



AFRICA CHA PLATFORM



ACHAP Capacity Brief

NUTRITION

INTRODUCTION

The world is faced with a global nutrition crisis that was exacerbated because of the COVID-19 pandemic. Before the pandemic, one in seven premature deaths was attributed to child and maternal malnutrition and diet-related non-communicable diseases (NCDs), with most of this burden in low and middle-income countries. This double burden of malnutrition – the coexistence of undernutrition and diet-related NCDs – is the leading cause of poor health in the world. With the worsening impacts of poor diets and climate change, the need for more equitable, resilient, and sustainable health and food systems has never been more urgent[1].

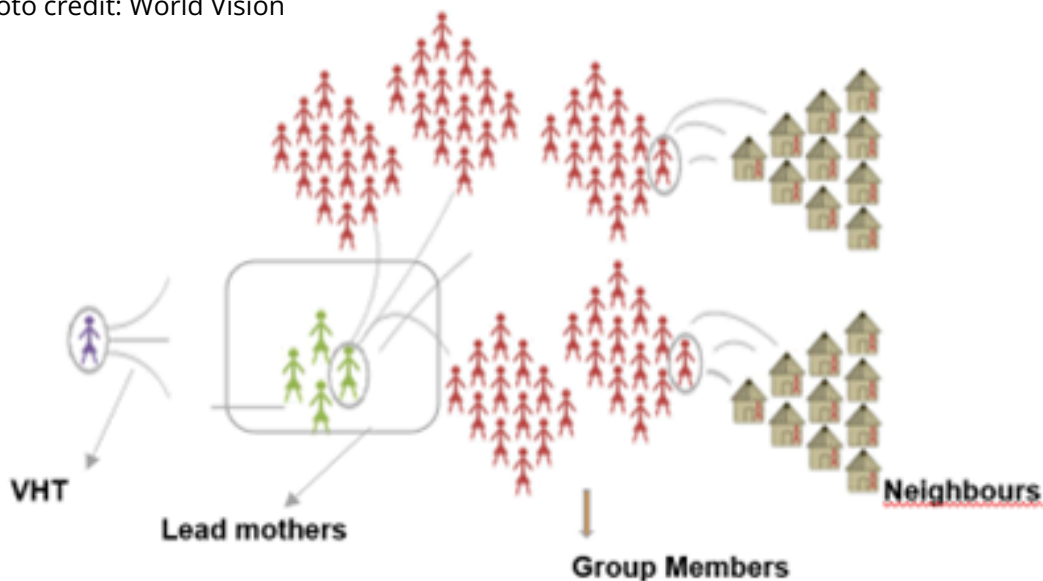
BACKGROUND

ACHAP places a significant emphasis on nutrition throughout the first 1,000 days, from conception to a child's second birthday. This includes comprehensive support for maternal, newborn, and child nutrition through initiatives. Utilizing the Mother Care Group model, ACHAP effectively scales up 11 High Impact Nutrition Interventions. Furthermore, the integration of key hygiene actions, such as promoting safe drinking water, proper handwashing, and food hygiene, enhances the overall impact of these initiatives. Through these combined efforts, ACHAP aims to address nutritional challenges comprehensively while promoting the health and well-being of communities.

Mother Care Groups; also referred to as peer support Groups, Nutrition Care Groups, Mother-to-Mother support groups, are groups of women of any age, who come together to learn about and discuss issues of Maternal, Infant and Young Child feeding. These women also provide peer support to each other as they care for children ages 0-5 years. One member of each group, often known as lead mother (or mentor mother) is trained in MYICAN, as well as on basic facilitation techniques, and this person is responsible for engaging group members in the discussion about IYCF, and providing basic health Education in an interactive, and participatory manner.

The Mother Care Group (MCG) Approach

Photo credit: World Vision



The Mother-to-Mother Support Groups approach is intended to facilitate peer-to-peer learning among mothers on proper nutrition of children and mothers that in the end is expected to cause a multiplier opportunity to learn and hence leading to improvement of nutrition among community members.

The MCG approach works to change harmful household practices to desired practices, which can lead to reduction in under five mortality and morbidity and reduced malnutrition. When implemented by international NGOs, projects using the support Group approach have been remarkably effective in increasing population-level adoption of health, nutrition, and WASH behaviors. There is strong evidence that the Support Group approach can reduce childhood undernutrition.

