



Health & Nutrition Technical Brief

Nurturing Care Groups Project Model

THE ISSUES

The Nurturing Care Group (NCG) Core Project Model (CPM) is World Vision’s version of the Care Group approach and addresses issues around poor infant and young child feeding (IYCF), home management and care seeking for sick children and other disease prevention practices (Health and Nutrition); poor early child development and stimulation practices (Education); poor water collection, storage and treatment, and hygiene (including menstrual hygiene) and sanitation practices (WASH); and prevention and reporting of violence against children in all of its forms, including child labour and child marriage (Child Protection). It also can be used to address cross-cutting areas such as gender and faith.

The Care Group approach upon which the NCG CPM is based has already been used in over 28

countries by 28 different INGOs/NGOs and a few governments. The approach has been used successfully in both development and fragile and emergency contexts. While most WV enabling models are not expected to achieve impact on their own, the NCG CPM can achieve measurable impact across multiple sectors when used alone or in conjunction with other CPMs. This model also is “plug and play” in terms of the behaviours promoted and is flexible: it is a behaviour change platform for promoting different behaviours from different sectors at the Field Office’s discretion and based on baseline survey data on household behaviours across sectors. In practice, we will suggest that FOs only use the NCG CPM name when using the Care Group approach to promote behaviours in at least two of the five WV sectors.

WHAT IS THE NCG CPM PROJECT MODEL

The NCG CPM is a platform that enables the promotion of integrated behaviour change messages and activities based on evidence-based, high-impact interventions that are part of the WHO/UNICEF Nurturing Care Framework (NCF) which has been endorsed by the WHO, UNICEF, the World Bank, ECDAN, EWEC, and the PMNCH. The NCF focuses has five core areas: responsive caregiving, security and safety (which includes caregiver mental health), opportunities for early learning, good health (including water, sanitation and hygiene) and adequate nutrition.

A Nurturing Care Group is a group of 10 to 15 community-based volunteer behaviour change agents who meet every two weeks with project staff or government Community Health Workers (CHWs) for training, and then cascade down behaviour change messages and activities to caregiver groups at the neighbourhood level. They also build social support and cohesion among members, and help link neighbourhoods with community

leaders, faith leaders and government services/ staff (e.g. clinics, social workers). Target households in each neighbourhood choose the volunteers that form the NCGs. NCGs create a multiplying effect and equitably reach every beneficiary household through neighbour-to-neighbour contacts using interpersonal behaviour change activities. They enhance behaviour change through peer support and creating new community norms, using both home visits and group meetings, reaching all families in the target group on a fortnightly basis.



ALIGNMENT TO OUR PROMISE AND THE SDGs

The NCG CPM holds great promise in helping to achieve the SDGs by contributing to household-level behaviour change that contributes to:

- SDG #2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture)
- SDG #3 (ensure healthy lives and promote well-being for all) by promoting desired nutrition and health behaviours (e.g., exclusive breastfeeding and prompt care seeking);
- SDG #4 (ensure inclusive and equitable quality education);
- SDG #5 (achieve gender equality and empower all women and girls) by ensuring that all girls and boys have access to quality early childhood

development and by promoting messages that eliminate harmful practices in children (e.g. early and forced marriage, female genital mutilation, etc.); and

- SDG #6 (clean water and sanitation); and
- SDG #7 (Global partnership for improved sustainable development) by mobilizing multi-stakeholder partnerships that promote effective public-private and civil society partnerships.

The criteria for choosing behaviours to promote through the NCG CPM include those behaviours or practices that are evidence based and that will contribute the most towards meeting WV Child Well-being Objectives (CWBOs) #3 (protected from violence), #5 (well nourished), #6 (protected

from infection, disease [and injuries]), #7 (children who can read, from ECD gains), and #8 (quality care and education). Attitudes, beliefs, and worldview messages that align with our Christian faith and that may contribute to CWBOs can also be promoted using NCGs. For example, in a small study,ⁱ the belief “God wants all children to survive” among mothers was found to be associated with better nutritional status in their children, and then promoted in projects using the Care Group approach.

WV’s approach in implementing NCGs is to promote all five core areas of the NCF and four of WV’s five sectors. All uses of the model should promote at least four key household behaviours per sector. This model is a useful way for WV to integrate its sectoral work on behalf of young children. The prioritized behaviours promoted by the NCF have been shown to lead to better child well-being outcomes.

