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USAID/NIGER COVID-SPECIFIC GENDER ANALYSIS

USAID/Niger Participatory Responsive Governance—
Principal Activity

October 13, 2020

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EXECUTIVE SUMMARY

The United States Agency for International Development's (USAID) Office of Gender Equality and Women's Empowerment contracted Banyan Global to carry out a COVID-specific activity-level gender analysis in support of USAID/Niger's Participatory Responsive Governance—Principal Activity (PRG-PA). This analysis will support the activity to integrate gender equality and women's empowerment, and also to do no harm in its programming to prevent and mitigate COVID-19 (see Annex B for the Scope of Work).

PRG-PA is a five-year project implemented by Counterpart International with USAID funding. The project works with citizens and the Government of Niger (GoN) to promote good governance through citizen participation and government responsiveness. PRG-PA focuses on service delivery in Niger's priority sectors of health, education, and security governance. PRG-PA also implements activities that contribute to the U.S. government's Security Governance Initiative, as well as a component focused on Women, Peace, and Security.

USAID has redirected current PRG-PA funds and provided supplemental funding to address the pandemic in Niger. It is leveraging the governance and community infrastructure and partnerships the activity already has created to support the GoN's COVID-19 response. PRG-PA is present in 33 communes located in five regions (Tillabéri, Niamey, Diffa, Agadez, and Zinder). It implements its activities in close partnerships with national, regional, and communal authorities, and through networks of influential civil-society, traditional, and religious leaders. This component's goal is to strengthen the GoN's COVID-19 response's communication, capacity, and credibility to ensure effective preventions and programing. The component focuses on the following objectives:

- Promote Nigerien political parties, civil society, and religious leaders' support for the GoN's COVID-19 response measures.

- Increase Nigeriens' awareness of the government and health authorities' COVID-19 prevention measures and expand and amplify dissemination of information about official measures on national and independent media (private TV, radio, and press).

The report structures its findings on gender equality and women's empowerment around the activity's COVID-19 response's intermediate result and crosscutting themes, with an eye toward several socially relevant categories (see the following table).

TABLE 1. STRUCTURE OF COVID-SPECIFIC GENDER ANALYSIS		
ACTIVITY INTERMEDIATE RESULT	CROSSCUTTING THEMES	SOCIALLY RELEVANT VARIABLES
Intermediate result 1: Women and girl leaders engage with messaging and in decision-making around COVID-19, participate in decision-making processes, and monitor measures and impact.	Gender-based violence (GBV) risk Women's economic empowerment Women's participation in decision-making	Women Youth (15–29) Traditional leaders

Banyan Global conducted this analysis over a four-week period using secondary data (see Annex C for the detailed methodology and Annex D for a list of key documents). The following section summarizes key findings and recommendations from the gender analysis.

TABLE 2. COVID-SPECIFIC FINDINGS AND RECOMMENDATIONS ON GENDER EQUALITY	
FINDINGS	**RECOMMENDATIONS**
Intermediate Result 1: Women and girl leaders engage with messaging and in decision-making around COVID-19, participate in decision-making processes, and monitor measures and impact.	
• Reliance on civil society organizations (CSOs)—especially women's groups and youth organizations—for COVID-19-related awareness, communication, and service delivery	• Strengthen communications between GoN, comités de veille citoyenne (citizen monitoring committees) (CVCs), CSOs, local elected officials, and religious leaders. • Support CSOs focused on women and youth, and monitor outcomes of women's and youth groups working with the project during the pandemic. • Establish systems to monitor and evaluate the efforts and outcomes of women's and youth groups working with the project during the pandemic.
• Potential constraints on accessing COVID-related information via radio, television, mobile phones, and the internet for women and girls	• Monitor communications' approaches and platforms to ensure equal access to COVID-19-related information for women and other marginalized groups. Engage *comités regional de veille citoyenne* (regional citizen monitoring committees) (CRVCs), CVCs, and Village Saving Loan Associations to assist with hard-to-reach populations, including those in security environments. • Work with community CSOs and CVCs to equip health centers with information and communication systems on health threats in addition to the virus. Enlist these centers to promulgate accurate health information and fight misinformation. • Engage religious and customary leaders and older women in dialogue with women's health committees, and work with community CSOs and CVCs to equip health centers with information and communication systems on health threats in addition to the virus.
• Limited representation of women representation in formal (COVID-19) governance mechanisms, resulting in their needs being met	• Continue to enlist women's and marginalized people's participation in pandemic and health-related meetings. • Support the National COVID-19 Response Committee—including its communications cell—to develop a coherent, gender-sensitive national approach, including the engagement of and consultation with women. Advocate for the development of a plan to provide funding and policies for managing GBV prevention and response, sexual and reproductive health, childcare support, and economic support.
• Increased COVID-19-related GBV risk and the need for GBV-response services	• Communicate courts' availabilities widely and find socially distant and confidential ways to bring complaints to the attention of authorities. • Develop social behavior-change communications campaigns using multiple methods to improve awareness about GBV and how it can be prevented and addressed, including within the context of the COVID-19 pandemic. • Strengthen ties with local and national government officials and women's groups concerning GBV messages and services. Develop communication campaigns and community-level awareness through SMS messaging, WhatsApp, and other forms of group communications. Messages can focus on improving awareness about GBV and how it can be prevented and addressed, including within the context of the COVID-19 pandemic. (WEE) • With support from GBV specialists or a GBV partner organization, consider engaging with women's CSOs and CVCs that interface directly with the community to conduct household nutrition screenings also to disseminate information discretely on available GBV services.
• Increased food insecurity and the need for gender lens on	• Link elected officials with locally owned women's businesses to provide assistance with government grants, small loans, deferred payments, collateral

social-protection measures due to COVID-19 and insecurity	alternatives, and access to financial services that meet women's needs related to food insecurity. (WEE) • Consider working with government officials to encourage cash transfers to women, as well as the provision of food and hygiene kits. • Continue working through CSOs on nutrition messaging and discussions of how families can cope with food security

1. INTRODUCTION

1.1 BACKGROUND AND PURPOSE OF THE USAID/NIGER COVID-SPECIFIC GENDER ANALYSIS

This gender analysis supports the United States Agency for International Development (USAID)/Niger's Participatory Responsive Governance—Principal Activity (PRG-PA) to integrate gender equality and women's empowerment, and also to do no harm in its programming to prevent and mitigate COVID-19 (see Annex B for the Scope of Work). The gender analysis addresses and presents its findings and recommendations around the activity's intermediate result and crosscutting themes, with an eye toward several socially relevant categories (see table below).

TABLE 3. STRUCTURE OF COVID-SPECIFIC GENDER ANALYSIS		
ACTIVITY INTERMEDIATE RESULT	CROSSCUTTING THEMES	SOCIALLY RELEVANT CATEGORIES
Intermediate result 1: Women and girl leaders engage with messaging and in decision-making around COVID-19, participate in decision-making processes, and monitor measures and impact.	Gender-based violence (GBV) risk Women's economic empowerment Women's participation in decision-making	Women Youth (15–29) Traditional leaders

1.2 LIMITATIONS OF THE COVID-SPECIFIC GENDER ANALYSIS

USAID/Niger's support is urgently needed to prevent and mitigate the impacts of COVID-19 on the country's most-vulnerable populations. For that reason, a Banyan Global research team conducted this COVID-specific gender analysis (CSGA). The contractor applied the methodology in the Job Aid Tool for USAID Activities: Carrying Out a COVID-Specific Gender Analysis[1] to collect secondary data and carry out a limited number of remote interviews with PGR-PA staff and activity participants.

The initial timeframe for the research was two weeks for data collection and analysis during which the research team was able to interview two of the four identified key informants, despite the national holiday (Eid al-Adha). During the draft report validation workshop, USAID asked the team to carry out additional key stakeholder interviews. The team attempted to conduct 15 additional key informant interviews across the activity's five regions and was able to speak with three PGR-PA staff members and eight activity participants. The latter included *comité regional de veille citoyenne* (regional citizen monitoring committee) (CRVC) members and leaders, women leaders, a young woman, a young man from a *fada* (fraternity),[2] and a leading parliamentarian engaged in the project (see Annex E for consulted key informants). Language (Zarma), phone connectivity, and accessibility were issues for the research team during this additional week of remote data collection. These interviews did not show much variance across regions—although one young woman in Diffa noted she had not received specific messaging about COVID-19, and in Agadez women were aware of their rights and local legislation relating to women.[3] All regions emphasized that messaging about COVID-19 was received, but it was not targeted at women and there was little engagement in message design, rather only in its delivery.

USAID/Niger also did not have a country development cooperation strategy (CDCS) gender analysis or assessment, which could have served as a baseline for the research team (the mission plans to begin that process in the coming year). Initially, the research team was unable to access national sex-disaggregated

COVID mortality data and infection rates for Niger. The research team obtained this consolidated information from one of the PGR-PA staff interviewed. It also was difficult to find recent national and subnational analyses of the responses to the COVID crisis on households and key populations, especially for sensitive issues (such as GBV and racial discrimination). In addition to the dataset being limited, the pandemic is unfolding rapidly and in unpredictable ways, making it challenging to understand the situation and identify potential solutions. For example, little is known if people—particularly those who experienced bias prior to the pandemic—are facing heightened discrimination if they test positive for COVD-19 and how that diagnosis may influence their well-being. This CSGA presents a snapshot of a specific point in time using the best available information to which the research team had access.

