

*From Relief to Self-Reliance*



## **Utilization of Care Groups in food security and community health programs**

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# Care Groups

- Establish a voluntary system of community health workers who can effectively and sustainably change the behavior of pregnant women and mothers with children 0-23 months



# Why focus on behavior change in households with pregnant women?

- **The major key in sustainable and durable community interventions is behavior change at the household level**

***Progress on health systems will not lead to a long-term impact on health unless there are delivery strategies using integrated community solutions, targeted and evidence-based data***

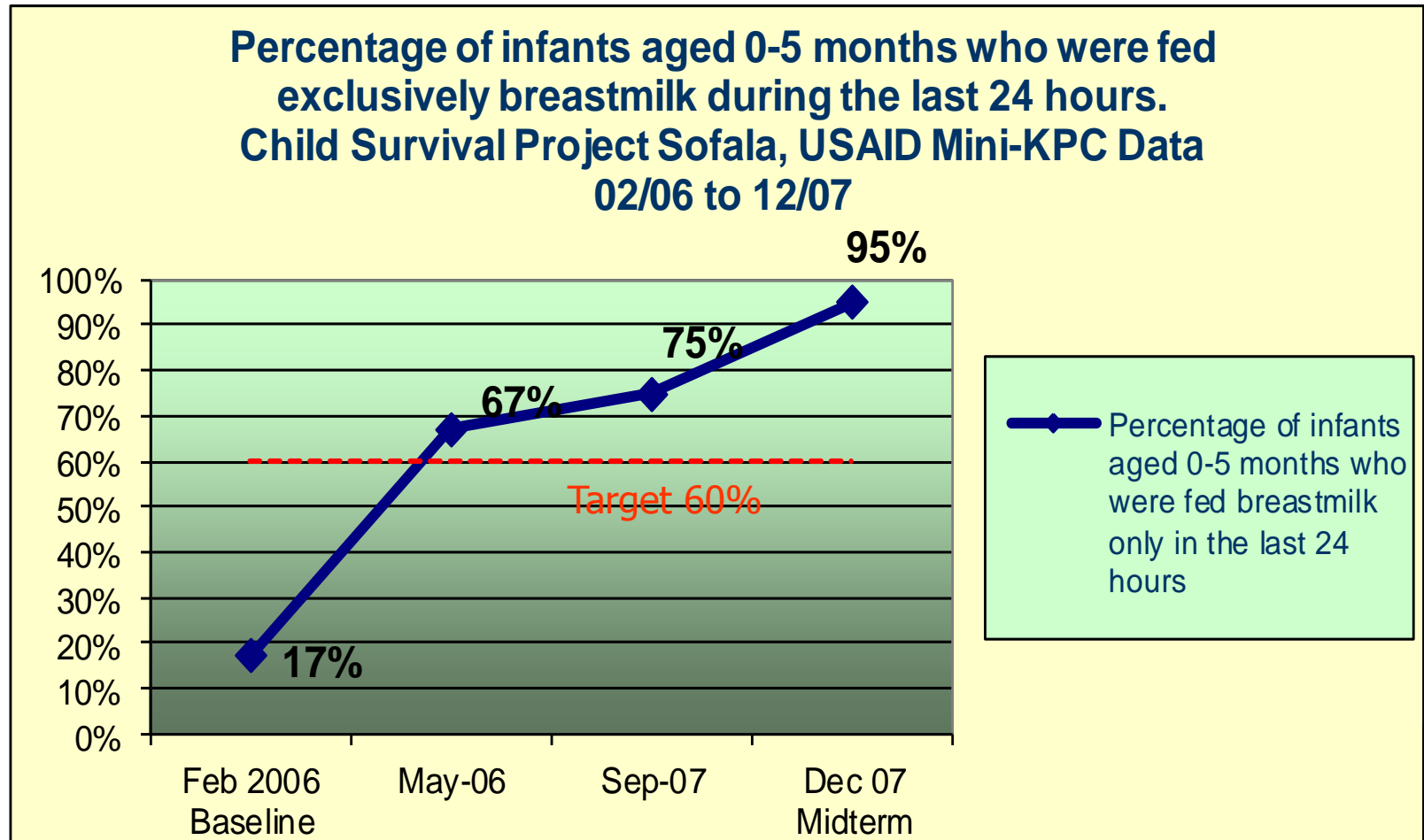
# What can be the impact of Care Groups?



