CAMPAIGN TO PROMOTE FAMILY PLANNING AND KEEPING GIRLS IN SCHOOL

Niger: Transformative Strategic Partnerships

Maradi region, January 2019
Cover photo: Women in a Koranic school
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Niger has one of the highest population growth rates in the world (3.9 per cent in 2012). The population is extremely young: people under 15 account for more than half of the total population (51.7 per cent). The extreme youth of the Nigerien population is related to its high fertility rate, which is six children per woman on average, linked to the strong desire to have children both among men (11 children) and women (9 children), and the low use of family planning (12.3 per cent).

This demographic change is taking place in a socioeconomic context, characterized by growing insecurity linked to the advent of the Boko Haram sect, which has caused an unprecedented humanitarian crisis in the Diffa region since 2015. This crisis continues to affect many people, including children, adolescents, young people and women, thus depriving them of their rights, including the right to better health.

**WHY A CAMPAIGN IN THE MARADI REGION?**

The campaign in Maradi aims to: “promote demand for reproductive health services, especially by repositioning family planning and addressing gender-based violence.”
People under 15 account for more than half of the total population (51.7 per cent).

the maternal mortality rate was 535 deaths per 100,000 live births in 2012 and the infant and child mortality rate 81 per 1,000 live births.
Child marriage rate 28 per cent of girls are married before the 15 in Niger

Child marriage rates before the age of 18 in Niger

28% of girls are married before 15
72% of girls are married after 15

24% of women are married after 18
76% of girls are married before 18
In order to enable the population of Niger – and in particular that of the Maradi region – to fully enjoy their rights, with a particular focus on the right to reproductive health and to be able to respond effectively to their specific needs, the United Nations Population Fund (UNFPA), the Ministry of Public Health and the Ministry for the Promotion of Women and Child Protection intend to collaborate to carry out a mass campaign promoting family planning and providing reproductive health services, including the screening of female genital cancers and of stula cases. The campaign also intends to bolster the fight against gender-based violence and STIs/ HIV/AIDS and to advocate for girls’ education. The campaign will run from 7 to 22 January 2019 in each of Maradi’s eight departments and its urban commune of Maradi. This initiative aims to mobilize the community, administrative, traditional and religious municipal authorities, young people and women and men in the regions to provide high-quality reproductive health services to the population.

SPECIFIC OBJECTIVES

• Mobilize administrative authorities, community leaders (traditional and religious leaders, women’s groups and associations, youth networks) and regional and local elected officials to promote the use of reproductive health services, especially family planning, the fight against gender-based violence and girls’ education and retention in school.

• Use community leaders to inform and make communities aware of the benefits of family planning, equal rights and the importance of girls’ education and retention in school.

• Strengthen the supply and quality of reproductive health services in both fixed and mobile centres.
His Excellency Mr. Mouhamadou Issoufou, President of Niger
“Our country must seek to capitalize on the demographic dividend offered by the convergence of sustainable development and demographic transition. I commend the Government, traditional and religious leaders and development partners for their efforts. I, therefore urge them to continue their fight for this cause. And encourage them to raise awareness around early marriages and the need to keep our children, especially girls, in school until at least the age of 16, in accordance with the commitments of the Renaissance Programme.”
Our partnership with Niger is a successful example of a State’s commitment to improving maternal health. The Head of State, H.E. Mahamadou Issoufou, champions the capturing of the demographic dividend, which is among the key concerns of the Niger Renaissance Programme.
The Tattali Iyali Foundation of the First Lady, Dr. Lalla Malika Issoufou, also collaborates with the United Nations Population Fund (UNFPA) to combat early and forced marriages and their negative consequences. UNFPA, in collaboration with the Government of Niger, organized a high-level side-event on “Addressing child marriage, and promoting women’s and girls’ well-being in Niger” at the 73rd session of the General Assembly. The meeting was attended by the UN Deputy Secretary-General, Amina J. Mohammed, and the UNFPA Executive Director Natalia Kanem.

The session highlighted good practices, innovative community interventions and other efforts in the country that have improved the well-being of women and girls, leading to a reduction in the fertility rate (from 7.6 children per woman in 2012 to 6 children per woman in 2017). These encouraging results arose from the political will and leadership of the President of Niger, who has been at the forefront of the international community’s mobilization to capture the demographic dividend and empower women. A call to action in 2013 resulted in a partnership between the United Nations and the World Bank through the Sahel Women’s Empowerment and Demographics project (SWEDD).

