



*Nurturing Care Groups and Care & Comfort for Children (3C)*

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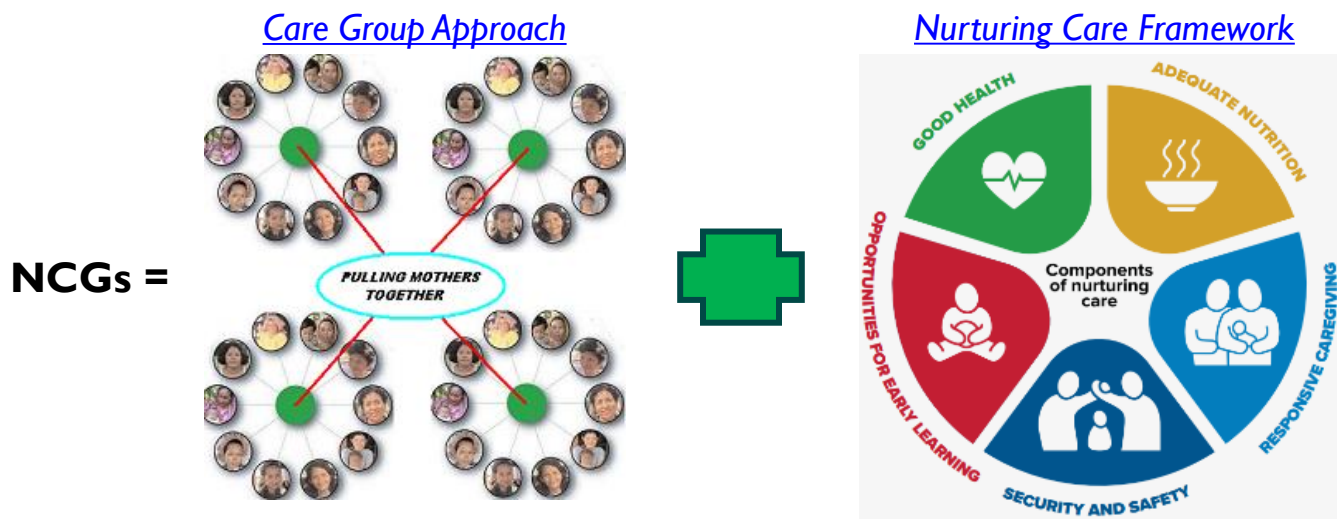
Tom Davis, Partnership Leader for Health & Nutrition, World Vision International)

## Why a Multisectoral Nurturing Care focused Care Group Model?

- **The idea:** Combining the **Care Group approach** for household-level behavior change with the multisectoral nature of the **Nurturing Care Framework** – “**Nurturing Care Group**” project model.
- **Purpose:** Promote basic parenting skills and adoption of key behaviors from more sectors, and advance the Thrive Agenda.

Use NCGs to better address...

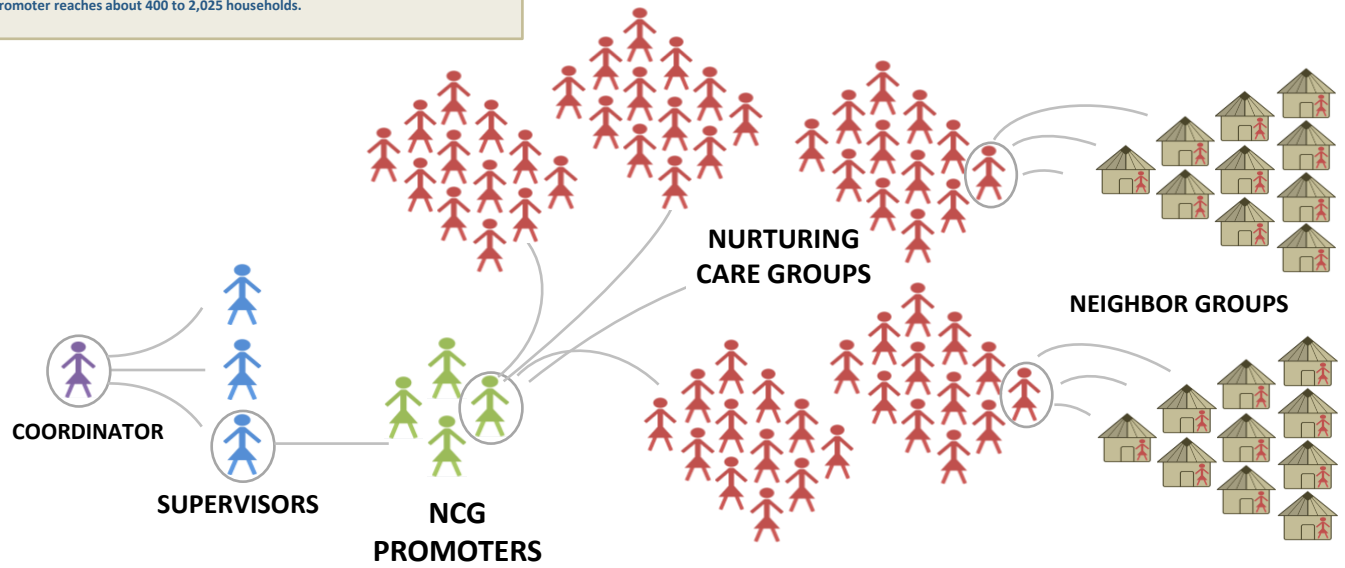
- *Ending Violence Against Children (EVAC)*
- *Early child stimulation/development*
- *Spiritual Nurture of Children*
- *Child Injuries*
- *Caregiver mental health*
- *Issues of adolescents (e.g. nutrition, SRH)*
- *\$3-8 per beneficiary per year*