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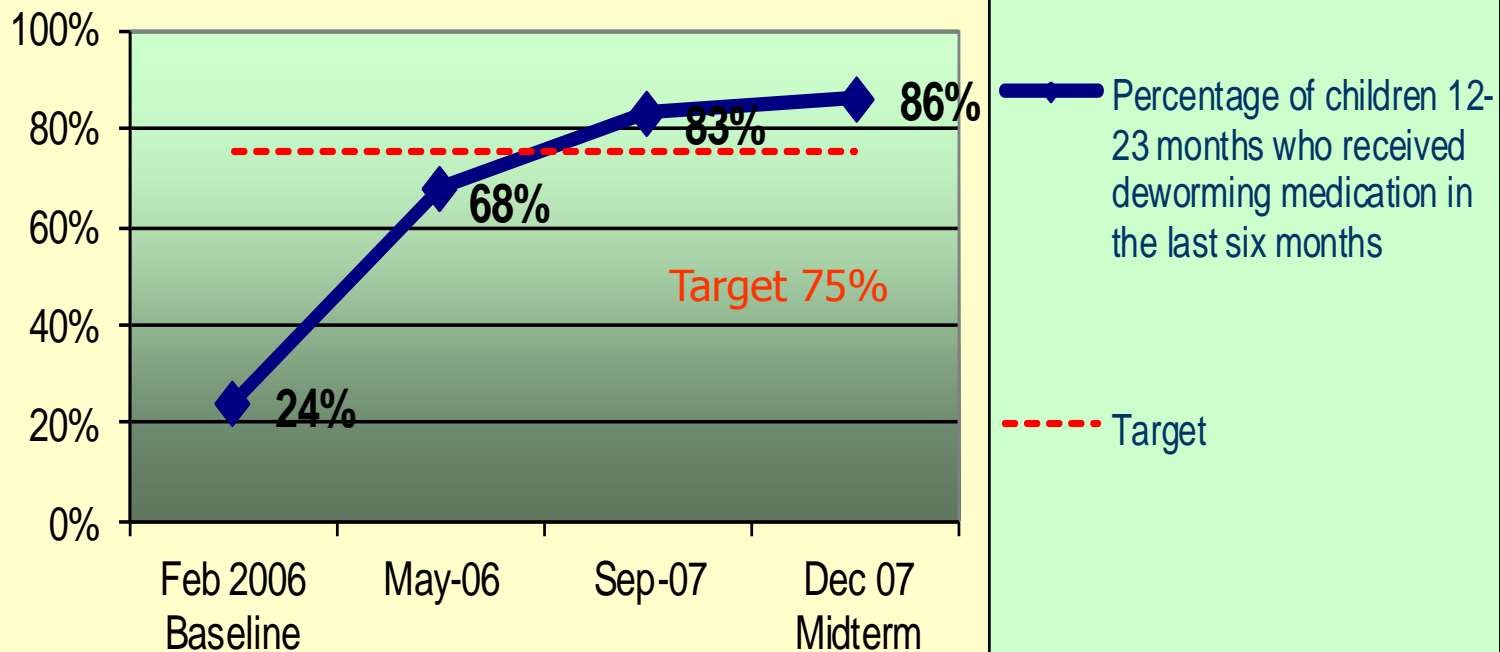
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# Rapid and significant change in exclusive breastfeeding behavior



