Mother Care Groups and Behavior Change: Lessons from South Karamoja

Concern Worldwide Learning Brief 2016

Lead Mothers in Moroto district. Photo by Megan Christensen, 2015

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Introduction

Karamoja is one of the most food insecure areas in Uganda. Almost half of the households (46 percent) are food insecure. The prevalence of chronic malnutrition (stunting) is 39.5 percent and the prevalence of acute malnutrition is 12.4 percent (FSNA Dec 2015). Maternal and child health, nutrition and water, sanitation and hygiene (WASH) practices are sub-optimal. Concern Worldwide Uganda is implementing the Social and Behavior Change (SBC) component of a large multi-sectoral project in the four districts in South Karamoja, Uganda. The 'Resiliency Through Wealth, Agriculture and Nutrition in Karamoja' (RWANU) project, implemented between 2012-2017, is USAID-funded and led by ACDI/VOCA in consortium with Concern Worldwide and Welthungerhilfe.

The RWANU project uses the Mother Care Groups (MCGs) to promote key behaviors and practices related to health, nutrition, WASH, horticulture, family planning and health user rights. The Care Group approach is a well-known intervention that has proved effective as a means to achieve behavior change. Using this approach, key messages and behaviors are promoted during group sessions and home visits for individual counselling. The messages are kept short, simple and practical; each behavior is being promoted for a period of four to six weeks.

This brief presents an overview of the Mother Care Group approach and findings from a learning review conducted in March 2016 by the Knowledge & Learning Advisor of Concern Worldwide in Dublin.

Overview of the Mother Care Group Approach in Karamoja

Concern is using the Care Group approach to reach mothers at household level. The Care Group approach links Concern's technical staff through Field Coordinators and Health Promoters with Mother Care Groups (MCGs) and Household Caregiver Groups (HHCG). The MCGs comprise 10 -15 Lead Mothers who are community volunteers. The Lead Mothers are trained by the project's Health Promoters on the behaviors the RWANU project promotes. Supported by the Health Promoter, each Lead Mother is responsible for 10-14 other women who are grouped into a Household Caregiver Group. Here the lead mother will use the learnings to promote the behaviors among them. Through this cascading system of promoting behaviors, the MCGs have stimulated high community participation.

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Implemenation of the Mother Care Group Approach

Mother Care Group activities commenced in 2013 and are being implemented according to Care Group standards. The RWANU project will conclude in 2017. By the end of 2015, there were 342 Mother Care Groups comprising 3,471 Lead Mothers (LMs) who were responsible for 41,787 Household Caregiver Group (HHCG) members.

Across the four districts of Moroto, Napak, Nakapiripirit and Amudat the project includes 49 Health Promoters (HPs), 14 Health Educators (HEs) and seven Field Coordinators (FCs) who train and support MCG and Male Change Agents (MCA) activities.

Mother Care Group meetings are held regularly over a four to six week period. In addition, LMs are asked to conduct home visits to each of her 10-14 household caregivers at least once during that period. This is to reinforce the behavior promoted during the group session and to provide individually tailored counselling, which will meet a household caregiver's needs. The Health Promoters train the Lead Mothers initially in the overall MCG approach and then successively on the various lessons that are grouped into thematic modules. Following their own training, the LMs then train their Household Caregiver Group members using the techniques and information they have gained from the HPs.

The HPs facilitate all MCG meetings and are expected to supervise at least one Lead Mother from each MCG every month. Supervision consists of attending the Lead Mother's HHCG meeting, accompanying the LM on a household visit, reviewing her reporting forms, and providing feedback and support. From 2016, an additional two week period was added to the original four week cycle of delivering lesson. This extra time is being used to better monitor how households progress in the adoption of the behavior.