<p>In larger projects each <b>Coordinator</b> (paid staff) is responsible for 3–6 Supervisors. A project may hire multiple Coordinators (overseen by a <b>Manager</b>) if needed to meet the desired coverage.</p>	<p>Each <b>Supervisor</b> (paid staff) is responsible for supervising 4–6 NCG Promoters (who may be CHWs).</p>	<p>Each <b>NCG Promoter</b> (paid staff) supports 4 to 9 Nurturing Care Groups. (If volunteer CHWs take the NCG Promoter role, they usually support only 1–2 NCGs each.)</p>	<p>Each <b>NCG</b> has 10–15 NCG Volunteers that are elected by <b>Neighbour Group</b> members (“Neighbour Caregivers”).</p>	<p>Each <b>Nurturing Care Group Volunteer</b> shares lessons with 10–15 <b>Neighbor Caregivers</b> and their families, known as a <b>Neighbour Group</b>. (max of 15 NCs per NG).</p>
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Each NCG Promoter reaches about 400 to 2,025 households.

## Nurturing Care Group Model



Pathway to scale: [Integrating \(N\)CGs into MOH Systems, a User's Guide to Implementation](#)

## What happens *during* and *after* Nurturing Care Group meetings?



- Reporting of progress and challenges in promoting behaviors.
- NCG Promoter (or CHW) demonstrates this week's 1-3 BC behaviours using a flipchart.
- Group reflection on the messages then practicing BC in pairs
- Other evidence-based and participatory BC activities
- Each NCGV visits their “Neighbor Group” members in the following two weeks, promoting key behavior change messages via home visits and group meetings..

# Nurturing Care Group Evidence

## Care Group Approach and NCG Model:

- 22-35 pp reduction in **harsh punishment**: [Davis, 2021](#)
- Average 32% reduction in **child deaths**: [Perry et al., 2015](#)
- 37% reduction in **malnutrition**: [Davis et al., 2013](#)
- **Double the behavior change** and 53% more reduction in child deaths: [Georges et al., 2015](#)
- Highly **sustainable outcomes and activities**: [Tura, 2020](#) and [World Relief](#)



# Rwanda Case - Care and Comfort for Children (3C) - a Playful Parenting Program for 0-5 Children in Refugee Setting

- **Objective** - Strengthened competencies, confidence, and well-being of families, caregivers with CU5 in camp & host communities - Mugombwa, Kansi, Kigembe so that they provide *nurturing care*
- **3C package** - Go Baby Go Parenting Program + SESAME WORKSHOP **targeting** 1,500 households to reach 3,000 CU5
- **Research** - testing the packages in host and camp sites:
  - **High dose arm** - group sessions (12), home visits (min 4), 1,000 HHs
  - **Low-dose arm** – group sessions (4), home visits (min 2) plus phone calls (PSS), SMS messages, 500 HHs
  - **Common for high/low dose arms** - radio talks (3 times/per day for 15 weeks), 1,500 HHs
  - **Control arm** - no 3C interventions, 180 HHs



# 3C Findings - Outcome and Implementation

Caregiver practices	Control	High dose	Low dose	P-value	P-value (high/low dose)
Read books or looked at picture books	55 (31.6%)	212 (67.5%)	147 (61.3%)	<0.001	0.133
Told stories	75 (43.1%)	221 (70.4%)	162 (67.5%)	<0.001	0.482
Sang songs	93 (53.4%)	244 (77.7%)	166 (69.2%)	<0.001	0.024
Took outside the home	125 (71.8%)	259 (82.5%)	191 (79.6%)	0.021	0.396
Played with child	75 (43.1%)	202 (64.3%)	146 (60.8%)	<0.001	0.415
Named, counted, or drew things	71 (40.8%)	189 (60.2%)	139 (57.9%)	<0.001	0.611
Talked about things the child is interested in	121 (69.5%)	272 (86.6%)	191 (79.6%)	<0.001	0.028

Caregiver satisfaction	High dose	Low dose	P-value
Are you satisfied with the 3C programme services? - Very satisfied - Satisfied	200 (63.7%) 106 (33.8%)	108 (45.0%) 127 (52.9%)	<0.001
Are you satisfied with the community facilitator? - Very satisfied - Satisfied	180 (57.3%) 126 (40.1%)	103 (42.9%) 131 (54.6%)	0.006

*I realized that between children and parents the relationship and the way they are communicating has changed positively. In quartier 5 there is one Dad who was beating children for any mistake and children did not like him. Through consistent visits I tried to show him how he is abusing his own children. There is a week now his children came to me and said: thank you very much Pasto, Dad is no longer beating us. [Faith leader, IDI]*

*Before the training, I was in bad relationship with my wife, but for the sake of children 'well-being', I always come home early and have good time with my wife and children. [Father, FGD]*

*I always felt that I can't get time to talk to my children, feeling always busy, but after 3Cs session I talk to them, listen to their stories, their frustrations, ....do my best to even play with them. [Mother, FGD]*



## **Go Baby Go** (*3C is the adaptation of GBG model*):

- [Armenia](#) - 83% higher odd of total ECD composite score (cognitive, language, motor) compared to children in the control sites
- [Sri Lanka](#) - parents >2 times more likely to promote early learning practices at home
- [Jerusalem West Bank](#) - children developmentally on-track in communication, gross motor skills compared to children in the control sites
- [Sudan refugee setting](#) - malnourished children receiving GBG+CMAM had better malnutrition treatment outcomes (11X less likely to be hospitalized) compared to children who only received CMAM