

GUARDIANS OF CHANGE

Community marraines (godmothers) as catalysts for girls' protection and empowerment in Niger



OVERVIEW

In Niger, where gender inequality and risks of gender-based violence (GBV) remain acute for women and girls, MSI has strengthened unique local community structures to provide improved support, advice and services to vulnerable girls. A pilot initiative in a suburb of the capital, Niamey, built the skills of 10 marraines (godmothers) – trusted older women who informally support girls who recently migrated to the capital for domestic work, equipping them to identify and respond to GBV, discuss sexual and reproductive health and rights (SRHR) issues, and linking them with support services. Through joint sessions organised by marraines and MSI Ladies (local midwives and nurses), proactive outreach, and strengthened referral pathways to public-sector GBV care, the pilot improved awareness of women's rights in relation to GBV survivor support, including assistance to 156 GBV survivors in the pilot area in nine months.

Marraines reported increased confidence, stronger community credibility, and clearer procedures for supporting survivors, while MSI Niger empowered their staff with the knowledge and networks to provide confident, effective GBV support.

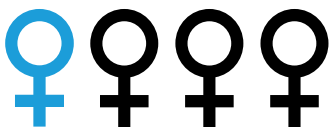
Despite ongoing social sensitivities around GBV and SRHR, the pilot demonstrated that partnering with local champions and working through existing community structures is a low-cost, high-impact strategy for reaching highly vulnerable girls. Better information and a bridge to specialised services has laid the groundwork for sustained community engagement on these topics. The team will now maintain continuity of activities in the current pilot neighbourhoods, while simultaneously preparing for potential expansion into additional areas of Niamey.

THE CHALLENGE

Niger consistently ranks as one of the most gender unequal countries in the world, with persistent disparities in access to education, healthcare, and opportunities for women and girls. A 2021 UN Spotlight Initiative study found that one in four girls in Niger has experienced sexual violence (22% of girls under age 10, 29% of those aged 10–14, and 28% of those aged 15–18). Many survivors do not pursue legal action due to concerns about social repercussions and stigma.

Each year, many girls and young women migrate from rural areas to urban centres, particularly Niamey, to engage in small-scale commerce or take up domestic work. These girls often face challenging working conditions including low wages, limited protections, and various forms of abuse. Most migrate with the support or encouragement of their families, a pattern linked in part to the economic pressures associated with climate change, reducing household income as harvests are heavily affected by changing weather patterns. Once employed in households, girls may encounter situations that put them at heightened risk, including GBV which can lead to unintended pregnancies. They rarely know where to turn for advice, care, or support.

The girls are fortunate to have support from their marraines (godmothers). Marraines are older women from the same village as the girls who help up to 50 girls at a time with accommodation, navigating their new environment, managing their income and what to do if they encounter problems. Marraines receive a small remuneration from the families and communities involved, but most of them are motivated by the desire to help girls who find themselves in the situation they once found themselves in. While they encounter trust from the girls in their care, marraines often lack the knowledge to answer girls' questions about SRH, support them in knowing their rights or getting referrals for additional care and support for GBV or SRH needs.



1 in 4 girls in Niger
has experienced
**gender-based
violence**



WHAT WE DID

In July 2024, MSI used joint CIFF and DANIDA funding to convene its first Gender Equality and Social Inclusion (GESI) workshop in Nairobi, Kenya, bringing together colleagues from 19 MSI country programmes. Following a series of pitches, six country programmes were selected to further develop their GESI pilot ideas, with funding to be awarded through the CIFF Core Fund project in 2025. MSI Niger's "marraines" pilot was among those selected.

MSI Niger implemented a pilot initiative in Niamey to strengthen support for young female domestic workers by building the SRH and GBV response capacities of 10 marraines. Between March to December 2025, MSI Niger trained the marraines, as well as the entire country programme's support office staff, all 10 MSI Ladies (community-based midwives) and four contact centre agents, on GESI, GBV and SRHR. In the pilot neighbourhood, marraines and the local MSI Ladies facilitated weekly joint sessions to provide girls with information about their sexual and reproductive health and rights, and promoted use of MSI's toll-free contact number for further information and referrals to specialised GBV services delivered by the public sector, whose health facility staff were engaged throughout to ensure consistent pathways to care. Marraines also conducted community outreach to identify and refer girls needing support, while the project reinforced links with government GBV response services to strengthen coordination and access to protection services.

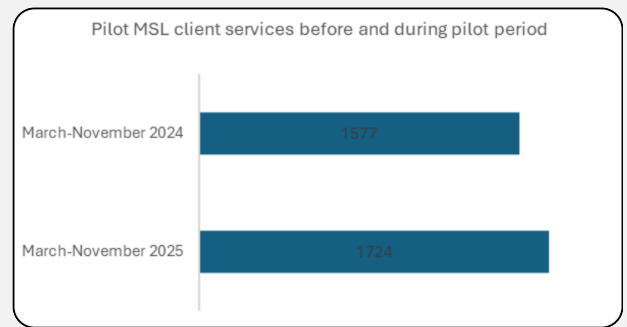
WHO ARE THE MSI LADIES IN NIGER?

MSI Ladies are qualified midwives and trusted members of the community that can provide services at times and locations that are most convenient to women, such as at local maternity clinics. In 2025, MSI Ladies in Niger served over 42,000 clients, of which 31% were adolescents. According to MSI 2025 Client Exit Interviews, 45% of MSI Ladies' clients in Niger did not know of any alternative option to take up family planning services, and on average, it took them less than half an hour to travel to their MSI Lady.



