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Mother Care Group Learning from RWANU Project in Uganda



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Presentation Outline

Overview: Background to the RWANU project

BCC: Mother Care Group (MCG) approach as applied by RWANU for promotion of positive health and nutrition practices at household level

BCC: Adoption of behaviors and lessons learnt

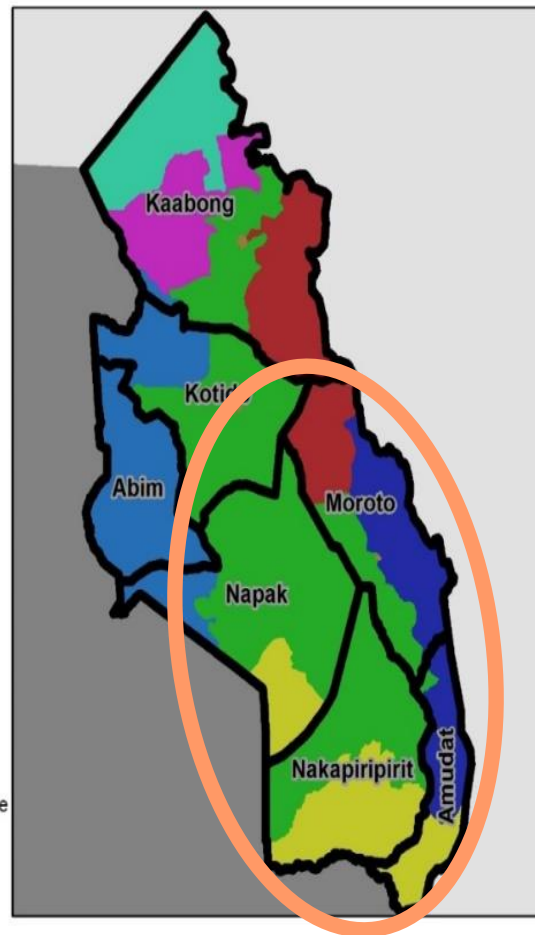












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RWANU Project Area:



Uganda Livelihood Zones

-  Central and Southern Karamoja Pastoral Zone
-  Eastern Lowland Maize Beans Rice Zone
-  Karamoja Livestock Sorghum Bulrush Millet Zone
-  NE Karamoja Pastoral Zone
-  NE Sorghum Simsim Maize Livestock Zone
-  National Park
-  South Kitgum Pader Abim Simsim Groundnuts Sorghum Cattle Zone
-  Urban

Criteria for targeting:

- High under-nutrition and food insecurity
- Poor maternal and child nutrition practices
- Poor hygiene and sanitation practices
- Potential for improved productivity and sustainable results
- Existing social and economic interrelationship between green belt & agro pastoral and pastoral zones
- Relative security



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RWANU Results Framework

Goal: Reduced food insecurity among vulnerable people in South Karamoja

SO 1: Improved access to food

SO 2: Reduced malnutrition in mothers and children under five

IR 1.1: Smallholder farm management practices

IR 1.2: Smallholder livestock management practices

IR 1.3: Linkages to markets

IR 1.4: Access to credit

IR 2.1: Health and nutrition practices at the household level including preventive food rations