2. COVID-SPECIFIC COUNTRY CONTEXT

2.1 COVID-SPECIFIC COUNTRY CONTEXT

The following table provides an overview of gender-related COVID-specific data relevant to the USAID/Niger PRG-PA.

| TABLE 4. SNAPSHOT OF GENDER-RELATED COVID-SPECIFIC STATISTICS |
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COVID-19 Infection and Mortality Rates (as of August 15, 2020)

- Niger: 1,161 confirmed cases and 69 deaths; the cases are sex-disaggregated at 68 percent men, 32 percent women. Infections and mortality are higher among men than women. The mode of transmission is via the community. The mortality rate is 5.94 percent. At 6.2 percent, Niger is one of eight countries in Africa reporting case fatality rates higher than the global fatality rate of 4.2 percent.[4] According to the World Health Organization and the Africa Centres for Disease Control and Prevention, there have been 1,124 cases of COVID-19, 69 deaths, and 1,000 recoveries as of July 29, 2020.[5] Within the country (see map), Niamey has the largest number of cases with 872. Zinder has 139, Agadez 51, Tahoua 20, Dosso 16, Maradi 11, Tillabéri 9, and Diffa 6.[6] UN Women reports that 45.7 percent of women globally who have contracted the virus have died, versus 54.3 percent of men. Additionally, most deaths for men occur in between the ages of 30–34, while for women it is 30–34 and 50–54.[7]

- In Niger, 1,400 doctors serve a population of 22 million.[8]
- According to the United Nations Children's Fund, 82 percent of children in Niger have experienced physical punishment and psychological aggression from caregivers during the pandemic.[9]

Women's leadership prior to COVID-19

- Before the pandemic, women's political participation in Niger was limited due to gender stereotypes, misconceptions about their leadership skills, and women's lack of awareness of their right to participate in these roles. The National Gender Policy promotes women's political participation. And a quota law has been in place since 2000, which mandates
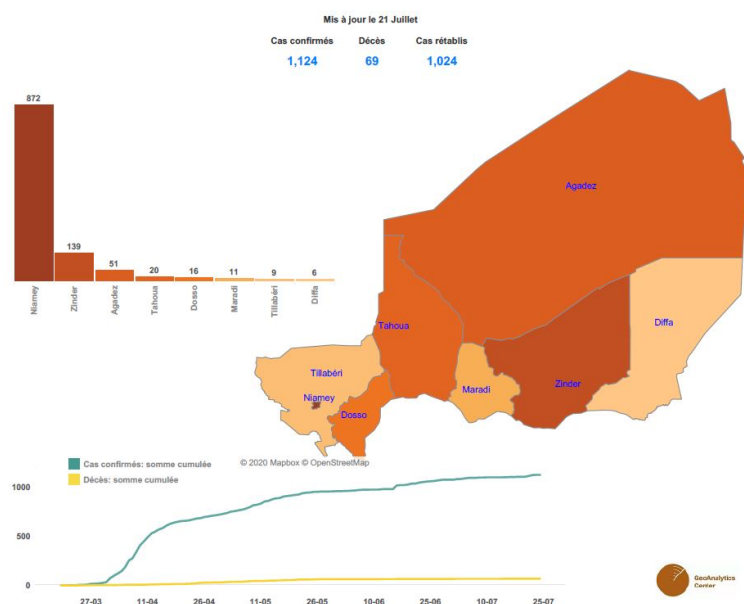
that the proportion of elected candidates of either sex should not be lower than 10 percent in parliamentary and local elections.[10] As of 2019, the elective position quota is 25 percent and the nominative position quota is 30 percent.[11] Currently Niger is revising its National Action Plan to Implement United Nations Security Resolution 1325 on Women, Peace, and Security, which includes provisions to increase women's role in decision-making.

- The Women's Power Index scores Niger 14 (out of 100) for leadership parity. Of the 17 countries in West Africa, Niger placed 11th (Senegal has the highest score at 49 and Nigeria has the lowest at eight) in women's representation in a country's government. The president is male, 13 percent of his cabinet is female, and 17 percent of the national legislature is female. In local governments, females hold 16 percent of the positions.
- In a survey of 30 countries (including Niger), only 24 percent of women participate in national decision-making bodies, versus 70 percent of women who participate in the global health and social care workforce.[12]

Government management of COVID-19
- After the country's first reported case of COVID-19, which occurred on March 19, 2020, the Government of Niger (GoN) announced pandemic containment measures. They included declaring a state of health emergency; closing borders; establishing a curfew; restricting movement between regions; banning gatherings of more than 50 people; and closing places of worship, schools, and entertainment facilities.[13] In April and May 2020, 108 protesters were arrested during demonstrations over the COVID-19 restrictions.[14] The 70-day lockdown has ended, but the GoN has kept formal restrictions—such as limitations on gatherings and restricting movements—in place. As cases of COVID-19 are not widespread, there appear to be conflicting views on whether COVID-19 is real and life-threatening or a hoax.
- The GoN established a COVID-19 Response Committee to share good hygiene practices and general health information about the pandemic. This committee is supported by humanitarian partners—which includes the PRG-PA— to support community engagement and develop awareness-raising campaigns. Civil society and international organizations, like UNICEF, have complemented GoN measures by launching awareness campaigns at the individual or group level through the engagement youth groups and establishment of community watch committees, which include a local district chief, a women's delegate, and youth volunteers, to serve as a community-based disease surveillance system.[15] UNICEF has also engaged community workers and town criers, and formed caravans to inform rural populations to coordinate awareness activities.[16] COVID-related messages are also transmitted over the national radio station, two public television channels, 32 private radio stations, and 138 community radio stations. Key messages focus on the importance of handwashing with soap and clean water, the use of masks, social distancing, and identifying COVID-19 symptoms.[17] Radio is one of the main sources of news and information in Niger; however, women and youth often do not have access to these information channels, as men control these outlets in the household. Additionally, broadcasts providing COVID-19-related information are usually made at times when women are doing domestic labor, like cooking or collecting water. Women reported WhatsApp to be the most preferred source of information, as the application is accessible to illiterate populations.[18]
- Prior to the pandemic, insecurity was a major issue and constraint for NGOs and international partners providing humanitarian assistance, especially in the West (Tillabéri and Tahoua), South and South-East (Maradi and Diffa) regions. The COVID-19 extended the state of emergency originally declared on March 17, 2020 for another three months in Diffa, and some departments in the Tillabéri (10) and Tahoua (2) regions. This impacted the free movement of humanitarians and supplies, which intensified the growing food insecurity crisis. Conflict during the pandemic has also caused displacement and disrupted livelihoods. Between January and June 2020, more than 350 protection incidents occurred, which included killings, abductions, looting, threats, gender-based violence, rapes, extortions and the payment of illegal taxes. These incidents were recorded in the Tillabéri and Tahoua regions. 404 protection incidents were recorded in Diffa over the same period, which also caused the displacement of more than 21,000 people.[19]
- With funding from the World Bank through the Adaptive Social Safety Nets Project 2 launched in September 2020, Niger is providing emergency cash transfers to 500,000 beneficiaries in the eight regions of the country to enable them to cope in the short term with the consequences of the pandemic and be more resilient. Further, the World Bank's Niger COVID-19 Emergency Response Project delivered $3 million worth of medication and equipment to the country, in collaboration with UNICEF.[20]

2.2 COVID-SPECIFIC SECTOR CONTEXT ON GENDER EQUALITY

TABLE 5. COVID-SPECIFIC FINDINGS ON GENDER EQUALITY AT THE SECTOR LEVEL	
Laws, policies, regulations, and institutional practices that influence the context in which men and women act and make decisions	• **Niger's laws provide a legal basis for equality, but statutory law renders women and girls subordinate:** The GoN's Constitution declares equality of sex, as well as equality regardless of social, religious, or ethnic origin. The country ratified both the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1999 and the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women in 2004.[21] In May 2011, Niger signed the National Charter for the Improvement of the Image of Women in the Media. In 2014, Niger adopted Bill number 2000-008 instituting on a transitional basis a quota system of 15 percent of either gender in Parliament and local government, and 25 percent in the Government and other public services. In 2019, the GoN increased these quotas to 25 percent for the Parliament and local government and 30 percent for other government positions and public services.[22] Article 5 of Bill number 2012-45 of 2012 prohibits discrimination based on sex, age, race, religion, disability, or HIV/AIDS status by employers. Men are considered heads of household under the Civil Code Law, Article 213, and women can only assume this role in the absence of their spouse. The Civil Code also obliges men and women to help each other, and there is no law that a woman must obey her husband.[23] Under the law, women who are divorced or widowed are not entitled to be head of household, even if they have children.[24] In 2017, Niger adopted a decree—which it is now implementing—aimed at keeping girls in school longer through an emphasis on delayed marriage and childbearing and other measures.[25]

• **GoN's COVID-19 response lacks a gender and social-inclusion lens:** The GoN's restriction in movement and curfews may not be accounting for the needs of marginalized groups, such as internally displaced persons (IDPs) from Diffa, Tillabéri, or those living along the border with Nigeria. Even prior to the pandemic, IDPs faced crowding and already have difficulty accessing healthcare.[26] The pandemic has impacted women's access to the evening economy by restricting their ability to sell and access the market. Persons with disabilities may not have access to caregivers due to restrictions in movement, which may result in increased risk of exposure or death due to COVID-19, reduced access to health care, and increased risk of different forms of abuse.

