

# ENHANCING GENDER-BASED VIOLENCE PROGRAMMING IN THE CENTRAL SAHEL

## InterAction GBV Working Group – 2023

The Central Sahel is home to some of the world’s fastest growing crises due to armed conflict, climate change, food insecurity, lingering socioeconomic effects from COVID-19, and military takeovers—the latter as evidenced in Niger in July 2023. Communities in Burkina Faso, Mali, and Niger thus increasingly face high levels of humanitarian needs amidst rising insecurity and displacement. Women and girls in the region experience some of the highest rates of gender-based violence (GBV) globally. However, limited funding reaches the region and a range of barriers hinder GBV prevention, mitigation, and response programming from reaching those in need. Local women-led organizations (WLOs) and women’s rights organizations (WROs) particularly face challenges with scaling their programming.

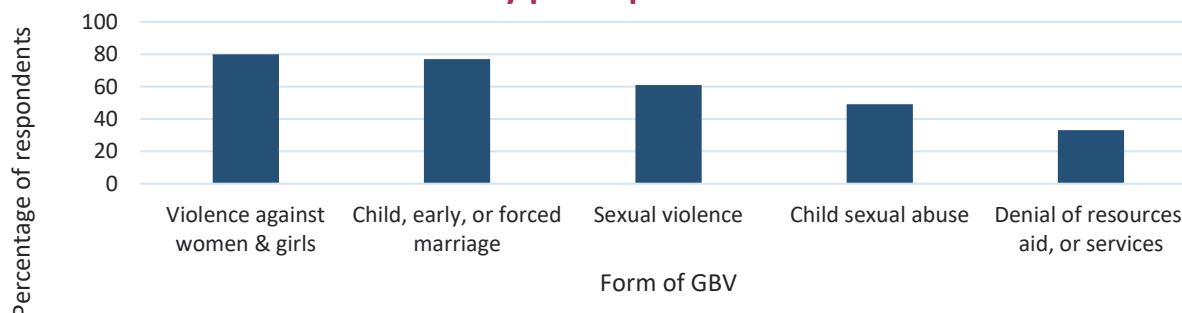
InterAction’s GBV Working Group rolled out a quantitative and qualitative survey in French and English in Spring 2023 to GBV practitioners in the Central Sahel to better understand these challenges, with particular attention to how U.S. government funding would be of most use. Approximately 100 experts representing locally-led organizations, international non-governmental organizations (INGOs), and international multilateral organizations operating in the region responded to the survey, which allowed for disaggregation by country, organization type, and communities served. Notably, one-fifth of survey respondents represented women-led, women’s rights, or locally-led organizations. Survey participants reported supporting at-risk groups, particularly IDPs (63%), adolescent girls (48%), and people in rural areas (55%).

The findings below reflect the perspectives and priorities of practitioners from the Central Sahel, providing insights that will help to more effectively address and channel resources into GBV prevention, mitigation, and response.

**Across the Central Sahel, violence against women and girls (VAWG), as well as child, early, or forced marriage (CEFM), were the two forms of GBV that increased most significantly in recent years.**

Respondents from international and local organizations across the region noted an overall hike in sexual violence among women and girls, with a particular emphasis on child marriage. Organizations operating in Burkina Faso, as well as those operating in rural areas in Mali and Niger, also noted an increase in sexual exploitation and abuse (SEA) of civilians by non-state armed groups.

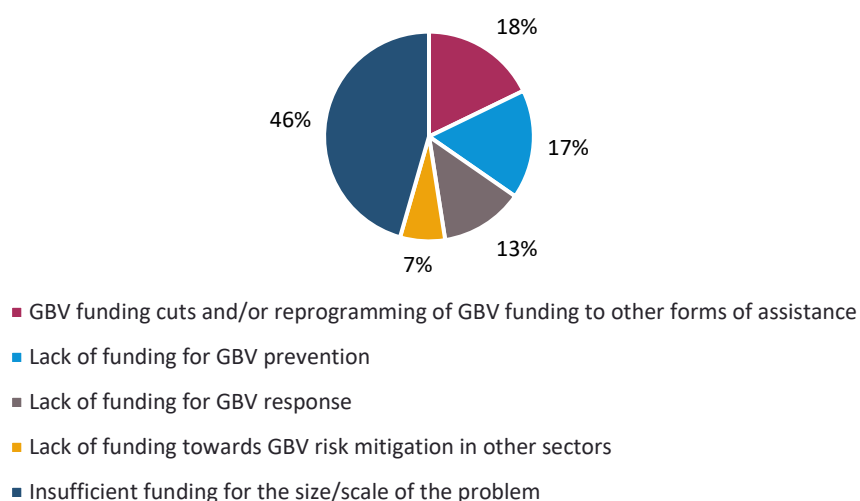
### Top forms of GBV that have increased significantly as reported by participants



In addition, locally-led organizations and WLOs/WROs were nearly twice as likely to report that child sexual abuse and intimate partner violence (IPV) increased compared to INGOs, highlighting how women and girls often choose to report to locally- and women-led organizations that are rooted in the community, due to both levels of trust and a lack of physical access to INGO humanitarian services.