IR 2.2: Improved health service delivery

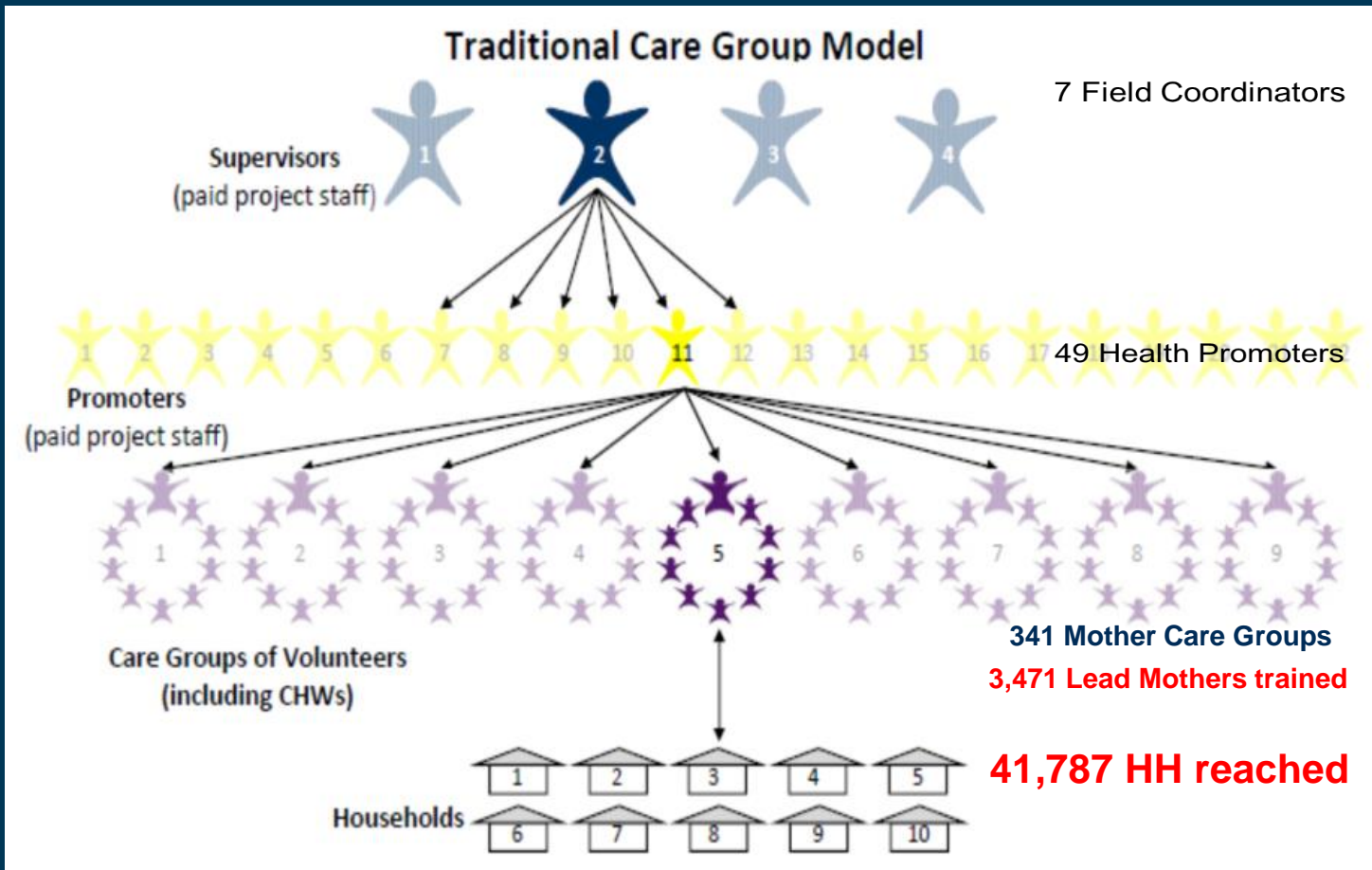
Cross-cutting: Gender, Conflict mitigation, Natural Resource Management and Disaster Risk Reduction



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Mother Care Group (MCG) structure & coverage





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RWANU MCG Essentials

- Peer-to-peer promotion of reduction of mortality and malnutrition among mothers of children under five years
- Care Group size is 10-15 members with 80% meeting attendance - twice in 6 weeks
- Lead Mother workload is 10-15 Households - contact twice in 6 weeks
- Lead Mothers collect vital events data on pregnancies, births, and death.
- Lead Mothers use visual teaching tools
- Participatory methods of BCC are used (ASPIRE method)
- Care Group instructional time is no more than two hours per meeting
- Supervision of Promoters and Lead Mothers occurs at least once in 6 weeks

RWANU MCG operation

- Field Coordinators train Health Promoters on 1 lesson at the start of 6 week period
- 1 Health Promoter reaches 8 Care Groups twice in 6 weeks, with 1 lesson
- 1 Care Group comprises 10-15 Lead Mothers
- 1 Care Group Lead Mother works with 10-14 Households who are grouped into a Household Caregiver Group, twice in 6 weeks