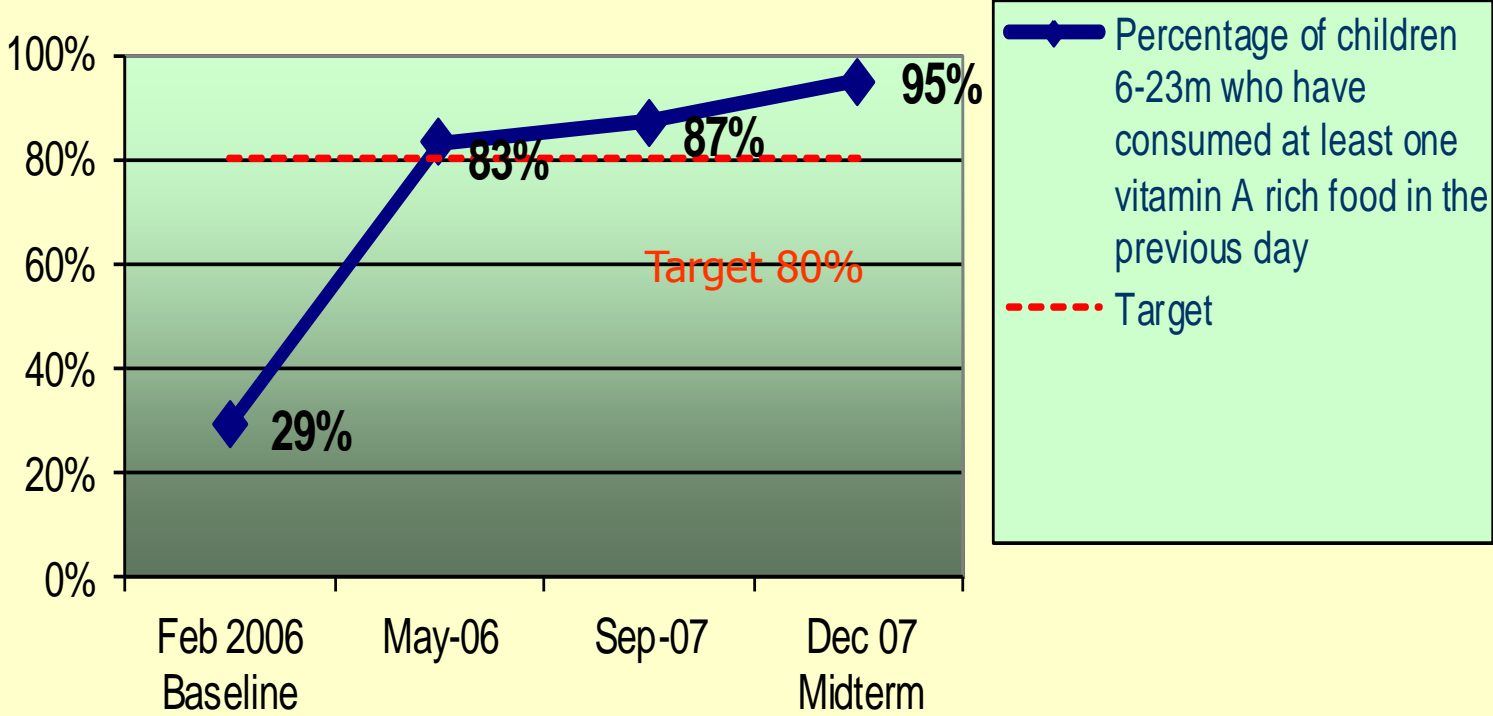
# Rapid and significant changes in health service coverage

**Percentage of children 12-23 months who received deworming medication in the last six months**  
**Child Survival Project Sofala, USAID Mini-KPC Data 02/06-12/07**



# Rapid and significant changes in nutritional behavior

Percentage of infants 6-23 months who have consumed at least one Vitamin A rich food in the previous day  
Child Survival Project Sofala, USAID Mini-KPC Data 02/06-12/07



# ***Sustainability in the Care Group model***

- 1) **Sustained** improvements of **health behaviors** at the household level
- 2) Support **changes in social norms**, community capacity, and social capital
- 3) **Continuity** of specific activities and program services.

