Mothers’ club in Togo

Context
Togo is an extremely poor country, ranked 143rd out of 177 on UNDP’s Human Development Index 2004. Life expectancy at birth is less than 50, and the other social development indicators are low. Agriculture, a sector which employs the overwhelming majority of the population and accounts for over 43 per cent of GDP on its own, has been hard hit by unfavourable climatic conditions in recent years.1

Background
Following the 5th Panafriican Conference, held in Ouagadougou in September 2000, the Togolese Red Cross decided to rethink its activities in order to maximize impact at the community level, in accordance with the ARCHI 2010 initiative (Health Initiative of the African Red Cross and Red Crescent Societies). The Togolese Red Cross mobilized its volunteers into two groups of actors to support two different types of activities, namely community health and food security:
- CFA = Community first aiders
- MC = Mothers’ clubs (women’s groups)

The purpose of the mothers’ clubs is to bring together mothers from different regions to engage in activities aimed at improving their living conditions and providing a model for the community. Two goals are pursued: promoting community health by raising awareness among women, and promoting better socio-economic development for members and women in general.

The first mother’s club was founded in Bassar, Kara (centre-west of Togo), in connection with activities to promote the reintegration of Ghanaian refugees that were carried out in 1996 in Bassar Prefecture. Mothers’ clubs

1 http://www.fco.gov.uk/country_profile_Togo
generally have 30-50 members. They are set up via a village assembly and the appointment of an ad hoc committee, which admits women who wish to join.

The clubs carry out various activities:

**Community health**
- Mother and infant health – nutrition and vaccination;
- Prenatal and postnatal consultations, family planning, HIV/AIDS prevention;
- Malaria control – promotion of proper use of presoaked mosquito nets;

**Hygiene – sanitation**
- Management of garbage dumps and household waste – installation of a garbage hole in the concession;
- Mock wells – small sink holes dug behind showers to collect wastewater. The holes are filled with pebbles and stop wastewater from spreading and polluting the environment. They prevent the formation of breeding sites for malaria-carrying mosquitoes, thereby reducing the incidence of the disease.

**Socio-economic**
- Health solidarity fund – funded through monthly dues;
- Fund for income-generating activities (IGAs) – funded via members’ monthly dues:
  - Small loans granted to solidarity groups composed of 3-5 women to implement IGAs. Reimbursement with interest, to feed the fund. Exchange of experiences at IGA meetings.
  - Pooling of production. Own production and purchases from others for manufacturing the local drink or distribution.

The women volunteers receive free health care through the Health Solidarity Fund.

**Results**

Over the past five years, the number of mothers’ clubs has risen in the different parts of the country. In 2007, Savanes had 118 mothers’ clubs, 33 of which are supported by the European Union, the Danish Red Cross and the German Red Cross. There are 64 mothers’ clubs in Centrale, 82 in Plateaux, where 45 are backed by the EU Project and 37 by the AIDS Project carried out jointly with the Danish Red Cross, and some 20 clubs in Maritime. The other mothers’ clubs are supervised by volunteer staff from the Regional Coordination Unit of the Togolese Red Cross.

Some clubs meet at the regional level in order to share their experiences with regard to the different facets of the activities.

In the villages, there has been a change of behaviour as far as health is concerned. More and more people are using presoaked mosquito nets, and the number of women with vaccination record books is on the rise. All children aged 0-11 months have vaccination record books, and mothers follow the vaccination timetable.

In the health field, women are well informed. They visit health centres and no longer ask their husbands’ permission to take their children to the doctor. They are increasingly aware of their role in society, which in turn leads them to participate actively in meetings by speaking out.

Women implement income-generating activities, which enable them to meet many of the family’s expenses.

From a socio-economic standpoint, the mothers’ clubs support start-ups of micro-companies that sell food,
cereals and drinks. There has also been an improvement as far as means of support are concerned, and school attendance is compulsory.

The Health Solidarity Fund is not operating satisfactorily. In the Central Region, for example, 61 out of 65 mothers’ clubs are active, but not all of their members have accepted the Health Solidarity Fund. Consequently, there is a need to step up awareness-building efforts, because the solidarity funds are a new form of health insurance that inhabitants are not used to yet.

One problem is that activities are not followed up regularly throughout the country; moreover, due to lack of funds, training does not cover all topics and all regions.

In the final analysis, the mothers’ clubs are promoting the emergence of a women’s rural civil society in communities, thereby underscoring the important role that women play in their environment.

**Lessons learned**

Before a women’s club is set up, awareness-building campaigns should be run in the villages, to demonstrate the benefits of these clubs and what the volunteers can get out of them.

There is a need for trained volunteers to run follow-up activities in clubs and coordinate the various working sessions; otherwise, all topics cannot be covered in the different clubs. All of the women who join the clubs must also be trained, in order to guarantee a minimum amount of continuity and quality. It is also important to provide for systematic training on the various topics proposed, in order to maximize the clubs’ effectiveness.

Properly conveying the goals of the mothers’ club and the results (expected or real) is essential. Nevertheless, one should not forget the risk that some women volunteers may only be motivated by the socio-economic support they receive as members.

Since 2004, several mothers’ clubs have founded women’s soccer teams, which organize matches, enabling the mothers’ clubs to play for their village. These events have boosted cohesion among women and contributed to an athletic, healthy lifestyle.

**The right approach**

The women’s clubs enable women to increase peer awareness of problems involving community health, HIV/AIDS, nutrition, etc. Activities are carried out on a volunteer basis once the women members have undergone training.

- The notion of proximity must predominate when a mothers’ club is being set up. This facilitates periodic meetings, guaranteeing that the activities carried out by women will be followed up.
- There must be regular training for members of the club and bureau and above all for the main coordinator to build capacity (proper use of promotional tools, drafting of activity reports, transparent management, opening of a savings account with a trustworthy microfinance institution).
- If there is an increase in the number of women’s clubs, they could be structured as a network or a federation could be set up, enabling women to be represented on several decision-making bodies.
It is also important to see to it that the women members of the mothers’ clubs fully understand the responsibilities of the clubs, members and persons in charge. Moreover, the clubs should draw up a simplified but functional plan of action determining the main activities and responsibilities.

There is a need to introduce a programme for supervising and following up the mothers’ clubs, which view this step as a reflection of the priority that the persons in charge give their club.

Each mothers’ club is governed by a guide, “Functioning of a women’s club”, which describes the following points:

1. Internal organization of each mothers’ club.
2. Administrative organization of the mothers’ clubs.
3. Organization and financial basis of the mothers’ clubs.
4. Activity guidelines for the mothers’ clubs:
   - Health, such as monitoring women’s health status, delivery, vaccinations, AIDS prevention, hygiene, child nutrition, typical children’s pathologies, family planning;
   - Various activities such as home economics, associations, basic education for girls, promotion of women’s and children’s rights and duties, promotion of functional literacy;
   - Statistics/activity reports.
5. Criteria governing the choice of persons in charge.
6. Duties of those in charge of mothers’ clubs.
7. Duties of those in charge and members.

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