



Enhanced
Responses to
Nutrition
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Lessons from the Mother-to-Mother and Father-to-Father Support Groups Approach in Ethiopia

May 2023



Figure 1: Map showing areas where Mother-to-Mother and Father-to-Father Support Groups are being implemented in Ethiopia, under the ERNE program

Introduction

Some 20.1 million people in Ethiopia are food insecure, according to the OCHA Ethiopia Situation Report, April 2023, and some 7.4 million people are estimated to need nutrition assistance in 2023.¹ The drivers of undernutrition in Ethiopia are complex, and include drought, conflict and increases in food prices. Gender norms and inadequate knowledge of good nutrition practices also play a role, and can be detrimental to the nutrition of children and women in particular. While much needs to be done to improve access to quality food, improving key feeding, hygiene and health practices can help families optimise utilisation of foods available within the household for infants, young children and pregnant and breastfeeding women.

Mother-to Mother (MtM) and Father-to-Father (FtF) Support Groups are a social behaviour change approach aimed at improving nutrition and health practices and gender attitudes in vulnerable communities. Concern Worldwide initiated the approach in Ethiopia in 2017, during implementation of the Community Preparedness for Acute Malnutrition in Amhara (CPAMA) programme, with funding from USAID. Since then, Concern has refined the method and curriculum, and now supports the MtM and FtF Support Group approach in almost all of its health and nutrition projects in Ethiopia to promote uptake of positive practices related to maternal infant and young child nutrition (MIYCN), health and hygiene, and gender equality among pregnant women, their partners and parents/ caretakers of children under-two years of age.

In June 2020, Concern began implementing [Enhanced Responses to Nutrition Emergencies \(ERNE\)](#) - a three-year, multi-sector programme that aims to increase the scale, efficiency and effectiveness of nutrition emergency responses by working with local services and communities linking proven and innovative solutions in fragile, conflict affected and disaster-prone areas in Ethiopia, DRC, Niger, South Sudan and Sudan. Under the ERNE programme, Concern scaled up MtM and FtF Support Groups across five target woredas in Amahara and Somali Region.

This brief shares results, experiences and key lessons learnt from supporting MtM and FtF Support Groups under the ERNE programme.

¹ See OCHA Ethiopia Situation Report, 24th April 2023



'My life has changed a lot. Before I did not have education about health, hygiene or family planning. But thanks to the mother to mother support groups, I have learned a lot. I am very happy to keep learning from these educational sessions... and I want to share this information with the rest of the community.'

– Halimo Sheik Nuriye, Facilitator of Legahida MtM support group.

Halimo Sheik Nuriye, Legahida, March 2022. Photo: Niall Conroy/Concern Worldwide.

Overview of the approach

MtM Support Groups engage pregnant women, mothers or primary caretakers of children under two years of age, and sometimes grandmothers in participatory sessions on key health, nutrition and gender-related topics. FtF Support Groups target men who have children under two or whose wives are pregnant - usually the husbands of the MtM Support Group members. The FtF sessions follow a similar curriculum but were adapted to appeal to the unique role men can play in ensuring the good health and nutrition of their family. Health Extension Workers (HEWs), community volunteers known as Health Development Army members (HDAs) and community leaders identify potential group members who fall within these criteria and invite them to join the groups.

The support groups aim to fill gaps on knowledge, promote positive attitudes and practices related to nutrition and health, and support problem-solving through facilitated discussions. The group provides a safe environment of respect and trust to the members, so they can:

- Share information and personal experiences
- Support and learn from each other, including from the Lead Mother or Father Facilitator
- Reflect on their experiences, doubts, difficulties, beliefs, myths and potential misinformation
- Strengthen and adapt their current attitudes and practices



Father-to-Father Support Group meeting, Legahida, March 2023. Photo: Conor O'Donovan/Concern Worldwide



Mixed group discussion Facilitated by Concern Outreach workers, Debarak Woreda, December 2022 Photo: Concern Worldwide

How the groups are organised

The number of members in a group ranges between 6 and 15, with members living not more than 15 to 25 minutes walking distance from the meeting point. The groups develop their own bylaws, and decide on the place, length and frequency of meetings. In agreement with the group members and with the support of the HEWs and HDAs, one member of each group is selected to become the group leader (Facilitator). The facilitator should be able to speak confidently in front of groups and facilitate discussions, be physically able to move around the project area, be available to participate in trainings and meetings, be respectful and considerate of others, be a female for the MtM Support Groups and male for the FtF Support Groups, be considered a champion or role model in her/his community, and be willing to work as a facilitator.

Concern has developed a curriculum with 15 sessions, organised into 9 modules, including a gender module which has been translated into four languages (Amharic, Somali, Nuer and Agnuak). The selected facilitator is trained on the content of the curriculum as well as on basic group facilitation techniques for a total of three days. Concern distributes materials for the groups including cooking demonstration utensils and mats. Members of one group stay together for the duration of the

Nine Support Group modules

1. Introduction to the approach
2. Gender
3. Family planning
4. Maternal care and feeding
5. Infant & young child feeding
6. Water, Sanitation and Hygiene at Home
7. Home gardening (optional)
8. Closing
9. Facilitation skills – for Lead Mothers/ Fathers

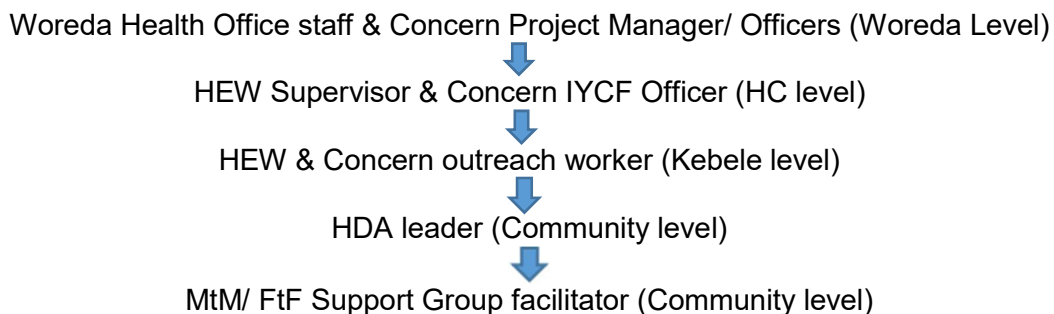
curriculum, until they finish the contents of the discussion guide. In Somali Region, the programme has provided some inputs for the group meetings, including tea and sugar, however this is gradually being phased out.