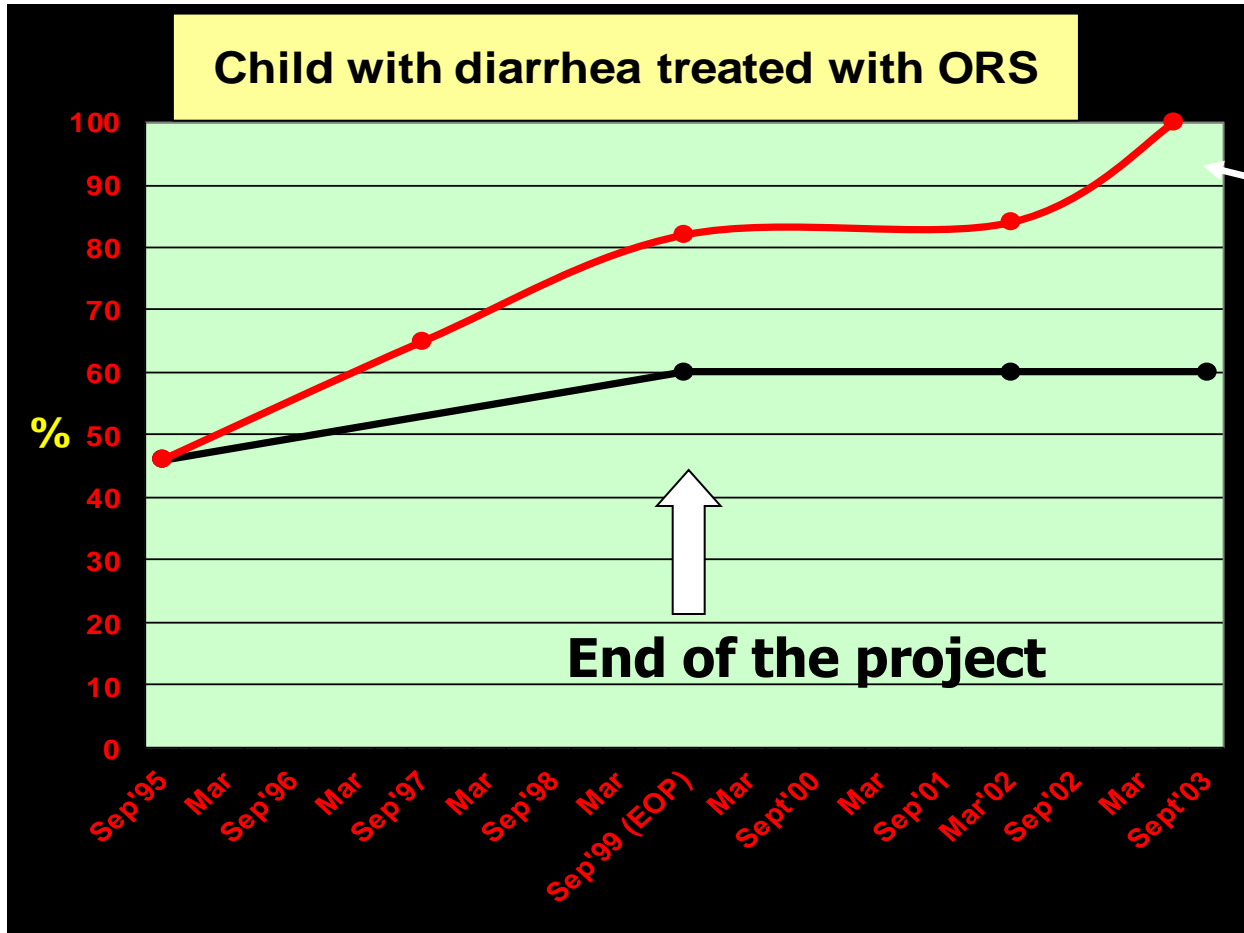




***Sustainability of final indicators 4 years after the project.***

***WR-Mozambique Care Group Project:***

***Care of the sick child at home.***

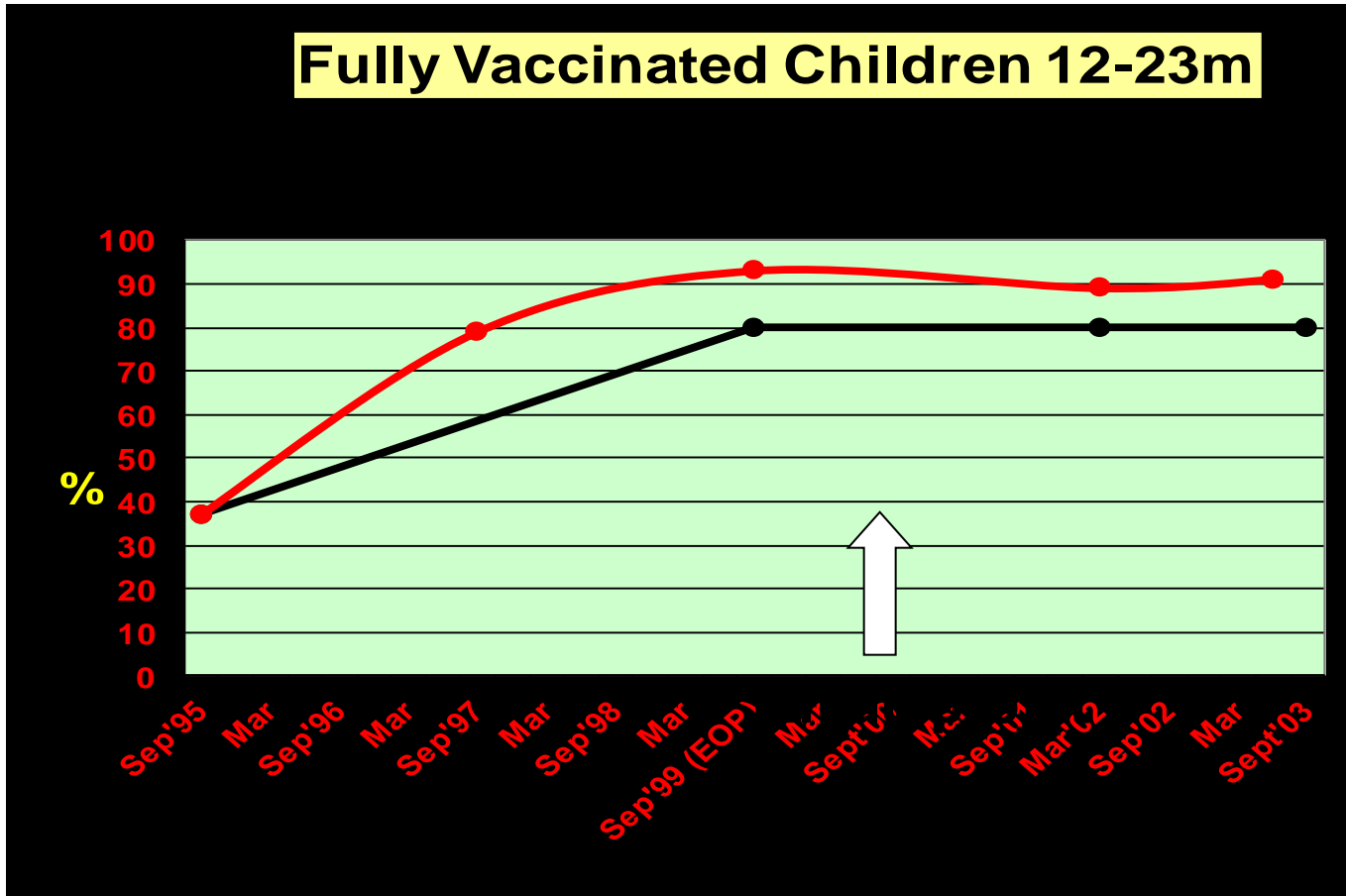


***45m after  
the project***

# *Sustainability of final indicators 4 years after the project.*

## *WR-Mozambique Care Group Project:*

### *Preventive Services*



*45m after the project*

# Progress in gender equity: *Respect*

Gender indicators measured in the Care Group	Leader
% of volunteers that say they have gained more respect... since they began participating in the project	
... of health personnel	25%
...of distant family	41%
... of their parents or parents-in-law	48%
... of their husbands	61%
... of their community leaders	64%
... of their mothers/ other members/ beneficiaries	100%
% of volunteers that say it is normal for a husband to beat his wife when he is not satisfied with her ( <b>starting point: 64%</b> )	3%