We are focused on Niger and fully committed to further improving maternal and reproductive health indicators. The French Muskoka Fund is another initiative to improve sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNCAH). It is entering its second phase of implementation alongside a new partner, Denmark.

I encourage all civil society partners and local stakeholders, administrative authorities, religious leaders and traditional leaders to scale up efforts, in the context of the 25th anniversary of the International Conference on Population and Development and the 50th anniversary of UNFPA, to capture the demographic dividend and empower young people and women.

Maradi’s experience deserves to be scaled up in all regions in need. Together with the Government of Niger, we are determined not to leave anyone behind and to achieve the three transformative results by 2030:

- End unmet need for family planning
- End preventable maternal deaths
- End gender-based violence.
Dr. Lalla Malika Issoufou, First Lady of Niger, President of Tattali Iyalli’s Foundation
Dr Lalla Malika Issoufou
First Lady, President of the Tat-tali Iyali Foundation

“Early or forced marriages drag our young girls down, because they lead to early pregnancy, fistula and school dropout.”
The campaign in Maradi cannot be just another campaign, although it follows so many other initiatives of its kind. This campaign requires commitment from us all, whatever our level of responsibility, because it is about increasing our people’s knowledge and awareness about issues affecting their daily lives. It aims to create a more favourable environment for the promotion of reproductive health, which cannot be reduced to family planning alone. It also aims to promote demand for health services and combat gender-based violence. It is quite simply about promoting better access for all to health, a fundamental right.
Only by improving access to basic health services can we radically reverse the trend of high maternal and child mortality.

This will also be the mean by which we can reduce the risks of childbirth and increase rates of professionally assisted childbirth, keep women and children healthy, and control gynaecological diseases, childhood diseases and early pregnancies, which are generally linked to early marriages.

One of the unfortunate consequences of early marriage is obstetric fistula, which causes girls to be ostracized, abandoned by their parents, friends and society, and condemned to a silent death. We must no longer accept such inhuman and degrading treatment of our fellow citizens.
We should treat them instead with dignity and humanity. The best approach is to ceaselessly combat the cause of this situation of early marriage.

Fistula is also linked to female genital mutilation, a harmful practice that dehumanizes girls, and that denies their most basic rights as human beings, such practice has no place in a progressive society.

*The longer girls stay in school, the more likely they are to stay healthy, escape early marriage and early pregnancy, manage their families better and become agents of national development.*

We are lucky that one of the objectives of the Renaissance Programme supported by the President of the Republic, the Head of State, His Excellency Elhadj Issoufou Mahamadou, is to make school a driver of social mobility for all children.

Girls’ education must be enhanced to ensure the best balance in our society. We must keep girls safe by giving them the keys to physical and intellectual emancipation, by empowering them as full members of our society.

I, therefore invite all opinion leaders to act. I encourage, in particular, administrative authorities, traditional chiefs, religious leaders, human rights associations, women’s and youth organizations, and local elected officials to promote, the use of reproductive health services, in particular family planning, and to fight against gender-based violence.

I invite them to share true religious teachings to help our people break out of the vicious circle of ignorance.

I offer my support to the innovative “School for Husbands” initiative, and suggest that these should be created wherever they are needed. I particularly encourage husbands to allow their wives and children to access reproductive health services.

*Dr Lalla Malika Issoufou*  
*First Lady of Niger*
Ismaila Mbengue
UNFPA’s Representative in Niger

- 76 per cent of girls are married before the age of 18
- The maternal mortality rate is 535 deaths per 100,000 live births
The extreme youth of the Niger population is tied to its high fertility rate of six children per woman on average, to the high proportion of child marriages (28 per cent are married before the age of 15 and 76 per cent before the age of 18), to high fertility among young/adolescent girls (14 per cent of total fertility) and to low levels of family planning uptake (12.3 per cent). These statistics have implications for maternal and child health. Indeed, in 2012 the maternal mortality rate was 535 deaths per 100,000 live births and the infant and child mortality rate of 81 per 1000 live births.
The Minister for Public Health has made available for the campaign 70 trained midwives (60 of whom come from other regions of Niger, to strengthen service delivery and skills) and 14 mobile clinics, each composed of two midwives, a nurse and a communicator, covering all villages in the eight departments of the Maradi region, in addition to the team of supervisors and gynaecologist trainers in each of the eight departments.
Of the eight regions of the country, Maradi and Zinder have the highest population growth rate. These two regions also have the lowest scores for the uptake of reproductive health services indicators (family planning, antenatal consultations and assisted childbirth).