RWANU Project - MCG

Care Group Introduction Card

EPROJEKT A RWANU

Angaret ka ngakiro ka Atukot angina
kithiaunet



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For a world without hunger



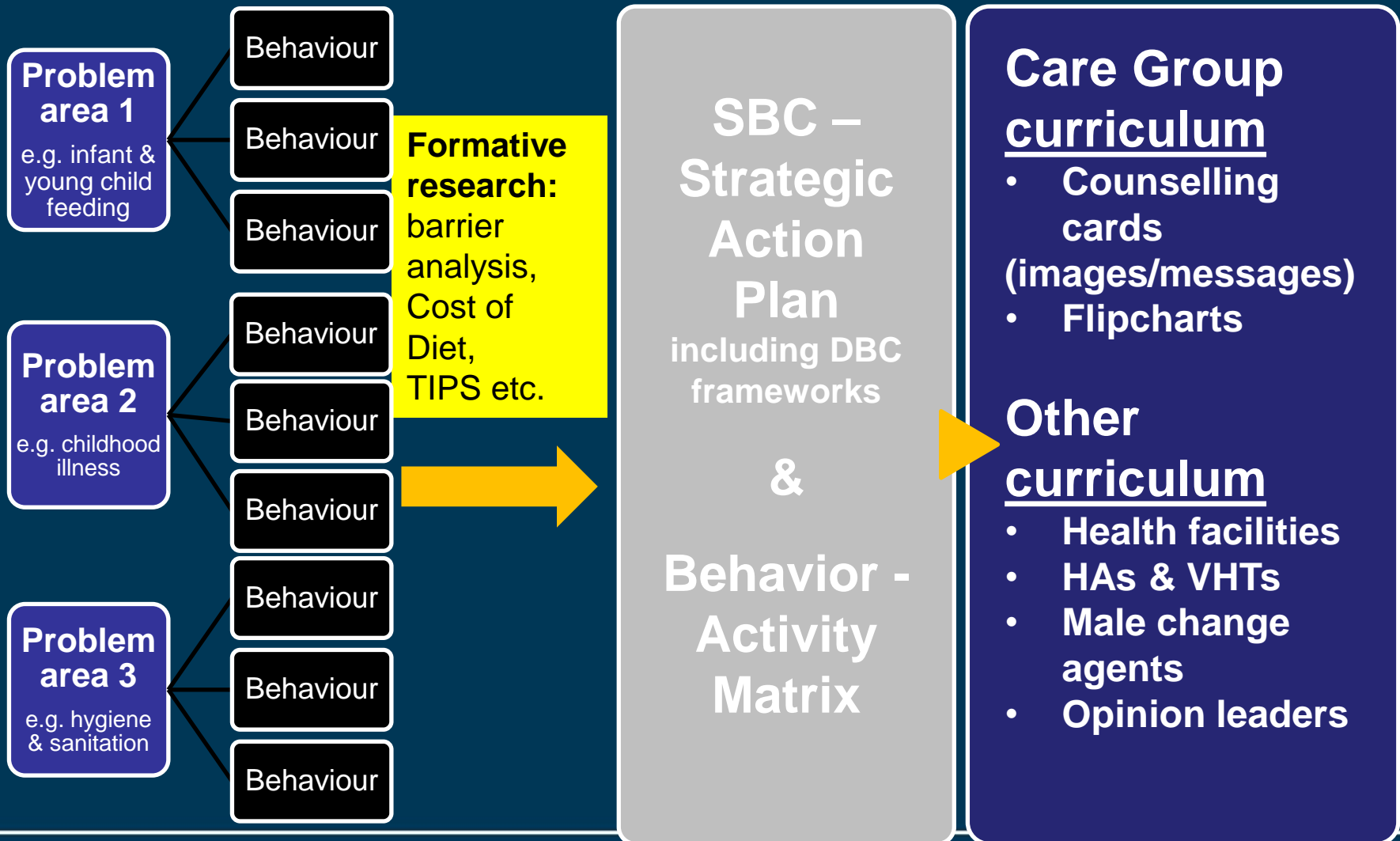
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Designing for Behavior Change Process by RWANU





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RWANU MCG Key Target Behaviors

Time line	Module	Target Behaviors
Apr – Dec 2014	1: Infant and Young Child Feeding	Promoting optimal IYCF practices
Jan – Apr 2015	2: Maternal Health and Nutrition	Promoting appropriate care and feeding practices for women before, during and after pregnancy
May – Aug 2015	3: Linking Agriculture and Nutrition	Promoting dietary diversity at household level through keyhole gardens
Sep 2015 – Jan 2016	4: Water, Sanitation and Hygiene	Proper food and personal hygiene practices, safe disposal of feces, and safe water transport and storage
Feb – Oct 2016	6: Child Health	Promoting the use of preventive and curative health services
Nov – Dec 2016	5: Family Planning	Promoting use of modern contraceptives
Jan – Apr 2017	7: Health User Rights	Improving caregivers' knowledge and use of available health services



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IYCF Lesson 4 – Complementary feeding for children 6-8 months





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Participatory BCC methods used

Lesson 4: Complementary Feeding for Children 6-8 Months



1. Game



2. Recap



3. Attendance and Troubleshooting



4. Story



5. Ask



6. Show and explain



7. Activity



8. Probe



9. Inform



10. Commitment



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Lead Mother conducting home visit for counselling session with Household Caregiver (mother of child under-five years)



Health Promoters learning how to construct a keyhole garden, in order to train Lead Mothers in the MCGs



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Adoption of behaviors

Changes seen

- Increased knowledge of mothers on maternal and child nutrition
- Mothers are willing to meet voluntarily because they see the health and nutrition benefits of the MCG sessions
- Contributed to improved practices:
 - » Exclusive breastfeeding increased from 59% to 69%
 - » Currently over 6,000 keyhole gardens contributing to dietary diversity
 - » Over 300 latrines completed and in use
 - » Increased delivery at health facilities, and uptake of ANC/ PNC/ eMTCT services
 - » Increased male involvement in maternal and child care

Changes not yet seen

- Poor dietary diversity, including low consumption of animal source foods
- Keyhole garden maintenance challenging, requiring continuous technical support and follow up
- Slow uptake of behavior change messages at household level, requiring increased follow up. The Module Lesson role out period was increased from 4 weeks to 6 weeks to allow this.



