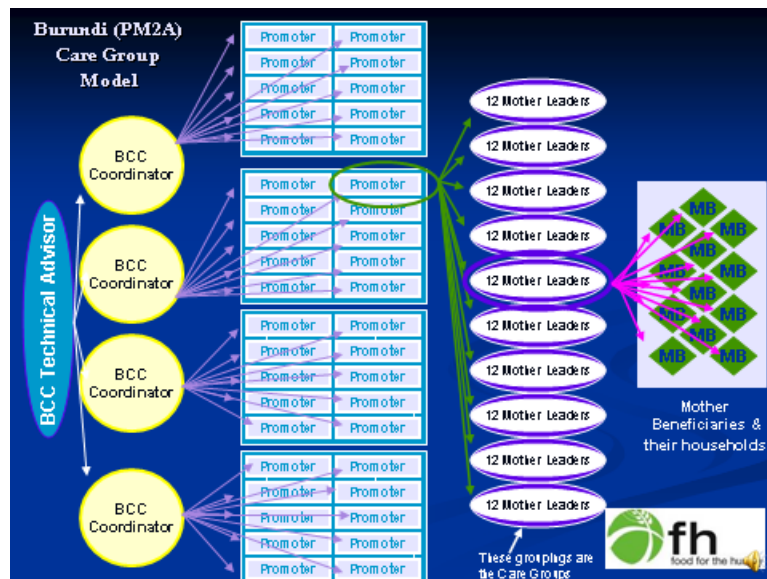


FH's Care Group Approach

Food for the Hungry's [Care Group](#) model, driven by dynamic Leader Mothers, has been proven to be effective in reducing malnutrition and mortality through widespread adoption of critical household-level behaviors that reduce childhood mortality. A mortality study, conducted with the support of John Hopkins University in 2004 at the FH/Mozambique Care Group project's closure found a decrease of 62% in the U5MR, a decrease of 42% in the IMR, and a decrease of 94% in the CMR from 1999 to 2003.¹ Dramatic, concomitant changes in results-level indicators were also seen. Using the Bellagio Lives Saved Calculator², it is estimated that the Care Group model has been a key factor in saving 6,316 lives of preschool children at \$305/life between 2005-2008 as part of a Child Survival and Health project that FH operates in Mozambique.

In FH's methodology, a Community Development Committee (CDC) is organized and trained in aspects of leadership, advocacy, equity, small project development and management, conflict resolution, and community development. The trained CDC oversees and assists in an initial census that divides households with children under two years of age or pregnant women into groups of about 8-12 mothers.³ Each household group elects a Leader Mother (LM), under the guidance of the CDC, who is considered the neighborhood's volunteer community health worker. A group of about 10-14 LMs come together to form each Care Group. Each paid Promoter, hired from the community where he/she will serve if possible, works with 5-10 Care Groups, and meets with the LMs in each Care Group every two weeks for two hours.



After each meeting, Leader Mothers visit their cohort of households to provide timed and targeted counseling. Of the two contacts they have with beneficiary mothers each month, one is a group meeting and one is a household visit. In addition to having all Leader Mothers promote behaviors based on messages that they learn every two weeks from the Promoter, Leader Mothers are also taught to use a counseling card to provide additional messages based on the age of the child and pregnancy status of the mother. Behavior change messages and activities are based on results of formative research such as [Local Determinants of malnutrition studies](#) and [Barrier Analysis studies](#).

¹ See http://apha.confex.com/apha/135am/techprogram/paper_162479.htm

² The Bellagio Lives Saved Calculator is the work of the Bellagio Group that published the 2003 Lancet Child Survival articles and the 2005 Lancet Neonatal Survival articles. Spreadsheets were developed by Saul Morris of DFID while at the London School of Hyg and Trop Health.

³ In the Care Group structure only households with pregnant women and children < 2 years of age are targeted, as studies have shown that this is the age group where targeted interventions can make the greatest difference in morbidity and mortality.