Reference Organizations/projects that have successfully implemented the Care Group Approach include;

1. SPRING (Strengthening Partnerships, Results, and Innovations in Nutrition Globally) programme implemented in Ghana, Sierra Leone, Uganda, and other countries in Africa.
2. The Lutheran World Federation in Uganda.
3. Concern Worldwide RWANU project in Karamoja- Uganda
4. World Vision International.

[1] 2022 Global Nutrition Report.

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4. World Vision International (Nurturing Care Group Model).

An essential element of the Mother Care Group is having women serve as role models in promoting behavioral change within their neighbors. There is evidence that block leaders (lead mothers) can be more effective in promoting adoption of behaviors among their neighbors than others who do not know them as well. The MCGs model will aid a multiplier effect whereby the neighbor women within the groups will reach other neighboring households with the behavioral change messages/ knowledge they have acquired from the group and at the end of the day, positive behaviors will be adopted by all the community members.

ACHAP has effectively implemented this approach in various locations, such as Kilifi County in Kenya, and West Nile (specifically in Arua and Nebbi Districts) in Uganda.

ACTIVITIES

1. Monthly meetings on Maternal Infant Young Child Feeding.

Health education sessions, facilitated by the group promoter and lead mother, using MYICAN counseling cards and other Information, Education, and Communication (IEC) materials. These sessions aim to empower mothers with essential knowledge on nurturing and feeding their children. It is imperative to recognize that infants and young children are particularly vulnerable, and even within seemingly healthy populations, child morbidity rates remain significant. Furthermore, mothers are provided with age-appropriate nutrition counseling to ensure the well-being of their children. This ensures that vital knowledge reaches those who may otherwise face barriers to accessing information.

2. Food demonstration

This is the process of conveying nutritional information to the target group through cooking and sharing nutritional tips as it is being done. This includes discussing different available foods and how they can be used, as well as cooking the food and tasting the foods prepared. Caregivers and women in the community are invited and they can be grouped into three categories by the ages of their children: 6-8months, 9-11 months, 12-24 months.

3. Growth Monitoring and promotion.

Growth monitoring and promotion (GMP) comprises:

- Measurement (Weight, Height)
- Assessment (weight against age or weight against height on a growth chart Mid upper arm circumference)
- Analysis (interpreting the growth pattern of the child);
- Action related to the analysis (for example, counselling, providing nutritional supplements or examining the child for disease)

Growth Monitoring and Promotion (GMP) stands as a very important healthcare priority, aimed at assessing and monitoring the growth patterns of children, particularly those under the age of two. This practice ensures timely intervention and support to promote healthy development during this critical period of early childhood.



CHW assessing the nutrition status of a child during a follow-up visit to a group member.

Within the Mother Care Groups (MCGs), mothers are equipped with knowledge and skills to conduct MUAC assessment under the 'Family MUAC' approach, alternatively referred to as MUAC for mothers or Mother-MUAC. This initiative trains mothers and caregivers to promptly recognize early indicators of malnutrition in their children through the utilization of a simple Mid-Upper Arm Circumference (MUAC) tape. By moving this responsibility to mothers and other family members, who can do it as effectively as Community Health Workers (CHWs), cases of malnutrition are identified at an earlier stage, consequently reducing the need for hospitalizations. This approach not only empowers mothers to take charge of their children's health but also allows CHWs additional time to fulfill other essential duties.

4. Positive Deviance Hearth

A behavior change program used to rehabilitate underweight and wasted children without medical complications, sustain their rehabilitation, and prevent future malnutrition. Despite limited resources, some parents find ways to raise well-nourished children. Therefore, within the support groups, we shall focus on Identifying and understanding what these 'positive deviant families' are doing differently in their feeding, hygiene, caring, and/or health-seeking practices from the parents of malnourished children in the same community. These key positive practices (local solutions) will be shared with malnourished households through a 10- to 12-day practical education session called 'Hearth' led by a trained volunteer. Malnourished children are fed a nutrient-dense meal during the session that is provided and cooked by the primary caregivers using low cost, local ingredients. The Hearth sessions are followed by 2-3 days/week of home follow-up visits for two weeks to help overcome barriers caregivers may face in practicing the new positive behaviors at home.

