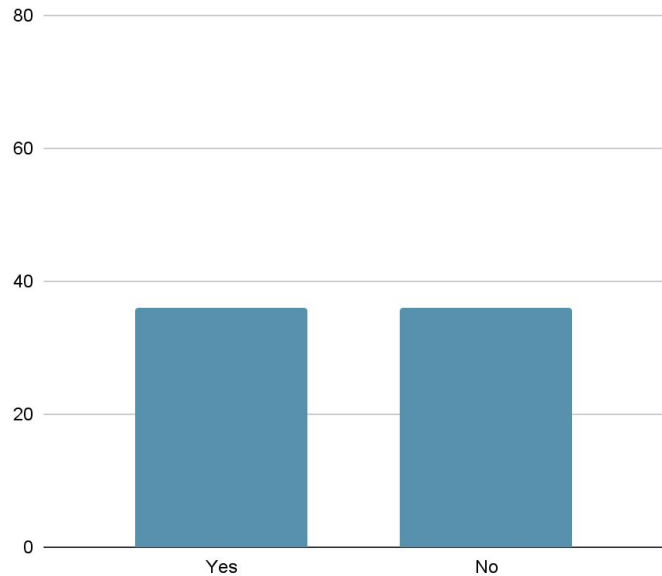
## Domestic violence: 9%

*“Because **the more vulnerable the husband, the more violent he becomes.** And when he doesn't have enough to feed his family, the only response that some may have is violence.”*

# Participants are mixed on whether we are doing enough to respond to GBV in the region.

In your organizational opinion, is the humanitarian system doing enough to prevent, mitigate, and respond to GBV in the Central Sahel?

N=72



Does this result surprise you?

Why would someone respond 'yes' or 'no'?

# We received many suggestions on where to expand programming.

If the U.S. government were to give you funding to expand your GBV services, please write where you would want to expand to.

We will produce a map and highlight areas that were mentioned.

# We received many suggestions on where to expand programming.

Are there any communities/groups whose needs are particularly unmet (for instance, people living with disabilities, people in detention, etc.).

- People in detention (3)
- People with disabilities (3)
- Young girls
- Refugees
- IDPs
- Young girls with disabilities
- Girls working in homes
- Maquis and gold panning sites
- Training
- Victims of GBV
- Schoolchildren
- Women in rural areas
- LGBTQI+