This social mobilization campaign is therefore included in the objectives set by the Government in the Economic and Social Development Plan. It is a challenge and a commitment for all of us to provide the population with the quality information and services they need to exercise their free choice and to make the right decisions for their reproductive health. The campaign is aimed at ending all practices that are contrary to human dignity and rights, in particular gender-based violence.

The quality of this information is particularly important since it is communicated by community leaders: traditional leaders, religious leaders, women leaders, and youth networks. Community leaders provide information and raise awareness among community members about their rights and health, so they can make the best decisions about their own future and that of their children.
This campaign will enable women of reproductive age to have access to information so they can fully exercise their reproductive health rights and have the number of children they want. This information will also provide them with a better understanding of gender-based violence and of the systems and services available to help them. Gynaecologists and midwives will provide health workers with formative supervision and coaching to strengthen their technical skills and ensure that these teams continue to offer high-quality services after the campaign.

The Minister for the Advancement of Women and Protection of Children has mobilized her regional team, which has mapped stakeholders who are working to combat gender-based violence, conducted awareness-raising activities to strengthen prevention, and developed strategies for response and referral to the Integrated Health Centre.

The Maradi campaign is also a response to the appeal by His Excellency, the President of the Republic, Head of State, Elhadj Issoufou Mahamadou:

“Our country must seek to capitalize on the demographic dividend offered by the convergence of sustainable development and demographic transition. I commend the Government, traditional and religious leaders and development partners for their efforts in this regard. I encourage them to continue their struggle. In particular, I encourage them to continue to raise awareness of early marriage and the need to keep our children, especially girls, in school until at least the age of 16, in accordance with the commitments of the Renaissance Programme.”

Ismaila Mbengue
UNFPA Representative in Niger
A woman from a village in Guidansori visiting the mobile clinic for reproductive health consultations
Inauguration of a health centre and call for improvements to maternal health

In the Maradi region, only 7 per cent of women have access to modern family planning methods, and there are 750 maternal deaths per 100,000 live births are caused in part by the very high percentage of early marriages and pregnancies: 90 per cent of girls are married before the age of 18.

As part of the Maradi campaign, the First Lady, Her Excellency Dr Lalla Malika Issoufou, the Minister for Public Health, and the Minister for the Advancement of Women and Protection of Children, accompanied by Mr Ismaïla Mbengue, UNFPA Resident Representative in Niger and Ms Binetou Djibo, United Nations Coordinator in Niger, opened a renovated health centre in the Ali Dan Sofo neighbourhood. This facility will help to improve the range of health services in the commune. The UNFPA Resident Representative took the opportunity to present a family planning kit, alongside the First Lady.

Although Maradi is Niger’s economic capital, its reproductive and maternal health indicators are very alarming and engagement of all stakeholders will be needed if current trends are to be reversed.
Inauguration of Ali Dan Sofo health center
Mme Binetou Djibo
United Nations System Coordinator in Niger
Spotlight Initiative in Niger

Niger has one of the highest population growth rates in the world (3.9 per cent in 2012). The population is extremely young, with children under 15 accounting for more than half of the total population (51.7 per cent).

With the aim to spur on improvement, the country’s authorities, supported by UNFPA, are relying on joint efforts by local and administrative authorities, religious leaders, traditional and customary chiefs, and civil society.

Moreover, Niger is a beneficiary country of the Spotlight Initiative, a partnership funded by the European Union and implemented by four UN agencies: UNDP, UNFPA, UN Women and UNICEF.

These initiative aims to eliminate all harmful practices and violence against women and girls, and the consequences of these practices. Ms Djibo, the United Nations System Coordinator, speaking on this issue, stated that:

“The Spotlight programme dedicated to women’s issues is an example of the One UN spirit, advocating for inter-agency programmes to address well-defined issues.”