• **Lack of criminalization of some forms of GBV and ineffective implementation of laws and strategic frameworks creates an enabling environment for GBV during pandemic:** There is no specific law protecting on GBV in Niger. Perpetrators of domestic violence are punishable by three months to 30 years in prison and a fine of franc CFA 10,000, according to the Penal Code, Art. 222. Niger has developed the 2017-2021 Strategy to Reduce GBV, which includes a goal to reduce the prevalence of violence from 28.4 to 15.4 percent by 2021.[27] To date, there is no law prohibiting child, early, and forced marriage (CEFM) in Niger. The GoN has, however, signed on to international commitments in favor of reducing the extremely high levels of CEFM, and has developed the First National Action Plan to End Child Marriage. Pre-pandemic, women did not usually report the violence because they were unaware of their rights, feared retribution and stigmatization, and lacked legal redress in customary courts.[28] Since the beginning of the pandemic. Equipop reported a spike in domestic violence (including physical, sexual, and psychological), from 17 cases in January 2020 to 61 in April, a 258 percent increase from *SOS FEVVF (Femmes et Enfants Victimes de Violences Familiales*/SOS women and children victims of violence).[29] |
| Cultural norms and beliefs | • **Entrenched gender norms:** Gender inequality is pervasive in Niger. Discriminatory formal and customary laws and norms disfavor women and girls. This includes inheritance norms and practices. Women do not have equal ownership rights to immovable property; sons and daughters do not have equal rights to inherit assets from their parents; and female and male surviving spouses do not have equal rights to inherit assets.[30] In the context of COVID-19, the death of male family members could result in women losing access to property and others assets that their husbands or male siblings own.

• **Prior to the pandemic, men dominated formal political leadership positions, and this situation may continue during the crisis:** Key positions and decision-making around the pandemic in West Africa are male dominated. Differences in women's pre-existing levels of political leadership account for this difference; women's leadership is these positions is limited to females who already held government positions.[31] Prior to the pandemic, women in Niger were engaged in informal leadership roles. One key informant noted that insecurity has had more of an impact on women's leadership than the pandemic. Women-led associations, civil society organizations, and village savings and loan associations |

	(VSLAs) are educating their communities on COVID-19 prevention. However, women's participation in community decision-making is not systemic and remains subject to their availability, which is hampered by their unequal caregiving burden.[32]
	• **Deeply entrenched gender norms, low levels of literacy, and high fertility rates limit women's active political participation:** As noted previously, gender unequal social norms and practices limit women's political participation despite the aforementioned quotas for elected and other positions. Many women are not aware of their rights to engage in decision-making, or they see themselves as lacking the skills to perform well in politics.[33]
Gender roles, responsibilities, and time use	• **Women have a high reproductive-care burden, but the pandemic may be changing gendered roles:** Due to the pandemic, women spend less time on paid work and more time on domestic work, including caregiving, hygiene, and cooking.[34] Increased handwashing may force women and girls, who are primarily responsible in rural areas for replenishing water, to make more frequent trips. Other factors, such as illness in the family, time deficits because increased tasks, and lack of energy due to less available food, can impact these chores.[35] Some reports, however, suggest that men and boys are starting to participate more in these activities, as they are home more than before the pandemic.[36]
	• **Women are health care workers and are at risk:** Men and women who work in the health care industry are at risk of exposing themselves and family members to the virus. And due to overcrowding in homes, there is nowhere to quarantine.[37]
	• **Urban women's domestic burdens are rising:** Women in urban (and, less frequently, rural) areas who are used to having domestic workers help them with domestic and care activities are finding themselves with an increased care burden.[38]
	• **Youth are at risk of engaging in negative behaviors:** Youth's increased free time means they can be more vulnerable to negative behaviors, such as robbery. And sex traffickers or other undesirable contacts can groom girls online.
	• **Youth are at risk of developing mental health issues**: Decreased social interaction and unstructured time can affect the mental health of both girls and boys.[39] Potential increases of domestic violence and school-related GBV may also affect the mental health of girls and boys.
Access to and control over assets and resources	• **Women are forced to choose between nutrition and hygiene:** Prices for food and hygiene products are rising, forcing people—especially women—to choose between the two.[40]
	• **Women's access to health care is limited:** Due to the pandemic, there is a risk that women and youth are not accessing health services for routine care, such as family planning and reproductive health. Fear of contracting the virus from these centers can keep women and girls from going to health care appointments. Additionally, men are refusing to allow them to visit health care providers for non-emergencies.[41]
	• **Limited access to information as women and youth:** Women and youth, particularly young women, may not have access to or control of radios and digital media, which limits their access to information about COVID-19.
	• **Women may experience decreased access to capital and finance:** Prior to COVID-19, women had lower levels of earnings and productivity than men, which are a result of differences in choice of economic activities, access to land, labor, and capital, and returns to these endowments due to underlying social and economic constraints.[42] COVID may exacerbate these endowment constraints for women, especially for women in VSLAs, where they may find they are unable to pay debts owed to the group, access money from it, or meet with other women on whom they rely for emotional support.[43, 44]
	• **COVID-19 is exacerbating the gender digital divide:** The pandemic has created an increased reliance on technology, especially for accessing life-saving public health information. However, there is a 45 percent gender gap in mobile ownership in Niger.[45] Barriers to mobile access and usage include: cost and network quality, especially in rural areas; insufficient digital literacy and confidence around mobile access and usage, which is due to low literacy and education levels; and lack of access to battery-charging facilities for rural women, where the divide is the greatest. A failure to address the gender digital divide will increase gender inequality and potentially increase COVID-19 infection and mortality rates.[46]
	• **Men's access to income is limited**: Men face the stress of not being able to provide for their families and feelings of helplessness, which could lead to negative coping mechanisms, such as GBV. Fear of contracting the virus increases home confinement and adds to the possibility of stress and violence.[47]

- **Women may lose access to and control over income:** As men lose access to income, they are likely to take money from women to close the gap.
- **Access to water is limited:** Water access can be difficult. This situation may force women to spend more time accessing water, make more trips to water sources, and increase the time required to perform household chores requiring water.
- **COVID-19 puts girls at further risk for child marriage:** Families may adopt negative coping strategies due to loss of income and economic hardship—including the practice of early marriage among girls, which is already high in Niger[48]—to gain access to economic resources through bride price, exacerbating an already widespread practice.

Patterns of power and decision-making	**Increased time burden for women due to COVID-19 may reduce their participation in decision-making.** COVID-19 is increasing women's time burden related to domestic and care work, which may further limit their ability to participate in decision-making in different levels of governance, including at the community, regional, and national levels. **Women VSLAs play important leadership roles in the pandemic:** One report suggested that women's savings groups in the community are becoming more involved in community decision-making. In Niger, the VSLA group Mata Masu Dubara was cited for mobilizing communities around COVID-19 responses.[49] **Women's leadership in politics and government is still lagging:** Decision-making structures within government bodies that men traditionally dominate has improved somewhat since the implementation of the first quota for women's participation in 2000 and revised quota in 2014. Still women's participation in elected positions and nominative positions remains low.[50] Women and youth are responsible for implementation more than decision-making in these arenas.[51]

3. FINDINGS AND RECOMMENDATIONS ON GENDER EQUALITY AND COVID BY ACTIVITY INTERMEDIATE RESULT

3.1 KEY FINDINGS AND RECOMMENDATIONS FOR ACTIVITY INTERMEDIATE RESULT 1

This section provides key findings and recommendations for activity intermediate result 1.

TABLE 6. COUNTRY KEY FINDINGS AND RECOMMENDATIONS FOR ACTIVITY INTERMEDIATE RESULT 1: WOMEN AND GIRL LEADERS ARE ENGAGED IN MESSAGING AND DECISION-MAKING AROUND COVID-19, PARTICIPATE IN DECISION-MAKING PROCESSES, AND MONITOR MEASURES AND IMPACT.	
KEY FINDINGS	KEY RECOMMENDATIONS
Reliance on civil society organizations for awareness, communication, and service delivery	
- The GoN relies on civil-society organizations (CSOs)—especially women's groups and youth organizations—and religious leaders, usually male only, to educate the public; raise money for necessities; and distribute items such as hygiene kits, clothing, and food.[52] Evidence from secondary and primary data shows how women's and youth groups are engaged in service-provision efforts regarding the virus, which include the following reports:[53] - The Youth Council organized a sensitization caravan that toured in rural areas and raised awareness about COVID-19. - The Desaster Management (a female CSO in Tillabéri) used its own resources to purchase mouth masks and distributed them to street children (*talibé*). - Elected female officials in Tillabéri raised franc CFA 600,000 (about $1,200) and procured	- Continue to strengthen communication between the GoN, CVCs, CSOs, and local elected officials, and religious leaders. USAID and the activity should continue to support the funding of pandemic provisions and ensure that awareness campaigns are available to the public. - Continue to support CSOs focused on women, youth and persons with disabilities to identify effective modalities to deliver services that do not increase the risk of abuse. Also, ensure that there are safe spaces, especially those facing multiple forms of discrimination, to voice their needs, priorities, and concerns regarding personal safety and security, health, economic recovery and care burdens, and other gendered consequences and risk factors related to the pandemic.[55] (WEE) - Support youth groups to continue to raise awareness and integrate their voices into local and national decision-making bodies, especially for developing messaging. Work through *fadas*, youth groups, schools,

rice, oil, soap, and masks that were distributed to the most-vulnerable groups.

