

THE CARE GROUP APPROACH



PROJECT BACKGROUND:

Uganda hosts a large number of refugees leading to increased competition for resources and strained food security. Dietary deficiencies are common, with children under five and pregnant/lactating women particularly vulnerable. This results in high rates of chronic and acute malnutrition, impacting child development, immune function, and overall health.

AFOD'S PROVEN APPROACH:

AFOD Uganda in consortium with Action Against Hunger (ACF) with funding from the World Food Programme (WFP), successfully implemented a Care Group Approach program in Lobule and Bidi-Bidi settlements (2017-2022) focused on improving nutrition knowledge among Pregnant and Lactating Women (PLW) and children aged 6-59 months. The program achieved significant results:

- Reduction in Global Acute Malnutrition (GAM) prevalence from 7.5% in 2017 to 6.0% in 2022 which is within the WHO acceptable classification.
- Improvement in household food consumption score in Lobule at 82% and Bidi-Bidi 74%. Households with latrines/toilets at 71% in Lobule and 81% in Bidi-Bidi.
- Improved Knowledge & Practices: PLWs and mothers demonstrated a 69% increase in knowledge retention on key nutrition practices.

Building on this success, AFOD scaled up the same Care Group model to Kiryandongo, also with funding from WFP under the Targeted Supplementary Feeding Program (2023-2025). The key objectives of this program are;

- To prevent stunting and micronutrient deficiencies among 23,712 children aged 6–23 months, 40,748 Pregnant and Breastfeeding Women and Girls (PBW/G) and acute malnutrition through maternal infant young child nutrition activities.
- To treat moderate acute malnutrition among 3,000 children aged 6–59 months, 5,000 PBW/G, and other malnourished people through targeted supplementary feeding.
- To promote good nutrition, health, young child feeding, and caring practices for infants, children, adolescent girls, and women reaching 5,797 participants.
- To build the capacity of 488 districts local government team (including community health Teams and caregivers) in identification, referral, counseling, and management of acute malnutrition.



EXPECTED OUTCOMES:

By implementing the Care Group Approach, we anticipate significant improvements in the nutritional well-being of vulnerable populations in Kiryandongo. These include:

- Reduced undernutrition, including micronutrient deficiencies among children aged 6–23 months, pregnant and lactating women, and reduced acute malnutrition among children 6–59 months and PLW through maternal infant young child nutrition.
- Reduced moderate acute malnutrition among children aged 6-59 months, PLW, and other malnourished people
- Improved nutrition, health, young child feeding, and caring practices for infants, children, adolescent girls, and women.
- Enhanced capacity of the Kiryandongo district local government (including community health Teams and caregivers) in identification, referral, counseling, and management of acute malnutrition.



PROJECT APPROACH:

AFOD's 2P model integrates nutrition services with WASH, mental health, financial literacy, market strengthening, and SBCC to increase service utilization and promote social change in communities by positively influencing knowledge, attitudes, and social norms, ultimately amplifying the results for better nutrition outcomes.

- Treatment approach (Treat MAM cases at health facilities)
- Preventive approach (Nutrition sensitive interventions including but not limited to WASH, Kitchen and demo gardens, Nutrition counseling and education sessions, Enriched foods preparation, Food value addition, Liquid soap making, VSLA to improve livelihoods. Most of these activities are done through care groups and VHTs that drive SBC in the communities we serve.
- Care Group Approach: Social Behavioral Change

CARE GROUP APPROACH

The Care Group Approach is a community-centered approach designed to enhance maternal and child health, nutrition, and Water, Sanitation, and Hygiene (WASH) practices within communities. By leveraging peer-to-peer dialogue, Care Group leads volunteers to facilitate the dissemination of vital health and nutrition information at the household level. This approach ensures that knowledge is shared effectively and consistently, leading to improved social behavior change outcomes.



The Care Group Model fosters a supportive environment for social behavior change through:

Rigorous Selection & Training: Lead Mothers and Fathers are carefully selected from the community based on leadership qualities and communication skills. They receive intensive training on:

Essential Nutrition Principles: Macronutrients, micronutrients, dietary diversity, and the importance of breastfeeding.

