

CARE GROUP PROGRAMS



Improving child health and nutrition through peer-based health promotion

Care Groups are health promotion programs that can quickly and cost-effectively improve health behaviors and outcomes in low-resource communities. By empowering mothers and local leaders, the Care Group model demonstrates that high-impact solutions to childhood malnutrition and illness can be simple, low-cost, and community-derived.

Case Study: Food for the Hungry's Care Group Program in Sofala, Mozambique

Problem

- Globally, one in four children is malnourished. Undernutrition contributes to 35% of child deaths.
- Simple, low-cost, and proven solutions such as breastfeeding, complementary feeding, and vitamin supplementation are often underutilized in resource-poor communities.

Solution

- The Care Group model facilitates peer-to-peer health promotion and the spread of healthy behaviors in developing countries.
- In engaging community networks and circulating vital health information, Care Groups overcome social, cultural, and economic barriers to care.
- The model uses pre-existing resources and relies on cultural norms, making it sustainable, low-cost, and effective.

How it works

- Health promoters recruit women to form Care Groups composed of 10-16 Care Group Volunteers. These women communicate key health messages to 10-15 mothers in their neighborhoods, reaching every household with a young child or pregnant woman at least monthly.



- Health messages focus on nutrition, sanitation and hygiene, care seeking, and other forms of preventative care, such as sleeping under bed nets.

Reach/Scale

- Care Groups are currently being implemented by 24 nonprofit organizations in 21 countries in South Asia, Sub-Saharan Africa, and Latin America.

COST-IMPACT PROFILE

Case Study: Food for the Hungry's Care Group Program in Sofala, Mozambique

Food for the Hungry's Care Group project reached more than 1 million people including 200,000 mothers with young children between 2005 and 2010. Here are the program's results:

Cost per Impact

- Cost per child life saved ~ \$440
- Cost per Disability-Adjusted Life Year (DALY) averted ~ \$15 (highly attractive cost-effectiveness [World Bank])

Average Cost

- ~\$3 per beneficiary (mother with young child) per year
- ~\$0.50 per capita (among entire population) per year

Representative Impacts

- Project saved an estimated 5,500 lives of children under 5 (range 4,590-6,848)
- Estimated 30% decrease in child mortality over 5 years and 38% reduction in child malnutrition
- Exclusive breastfeeding 0-6 months more than doubled, hand washing increased 50 percentage points

(SEE CHIP WEBSITE FOR FULL CASE STUDY, REFERENCES AND SOURCES OF DATA)



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