“UNFPA will serve as the lead agency in the implementation of the Spotlight project. It has extensive expertise in fistula repair and reproductive health. Spotlight will capitalize on the experience of other agencies as well as UNFPA, but UNFPA will be at the forefront.”
Niger: Traditional chiefs and religious leaders, a transformative partnership with UNFPA

Traditional leaders engaged with the Government and UNFPA on advocacy initiatives

Traditional chiefs occupy an important position in Niger and are considered to be the Fathers of the Nation. Theye, have the title of Sultan in four regions of the country: Agadez, Dosso, Maradi and Zinder. There are also traditional leaders in the regions, who run the cantons. Traditional leaders in Niger are therefore involved in all policies and decisions affecting their locality.
Traditional leaders welcoming delegation officials at Maradi’s airport.
Maiguizo Kané Mahamane Mansour
Chief of the Canton of Tessaoua and Secretary-General for External Relations for the Association of Traditional Chiefs of Niger (ACTN).
Maiguizo Kané Mahamane Mansour

Chief of the Canton of Tessaoua, Secretary-General for External Relations of the Association of Traditional Chiefs of Niger (ACTN).

Health improvement project in Tessaoua: “One family, one measure of millet”.

In Tessaouaa, it is not uncommon to see women, men or entire families coming to town to ask for help to get a son, daughter or sick parent to the Maradi or Zinder Regional Hospital. Transport costs an average of 21,500 CFA francs (around 33 euros), but not all families can afford this. In order to provide for the transport of patients, the canton chief of Tessaoua, Maiguizo Kané Mahaman Mansour, therefore has proposed that a millet collection system be set up, which through the sale of the millet will cover the cost of emergency transport for families in need. In this commune of about 375,000 inhabitants, the Sultan managed to collect 26 tonnes of millet in two months solely on the basis of the trust that the people have in their traditional leaders.
The role of the chiefs dates back to well before colonization, and this explains the trust and strong ties we have with the people, which is why we are called the Fathers of the nation. We are responsible for helping people solve their everyday problems, especially women and children in rural areas. Women in rural areas are subject to hardships related to precariousness, poverty and destitution, which causes high rates of domestic violence, school dropout, divorce, illiteracy and clandestine prostitution.

That is why we are convinced that empowering women will help to stop the scourges and illnesses that are besetting them.
«We must help women and young people out of this precarious situation. If we do not, we will not get off the starting line. We need real, tangible projects to enable women and girls generate their own livelihoods.”
Guidansori community mobilization with the awareness raising team accompanied by a mobile clinic for consultations on reproductive health.

Administrative authorities and traditional leaders are involved in public awareness sessions to accelerate the process of social and behavioural change.
Involvement of traditional leaders in awareness-raising caravans.

During the Maradi campaign, awareness-raising caravans travelled to all the villages to encourage women to attend health centres. The local traditional leaders were present or represented in each caravan, to demonstrate to their people that they believe in the merits of the initiative. One example is Gonda Baffa, representing the chief of the Canton of Guidansori. He explains:

“We are involved in raising awareness at the village level in our canton, and we intend to finish the remaining seven villages within two days. We do this because we are listened to and respected, we officiate marriages and attend baptisms.”

Testimony by Gonda Baffa, representing the chief of the Canton de Guidansori.

“We hope for a change in public attitude, especially in the fight against child marriage, so children can stay in school. Women must be mature enough before marriage, because even if they do not do well in school, there are vocational training centres that they can attend later to ensure their empowerment.

Nowadays, spacing births and family planning are not controversial topics. Most men do not object to women using these services. However, we are sometimes required to mediate when we are informed of a case of child marriage.”

“This year there were rumours of two cases of child marriage, and we annulled them when the information was relayed to us.”
Dr. Zalha Assoumana, in charge of the program against fistula and female genital mutilation at UNFPA Niger, during an intervention.

In «Madrassas» older sisters (dressed in red) often ask questions on behalf of the younger ones, when they feel a certain embarrassment to ask them.
As part of a cooperative effort with Chad’s female preachers, an awareness-raising mission gave rise to the recommendation that madrassas be involved in promotion of the social and behavioural change that is needed to improve maternal health and end harmful practices.