CORE COMPONENTS OF THE NCG PROJECT MODEL

The NCG CPM is based upon theories of behavioural change including the “Health Belief Model”, the “Theory of Planned Behaviour” and the “Theory of Reasoned Action.” The mix of methods used in NCGs is based on the Trans-theoretical (Stages of Change) Model which emphasizes that people are often at different stages of readiness for change. Many of the techniques built into the NCG modules and lesson plans are based on these models and other state-of-the-art behaviour change science. Field Offices can prioritize about ten, 2-3 month long modules (with 4-6 behaviours promoted per module) from WaSH, Health & Nutrition, Education, and Child Protection. (Livelihood behaviours have also been promoted through the Care Group approach but are not a focus of this NCG CPM.) This 48-72 lesson curricula could be taught over a 24-36 month period, or a shorter curricula can be used for projects with a shorter duration.

An essential element of the NCG CPM is having women serve as role models (and sometimes early adopters) and to promote behavioural adoption by their neighbours. There is evidence that “block leaders” can be more effective in promoting adoption of behaviours among their neighbours than others who do not know them as well. In order to establish trust and regular rapport with the caregivers with whom the NCG Volunteer (NCGV) works, it is necessary that the NCGV has

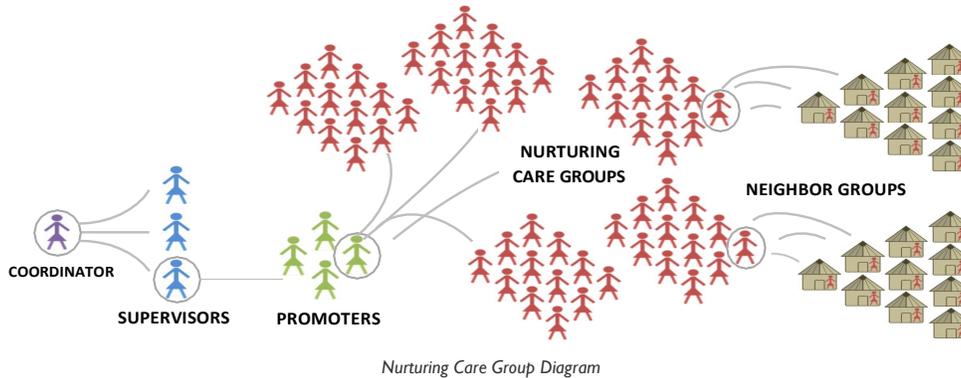
at least biweekly contact with them. We expect the overall contact time between the NCGV and the primary caregiver (and others) in the household to correlate positively with behaviour change.



Nurturing Care Framework, 2018

HOW DOES THE NCGS MODEL ALIGN TO THE NEW SECTOR APPROACH?

The NCG model is a new, enabling, multisectoral CPM.



GOALS, OUTCOMES AND EXPECTED IMPACT

The goal of the NCG CPM is, “Children and their caregivers/ parents enjoy good health and nutrition, are developmentally on track, and are cared for and protected. The outcomes are CWBO 3, 5, 6, 7, and 8 (see above). The expected Health, Nutrition and WASH impact is lowered child morbidity, mortality, and rates of malnutrition. The expected Child Protection impact is reduction in violence against

children, increase in positive parenting practices and strengthening of the parent-child relationship. The expected Education impact is increased pre-literacy and pre-numeracy skills in children, and a higher proportion of children who are developmentally on track.

THE EVIDENCE BASE FOR THE COMM PROJECT MODEL

Studies have shown that over half of under-5 deaths can be prevented with interventions that principally rely on household behaviour change.ⁱⁱ The NCG CPM works to change harmful household practices to desired practices, which can lead to reduced under five mortality and morbidity, reduced malnutrition, and other education and child protection gains. When implemented by international NGOs, projects using the Care Group approach have been remarkably effective in increasing population-level adoption of health, nutrition and WaSH behaviours. There is strong evidence that the CG approach can reduce childhood undernutrition. There is some evidence that the CG approach may improve education outcomes, such as timely milestone attainment, and CP behaviours.