WHAT WE LEARNED

To explore perceived changes in knowledge, attitudes and practices, the pilot was evaluated using a mixed-methods approach, drawing on document review (including training reports and baseline group discussions), analysis of routine monitoring data, and endline interviews and focus groups with marraines, public health facility focal points and MSI staff. It was complemented by a final reflection workshop with key stakeholders to validate findings and shape next steps.



The pilot evaluation found that:

The collaboration between the marraines, public health facility staff and MSI service provision (including the contact centre) improved the local GBV response. During the pilot period, 156 women and girls chose to disclose incidents of GBV to the MSI Lady directly engaged in the pilot, including 47 adolescents (30%). The contact centre received 953 calls from the pilot areas, which led to four GBV survivors being referred onward to government care. Service data also show a small (~10%) increase in the number of women seeking SRH services from the MSI Lady compared to the previous year, with 37% of clients being adolescents. Joint marraine-MSI activities and proactive outreach were seen by all project stakeholders as highly effective for raising awareness and maintaining ongoing dialogue with girls. Public sector focal points supported the pilot and reported that they, too, gained valuable knowledge and clarity on referral pathways.

“I’ve seen a small but noticeable increase in clients coming forward to report GBV. I’ve also seen more girls seeking family planning services and STI screening, which shows how these conversations are opening doors.”

– MSI Lady supporting the pilot

The pilot suggests that the marraine approach is a promising, low-cost way to reach vulnerable young domestic workers, who often face challenges accessing GBV support systems. The marraines reported greater confidence and competence in identifying GBV, discussing sensitive topics, and referring survivors. They provided concrete examples of cases they supported and noted that girls were now more aware of their rights, more able to report violence, and more comfortable seeking SRH services. Marraines felt their credibility in their communities also increased, enabling them not only to support girls but also to engage parents, employers and broader community members, especially around topics such as forced marriage. Marraines consistently emphasised the strong support relationship with MSI Niger, praising the availability of the MSI Ladies and the respect shown to their role. The training they received from MSI was viewed as practical, confidence-building and socially empowering, enabling marraines to get to know each other better as well, creating a peer support network.

“Before the project, we talked to young girls in the neighbourhood, especially those who had recently arrived from the village in search of work as domestic helpers. We gave these young girls advice (...). Sometimes we received complaints of abuse, but we were unable to resolve the situation. We told the victim to be patient because she had no choice. Sometimes we took the initiative to talk to the employer, but this could complicate the situation and the domestic worker would often suffer even worse (...). But since the arrival of this project, we know better what to do. We no longer wait. The young women know their rights and know where and how to report the GBV they have suffered (...). And for us, the marraines, our involvement has changed, because we have realised that these cases of GBV can be reported. Thanks to MSI, we can raise awareness much better than before.” - *A marraine*



“We help young girls and domestic workers understand that they have rights and are not obliged to work in difficult conditions.”

- *A marraine*

“With MSI Niger and the other marraines, we have become like a family. The MSI Lady is always available.”

- *A marraine*

The activities improved MSI Niger’s internal capacity to respond to GBV. MSI Ladies and contact centre teams described improved knowledge of GBV types and referral pathways, and better preparedness to support survivors. Team members reported they felt more comfortable discussing GBV outside of the office as well, speaking to young girls and women in their own local areas. The collaboration between the MSI Ladies, contact centre and marraines resulted in smoother communication, quicker referrals and more structured case follow-up.

“The project has significantly improved awareness among young girls and provided assistance to survivors.” - *Public health focal point*

Despite these successes, challenges remained, particularly around the continued sensitivity of GBV and SRHR as topics. Some community members perceived the marraines’ work – particularly discussions on early and forced marriage and family planning – as unwarranted interference.

Many women and girls reported still feeling ashamed to seek GBV and SRH services, and this will require continued engagement, including with key influencers in the community. Internally, teams reported that the GBV training for MSI Ladies should include more advanced modules than those for non-service providers. The marraines also encountered challenges using the project reporting tools, as this was a new practice for them. These will be addressed as the pilot moves into the next phases.

WHAT THIS MEANS

Engaging local champions in true partnership remains a pivotal strategy for locally led impact. The pilot demonstrated the strong potential of leveraging existing local community structures to enhance girls' access to SRH and GBV services. Aside from the initial training, all pilot activities in the communities were fully organised by the marraines, who shaped the content of each session based on their own expertise. The pilot experience shows the value of identifying trusted local figures, such as the marraines, and supporting them in a truly collaborative and non-prescriptive way. This approach draws on and values their lived experience and deep community ties. As a result, it strengthens their ability to positively impact their communities and builds their own confidence as well.

The experience also showed that SRH service providers have a crucial role in strengthening GBV referral pathways. It reaffirmed that SRH service providers such as MSI Niger have a valuable role to play in raising broader awareness, building community trust, counselling and supporting GBV survivors and connecting them with specialised care. Partnering with public-sector providers ensures that survivors receive the expert support they need from specialised GBV support services.

Involving a wide range of staff in GBV interventions enables a broader and more sustainable impact that continues well beyond the initial training. The entire MSI Niger country support office staff received training on gender equality and social inclusion and GBV, from operations to finance teams. By engaging colleagues from different functions and levels, not only those involved in direct implementation, MSI was able to cultivate champions who actively support GBV prevention and response within their day-to-day roles. The MSI Ladies outside of the pilot area were also trained, including on how to handle safe disclosures and reporting, improving the care offered to GBV survivors in our service delivery.

Next steps will focus on cementing and expanding the pilot experience. The team will ensure continuity of activities in the current pilot neighbourhoods to maintain trust and sustain community momentum, while simultaneously preparing for potential expansion into additional areas of Niamey. They will share the pilot results with public sector and community partners to strengthen collaboration and inform joint planning. Light monitoring of cases in existing areas will be maintained to track emerging needs, follow trends, and reinforce the evidence base for expansion.