Wetzel, C, Davis Jr., T. Results of Care Group Operational Research conducted April to May 2010 as part of the project: Achieving Equity, Coverage, and Impact through a Care Group Network. Funded by USAID, Cooperative Agreement: GHS-A-00-05-00014-00.

# Care Groups and Resilience

- USAID defines resilience to recurring crises as the ability of **individuals, households, communities, countries and systems** **to adapt and recover from shocks** and stress in a manner to reduce chronic vulnerability and facilitate sustainable growth.

# How do Care Groups participate in resilience?

- Acts on **behavior change** of individuals
- Based on **problem solving** and not just education on different topics.
- Can help to restore **social capital** (which can improve recovery after a disaster) (Curamericas in Guatemala, FH in Haiti).
- Restores **equality between men and women**  
→ Plays an important role to improve food security in the household.

« Social capital refers to a form of capital, linked to possession of a durable network of social relations or membership in a stable group, that an individual can engage in their strategies »

# How to improve the sustainability of the model (and Resilience)?

- Evaluate the possible mechanisms of program exit from the start of the activity.
- Partnership with the government is required to:



- 1) ensure that each community health worker (CHW) follow regular training
- 2) ensure that the CHWs will continue to monitor the groups after the organization departs
- 3) If the CHWs are overwhelmed, interest the heads of the community

# How to improve the sustainability of the model (and Resilience)(2)

- Provide additional context-specific knowledge (→ more respect from the communities and motivation to learn more)



Do not distribute financial incentives, only tools to help in behavior change (soap, tippy taps means of identification)

- Integrate income generating activities or savings groups, community information systems (maternal and child deaths, epidemics, market prices...)

# What are its impacts on food security?

- Too few programs use the model within the context of **food security**

→ 2 possible options:

1) Care Groups with farmers wives about maternal and infant health to improve the 3<sup>rd</sup> pillar of food security (consumption)

2) Cascade groups where each volunteer farmer is responsible for visiting and promoting agricultural practices with 10 to 15 of his neighboring farmers.



# Why use this program in food security (agriculture)?

- A behavior is a behavior, if the model works in health and nutrition, there is a good chance it will work in food security

(Attention !

-Less standard messages than in food security and nutrition and

-these programs demand more skills to solve problems )

# Before the question and answer session, two questions for you:

- 1) What would one do to encourage more food security programs use the Care Group model?
- 2) How many of you would be interested in training on Care Groups?

Much more information on Care Groups is found on:

<http://www.caregroupinfo.org/>



Thanks to Food for the Hungry and Tom Davis for some of the slides on Care Groups

# Thank You !



# References:

- From <http://www.caregroupinfo.org>
- Curamericas, Guatemala. Annex 10. Care Groups and Low Social Capital Settings
- Results of Care Group Operational Research: Achieving Equity, Coverage, and Impact through a Care Group Network
- WR-Mozambique Care Group Project Evaluation study
- TOPS Care Groups training Manual, Draft June 2013 (sera traduit en français en 2014)
- What Works for Women. Proven approaches for empowering women smallholders and achieving food security . Mars 2012.
- TOM DAVIES presentation at fall 2013 CORE group meeting : SBC in Emergencies
- Daniel Aldrich. 2012. *Building Resilience: Social Capital in Post-Disaster Recovery*. <http://www.youtube.com/watch?v=tx4li5tueDo>
- Wetzel, C, Davis Jr., T. Results of Care Group Operational Research conducted April to May 2010 as part of the project: Achieving Equity, Coverage, and Impact through a Care Group Network. Funded by USAID, Cooperative **Ag**