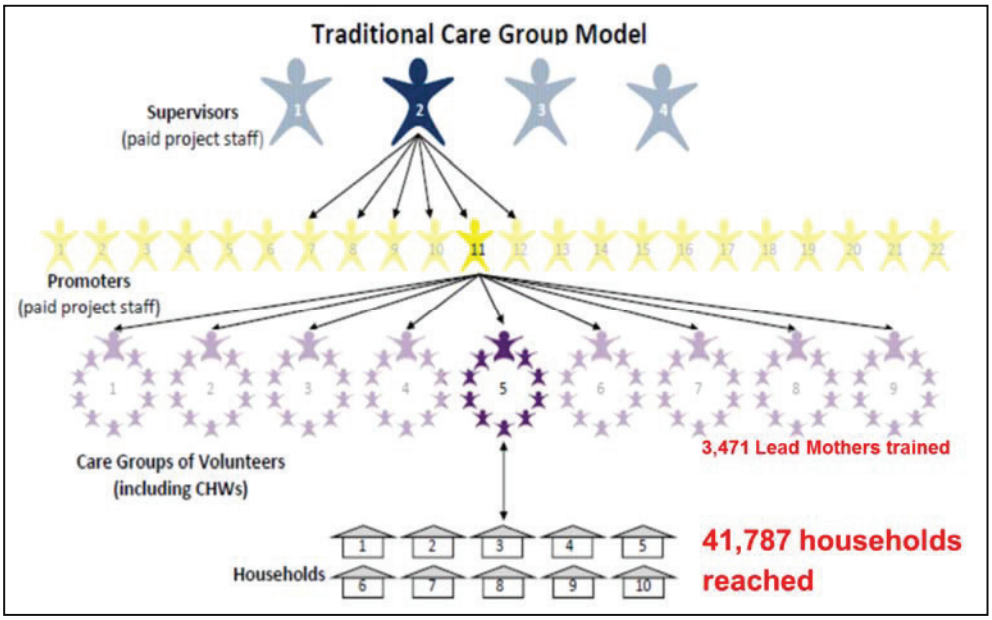

Figure 1.
Structure of the Mother Care Group approach.

As of October 2016, four out of seven modules have been delivered through the cascading system of the MCG approach. These modules consist of the following: an *introductory module* on the general MCA approach, which incorporated selected behaviors, including vaccinations, vitamin A and antenatal care visits. *Module 1* looked at infant and young child feeding practices, *module 2* examined maternal health and nutrition, *module 3* focused on linking agriculture and nutrition and *module 4* examined water, sanitation and hygiene practices. Through the end of the project, the remaining modules will promote behaviors in relation to family planning (module 5), child health (module 6), and health user rights (module 7).

Photo: A Lead Mother counselling a household caregiver during a home visit
Photo by Concern Worldwide 2015

Male Change Agents

In addition to the above described Mother Care Groups, the Concern team in Uganda works with Male Change Agents (MCA). Initial formative research[1] showed that men in Karamoja are regarded as the main decision-makers within the household. They control the use of income and expenditure on food and health care and they influence households' behaviors. Hence, it is crucial to engage men as key allies in challenging the power imbalances that prevent the achievement of better health and nutrition outcomes for members of the household.

With the support of the project's Health Educators, two MCAs per parish across the project area have been identified. These MCAs are supported in becoming role models to other men and through dialogue they also influence other men in the community. The MCA approach is intended to help men understand how gender norms and perceptions can affect their lives and those of their wives/partners and children as well. This understanding is promoted during an initial training of the MCAs. Subsequent lessons focus on men's role in the different topics promoted through the MCGs. The MCAs reinforce the messaging of the LMs and through their behaviors demonstrate positive health and social norms.

Some Preliminary Results

Concern made the decision to train Lead Mothers on screening for malnutrition using mid-upper circumference (MUAC), which supports referral of severe acutely malnourished children to health facilities for treatment. This decision was broadly seen as positive. A recent report noted that the working relationship between Village Health Teams and Lead Mothers was hugely positive. *"92 percent of the VHTs mentioned that they have been working together with the lead mothers in identifying malnourished children in their community"* [2].

Information gathered by the project's monitoring and evaluation system indicates that the MCG approach is performing well in achieving specific child health and nutrition outcomes. The following can be observed from the data of the pre- and post-module assessments:

- An increase from 59 to 69 percent in the prevalence of exclusive breastfeeding in children below six months.
- 53 percent of mothers are starting complementary feeding at six months and giving three meals a day while 90 percent of mothers of children 9-23 months are giving three to four meals a day.
- Handwashing stations: 742 mothers had set up tippy taps within a month of the start of the module on water, sanitation and hygiene.

Related to the WASH activities, Longaroi village in Nakapiripirit district was declared open defecation free (ODF) in 2015 and has seen its population increase by around 300 people since then to now 1775 people (692 males & 1083 females). Longaroi was the first village in the entire district to be declared ODF (see photo). This represents a major achievement given the history of previous failed attempts.