5. Kitchen/Backyard gardening

A kitchen garden, designated for growing herbs and vegetables around the home, serves as a vital source of nutritious produce for household consumption. Essential for maintaining a healthy and balanced diet, vegetables are rich in nutrients crucial for various bodily functions, particularly benefiting children, pregnant, and lactating women. Beyond dietary advantages, kitchen gardens offer economic benefits by reducing the need to purchase vegetables and enabling the recycling of kitchen waste, thus promoting sustainability. Additionally, they transform underutilized areas around the house into productive spaces, enhancing both the environment and household self-sufficiency.

6. Basic Water Sanitation and Hygiene Facilities.

Safe water, hygiene, and sanitation is a contributing factor to good nutrition through reduction of WASH related diseases. All group members must have these WASH facilities as non-negotiables. These include:

- Handwashing facility (setting up tippy taps)
- Safe drinking water and clean water for household use.
- Drying Rack for utensils
- Proper Disposal of children fecal matter (in the latrine)
- Hygienic food preparation practices such as washing hands before feeding children, using clean utensils for food preparation, and proper food storage.
- Environmental hygiene
- Proper solid waste management (rubbish pit)

SUSTAINABILITY

To ensure the sustainability of the care group activities, each group encourages mothers and women to participate in savings initiatives for health and livelihood purposes. These savings serve multiple functions, including providing a financial safety net for emergencies and facilitating the purchase of essential household items. Moreover, some women have utilized their savings to establish small businesses, such as market vending, while others have pooled their resources to invest in assets like sewing machines. This approach not only fosters self-reliance and resilience but also empowers women to generate income and improve their overall quality of life.

FAITH/RELIGIOUS LEADERS ENGAGEMENT IN THE MOTHER CARE GROUPS

Why Faith/Religious Leaders?

Faith/Religious leaders play a crucial role in dispelling myths, alleviating fear, and addressing misinformation, particularly concerning cultural and social norms that may hinder individuals from seeking health services or practicing positive behaviors. Through their influence and trusted positions within communities, religious leaders can effectively communicate accurate information, challenge misconceptions, and promote acceptance of health services and beneficial behaviors. This helps to create an environment where individuals feel supported and empowered to prioritize their health and well-being.

To enhance perinatal well-being within the care groups and their neighbors, particularly addressing mental health and issues related to sexual and gender-based violence (SGBV), poverty, rejection by spouses, ACHAP conducted training sessions for faith/religious leaders in the communities of Kilifi and West Nile. These sessions equipped the leaders with counseling skills and effective methods for delivering messages. Additionally, a faith/religious leader was assigned to each care group to offer support, and counseling services using evidence-based messages and sermons. Notably, these leaders also engaged male partners to provide support to their spouses, fostering a balanced approach between spiritual and mental health well-being.

LESSONS LEARNED

- Equipping community members with accurate information facilitates positive behavior change towards the uptake of health services.
- Male involvement in maternal health issues is crucial for improving the well-being of both mothers and children, given that men often hold decision-making power within households.
- Embracing a bottom-up approach enables programmers to gain insights into grassroots-level situations, and also enables communities to take control of their problems hence fostering community empowerment and participation in the process.

RECOMMENDATIONS

- The Mother Care Group model should be reinforced and widely adopted by various programmers, as it has demonstrated effectiveness in positively influencing the behaviors of women and mothers regarding healthy habits.
- Define clear objectives and goals for the support group, including its purpose, target audience, and desired outcomes. This clarity helps in aligning efforts and measuring effectiveness and impact on participants.
- Tailor care group materials, activities, and approaches to be culturally sensitive and inclusive of diverse backgrounds, beliefs, and practices. This promotes trust and engagement within the group.
- Foster partnerships with local community organizations, healthcare providers, and government agencies to secure ongoing support and resources for the groups, hence long-term sustainability of the support group.



The Africa Christian Health Associations Platform (ACHAP) is a regional faith-based organization providing a platform for advocacy, networking, and capacity building for Christian Health Associations (CHAs) and Church Health Networks in Sub-Saharan Africa.

Established in January 2007 through a declaration of commitment by the 3rd Africa Christian Health Associations Biennial Conference held in Bagamoyo, Tanzania, ACHAP brings together about 40 national level faith-based networks providing services in 32 countries across Sub-Saharan Africa to share resources, establish technical working groups (TWGs), and provide ongoing training and Technical Assistance (TA) to its members.

Members of ACHAP play a critical role in public health as they partner with their governments towards achieving equitable access to quality healthcare in Africa.

CONTACT US FOR MORE INFORMATION

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