**Funding for GBV prevention, mitigation, and response is insufficient for the size and scope of the challenges in the Central Sahel and is exacerbated by risks of funding cuts in the coming year.** Nearly half of respondents stated that the most significant challenge was an insufficient amount of funding considering the size and scale of the issue. Respondents in Burkina Faso, plus locally-led organizations and organizations operating in rural areas across all three countries, highlighted that this lack of funding inhibited GBV programming, particularly as these activities have been overshadowed by food insecurity and climate change challenges, rather than integrated across sectors. Other participants stated that there is a lack of funding specifically for prevention of GBV—as opposed to GBV response—that was particularly echoed among respondents in Mali.

### Which is the most significant funding challenge?

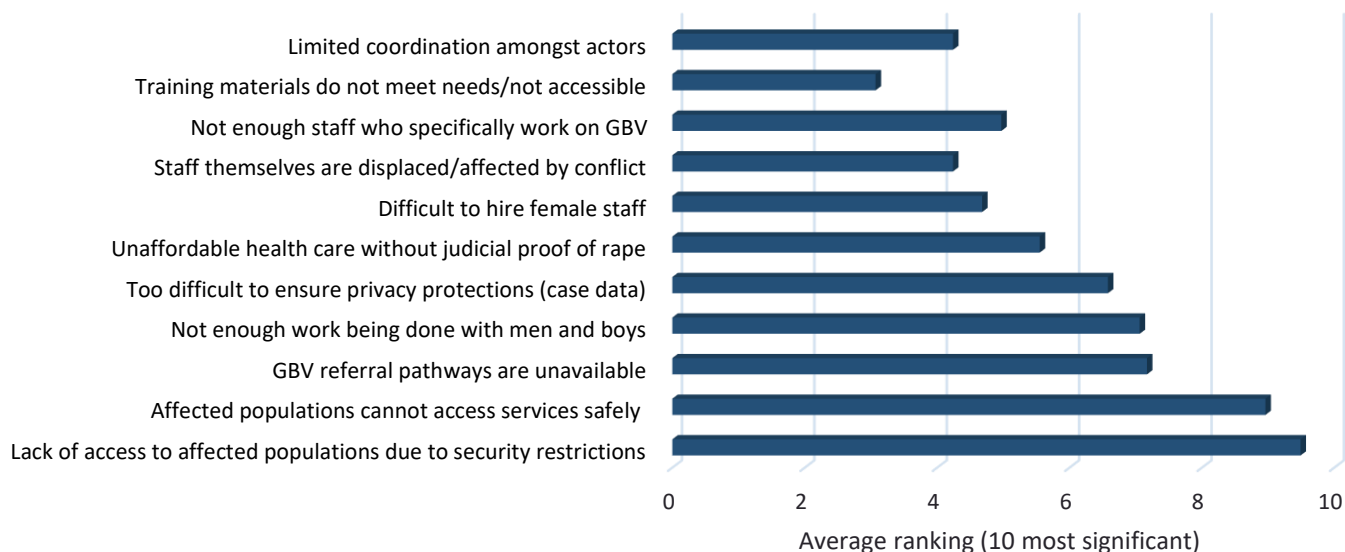


Additionally, more than one-third of respondents stated that one or more of their programs were at risk of being cut in the next year; this risk was reported at higher rates for local organizations (43%). Stakeholders noted pausing prevention activities, decreasing services that prevent CEFM, and stretching existing programming to meet the needs of more clients or beneficiaries with fewer services.

**The key barriers to GBV programming, outside of funding, center around physical and social barriers to humanitarian access.** These challenges include humanitarian organizations—both local and international—being unable to access affected populations due to security restrictions, as well as affected individuals being unable to access services because of social norms. Across the region, more than three-quarters of local organizations (79%) and those that serve people with disabilities (78%) highlighted barriers to reaching affected communities. It is also evident that access is a critical challenge among both local and international organizations in Burkina Faso (74%) compared to Mali and Niger.

Respondents also commented that GBV practitioners lacked the trust of local, regional, and national authorities, as well as community leaders, which exacerbated these barriers humanitarian access. This stems from challenges in integrating programming with local communities and organizations, negative perceptions of NGOs on social media, and cultural practices around the internationally agreed age for marriage. Humanitarian implementers also noted that even when programs were ingrained in the community, women and girls could not always venture out into insecure environments, inhibiting them from accessing GBV prevention, mitigation, and response services.