Photo: Members of the Technical Support Unit of the Ministry of Water and Environment declaring Longaroi Village open defecation free (ODF).
Photo by Felix Achunge, 2015.

Lessons

Empowering mothers leads to positive health outcomes

The MCG approach in Karamoja is a good example of an intervention gradually learning to harness the power of mothers working together to improve both their health and that of their children. Women's groups have been in use now for decades, but well-delineated methods for engaging and mobilizing them to deliver evidence-based interventions that result in scientifically demonstrated improvements have been lacking until recently. It has been argued that the global Care Group approach has started to change this[3]. With a reduction in home births and the increase in antenatal care (ANC) visits, the experience and evidence to date in South Karamoja is broadly supportive of the notion that mothers (as the primary care givers within the home) are crucial to the promotion of positive health outcomes.

The Mother Care Group model can and should be modified to account for contextual factors

As with any development intervention, the Mother Care Group approach must be adapted and modified to ensure it suits a particular context. The most obvious example of this is through the design the modules and lessons based on the formative research (using, e.g., the barrier analysis method). The latter is used to inform the types of practices, which need to change in order for communities to thrive. This is obviously very context dependent: what might work in one area may not necessarily work in another. There are also other more specific and contextual factors.

The global standard practice is for MCGs to meet to meet every two to four weeks and support individual Care Group Lead Mothers to progressively learn how to promote change with those in their catchment areas. A decision was taken to extend the duration of each new lesson from four to six weeks, based on information generated from the pre- and post-module assessments.

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The Male Change Agent is a promising addition to the toolkit of the Mother Care Group Approach

In early 2016, discussions with Lead Mothers, Male Change Agents, husbands and beneficiary mothers all pointed to greater peace and harmony in the home. The frustrations and unresolved arguments that in the past created resentment reportedly are now starting to reduce. Many respondents credited this to the MCAs who act as role models within the community. The MCAs reinforce the messaging of the Lead Mothers and through their behaviors demonstrate positive health and social norms.

The MCA approach is leading to positive outcomes for their households and the wider community. The inclusion of men as equal partners, as caregivers and supportive members of the community is a responsible approach that considers relationships holistically. With this in mind the Male Change Agent approach is a welcome complement to the toolkit of the MCG approach.

Only local ownership will drive sustainability

Local ownership is known as a significant factor in the sustainability of community driven initiatives[4]. It is critical that Lead Mothers feel involved at the various levels of the implementation of the MCG approach to ensure sustainability once the project ends. There are promising signs that this is starting to take place. The various actors who were interviewed mentioned the positive health and other social dividends that the MCG is having on their lives. Therefore the ownership element is clearly starting to take hold. Going forward, this needs to be cultivated and further consolidated so that this good will is not lost.

Scaling-up will require flexibility

The potential scale up of the Mother Care Approach has to be government-led as it is the government's ultimate obligation to ensure that the poor, the vulnerable, the weak and the marginalized are taken care of and their health needs are met. This will in the future reap more benefits for the government in terms of economic productivity and a healthy labor force.

However, for the scale up to be successful a genuine partnership approach will need to be taken by the relevant ministries in collaboration with various development partners. This will inevitably create delays as various stakeholders seek to influence the process. In the long run, however, this will allow for buy-in and support once national policies are in place. In turn, this will over time require stakeholders to adjust their interventions and re-train a cadre of community health workers and health staff, and support development of new learning content as and when the need arises.

> The approach of using Male Change Agents is leading to positive outcomes for their households and the wider community.

Endnotes

[1] See the Project's Barrier Analysis Report.
[2] Assessment of the Effectiveness of Lead Mother Child Referral Tickets In Screening of Children for Malnutrition, 2015:1
[3] Perry H, Morrow M, Borger S, Weiss J, DeCoster M, Davis T, Ernst P. Care Groups I: an innovative community-based strategy for improving maternal, neonatal, and child health in resource-constrained settings. Global Health: Science and Practice. 2015;3(3):358-369. http://www.ghspjournal.org/content/3/3/358
[4] Sarriot, E. G., Shamim, J., Kouletio, M., et al. The End of Magical Thinking: Sustainability Evaluation Three Years after the End of the Saidpur and Parbatipur Urban Health Project. Concern Worldwide Final Evaluation Report, 2008.

Acknowledgement

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