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

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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
Each NCG Promoter (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.)

Each Nurturing Care Group Volunteer shares lessons with 10-15 Neighbor Caregivers and their families, known as a Neighbor Group. (max of 15 NCs per NG).

Each NCG Promoter reaches about 400 to 2,025 households.

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

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

#### Caregiver satisfaction

<table>
<thead>
<tr>
<th></th>
<th>High dose</th>
<th>Low dose</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you satisfied with the 3C programme services?</td>
<td>200 (63.7%)</td>
<td>108 (45.0%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>- Very satisfied</td>
<td>106 (33.8%)</td>
<td>127 (52.9%)</td>
<td></td>
</tr>
<tr>
<td>- Satisfied</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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]

**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]
Evidence for 3C / Go Baby Go

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