- o The women's network CONGASEN raised awareness about COVID-19, as did Femme KAGANO (female leaders) of Tillabéri, a women's comité de veille citoyenne (citizen monitoring committee) (CVC).
- o The *fadas* (informal neighborhood youth social groups) held discussions in their respective groups about COVID-19 to increase awareness.[54]

and health committees to include voices and develop messaging.

- Establish systems to monitor and evaluate the efforts and outcomes of women's and youth groups working with the project during the pandemic. Findings suggest that some of these groups have engaged in communication and monitoring activities. These efforts, however, seem to be scattershot and there is little consistent evidence of activity outcomes. Sex-disaggregated data is focused on Women, Peace, and Security (WPS) programing. The activity could benefit from gender support in terms of advice and tools to integrate women beyond WPS. This assistance could include data collection, reporting, and better tracking the impact of interventions and the pandemic on women and girls.

Potential constraints on accessing COVID-related information via radio, television, mobile phones, and the internet for women and girls

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- The GoN and its partners used a variety of approaches to communicate with the public, adapting channels based on factors, such as literacy, access to national TV and the internet, and local languages. These approaches include radio and television, artist-led messaging, theatre vignettes on radio and television in several languages. Generally, information on both the pandemic and prevention measures was shared through traditional media (television and radio), and advertising posters, which is presumed to be accessible to most of the urban and rural population.[56] However, women and men access information differently in Niger. Men have access to public spaces and are able to gather information from male gatherings. Men also have access and control over technology, like radio and television. Women are more likely to be confined to their homes and have limited access to technology. PRG-PA key informants from all regions (apart from one respondent in Diffa) emphasized that messages related to good hygiene practices and health information on the pandemic were shared. The most-common method of information was through the press (TV and radio).[57]
- During the lockdown, in-person sensitization activities did not occur and were replaced by technology-driven radio messages and even songs by local singers targeted to youth.[58] It is not clear whether women have access to radio and television broadcasts as the timing may conflict with when they are carrying out care and productive tasks. Due to gender norms, women also may not have access to mobile technology and the internet with the household.
- Information was also shared through Information and Communications Technologies (ICTs), which include mobile phones (text and voice) and social media (WhatsApp, Facebook, et.). For Nigeriens without access to the internet or other media, family members in urban areas relayed text and voice messages in local languages about COVID-19 through WhatsApp to rural communities, sparking local discussions on the virus.[59] Men benefit disproportionately from digital technology, as they have greater access mobiles phones and digital platforms. In Niger, there is a 45 percent gender gap in mobile ownership in Niger.[60] One informant from Diffa shared that she received COVID-related information from a mobile phone, but she did not have access to that device.[61] Key informants from PGR-PA reported that there was no gender differentiation in the activity's communication approach and that they were engaged in ensuring the delivery of COVID-19 information. But

- Monitor how GoN's communications approaches and platforms reach women and persons from marginalized groups, who may not have access to and control of mobile devices. Adjust, as needed. This tracking can be done through surveys and discussions with communities.
- If USAID and the activity plan to invest in digital technology, the strategy should focus on closing the gender digital divide, avoid online and physical harm and include women and girls into data collection, analysis and sharing. USAID has developed a short guide on deploying digital tools to support programmatic impact on digital gender divide[63] and digital literacy.[64] The strategy should also focus on how to distribute devices such as radios, computers, and smartphones, track who receives the devices to ensure they are dispensed according to need. In the PRG-PA Quarter Two Report, the project noted that it provided four computers to CRVCs (one per region) and 189 smartphones for all relays, CVCs, and CRVCs. But it was unclear who has access and control over these devices within the CVC and CRVCs. Given the cost barriers for women and youth, women's lack of access to assets, and the reliance on ICT tools, it is important to track and report this information. The activity also should consider other ICT tools, such as the Talking Book,[65] a handheld and battery-powered audio playback and recording device engineered to withstand harsh environments, to share health messages with rural populations. This technology could be distributed to rural communities, as were the computer and smartphones.
- Collaborate with CRVCs, CVCs, women's networks and VSLAs to assist with hard-to-reach populations, including those in security environments. Ensure these groups have the most up-to-date information on the virus and the response.
- Find creative ways to engage youth, such as radio programs, where they can share their feelings about the pandemic and their dreams for once it ends.
- Plan a few discussions with women's and youth groups to determine where and how their members get information; if there are optimal channels of communication beyond radio and WhatsApp groups, in case they cannot access these modes of communication; and if there are optimal times of the day for them to access information. Also determine if social networks play important roles in sharing and transmitting information. Lastly, ensure that messages

- they were not active in the development of messages to target women and youth.
- As noted above, the government has relied on international partners and CSOs to engage in the community and to disseminate COVID-related information. A GoN respondent stated that community members are going door-to-door to spread information about the virus.[62]

- GoN stated it is collaborating with religious leaders to share strategies for messaging and communicating health information to the public.[66] Religious leaders play a key role in ground-truthing information and stopping rumors.[67] There is no evidence that religious leaders have focused on gender-related issues regarding the pandemic.

- are shared in line with all spoken languages and literacy levels.
- Work with community CSOs and CVCs to equip health centers with information and communication systems on health threats in addition to the virus. Enlist these centers to promulgate accurate health information and fight misinformation. Include religious and traditional leaders in these efforts. Ensure messages are designed for the appropriate channels to reach adolescent boys and girls and women, for example using CVC WhatsApp groups, women's groups, VSLAs, and *fadas*.

- Spearhead dialogues with religious and customary leaders, older women, and women's health committees to advocate for focused messages on the concerns of women and girls, people with disabilities, the elderly, and other persons from marginalized groups.[68] For example, messages can be centered around the safety of reproductive and maternal health visits or community-led social safety nets for people with disabilities and the elderly. Have health committees hold leaders accountable for following through.

Ensure women's representation in governance mechanisms, and that their needs are met and voices are heard

- PRG-PA strengthened women's engagement in women's health committees at the local level prior to the pandemic. During the pandemic, women in these committees participated in all COVID-related briefing meetings. In fact, persons from marginalized groups (such as youth, the elderly, and people with disabilities) also participated.[69]
- In Agadez, there is a Tambarais Association and associations of women leaders that disseminate information on health.[70]

- Continue to enlist women's and persons from marginalized groups' participation in pandemic and health-related meetings. Ask health committees and associations to advocate for more services related to women's reproductive health, GBV prevention and response, and the needs of marginalized groups.
- As noted in the previous set of recommendations on information, PRG-PA should engage women and youth in developing messages. Communication should focus on gender-related issues regarding the pandemic.
- Support targeted communications in COVID-19 response planning and implementation on the importance of maintaining the availability of women's health care services.

- In a 30-country analysis, which included Niger, CARE International did not speak to the National COVID-19 Response Committee's efforts. The analysis found no evidence that the GoN provided funding or established gender-responsive COVID-19 policies, including those focused on GBV prevention, mitigation, and response, sexual and reproductive health, childcare support, and economic support to mitigate the virus's impact on women. The only assistance from the GoN was for marginalized and low-income groups in the form of cash transfers, food, and commodities, which did not target or consider gender.[71]

- Support the National COVID-19 Response Committee—including its communications cell—to develop a coherent, gender-sensitive national approach, including:
  - Consultation with women in the development of COVID-related messages targeted at women
  - The development of a plan to provide funding and policies for managing GBV, sexual and reproductive health, childcare support, and economic support;
  - The engagement of local CVCs to include women and create messages based on women's needs.

Increased GBV risks and the need for GBV-response services

- Women and men are struggling economically. By June 2020, the government already had lost franc CFA 199 billion ($339 million)—far more than the country's annual defense budget.[72] CARE's rapid gender analysis for West Africa found that GBV is rising as COVID-19 is a shock and stressor that aggravates households' poor economic conditions and precipitates GBV. In addition, the analysis discovered that women's economic well-being also is at risk as they

- Due to the pandemic, childcare is an extra barrier to women's abilities to seek work outside the home. Consider enlisting ideas through virtual dialogues from CVCs, WhatsApp groups, and women's CSOs on ways to provide childcare support while respecting public health concerns. Engage men in these discussions and explore ways to promote more-gender–equitable household responsibilities. (WEE)

predominantly work in the informal sector. Women are unable to supplement their husbands' incomes, as work and resources become scarce, and households face increased pressure. This situation could lead to more GBV.[73] One key informant from Tillabéri shared that the combination of COVID-19 and security challenges have decreased women's participation in decision-making.[74] A couple of key informants in Agadez noted an increase in insecurity since the pandemic began. They shared that restrictions have led disaffected youths and minors to practice larceny, thefts, and even rape. She noted that confinement may be lifted, but people have not returned to their pre-pandemic levels of resilience.[75]

- Evidence exists that incidents of GBV have been increasing since the pandemic took hold. One key informant shared that she is sure there are cases of GBV, but people try their best to hide it as they do not want to expose their personal problems and fear being stigmatized. [76] Although accurate reporting can be even more difficult in the context of lockdowns and isolated communities, it is more important than ever to understand where and how incidents are taking place, help mitigate new occurrences, and provide psychosocial and medical support to those who are experiencing violence. The virus impacts the ability of women and girls to reach GBV-prevention centers. The centers are available, but if women are afraid to travel for fear of catching the virus, it poses a problem.[77]

- Women in Niamey were unable to access the courts to register GBV complaints due to their temporary closure. The courts have reopened, but there are complaints that were not made. Women were reluctant to bring forward complaints prior to the pandemic, and now they may be further hesitant to engage with the courts for fear of exposure to the virus.[81]

