

# Care Groups in Emergencies in Unity State, South Sudan

*Summary of an article in Field Exchange #54 February 2017 by Peter Ndungu and Julie Tanaka of Samaritan's Purse – see <http://www.enonline.net/fex/54/emergenciesinsouthsudan>*

Care Groups aim to promote behaviour change in order improve infant and young child feeding (IYCF) and are usually one component (together with feeding programmes, food security and WASH interventions, etc.) in nutrition and health interventions. This summary describes the adaptation of the Care Group model in an acute emergency situation in Unity State.

The county in Unity State where this Care Group project was implemented has a transient population – the people are nomadic agro-pastoralists with fishing being part of people's livelihoods. It is one of the most affected counties in the present conflict with massive loss of life, destruction of property and infrastructure, and population movement. Most men are engaged in military activities, with women acting as head of the household. This has increased women's workloads and energy expenditure, which in turn has increased their risk of malnutrition. This also reduces the time they spend feeding and caring for their children, which increases children's risk of malnutrition.

In March 2014 an Initial Rapid Needs Assessment indicated the need to promote good IYCF practices. It revealed that many believed that mothers could not produce enough breastmilk because they did not have enough food. Children as young as four months old were being given undiluted animal milk to supplement breastmilk. Lack of staple foods meant there was inadequate complementary feeding.

So, in December 2015, Samaritan's Purse started a Care Group project in five payams in Unity State. However a few months before this began, fighting in the county escalated. Many people were killed, others fled into the swamps living there for weeks and even months, drinking dirty water and eating wild foods such as lily pods. It was decided to proceed with the planned project but adapt it to the emergency context, particularly the increased transience of the population, and the funding (from U.S. Office of Foreign Disaster Assistance) being limited to one year.

A Knowledge, Attitudes and Practice (KAP) survey of 1,132 caregivers provided a baseline of IYCF practices and showed that only 19% of the children sampled

## The Care Group model [1]

The Programme Coordinator and Programme Supervisors train Promoters who train Leader Mothers who are formed into Care Groups. Leader Mothers then train women (selected from lists from community leaders) usually in Neighbourhood Groups containing a set number of 10-15 women. A Care Group project typically lasts 3-5 years.

met minimum dietary diversity requirements, 28% met minimum meal frequency standards, 26% had a minimum acceptable diet; and only 35% of infants were exclusively breastfed with a majority receiving breastmilk along with other liquids, including water and yogurt (Table 1). Focus group discussions revealed local myths about babies needing oil and water for digestion before six months of age, gaps in knowledge around a woman's breastmilk supply, cultural beliefs around what constituted proper 'children's food', and issues with women's time and workload that made breastfeeding and responsive feeding difficult.

The Care Group project thus aimed to promote optimal IYCF practices to women of reproductive age with the women's mothers and mothers-in-law being involved during home visits. The topics covered were: timely initiation of breastfeeding; exclusive breastfeeding for the first six months; complementary feeding after six months with soft foods and gradual increasing of amounts and density with age; continued breastfeeding up to two years; adequate feeding with breastfeeding/meal frequency three to four times a day; and a balanced diet for children.

By the end of the year the project had:

- Trained 320 Leader Mothers who had reached 3,832 women.
- Conducted two cooking demonstrations for the Leader Mothers on topics including hygienic handling, preparation and benefits of foods for nutrition.
- Carried out 400 supervisory contacts by Promoters to ensure correct messages were given to the Neighbourhood Groups.

The endline KAP survey of 470 0-23-month old children showed improvement of key WHO IYCF indicators (Table 1).

SMART surveys on 6-59 month-old children carried out at baseline (n=430) and endline (n=432) showed a deterioration in acute malnutrition with the prevalence of global acute malnutrition (GAM) increasing from 16.1% (already above the WHO emergency threshold) to 19.6% and of severe acute malnutrition (SAM) from 2.4% to 3.6%. Although the security situation stabilised during the year, a disrupted planting season and flooding continued to plague the county, perpetuating a tenuous food security situation.

The project in Unity State showed the Care Group model can be adapted for acute emergency situations – and improve IYCF indicators. In this project:

- To expedite the selection of women and because accurate lists of women were not available, Promoters went to each village and, area by area, registered women from 11 adjoining households. These Neighbourhood Groups each appointed their own Leader Mother. This ensured that all the targeted women could participate in the project.
- Transient women were able to move in or out of Neighbourhood Groups, and numbers were kept lower than usual to accommodate this. Leader Mothers traced displaced women and connected them to a local Neighbourhood Group which meant the women, in addition to learning helpful health and nutrition information, found a support structure that helped them in their transition.



Figure 1 Woman in Unity State demonstrating ingredients for a diversified meal (credit Samaritan's Purse, South Sudan 2016)

Table 1. Improvement of key WHO IYCF indicators

Indicator	Baseline	Endline
Timely initiation of breastfeeding	75%	85%
Exclusive breastfeeding for first 6 months	35%	74%
Minimum dietary diversity	19%	59%
Minimum meal frequency	28%	58%
Minimum acceptable diet	26%	33%

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#### Reference

1. The Technical and Operational Performance Support Program (TOPS) 2016. Care Groups: A Reference Guide for Practitioners. Washington, DC: The Technical and Operational Performance Support Program.



Figure 2 Woman in Unity State cooking her meal (credit Samaritan's Purse, South Sudan 2016)