More than 99 per cent of Niger’s population is Muslim and religious leaders have a large audience. In some regions, people choose to attend Koranic schools instead of general public education. It is therefore essential for UNFPA to engage with female preachers who are very close to the people, to create a dynamic of social and behavioural change.

This is the case in the Maradi region, where the vast majority of women attend Koranic schools. They do not attend public schools and health facilities, which are still distant from some villages. The female preachers in these madrassas are therefore heeded in almost the only places where women meet.

Through their sermons and teachings, they contribute to social and behavioural change, to improve women’s wellbeing through better access to health care, keeping girls in school, and the elimination of gender-based violence. This is the first time UNFPA Niger has trialled this initiative in madrassas.

50 madrassas were involved in the Maradi campaign, with each reaching approximately 50 to 100. Some were attended by more than 200 participants.

The many questions asked by the women during discussions ranged over topics related to birth spacing and keeping girls in school to address early marriage. At the end of some sessions, various family planning methods were presented to the women. Some preachers did not hesitate to show their sisters their own implants.
In the Maradi region, a large majority of women attend Koranic schools.
Malama Ouani is a preacher in the commune of Maradi in Dambalbilou, where women have formed religious groups in the neighbourhoods. These groups are called «madrassas», an Arabic word meaning school. The madrassas provide women with guidance on the various teachings of Islam.

Her group is called "Ahloul kitabi wal Souna", literally "the people of the book and the Sunna", an allusion to the Koran and the lessons of the Prophet Muhammad PBUH. During one session, the discussion focused on Islamic rules around family planning and girls’ education.

According to Malama Ouani, women must take care of themselves and their health by making an effort to attend health care and treatment centres.

She asks the people who come to listen to her:

"How can you be steadfast in your religious practice if you are ill all the time? ".

In this part of Niger, most of the medical complications that affect women are caused by early pregnancies or pregnancies following in quick succession due to a lack of birth spacing.
Malama Ouani, preacher in Dambalbilou.
When the question of spacing births arises, the preacher responds by invoking two verses of the Koran: Sourate Al-‘Ahqaf (The Cave, 46) verse 15 “his gestation and weaning lasted 30 months”, and then Sourate Al Baqara (The Cow, 2) verse 233 “and mothers who want to breastfeed in full will breastfeed their babies two full years.”

Islam calls for newborns to be breastfed regularly for at least two years for women who wish to do so, which is a natural way to space births according to the preacher. This method has its limitations, and Malama advises her sisters to seek advice from health professionals in how to avoid closely-spaced pregnancies, which are not beneficial for the proper development of the child and which can weaken mothers. She states:

“Most women thought that Islam was not in favour of spacing births, whereas it is quite the opposite.”

In the group, some women expressed their discomfort when attending health facilities because most of the staff are men. Malama told them:

“If you want your daughters to avoid this fate, then keep them in school, they will be more likely to become gynaecologists, midwives or nurses.”

“The quest for knowledge is an obligation for every Muslim man and woman.”
Chamsiya Tahirou was born in the village of Ardawa in the commune of Jiratawa, 600 kilometres from Niamey, the capital of Niger.

Her family did not prioritize education. She decided therefore to leave school in the second year of elementary education. She later joined a Koranic school.

In Niger only 0.3 per cent of girls complete secondary education, and 50.9 per cent drop out of primary education.

She managed to avoid an early marriage which she did not agree to when she was 17 years old. "Fortunately for me and the girls of my generation, in my village, we have the right to say NO to child marriage," says Chamsiya. This is uncommon in rural areas in Niger. Her village, is, in fact, exception, thanks to the many awareness-raising programmes run by UNFPA. In Niger, 76.3 per cent of girls are married before the age of 18.

Following this strained situation, she decided to join a “safe space” to benefit from a literacy project, from where she was referred to the Maradi vocational training centre. According to Ms Halima Ibrahim, Director of the centre, “Our institution hosts 240 out-of-school girls, who are trained in income-generating occupations”, in particular “sewing, motorcycle repair, livestock farming and electrician skills”. But not exclusively; this is not an exhaustive list.
Chamisiya in the motorcycle repair training workshop.
Ms. Halima Ibrahim Director of Maradi II Trades Training Center
After two years of training, Chamsiya has acquired the mechanical skills to repair motorcycles and she now wants to move forward and take charge of her life. It was thanks to Niger’s “Illimin” initiative for teenage girls that Chamsiya was able to have a second chance. This initiative is a Government response, with UNFPA support and donor funding, to the issues of child marriage, school dropout rates and low levels of access to family planning services.