- Develop social behavior-change communications campaigns using multiple means of communication (such as radio, television, and WhatsApp in local languages), to improve awareness about GBV and how it can be prevented and addressed, including within the context of the pandemic. Messages also can promote nonviolent relationships, peaceful resolution of conflicts, healthier gender relations, nonviolent masculinity, and ways to prevent violence against women. (WEE)

- The activity should ensure all staff are familiar with updated GBV and sexual exploitation and abuse (SEA) referral pathways. It also should guarantee that all communication materials include information about GBV and SEA response services.
- Continue to strengthen ties with local and national government officials and women's groups concerning GBV messages and services. Community-level awareness during social distancing can be managed through SMS and WhatsApp messaging as well as other forms of group communications.
- Given that GBV is a new area for PRG-PA, coordinate, consult, and align with local non-governmental organizations already working on the problem to better understand the issues, scale, and scope. As noted in a previous recommendation, religious leaders should be engaged in messages related to the concerns of women and girls. GBV could be addressed by training religious leaders in these dialogues. Use a culturally sensitive approach that does no harm given how entrenched and taboo GBV is. Working with local partners can enable PRG-PA to develop a context-specific tailored approach that also does no harm to women.
- With support from GBV specialists or a GBV partner organization, consider asking women's CSOs and CVCs that interface directly with the community (such as ones that conduct household nutrition screenings and already interface with women at home) to discretely disseminate information on available GBV services, including hotlines.[78] Work through the project's health and education committees and CVSs to monitor prevention and response measures for GBV, including continued access to GBV resources, messaging, hotlines, psychosocial support, clinical care, and safe spaces.[79]
- Work with women's and youth groups to continue supporting initiatives to discourage child marriage, which has increased as a coping mechanism during the pandemic.[80]

- Communicate courts' availabilities widely so Nigeriens most in need of protection can seek redress.
- Work at the local level with courts and systems of adjudication to find socially distant and confidential ways to bring complaints to the attention of authorities.

- The United Nations Office for the Coordination of Humanitarian Affairs reports that the GoN and its partners estimate that 5.6 million people (23 percent of the country's population) are at risk of food insecurity during the lean season from June to September 2020—compared with 1.9 million anticipated at the beginning of the year. This situation is due to the economic downturn and containment measures. Furthermore, the number of children suffering from severe acute malnutrition is expected to increase by 35 percent.[82]
- According to one report, land borders were not closed for imported goods and markets were not forced to close; however, the curfew impacted women's abilities to engage in the evening economy. Even when supplies were available at the market, it was difficult for women to access them, creating a challenge for females who are usually in charge of providing for the family.[83] During the COVID-related restrictions in movement, which lasted 70 days, women used up what little surplus resources they had to benefit their families. The lockdown caused persons from vulnerable groups, including women and girls, to go hungry due to non-porous borders and food scarcity. And supplies that were available were unaffordable due to price gouging.[84]

- Using a multi-stakeholder approach, link elected officials with locally owned women's businesses to provide assistance with government grants, small loans, deferred payments, collateral alternatives, and access to financial services that meet women's needs. (WEE)
- Consider working with government officials to encourage cash transfers to women, as well as the provision of food and hygiene kits (including menstrual pads for those who find them culturally acceptable). (WEE)
- Continue working through CSOs on nutrition messaging and discussions of how families can cope with food security. (WEE)

3.2 RISKS AND ASSUMPTIONS

This section highlights risks and assumptions that affect the implementation of the previous recommendations.

- The COVID pandemic will exacerbate existing development challenges, such as the inability to access resources and services, weak governance and institutional coordination, harmful cultural norms and social behaviors, and barriers to realizing human rights. These existing challenges are relevant and this CSGA considers them.

- Where there were information gaps regarding the actual and potential impacts of COVID-19 in Niger, global and regional information were considered valid in determining what might be the situation in Niger.

- The COVID-19 situation is dynamic, evolving rapidly and in unpredictable ways. The research team made the assumption that the trends noted during the first six months will continue to be relevant and that ongoing research will prove invaluable for furthering understanding of impacts and potential solutions. Because of this unpredictability, however, some early prevention and mitigation measures may not be effective and may even cause harm.

- One assumption is that the pandemic is ongoing and social distancing and face covering measures are practiced, which would ensure that recommendations' risks remain minimal. In engaging activity participants, especially vulnerable adolescent girls, it is assumed that they are willing to participate in all programming activities.

- It is assumed that the GoN will continue its current level of COVID-19 response, enabling services and some economic activities to function.

- As it relates to GBV recommendations, a major risk is that survivors could be endangered should efforts not be handled by trained GBV professionals. The activity staff and communities should be sensitized to SEA. Field staff should receive training on SEA and the repercussions of engaging in these acts. Safe, accessible, confidential, and anonymous reporting and culturally appropriate, survivor-centered services should be available to anyone who seeks them. All staff should be familiar with up-to-date reporting mechanisms and available services. PGR-PA should ensure that activity participants understand their rights and are familiar with existing reporting mechanisms and available services; and communication materials should include this information in clear and easy-to-understand messaging.

- As it relates to child marriage, it is assumed that girls are at risk of early marriage before and during the pandemic as it is one way a family copes when financial resources are stretched. By engaging families in discouraging child marriage, the activity is at risk for alienating families.

- For information and communication systems, one risk is that communities could refuse messages based on science and that misinformation and false stories are spread.

4. USAID/NIGER PRG-PA GENDER ANALYSIS NEXT STEPS

The following table is a roadmap for updating this gender analysis. It specifies when (key milestones) and who will be responsible for revising the gender analysis and what needs to be updated.

TABLE 7. UPDATES TO THE COVID-SPECIFIC GENDER ANALYSIS: KEY SCENARIOS AND RESPONSIBILITIES		
SCENARIO	WHAT TO UPDATE	PERSON(S) RESPONSIBLE FOR UPDATING GENDER ANALYSIS
Scenario 1: Infections rates rise, leading to more lockdowns.	The effect of COVID-19 in Niger has reached what would be equivalent to a Phase 3 reopening. While the death rates from the virus are high for the region, the toll from the virus is relatively low. These recommendations would remain in effect until the time a vaccine has been given to the population, at which point the assumptions and risks would cease to exist.[85] Implementing partner (IP) applies the monitoring, evaluation, and learning (MEL) plan to track the situation. If it encounters difficulty achieving the anticipated results or the activities place beneficiaries at risk, consult with the agreement officer's representative (AOR) to see if and when they need to take the following measures: - adapt interventions in response to the more-restrictive environment and ensure harm is avoided - revise and update implementation and MEL plans - design and collect sex-disaggregated data on the impacts of the pandemic and PRG-PA activities - promote the meaningful participation and equal power sharing of women and persons with disabilities in the development of modified interventions, delivery, and evaluation. IP documents and shares learning related to their ability to adapt and the effectiveness of the interventions.	Counterpart International and USAID's Agreement Officer

Scenario 2: Infections decline, restrictions loosen, and life returns to near normal.	IP revisits the possibility of returning to normal programming. Facilitate delivery of services to marginalized groups through established communications and outreach mechanisms. The IPs apply MEL to • continue to monitor and evaluate gender-sensitive policies and behaviors that have been successfully implemented, such as more-equitable roles between men and women in the household or policies that promote increased childcare support (if possible, work with local CVCs and women's CSOs) • track and ensure results are achieved and that safeguards to avoid harm are effective • gather lessons-learned and improve understanding of impacts • use this information to adaptively manage the program	Counterpart International and USAID Agreement Officer
Scenario 3: An effective COVID-19 treatment (such as a vaccine or antiviral) is introduced, and the situation returns to normal.	Analyze the feasibility of supporting the GoN with its prevention and treatment campaign to potentially assist in • prioritizing the most at-risk groups • improving understanding of how to integrate gender considerations into COVID-19 prevention and response activities, and use the information to guide future investments in gender equality and women's empowerment activities (as the situation returns to normal or when the activities end, whichever occurs first, update the CGSA) • measuring activity-level progress in implementing the initial CSGA recommendations • assessing the impact of the recommendations (To what extent was the intermediate result achieved? Did it improve gender equality and women's empowerment and also mitigate harm?) • capturing lessons learned, including problems with implementation, outcomes, adaptive adjustments, and effective interventions • updating the findings and recommendations to guide future investments in gender equality and women's empowerment; encouraging government officials and other groups to push for these changes to become permanent	Counterpart International and USAID Agreement Officer

ANNEX A: ACRONYMS

ADS   Automated directives system
AOR   Agreement officer's representative
CDCS   Country development cooperation strategy
CEFM   Child, early, and forced marriage
CGSA   COVID-specific gender analysis
COVID-19   Coronavirus disease of 2019
CRVC   *Comité regional de veille citoyenne* (Regional citizen monitoring committee)
CSO   Civil-society organization
CVC   *Comité de veille citoyenne* (Citizen monitoring committee)
GBV   Gender-based violence
GoN   Government of Niger
ICT   Information and communications technology
IP   Implementing partner
MEL   Monitoring, evaluation, and learning
NGO   Non-governmental organization
PRG-PA   Participatory Responsive Governance—Principal Activity
SEA   Sexual exploitation and abuse
SOW   Statement of work
USAID   United States Agency for International Development
VSLA   Village Saving Loan Association
WEEE   Women's Entrepreneurship and Economic Empowerment
WEE   Women's economic empowerment
WPS   Women, Peace, and Security

ANNEX B: SCOPE OF WORK

1. PURPOSE

Under the Gender Integration Technical Assistance (GITA) II Task Order, Banyan Global will carry out a COVID-specific activity-level gender analysis to analyze and identify opportunities for USAID/Niger to ensure that the Participatory Responsive Governance Principal Activity (PRG-PA)'s COVID-19 response appropriately integrates gender equality and women's empowerment, and also does no harm.