Maternal infant young child and adolescent nutrition (MIYCAN) Practices: Optimal feeding practices for various age groups, including complementary feeding with locally available foods.

Community Mobilization & Communication Techniques: Effective peer-to-peer communication, active listening, and group facilitation skills.

Kitchen gardening and post-harvest: Land and nursery bed preparation, transplanting, harvest and post-harvest techniques.

Liquid soap ventures: Making liquid soap to improve WASH practices, sale and generate income for saving in VSLAs.





Care Group Volunteers conduct regular home visits to households within their assigned group allowing them to offer

- Personalized support & education addressing individual family needs and challenges related to nutrition, hygiene, and sanitation.
- Practical food preparation techniques for nutritious meals using affordable, locally available ingredients.
- √ Training and supporting set up of kitchen and backyard gardens.
- Monitoring & early detection utilizing MUAC (Mid-Upper Arm Circumference) for malnutrition screening and timely referral for moderate and severe cases.



FOCUS ON KEY ACTIVITIES FOR COMPREHENSIVE IMPACT:

The approach goes beyond basic knowledge sharing. Using the Care group Volunteers, we address the multi-faceted issue of malnutrition through a holistic approach:

- 1. Promoting Social & Behavior Change by utilizing interactive sessions and community dialogues to address cultural beliefs and social norms that may hinder healthy eating practices.
- 2. Building capacity on local food preparation by quipping mothers with skills to prepare diverse and nutritious meals for their families using readily available resources. This involves training the community on kitchen and backyard garden establishment for easy access of nutritious foods (vegetables) which helps the community access supplementary food for home consumption.
- 3. Supporting active nutrition screening & referral. This involves training Lead Mothers and Fathers to identify potential malnutrition cases using Mid-Upper Arm Circumference (MUAC) and facilitating timely referral to health facilities for treatment and support.
- 4. Promoting Micronutrient Supplementation & Home Fortification while educating mothers on the importance of micronutrients for optimal health and demonstrating simple home food fortification techniques.
- 5. Community-level training on malnutrition management through equipping community members with basic skills to identify and manage mild malnutrition cases at home.

VOICES OF IMPACT

Meet Nandutu Scovia, a passionate CGV of Winner group in Panyadoli Hills who has been instrumental in driving positive change within her community. Reflecting on her journey, Sarah shares,





"As a mother myself, I understand the challenges faced by families in accessing nutritious food and adopting healthy practices. Through the Care Group Approach, we empower one another with knowledge that can transform the health of our children. Before this training, I didn't know much about balanced meals, and now, I can confidently teach mothers how to use local ingredients to prepare healthy food for their families as well as set up kitchen gardens to ensure they access nutritious foods easily."

The impact of the Care Group Approach extends far beyond mere information sharing. By mobilizing mothers and fathers within the community, CGVs promote social and behavioral changes that have a lasting effect on health outcomes. From promoting micronutrient supplementation to advocating for improved hygiene practices, these volunteers are catalysts for sustainable change.

"When I visit homes, I see the difference we have made," shares John, another Care Group Volunteer. "Mothers are eager to learn, and they put the informtion into action. As a father in the community, its my role to get the men involved in the proper nutrition of their children. Seeing healthier children is the most rewarding part."





"I used to struggle to feed my children adequately," shares Brenda, a beneficiary of the program. "But thanks to the guidance of CGVs like Scovia, I was able to enroll my child for supplementary food and learned how to prepare nutritious meals for her. My child isnolonger malnourished. She is healthier and happier because of their support."

By empowering Care Group Volunteers, we create a ripple effect of positive change in the communities for improved health. The project not only improves nutritional outcomes but also:

- Reduction in GAM rate from 9.8% in 2022 to 8.9% in 2024
- 1,201 Households reached with TSFP and MCHN services
- 271 (60 males, 211 female) CGVs empowered with skills and knowledge on nutrition services for improved social behavior change outcomes.
- 58 VHTs (25 male and 33 female) with enhanced capacity in identification, referral, counseling, and management of acute malnutrition.
- 40 health worker's capacity built-in IMAM/CMAM and IYCF