It was launched in 2013, and focuses on participation and family and community dialogue, to involve parents and men in the fight against early and forced marriages and in the promotion of reproductive health. The ultimate goal is to help to change the behaviour of girls, families and communities towards child marriage and early pregnancy.

Teenage girls who are victims of forced marriages are first rescued by UNFPA and guided to a safe space. They attend literacy classes, as well as classes on life skills, sexual and reproductive health, gender and human rights.

The reproductive health classes increased the use of family planning methods among teenage girl beneficiaries from 4.1 per cent in 2013 to 33.3 per cent in 2018. This is a positive sign, as we know that the national average for adolescent girls is 4.3 per cent. 220,771 people have already benefited from community dialogue and 132,715 teenage girls attended the 1,358 safe spaces created.
Balkissa Tari, a community radio host in Niger, combats child marriage and harmful practices.

Balkissa Tari is a host at a community radio station in Niger, making her stand out in the commune of Tessaoua, which lies 600 km from the capital Niamey. Considered today as a women’s advocate, Balkissa has had an uncommon life.

Married at 12 years of age and forced to drop out of the second year of elementary school, she owes her salvation to her older sister in whose home she took refuge before returning to school. She joined the Barro Dan Baskore School, which helps rehabilitate girls who have been victims of forced and early marriage. The school has set up a childcare system, allowing single mothers to attend classes. There, Balkissa obtained her Junior Secondary Education Certificate (BEPC) before undergoing further training to be a radio presenter.

On “Garkuwa FM”, Balkissa Tari’s shows often cover topics related to child marriage and its consequences. Her position as community radio host enables her to advocate against harmful practices.

She says: “I wanted to be a radio host because I enjoy it and I could see that through radio girls and parents are made aware of the type of gender-based violence to which I was subjected. That is why I fought to get my diploma, to help with the fight.”
Balkissa Tari facilitator at Garkuwa FM in Niger
Ms. Bilal Madina Thiam, midwife at the Mother and Child Center in Agadez, available at El Kolta’s Health Center.
Niger has eight Mother and Child Centres across its territory. These centres offer various services, including ante- and post-natal consultations, care for high-risk pregnancies, caesarean sections, and inpatient and outpatient gynaecological care.

To address the capacity-building needs of medical staff in Maradi, Madina was deployed to the El Kota Integrated Health Centre. Most of the young women interviewed at this integrated health centre had come for their first antenatal consultation as they were starting their second trimester of pregnancy. They had not previously had an antenatal consultation, which is contrary to recommendations. However, women fear being judged unfavourably if they attend a consultation during the first three months of pregnancy. In rural areas they are at risk of being criticized, as some people think they do not want to continue with the pregnancy.

Through counselling, these same women raise awareness among those who remain in the village, and inform them that they should attend a consultation as early as possible. This method of awareness-raising improves the number of women attending antenatal consultations.

Testimony by Ms Bilal Madina Thiam

Midwife at the Mother and Child Centre in Agadez at the El Kolta Health Centre
During the campaign, Madina saw one woman who had gone through ten deliveries without any family planning. Following counselling, the woman wanted to get an intra-uterine device.

She says:

“\textit{I received a 42-year-old woman who already had ten children. She was not aware of any family planning methods. After giving her some information, she agreed to use a method of family planning. I was very satisfied with my work as I was able to have a positive impact on a woman’s life.”}"

Salimou Ibrahima is a patient at this centre. By the age of 30, she had already delivered nine children, three of whom had died. Salimou travelled 12 km from her village, Kamchiroua, to receive medical advice.

One of the objectives of the Maradi campaign is for men to understand that the antenatal consultation is very important for the protection of a woman and her child. It makes it possible to prevent diseases that could affect the mother and the child.
Salimou Ibrahim, a patient who has already had 9 deliveries including 3 deaths, travelled 12 kilometers on foot from her village to Kamchiroua for medical advice.