

RESULTS SUMMARY

Women Volunteers Take Action on Malnourishment in Niger

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PROJECT	<i>Title:</i>	Programme supporting the resilience of communities in Ayorou and Niamey
	<i>Partner:</i>	CADEV Caritas Niger
	<i>Country:</i>	Niger
	<i>Period:</i>	2022 - 2025

CHANGE



Engaging 32 women in Niger as active community volunteers, called Mamans Lumière (ML), has empowered them to become important change agents and role models in their communities also fostering further community participation. The MLs have supported mothers and children in their communities to improve the nutrition status bringing early detection and health- and nutritional support and guidance closer to vulnerable groups, while also catalysing participation of women in socio-economic activities.

CONTEXT

Chronic food insecurity, disease outbreaks and other recurrent extreme events combined with a world-high population growth makes severe acute malnutrition persist in Niger. In 2022, 44% of children below 5 years of age were stunted – among the highest rates on earth. The public health system cannot keep pace in delivery of essential basic services even in major cities – and even less to marginalized households. Niger is “off course” in meeting global health targets.

CONTRIBUTION

Caritas Denmark (CDK) and CADEV-Niger have within the former and new SPA program 2018-21 and 2022-25 actively worked for the recovery of acutely malnourished children under five through community led responses via the MLs. Through the program, the MLs are trained and supported to conduct and manage individual counselling, support groups, home visits and awareness meetings to prevent malnutrition and mobilizing communities around health actions.

IMAGES		
	Screening nutritional status of child – A. KOMI/CADEV	Mamans Lumières - A. DORO, CADEV

[See next page for more details](#) →

ADDITIONAL INFORMATION

ACTIVITIES

The MLs are as respected role-models in their communities selected by the health authorities, district municipal services, civil society organisations and local women leaders. The ML's interact with the public health center and accompanies women and families in three main areas; i) assess nutritional status of children; ii) address needs of acute malnutrition and; iii) prevent malnutrition of children in vulnerable families. The MLs are organised and trained in detecting malnutrition based on a recognised grass-root model and using simple bracelets for arm measuring. They train vulnerable families in best nutritional practices using posters and picture boxes as pedagogical support to vulnerable women and their families. Severe cases of malnutrition are referred to clinics which later are followed up by MLs by regular home visits. In average, the MLs provide continuous support to 40 mothers through the home-visits and advises at critical stages in their children's life. The MLs community engagements have connected families, with little prior contact, to the public health services.

LESSONS

The MLs are, as engaged community members, building trust amongst marginalised women and families enabling them to connect the families to the public health system and the authorities in general. The MLs' local and personal knowledge and commitment facilitate communication in a less top-down, pedagogical manner and can convey necessary health messages and support health campaigns of national public interest and importance. Mutual trust and respect enhance the promotion and organisation of relevant community support beyond the nutrition and health themes. The MLs have thus promoted further community participation in informal saving and credit schemes and income generating activities like urban vegetable gardening and small-scale food processing and business.

EVIDENCE

The Ministry of Health, Niger, noted in a monitoring report from February 2023, that health centres (CSI) collaborating with MLs had better access to households. This could be explained by the mutual exchange of information including the referral by MLs to the CSIs and further to hospitals in severe cases, and the regular home visits made by MLs after a child is discharged from the hospital. Further, health authorities' are regularly requesting MLs to assist in vaccination campaigns, surveys and distribution of mosquito nets, and CSIs report there are fewer cases of malnourishment in districts with active MLs. Both the Ministry of Health and the Mayor of Niamey V have requested CADEV and CDK to expand the activities to more districts in the municipality V. During a field visit by the CDK program coordinator in February 2022, a ML herself said that she would continue as a ML even if the project ended as she took pride in being able to help her community.

DOMAINS

<i>Development strategy priorities:</i>	Insert strategy priority
<i>Changes in the lives of people facing poverty, marginalisation or vulnerability</i>	(X)
<i>Changes in laws, policies and practices that affect people's rights</i>	-
<i>Changes in the capacity of organisations and communities to support rights</i>	-
<i>Changes in partnerships and collaborations that support people's rights</i>	-
<i>Changes in participation of groups facing poverty, marginalisation or vulnerability</i>	X
<i>Changes in local leadership of development and humanitarian work</i>	-