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Linking Care Groups to Village Health Teams to support IMAM



Over 3,400 Lead Mothers trained on measuring MUAC



VHT verifying Lead Mother MUAC screening in Moroto



Lead Mother training on Referral ticket use



Referral using color-coded tickets





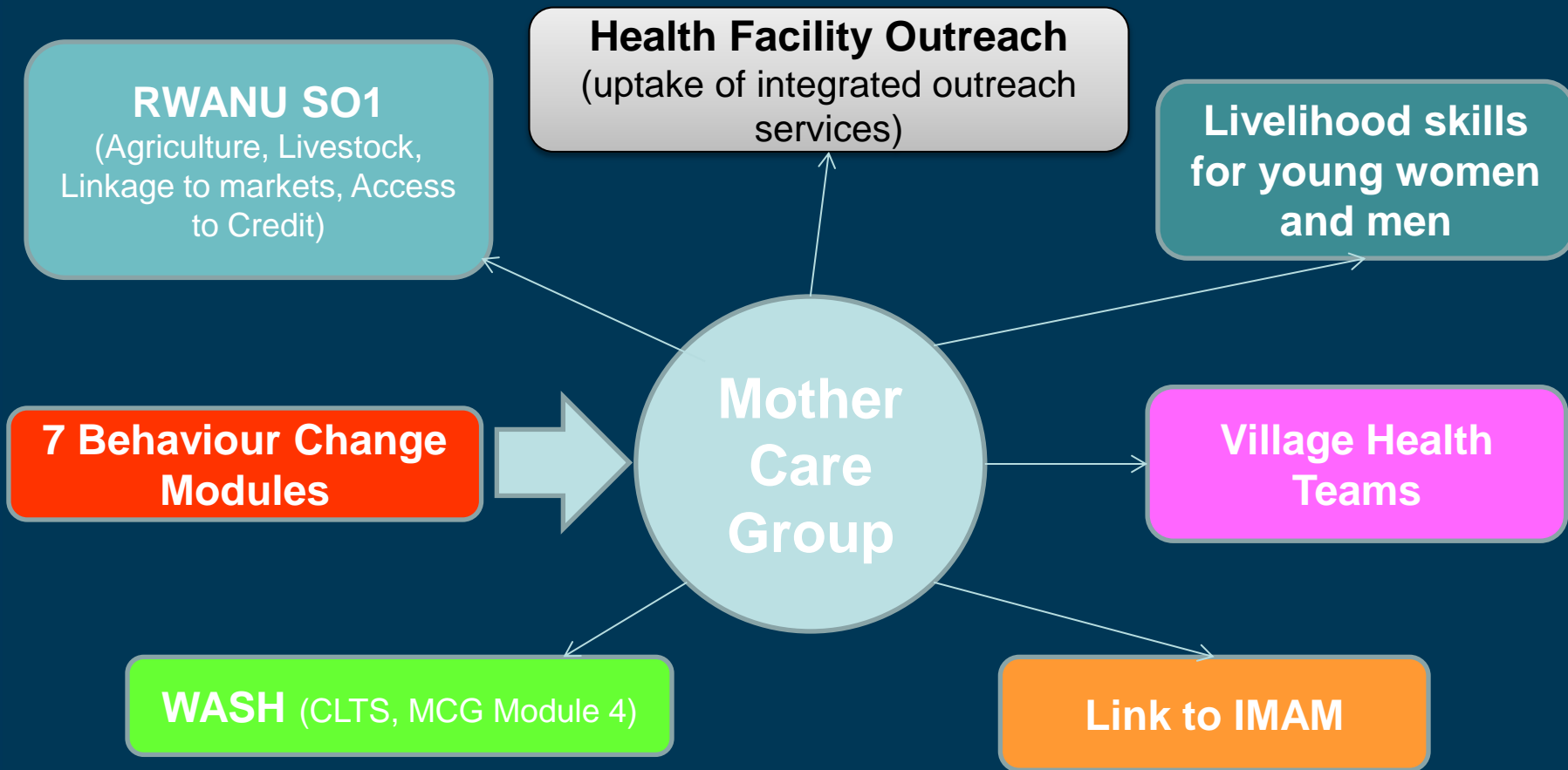
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MCG potential: a foundation for impact at household level





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THANK YOU