2. BACKGROUND

Since the outbreak of COVID-19, the U.S. Government has committed more than $900 million in State Department and U.S. Agency for International Development (USAID) emergency health, humanitarian, economic, and development assistance to 120 countries specifically aimed at helping governments, international organizations, and non-governmental organizations (NGOs) fight the pandemic.[86]

USAID-pledged assistance in the global fight against COVID-19 as of May 1, 2020, has included $99 million in emergency health assistance from USAID's Global Health Emergency Reserve Fund for Contagious Infectious-Disease Outbreaks (ERF-USAID), $100 million in Global Health Programs account (GHP-USAID) funds, nearly $300 million in humanitarian assistance from USAID's International Disaster Assistance (IDA) account, and nearly $153 million from the Economic Support Fund (ESF), which will help governments and non-governmental organizations (NGOs) in more than 100 countries during this global pandemic. As part of the response, USAID's assistance is supporting rapid public health information campaigns; water, sanitation, and hygiene (WASH) activities; and infection prevention and control (IPC), including cleaning and disinfection protocols, educating staff on personal protective equipment (PPE) use, establishing isolation areas, and implementing triage mechanisms. USAID assistance is also working to mitigate and respond to the social, economic, and governance-related impacts, including through assistance for families and small- and medium-sized businesses, support for free media and civil society, emergency services for survivors of gender-based violence, and support for distance learning.[87]

The PRG-PA is a five-year project implemented by Counterpart International and funded by USAID. The project works with citizens and the Government of Niger (GoN) to promote good governance through citizen participation and government responsiveness. PRG-PA focuses on service delivery of the following priority sectors in Niger - health, education, and security governance. PRG-PA also implements activities which contribute to the U.S. Government (USG) Security Governance Initiative (SGI), as well as a component focused on Women, Peace, and Security (WPS).

To help with COVID-19 efforts, USAID has redirected current PRG-PA funds and provided supplemental funding to address the pandemic in Niger. Thus, USAID aims to leverage the governance and community infrastructure and partnerships created under PRG-PA to support the Government of Niger's COVID-19 response. PRG-PA is present in 33 communes located in five regions (Tillabéri, Niamey, Diffa, Agadez, and Zinder) and implements its activities in close partnership with national, regional, and communal authorities, and through networks of influential civil society, traditional, and religious leaders. Counterpart will implement the activities described in all PRG-PA regions and partner communes to achieve broader regional impact. This response component will also provide support to

the communication of the COVID-19 response committee which was set up at the national level but does not have sufficient resources (technical or financial) to successfully carry out their mandate.

The goal of this COVID-19 response component is to strengthen the Nigerien Government's COVID-19 Response's communication, capacity, and credibility to ensure effectiveness of prevention and response to the threat of COVID-19.

This goal will be implemented through the following objectives:

- Promote Nigerien political parties, civil society, and religious leaders' support to the GoN's COVID-19 response measures.

- Increase Nigeriens awareness of COVID-19 prevention measures taken by the government and Nigerien health authorities and increase and amplify dissemination of official measures released by the Nigerien authorities on national and independent media (private TV, radio and press).

The approach to implementing this additional component will center on promoting collaboration between government and community stakeholders to improve the effectiveness of Niger's response to the COVID-19 pandemic. We will leverage PRG-PA's established, trusted relationships with stakeholders in Agadez, Diffa, Niamey, Tillabéri, and Zinder to create mechanisms for two-way communication and dialogues. We will use a "Do No Harm" approach to activities and will use remote communication technology to avoid putting community stakeholders at risk of being infected.

3. OBJECTIVE AND PURPOSE

Banyan Global will analyze and propose recommendations for USAID/Niger to ensure that PRG-PA appropriately integrates gender equality and women's empowerment, and also does no harm. To this end, the COVID-19 gender analysis will:

- Identify gender-related COVID-19 advances, gaps, and opportunities related to the activity's intermediate results, with an eye toward GBV risk and women's economic empowerment and women's participation in decision-making as priority cross-cutting themes across all intermediate results.
- Address priorities and needs of the following key populations: youth, young girls, women and people living in conflict areas.

TABLE 1. KEY ELEMENTS OF THE ACTIVITY-LEVEL COVID-SPECIFIC GENDER ANALYSIS		
ACTIVITY	CROSS-CUTTING THEMES	KEY POPULATIONS
IR1: Women and girl leaders are engaged in messaging and decision-making around COVID-19, participate in decision-making processes, and monitor measures and impact.	Gender-based violence risk, women's Participation in decision-making & Women's economic empowerment	Women, youth (15-29), & traditional leaders

4. METHODOLOGY

The COVID-specific gender analysis will include the following key deliverables:

- In-briefing with USAID/Niger
- Draft COVID-specific activity gender analysis report
- Validation workshop with mission staff to validate the draft COVID-specific activity gender analysis report (if time constrained, the mission may elect to forgo this workshop and simply provide written feedback only on the draft report).
- Final COVID-specific activity gender analysis report, which incorporates the discussion in the validation workshop and/or written feedback on the draft report.

The section below provides more detailed information on each deliverable.

1. **In-briefing with USAID/Niger:** On the first day of the assignment, the Banyan Global research team will hold an in-briefing with the mission[88] with the following purpose:
   - To ensure that there is agreement on the SOW and methodology for secondary data collection and analysis.
   - To review the structure and presentation of findings and recommendations in the COVID-19 gender analysis report.

2. **Draft COVID-Specific Gender Analysis:** The preparation of the draft COVID-Specific gender analysis report will include an analysis and interpretation of secondary data, in line with USAID global gender and social inclusion strategies, policies, and regulations including, but not limited to:

   - The Automated Directives System (ADS) 201 and 205 (2019 and 2017 respectively)
   - Data to Inform the COVID-19 Response (2020)
   - U.S. Strategy to Prevent and Respond to Gender-based Violence Globally (2016)
   - USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children (2012)
   - USAID Policy Framework (2019)
   - USG 2018 Act on Women's Entrepreneurship and Economic Empowerment Act
   - U.S. Strategy to Empower Adolescent Girls (March 2016)
   - Counter-Trafficking in Persons Policy (2012)
   - USAID's Youth in Development Policy (2012)
   - USAID Disability Policy Paper (1997)
   - Advancing Disability-Inclusive Development
   - LBGTI Vision for Action (2014)
   - USAID Policy on Non-Discrimination (2011)
   - Equal Employment Opportunity, Diversity and Inclusion (2011)
   - Presidential Memorandum on International Initiatives to Advance the Human Rights of LGBT Persons (2011)
   - USAID and State COVID-19 Response Strategy Framework
   - USAID Policy on Promoting the Rights of Indigenous Peoples (2020)
   - United States Government Action Plan on Children in Adversity A Framework for International Assistance: 2012–2017 (2012)

The review of secondary literature will also include a review pertinent mission or activity-level reports or documentation that the mission will make available. Documents may include the following:

- Previous mission CDCS Gender Analysis/Assessment
- The mission's current CDCS
- The mission's current strategic results framework
- Project Appraisal Document (and gender analysis) for the sector/area to which the activity pertains
- Activity gender and social inclusion analysis and strategy
- Activity monitoring, evaluation, and learning plan
- Activity 2019 annual report

The research team will gather, analyze, and interpret other relevant reports and data related to the activity sector, activity, and COVID-19. These may include:

- Studies, analyses and assessments concerning gender equality conducted by donors, NGOs, national governments, regional organizations, and the academic community
- National statistics from the Demographic and Health Survey, the UNDP Human Development Index Reports, and the World Economic Forum's Global Gender Gap Index
- Recent literature that addresses gender equality and women's empowerment issues related to activity and COVID-19

To support the process of gathering second data, Banyan Global will create a Google Drive Folder for the gender analysis to serve as a central repository for all key secondary documents and data for use by the USAID mission and the research team.

An international consultant will analyze and interpret the secondary data in the initial draft of the report, and then a national gender expert will review and provide feedback on the report, which the international consultant will then incorporate. The report will present sector level COVID-19 findings on gender equality and women's empowerment by USAID ADS205 domain, followed by findings and recommendations by activity intermediate result, as defined in the SOW for each gender analysis (see Section 5.2 below for more details on the report structure). The recommendations may include possible alternative or additional indicators to measure the progress against the activity's intermediate results.

3. **Validation Workshop - draft COVID-Specific Gender Analysis Report:** The research team will submit a draft COVID-specific gender analysis report to the mission. The mission will have the option of participating in a 1-2 hour session to discuss and validate the findings and recommendations or only providing written feedback on the draft report. Both options will include building a consensus on how and when the mission will need to update the gender analysis based on country-level changes related to COVID and the country's phase of reopening.

4. **Final COVID-Specific Gender Analysis Report:** The research team will finalize the report by incorporating written feedback from the mission on the draft report, as well as the discussions from the workshop with the mission.

For all deliverables, Banyan Global's home-office technical staff will provide consistent and regular technical guidance to the research team to ensure that the deliverables meet USAID and internal Banyan Global quality standards.