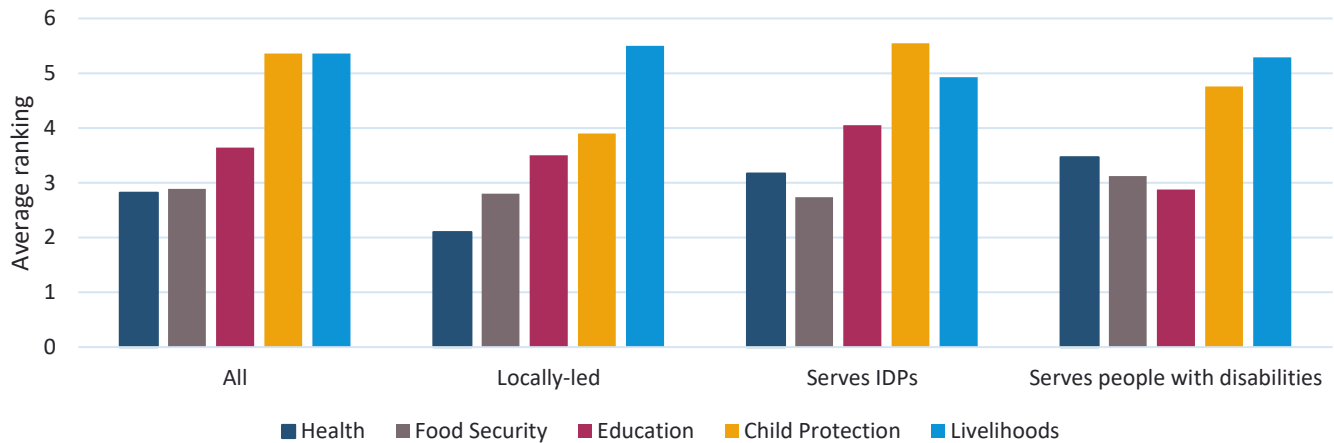
**Rank the biggest challenge to GBV prevention and response beyond funding with 1 being the smallest and 10 being the most significant.**



Health and food security programming were reported to be the most effective sectors to integrate GBV if the U.S. government was to award funding in the Central Sahel. While respondents from Niger ranked health as the most important sector, practitioners from Mali and Burkina Faso listed food security. Heightened levels of food insecurity have had detrimental effects on women and girls in the region as 19% of respondents across all three countries pointed to CEFM of young girls as a negative coping mechanism for food insecurity; 21% listed survival sex to be able to eat and feed their families; and 14% noted an increase in domestic violence. However, food insecurity is often both a cause and symptom of GBV risks facing affected populations in situations of conflict and displacement. GBV practitioners stressed the need to identify outcome-oriented approaches whereby GBV prevention is prioritized as an outcome of food security programming.

Practitioners also commented that GBV experts need to be included in project design and in monitoring and evaluation processes to ensure safe and accountable service provision for women and girls in the region. Notably, locally-led organizations ranked child protection as critical for GBV integration, aligning with a previous finding that local organizations were more likely to identify child sexual abuse as a form of GBV that has significantly increased.

**Rank the sector that would be most effective for GBV integration (with 1 being most effective) if the U.S. government were to award funding.**



If the U.S. government were to fund more standalone GBV programming, respondents ranked women and girls’ empowerment, prevention programming that includes men and boys, and GBV case management as the top three areas to invest in. Local organizations prioritized women and girls’ empowerment and case management as central areas to invest in, pointing to targeted opportunities for partnership and capacity building alongside INGOs and donors.

In terms of prevention programming, practitioners working in rural areas across the Central Sahel and those serving refugees highlighted the need to invest in social prevention activities and connect across community and institutional levels. There were also testimonies of prevention programming successfully incorporating men and boys across both local and international organizations.

However, it is notable that in addition to funding more standalone programming, participants responded favorably to the following suggested ways forward: to integrate GBV into other sectors; expand existing GBV programs to new regions; refine existing GBV programming to meet unique needs of at-risk groups; and advance gender equality in the region. The fact that each of these were rated similarly among respondents in terms of efficacy highlights **the necessity of ramping up the prioritization and funding of multiple types of GBV programming and integration in the Central Sahel.**

## RECOMMENDATIONS:

### For humanitarian practitioners:

- ▶ Integrate GBV programming in the local context through engagement with community leaders, partnerships with WLOs/WROs, and dialogue with community members to understand local, sustainable, and cultural solutions.
- ▶ Enable women and girls and GBV experts to feed into project design and monitoring, evaluation, accountability, and learning processes across the health and food security sectors to ensure proper risk mitigation, as well as to raise knowledge around women and girls' leadership and GBV prevention.
- ▶ Partner with local, women-led, and women's rights organizations to overcome physical access constraints and community trust obstacles in order to provide safe and consistent GBV programming to affected populations with a particular emphasis on child sexual abuse and intimate partner violence.
- ▶ Expand target populations for GBV services to include LGBTQI+ persons, people in detention, and people with disabilities for a more inclusive humanitarian response.

### For donors:

- ▶ Prioritize funding to respond, prevent, and mitigate violence against women and girls and CEFM in the Central Sahel through programming that centers around women and girls' empowerment; prevention programming that includes men and boys; and GBV case management.
- ▶ Provide incentives for humanitarian organizations to integrate and require GBV risk mitigation and programming across other sectors, particularly food security and health, and utilize outcome-oriented ways of working to achieve GBV outcomes.
- ▶ Provide support to local organizations through opportunities for direct funding or sub-awards, particularly for them to address heightened levels of child sexual abuse and intimate partner violence at the local level.
- ▶ Increase opportunities for locally-led, women-led, and women's rights organizations to partner with INGOs for GBV prevention, mitigation, and response funding that would allow for greater empowerment and enhanced access to affected populations.