A review of the evidence on the CG Approach (upon which this CPM is built) in projects promoting health, nutrition and WaSH behaviours found that CG projects have double the behavioural change of other behaviour change platforms,ⁱⁱⁱ and reduce under-5 mortality by an average of 32% and underweight by 25% in five years or less.^{iv} In a published study comparing the effectiveness of projects using the Care Group approach to projects using other behaviour change platforms (e.g. traditional CHW home visits) in five countries in Asia and Africa, the projects using the Care Group approach were found to achieve more than double the behaviour change and 52% better estimated reductions in child deaths than non-Care Group projects.^v In a C-RCT in Bolivia that used CGs and also promote home water filters,^{vi} adoption

of WaSH behaviours increased substantially, and the prevalence of diarrhoea in young children decreased by 77% (compared to a 14% decrease in control households during the same time period). Other studies (e.g. Curamericas Global, Liberia, 2013^{vii}) have shown remarkable gains in WaSH behavioural adoption (e.g. latrine use, hand washing with soap), often exceeding 90% coverage on the majority of indicators at final evaluation. Average increases in percentage points (during 4-5 year CG projects) of other indicators include an average 29 percentage point gain in ANC4, 67 points for IFA, 35 points for IPTp, 44 points for EBF, 22 points for complementary feeding, 41 points for ITN use, 23 points for full vaccination, 40 points for ORT usage, and 77 points for treatment of malaria.^{viii} (Impact on Child Protection is forthcoming from a WV Ghana test of the NCG CPM.) Part of the impetus for the NCG CPM was the growing body of evidence showing that integration of multisectoral activities – such as combining nutrition supplementation with early

child stimulation – produces better outcomes for complex problems (e.g., stunting) than single sector activities alone.



DOLLAR HANDLE/COST PER BENEFICIARY

The cost of implementing a typical project using the CG approach for WaSH, Health and Nutrition outcomes is in the range of \$3-8 per beneficiary per year, which translates to approximately \$1-3 per capita per year,^{ix} but some at-scale applications of projects using the CG approach have reduced that cost to below \$1 per capita, and the average cost in these CG projects was \$5.77 per year.^x In the test of the WV's NCG PM in Ghana, the cost per beneficiary per year, not including one-time global costs (e.g., creation of the standardized NCG Training Manual, and WaSH & CP lessons/ flipcharts) was \$2.85. In this test, 75% of NCG Promoters were paid WV staff and 25% were volunteer CHWs. In projects where mostly volunteer CHWs or other home visitors are trained as NCG Promoters, we expect costs to be closer to \$2.00/beneficiary/

year and \$10.50/household/year (\$0.20/week). We expect costs when using the full complement of multisectoral lessons to be about the same, but the project would need to run for at least two years to cover lessons from all sectors.

As for dollar handles, the cost per life saved when using the Health, Nutrition and WaSH lessons can be used. The average cost per life saved in projects using the Care Group approach that have focused on H/N/W outcomes (as estimated by LiST) was found to be \$2,204. A second dollar handle is, “for 25 cents, you can provide a mother, father and her children with essential health, nutrition, education, child protection and water & sanitation messages and counselling for one week.”

IMPLEMENTATION AND SCALE:

This is not applicable for the NCG CMP, as it is a newly approved CPM for World Vision. However, this Care Group approach upon which this model is built has been widely accepted globally, and World Vision has implemented the original CG approach in Ghana, India, Nepal, Uganda, Zimbabwe, Malawi, Sudan, and South Sudan to promote Health,

Nutrition, and WASH behaviours. (Please visit www.caregroupinfo.org for a list of countries the traditional Care GG has been implemented.)

RESULTS, KEY ACHIEVEMENTS, SUCCESSSES

The results and key achievements for the CG approach is provided above. While there is no evidence to date on the effectiveness of this CPM in adoption of child protection behaviours, there is a demonstrated general effectiveness in promoting other household behaviours across several sectors. The evidence base for this model for Education outcomes is partially built on the existing evidence base for Go Baby Go (since the content of GBG will be delivered through this NCG platform) and

partially from an Education-focused CG project used by Project Concern International which found large improvements in milestone attainment. In that project, the percentage of children who showed advanced milestone attainment increased from 31% to 63%, while decreasing the percentage who were behind on milestone attainment from 47% to 22% in less than one year.^{xi}

INNOVATIONS/TECHNOLOGY

During the COVID-19 pandemic, contacts with the NCGVs by the Promoter and CHW and with caregivers by the NCGVs can be done through voice interaction calls and by text messages.