5. DELIVERABLES AND REPORTING

5.1 Key Deliverables

The associated work will include the deliverables in Table 2.

TABLE 2. KEY ELEMENTS OF THE GENDER ANALYSIS		
DELIVERABLE	CONTENT	PERIOD OF IMPLEMENTATION
In-briefing with USAID/Niger mission staff, Research team, and Counterpart International	In briefing with designated mission staff to discuss: 1) the purpose of the COVID-Specific Gender Analysis; and 2) the proposed research questions; methodology, and structure of gender analysis report findings and recommendations	July 20, 2020
Research and Banyan Global team draft COVID-Specific Gender Analysis Report	Research and prepare Draft COVID-Specific Gender Analysis Report, including national consultant's (virtual) review of the draft report	July 20 – August 3, 2020
USAID Reviews draft Gender Analysis Report	Provide initial feedback on the findings and recommendations.	August 4-6, 2020
Validation Workshop for the draft COVID-Specific Gender Analysis Report with USAID Niger, Research Team and Counterpart International	Workshop (1-2 hours) with relevant mission staff to validate COVID-Specific Gender Analysis Report's findings and recommendations, and to come to a consensus on next steps needed to update the gender analysis (at different stages of country's phase of reopening)	August 8, 2020
Banyan Global Team submit Final COVID-Specific Gender Analysis Report	Final gender analysis report that incorporates feedback in writing and from the validation workshop from USAID on the draft report	August 27, 2020

5.2 Reporting Guidelines

The Gender Analysis report (25 pages excluding Executive Summary, Table of Contents, Acronyms and Annexes) should follow the format below and be submitted electronically in Microsoft word and PDF versions:

1. Executive Summary (2 pp.)
2. Table of Contents (1 p.)
3. Introduction (1 p.)
4. COVID-19 Country Context at the sector level, by ADS205 gender analysis domain (2 pp.)
5. Findings and Recommendations on Gender Equality COVID-19 (up to 15 pp., 10 pp recommended)
6. USAID/Niger PRG-PA Next Steps on Updating the Gender Analysis (2 pp.)
7. Annexes
   • Acronyms (1 p.)

- Gender Analysis SOW
- Methodology (.5 p.)
- List of Key Documents

Note: The recommendations in #5 above will point to linkages with women's economic empowerment (using a **WEE** tag).

6. **TEAM COMPOSITION**

Team Leader (International)

This position seeks an international consultant with core experience working with and knowledge of USAID programs and must be an experienced social scientist with expert level knowledge in conducting gender analyses, with preference given for relevant experience in Niger Other qualifications include:

- Minimum of 10 years of experience in research, policy formulation and program design in gender and/or social inclusion.
- At least 6 years of experience in carrying out gender analyses – including a focus on GBV risk assessment.
- Familiarity with USAID strategic planning and program management strongly desired.
- Excellent speaking and writing English language skills are required.
- Exceptional inter-personal and inter-cultural skills.
- Excellent leadership skills.
- Expertise in one or more of the priority gender analysis intermediate results.
- Full professional fluency in French.
- Master's degree in sociology, anthropology, economics, or relevant social science field.
- Experience with other donors highly desirable.
- U.S. nationality.

National Gender Expert (1)

The team must include one national gender expert who exhibit complementary skills to the Team Lead and core experience conducting thorough evidence-based research gender issues in Niger. Qualifications include:
- Minimum of 5 years of experience in conducting evidence-based research and expert knowledge on gender and women's economic empowerment issues in Niger.
- Expertise in one or more of the activity's priority sectors.
- In-depth knowledge of the Government of Niger] gender mainstreaming programs; development partner engagement in the gender space and a sound working relationship with any relevant national government ministries.
- Excellent writing skills in native language.
- English language writing fluency required.

7. ANALYSIS MANAGEMENT

7.1 Scheduling

The expected period of performance for the analysis will be approximately 3 weeks for an activity-level COVID-specific gender analysis, with one week of preparation required prior to the beginning each analysis.

Note - this work order includes a six-day work week. LOE and salaries are calculated on that basis.

7.2 Submission to the Development Experience Clearinghouse (DEC)

The final approved report must be a public document, unless otherwise specified, to be submitted to the Development Experience Clearinghouse (www.dec.org) (DEC) following the required Office of GenDev format (see Annex II). The contractor must make the final COVID-specific gender analysis report publicly available through the Development Experience Clearinghouse within 30 calendar days of final approval of the formatted report.

7.3 Task Order Packaging and Marking

Task Order packaging and marking shall be performed in accordance with Section D of Gender Integration Technical Assistance II Task Order: 47QRAA18D00CM.

7.4 Branding and Marking

The Contractor shall comply with the requirements of the policy directives and required Marking shall comply with USAID "Graphic Standards Manual" available at www.usaid.gov/branding or any successor branding policy.

7.5 Work Order Preparation

The mission agrees to the following commitments to facilitate the research and preparation of the COVID-specific gender analysis report.

TABLE 3. WORK ORDER PREPARATION AND COMMITMENTS	
COMMITMENT	DUE DATE
Mission to designate at least 2 staff to coordinate with the research team on the analysis	1 week before research begins
Mission to propose 3 national gender experts consultants' candidates.	1 week before research begins
Mission to hold a remote in-briefing with the research team	First day of work (select date three days before work start date)
Mission to schedule the validation workshop	Select date three days before work start date
Mission to upload all necessary resource documents (to a secured Google Drive, including the following: • The mission's current or previous CDCS • Previous CDCS Gender Analyses/Assessments	Three days before work start date

- The mission's current draft strategic results framework

- Activity-level gender and social inclusion analyses and strategy, MELS plan, and annual and quarterly reports

- PAD-level gender analysis corresponding to the activity

- Any current COVID sector analyses, in particular at the national/sub-national level

ANNEX D: REFERENCE LIST

Africa CDC. 2020. *COVID-19 Daily Updates*. Africa CDC. (Link)

Agence Nigeriènne de Presse. June 26, 2019. *Le Niger Veut Réduire Le Taux de Prévalence Basée Sur Le Genre de 28,4% à 15,4% d'ici 2021*. (Link)

Boyer, Florence. 2017. *Quand les Fada se Peignent sur les Murs. Les Jeunes Hommes dans l'Espace Public à Niamey (Niger), Urbanites on Vendredi*. (Link)

Boyer, Florence. 2014. *Quand les Fada se Peignent sur les Murs. Les Jeunes Hommes dans l'Espace Public à Niamey (Niger), Urbanites on Vendredi*. (Link)

CARE. 2020. *WHERE ARE THE WOMEN? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them*.

Center for Strategic and International Studies. 2020. *No Time for Complacency: The Covid-19 Pandemic in West Africa's Sahel Region*. (Link)

Connected Women. 2015. *Bridging the gender gap: Mobile Access and Usage in Low-and Middle-Income Countries. GSMA*. (Link)

Counterpart International., 2017. *Participatory Responsive Governance - Principal Activity Annual Report FY17*.

Counterpart International. 2018. *Participatory Responsive Governance - Principal Activity Annual Report FY18*.

Counterpart International. 2019. *Participatory Responsive Governance - Principal Activity Annual Report FY19*.

Counterpart International. 2020. *Participatory Responsive Governance - Principal Activity Quarterly Performance Report - Q1*.

Counterpart International. 2020. *Participatory Responsive Governance - Principal Activity Quarterly Performance Report - Q2*.

Equipop. 2020. Droits et Santé des Femmes à l'Épreuve du COVID-19. *Témoignages et Perspectives Féministes de la Société Civile Ouest-Africaine*.

Garda World. 2020. *Niger: Residents in Niamey protest COVID-19 measures April 17-19*. Accessed on August 6, 2020. (Link)

Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19*. CARE.

Medecins Sans Frontieres. 2020. *Working with Communities in Niger during COVID-19 Pandemic*. (Link)

Ministère de la Promotion de la Femme et de la Protection de l'Enfant. 2008. *Politique National de Genre*.

Nsofor, Ifeanyi, and Shubha Nagesh. 2020. *Opinion: 5 Ways to Meet the Needs of People with Disabilities during Pandemics*. (Link)

OECD. 2020. *Social Institutions & Gender Index: Niger*. (Link)

PBS News Hour. 2013. "Literacy Bridge uses Talking Book to spread the word in Ghana." (Link)

République du Niger. 2020. Ministre de la Santé Publique. COVID-19.

Ross, Aaron. 2020. West African Ministers Propose Phased Re-opening of Borders. Reuters. (Link)

Sherif, Elizabeth. 2013. *Women's Political Participation in the Sahel Region.*

SOME, Batamaka. 2018. *Resilience in the Sahel Enhanced (RISE) II Gender Analysis.* USAID.

United Nations Office for the Coordination of Humanitarian Affairs. 2020. *Niger: Aid organizations adapt to the COVID-19* Pandemic. Accessed on August 6, 2020. (Link)

UN Women Data Hub. 2020. *COVID-19: Emerging Gender Data and Why It Matters*. (Link)

UN Women West and Central Africa Regional Office. 2020. *Gender in the Framework of the Response to the COVID-19 Pandemic in West and Central Africa.* (Link)

UN Women. 2020. *How COVID-19 Impacts Women and Girls.* (Link)

UN Women. 2020. *Impact of COVID-19 on Violence against Women and Girls and Service Provision: UN Women Rapid Assessment and Findings*.

UNICEF. 2020. *Data to Inform the COVID-19 Response.* (Link)

UNICEF. 2020. *UNICEF COVID Diaries Edition*.

United Nations Population Fund. 2020. *COVID-19 Population Vulnerability - Niger*. UN Women. 2020. *How COVID-19 Impacts Women and Girls*. (Link)

USAID. 2020. *Job Aid Tool for USAID Activities: Carrying Out a COVID-Specific Gender Analysis.*

USAID. 2020. *State Department: Update: The United States Continues to Lead the Global Response to COVID-19.*

World Bank. 2019. *Economic Impacts of Gender Inequality in Niger.* (Link)

World Bank. 2020. *Niger: They Fight the Coronavirus in their Own Way*. (Link)

World Bank. 2020. *Women, Business and the Law – Niger.* (Link)

Zandonini, Giacomo. 2020. *Hundreds of Migrants Stuck in Niger amid Coronavirus Pandemic.* (Link)

ANNEX E: LIST OF KEY STAKEHOLDERS CONSULTED

The research team conducted 13 key stakeholder interviews by phone with the following individuals:

- Amina Kaza, Gender Specialist, PRG-PA
- Halladou Zammo, Health Specialist and Representative to COVID-19 Committee, PRG-PA
- Lucie Amadou, DCOP/ WPS Advisor, PRG-PA
- Awel Hama (Diffa)
- Aichatou Mahamadou, Fada Abzin (Agadez)
- Samira Issaka, young woman from club/group (Diffa)
- Azara Mamado, Presidente AFNCG (Agadez)
- Aissata Amadou, President, Diffa Network on Security (Diffa)
- Safiatou Kindo (Tillabéri)
- Habsou, Woman leader (Agadez)
- Safiatou SOUMANA (Tillabéri)
- Honorable Ramatou MOUNKAILA (Tillabéri)
- Dr. Aissa Sani (Tillabéri)

[1] USAID. 2020. *Job Aid Tool for USAID Activities: Carrying Out a COVID-Specific Gender Analysis.*
[2] Fada are groups of young men who meet daily in the street after dark; linked by a principle of affinities, the members of a fada spend the evening and part of the night discussing, exchanging about their day, doing their homework together for those who are in school, discussing political life, football, music. Boyer, Florence, 2014. *Quand les Fada se Peignent sur les Murs. Les Jeunes Hommes dans l'Espace Public à Niamey (Niger), Urbanites on Vendredi.*
[3] Key Stakeholder Interview from Agadez. August 2020.
[4] Africa CDC. 2020. *COVID-19 Daily Updates*. Africa CDC.
[5] Ibid.
[6] République du Niger. 2020. Ministre de la Santé Publique. COVID-19.
[7] UN Women Data Hub. 2020. *COVID-19: Emerging Gender Data and Why It Matters*. en Data Hub. "COVID-19."
[8] Zandonini, Giacomo. 2020. *Hundreds of Migrants Stuck in Niger amid Coronavirus Pandemic.*
[9] UNICEF. 2020. *Data to Inform the COVID-19 Response.*
[10] OECD. 2020. *Social Institutions & Gender Index: Niger.*
[11] Counterpart International. 2020. *Participatory Responsive Governance - Principal Activity Quarterly Performance Report - Q1.*
[12] CARE. 2020. Where are the Women? *The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them.*
[13] United Nations Office for the Coordination of Humanitarian Affairs. 2020. *Niger: Aid Organizations Adapt to the COVID-19* Pandemic. Accessed on August 6, 2020.
[14] Garda World. 2020. *Niger: Residents in Niamey Protest COVID-19 Measures April 17-19*. Accessed on 8/6/2020
[15] Scouts. 2020. *Scouts Leading youth action against COVID-19 in Niger.*
[16] UNICEF. 2020. Niger Humanitarian Situation Report No. 9 for 22 June to 20 July 2020.
[17] United Nations Office for the Coordination of Humanitarian Affairs (2020), Niger: Aid organizations adapt to the COVID-19 Pandemic. Accessed on 8/6/2020.
[18] Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19*. CARE.
[19] United Nations Office for the Coordination of Humanitarian Affairs. 2020. *Niger: Aid Organizations adapt to the COVID-19 Pandemic.* Accessed on 8/6/2020.
[20] World Bank. 2020. *Niger: They Fight the Coronavirus in their Own Way.*
[21] SOME, Batamaka. 2018. Resilience in the Sahel Enhanced (RISE) II Gender Analysis. USAID.
[22] Counterpart International. 2020. *Participatory Responsive Governance - Principal Activity Quarterly Performance Report - Q1.*
[23] OECD. 2020. *Social Institutions & Gender Index: Niger.*
[24] Ibid.
[25] World Bank. 2019. *Economic Impacts of Gender Inequality in Niger.*
[26] Medecins Sans Frontieres. 2020. *Working with Communities in Niger during COVID-19 Pandemic.*
[27] Agence Nigeriènne de Presse. June 26, 2019. *Le Niger Veut Réduire Le Taux de Prévalence Basée Sur Le Genre de 28,4% à 15,4% d'ici 2021.*
[28] Ibid.
[29] Equipop. 2020. Droits et Santé des Femmes à l'Épreuve du COVID-19. *Témoignages et Perspectives Féministes de la Société Civile Ouest-Africaine.*
[30] World Bank. 2020. *Women, Business and the Law – Niger.*
[31] Ibid.
[32] Ibid.
[33] UN Women. 2019. *Nigerian Women Leaders Call for More Involvement of Women to Promote Peaceful Elections.*
[34] UN Women. 2020. *How COVID-19 Impacts Women and Girls.*
[35] Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19*. CARE.

[36] Ibid.

[37] Ibid.

[38] Ibid.

[39] UN Women. 2020. *How COVID-19 Impacts Women and Girls.*

[40] Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19.* CARE.

[41] Key Stakeholder Interview from Tillabery. July 2020.

[42] World Bank. 2019. *Economic Impacts of Gender Inequality in Niger.*

[43] Ibid.

[44] Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19.* CARE.

[45] Connected Women. 2015. *Bridging the Gender Gap: Mobile Access and Usage in Low-and Middle-income Countries.* GSMA.

[46] USAID. 2020. *COVID-19 and the Gender Digital Divide.*

[47] Key Stakeholder Interview from Tillabery. July 2020.

[48] World Bank. 2019. *Economic Impacts of Gender Inequality in Niger.*

[49] Ibid.

[50] World Bank. 2019. *Economic Impacts of Gender Inequality in Niger.*

[51] Ibid.

[52] Key Stakeholder Interview from Tillabery. July 2020.

[53] Ibid.

[54] Boyer, Florence, 2014. *Quand les Fada se Peignent sur les Murs. Les Jeunes Hommes dans l'Espace Public à Niamey (Niger), Urbanites on Vendredi.*

[55] UN Women. 2020. *Policy Brief no. 18: COVID-19 and Women's Leadership from an Effective Response to Building Back Better.*

[56] Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19.* CARE.

[57] Key Stakeholder Interview from Tillabery. July 2020.

[58] Key Stakeholder Interview from Tillabery. August 2020.

[59] Ibid.

[60] Connected Women. 2015. *Bridging the Gender Gap: Mobile Access and Usage in Low-and Middle-income Countries.* GSMA.

[61] Key Stakeholder Interview from Diffa. August 2020

[62] Ibid.

[63] USAID. 2020. *COVID-19 and the Gender Digital Divide.*

[64] USAID. 2020. *COVID-19 and Digital Literacy.*

[65] PBS News Hour. 2013. "Literacy Bridge uses Talking Book to spread the word in Ghana."

[66] Key Stakeholder Interview from Tillabery. July 2020.

[67] Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19.* CARE.

[68] Somé, Batamaka. 2018. *Resilience in the Sahel Enhanced (RISE II) Gender Analysis.*

[69] Ibid.

[70] Stakeholder Interview from Agadez, August 2020.

[71] CARE. 2020. *WHERE ARE THE WOMEN? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them.*

[72] Center for Strategic and International Studies. 2020. *No Time for Complacency: The Covid-19 Pandemic in West Africa's Sahel Region.*

[73] Key Stakeholder Interview from Tillabery. July 2020.

[74] Key Stakeholder Interview from Tillabery. August 2020.

[75] Key Stakeholder Interview from Agadez. August 2020.

[76] Key Stakeholder Interview from Agadez. August 2020.

[77] Ibid.

[78] UNICEF. 2020. *UNICEF COVID Diaries Edition.*

[79] Laouan, Fatouma Zara. 2020. *Rapid Gender Analysis - COVID-19.* CARE.

[80] Ibid.

[81] Key Stakeholder Interview from Tillabery. July 2020

[82] United Nations Office for the Coordination of Humanitarian Affairs. 2020. *Niger: Aid Organizations Adapt to the COVID-19 Pandemic.* Accessed on 8/6/2020.

[83] Equipop. 2020. Droits et Santé des Femmes à l'Épreuve du COVID-19. *Témoignages et Perspectives Féministes de la Société Civile Ouest-Africaine.*

[84] Ibid.

[85] Reuters. 2020. *West Africa is Using a Three-Phased Approach to Opening up Countries after COVID-19.*

[86] USAID. 2020. *State Department: Update: The United States Continues to Lead the Global Response to COVID-19.*

[87] UNICEF. 2020. *UNICEF COVID Diaries Edition.*

[88] It will be at the mission's discretion to determine the level of engagement of the implementing partner in each gender analysis, including in the in-briefing, review of the draft CSAGA report, validation workshop for the draft CSAGA report, and the review of the final CSAGA report.