LINKS TO KEY DOCUMENTS



Resource Name	Description and Link
NCG Training Manual	A NCG Training Manual for Program Design and Implementation was created (by Hesperian Health Guides working with WVI staff) and tested in the summer of 2019. It draws from an earlier manual, Care Groups: A Training Manual for Program Design and Implementation, which was developed by Food for the Hungry (FH, and co-authored by WV's Global Sector Lead for Health and Nutrition) and adapted by CORE Group members.
NCG Overview	A general description of the Nurturing Care Group project model: https://www.wvcentral.org/community/health/Documents/NCG%20Overview.pdf
Care Groups policy guide	https://www.wvcentral.org/community/health/Documents/Care%20Group%20Policy%20Guide%20Final%208%202014.pdf . This guide provides general information on the Care Group approach.

Resource Name	Description and Link
Nurturing Care Group curricula	Five orientation, 15 WASH and nine CP lessons are available from TSO sectoral staff, and all other NCG lessons for H&N, CP and Education are in development and will be available by end of CY2020. Other H&N lessons which can be modified are available at: https://caregroupinfo.org/resources/?filter_sector=health-nutrition . FOs can also create their own curricula using the guidance in the NCG training manual.
Care Group Main Website	The main website on the Care Group approach: www.CareGroupInfo.org
Links to peer-reviewed research on Care Groups	<ul style="list-style-type: none"> • Care Groups I (Description of the CG approach): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4570011/pdf/358.pdf • Care Groups II (Results and Impact of the CG approach): https://www.ghspjournal.org/content/ghsp/3/3/370.full.pdf • Comparative Analysis of Results in Project using CG Approach to Results of Projects Using Other CHW SBC Methods: https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-2187-2 • Results of largest CG approach project: https://www.ghspjournal.org/content/ghsp/1/1/35.full.pdf • Final Evaluations of CSHGP Care Group Projects: https://caregroupinfo.org/documents/care-group-final-evaluation/ • Effectiveness of Care Groups through CHWs: https://link.springer.com/content/pdf/10.1186%2F1472-6963-15-S1-S2.pdf
QIVC Online Trainings	<p>Quality Improvement and Verification Checklists (QIVCs) are used to assess key process during NCG projects.</p> <p>Preparing for the assessment: https://www.youtube.com/watch?v=B4nO0-DLBRc&t=22s</p> <p>Going over results of the QIVC: https://www.youtube.com/watch?v=aKVJbaKVVuk</p>

ENDNOTES

- i. See Davis and Mercado (2013): <https://drive.google.com/file/d/1EZeCaKIC8JdzDIFCJNMCaa090P6dBBbu/view?usp=sharing>.
 - ii. Jones G, Steketee R, Bhutta Z, Morris S. and the Bellagio Child Survival Study Group. "How many child deaths can we prevent this year?" Lancet 2003; 362: 65-71. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(03\)11381-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(03)11381-1/fulltext)
 - iii. See George, Davis et al (2015), <https://bmcpublihealth.biomedcentral.com/track/pdf/10.1186/s12889-015-2187-2>
 - iv. See Perry, Davis et al (2015): <https://www.ncbi.nlm.nih.gov/pubmed/26374799>.
 - v. See George, Davis et al (2015), op cit
 - vi. See Lindquist, Davis et al (2014) : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4080561/>
 - vii. See Final Evaluation for Nehnwa CS project: https://www.curamericas.org/wp-content/uploads/2015/06/CS24_LiberiaNehnwa_Final-Eval-2013.pdf
 - viii. ANC4 = 4 or more antenatal care visits, TT2= 2 doses of Tetanus toxoid, IFA = taking 90+ days of iron during pregnancy; IPTp= receiving 2+ doses of SP/Fansidar during pregnancy or sleeping under an ITN; EBF=exclusive breastfeeding; treatment for malaria=Percentage of children aged 0-<24 months with a febrile episode during the previous 2 weeks who were treated with an effective anti-malarial drug within 24 h after the fever began. Georges, Davis, et al (2015): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556014/>
 - ix. See <http://www.ghspjournal.org/content/1/1/35#sec-26>
 - x. Care Groups An Effective Community-based Delivery Strategy. See https://www.fsnnetwork.org/sites/default/files/resource_uploads/care_group_policy_guide_final_8_2014_0.pdf.
- Schooley (2018). See slide #7 of PCI's 2018 APHA presentation slides: https://drive.google.com/file/d/1ZqONcSsZ4Lsl7Kl-ww_4e-8D2GoupFfK/view?usp=sharing



World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

We believe a world without violence against children is possible, and World Vision's global campaign It takes a world to end violence against children is igniting movements of people committed to making this happen. No one person, group or organisation can solve this problem alone, it will take the world to end violence against children.