Graduation and assessing knowledge

Members who complete all the sessions in the curriculum and can demonstrate optimal MIYCN practices participate in graduation ceremonies. Relevant people from woreda offices are invited to the graduation ceremony and graduating mothers and fathers are given certificates. The purpose of certifying the members is to motivate the graduating mothers and fathers to continue the optimal MIYCN practices and other beneficial behaviours and to be role models in their communities. After graduation, a new group is usually formed to enrol new members, led by motivated graduates from the previous group. This promotes continuity and ownership by the community in preparation for the phase out of external support.

Improved knowledge is monitored through assessments at enrolment (pre-test) and graduation (post-test) stages using a structured questionnaire. The post-test helps to identify eligible women and men for graduation. Home visits are also conducted by the HEWs and Concern outreach workers, to identify those eligible for graduation.

Government and Concern staff at different levels conduct supportive supervisions. Supportive supervision of MtM & FTF Support Group activities happens at different levels, as this chart illustrates:



Results

The ERNE programme has established 251 Support Groups, and more than 3,800 men and women have regularly participated in the groups. Through these groups, the programme has reached 2,948 mothers in the three target woredas in Amhara Region (Beyeda, Janamoura and Debark woredas in North Gondar Zone) and two in Somali Region (Legahida and Salahad woredas in Erer Zone). FtF Support Groups formed in the same areas have reached 913 men. The FtF Support Groups have been rolled out on a smaller scale as it is still a relatively new approach and engaging men in childcare and feeding remains more challenging than engaging women due to traditional gender roles and attitudes.

Knowledge of breastfeeding and complementary feeding has improved markedly among both women and men. Participants' knowledge is assessed at enrolment stage and upon graduation from the groups using a standard questionnaire covering breastfeeding (six questions) and complementary feeding (seven questions) as well as hygiene, and maternal nutrition and health. Assessment results from roughly one-third of the MtM Support Group participants are outlined below, showing quite dramatic improvements in optimal breastfeeding (Figure 1) and complementary feeding (Figure 2) knowledge.

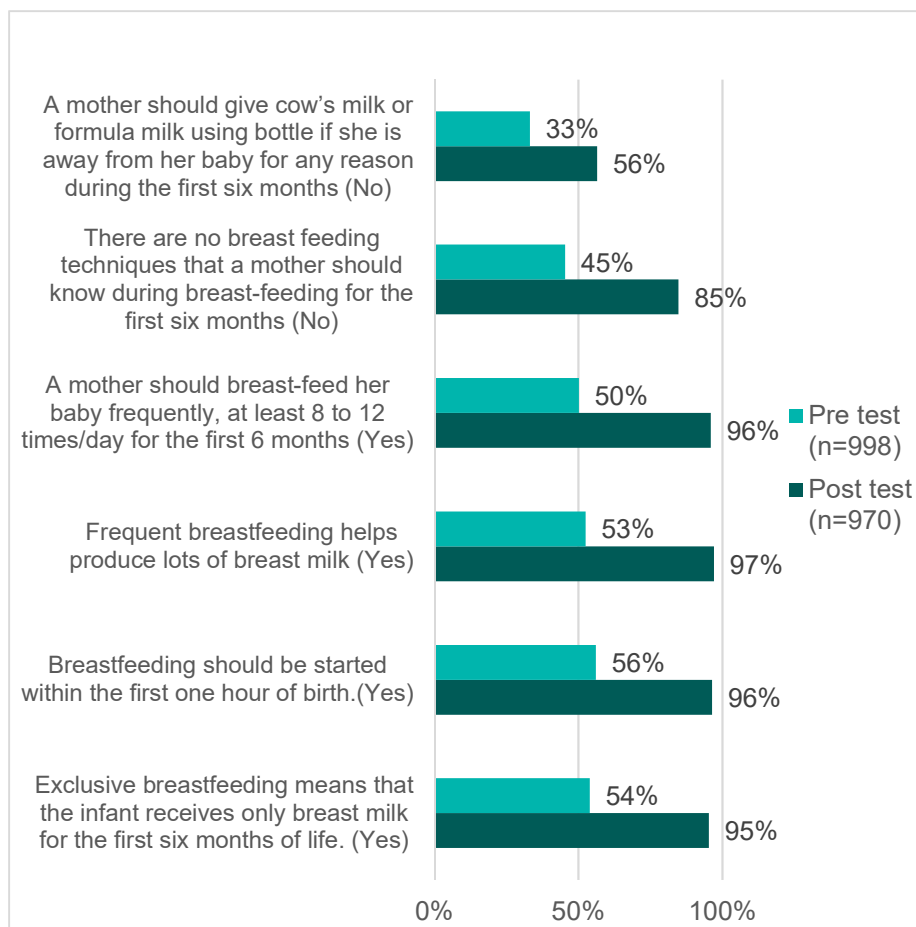


Figure 1: Improvements in breastfeeding knowledge among Mother-to-Mother Support Group participants at enrolment (pre-test) vs. graduation (post-test).

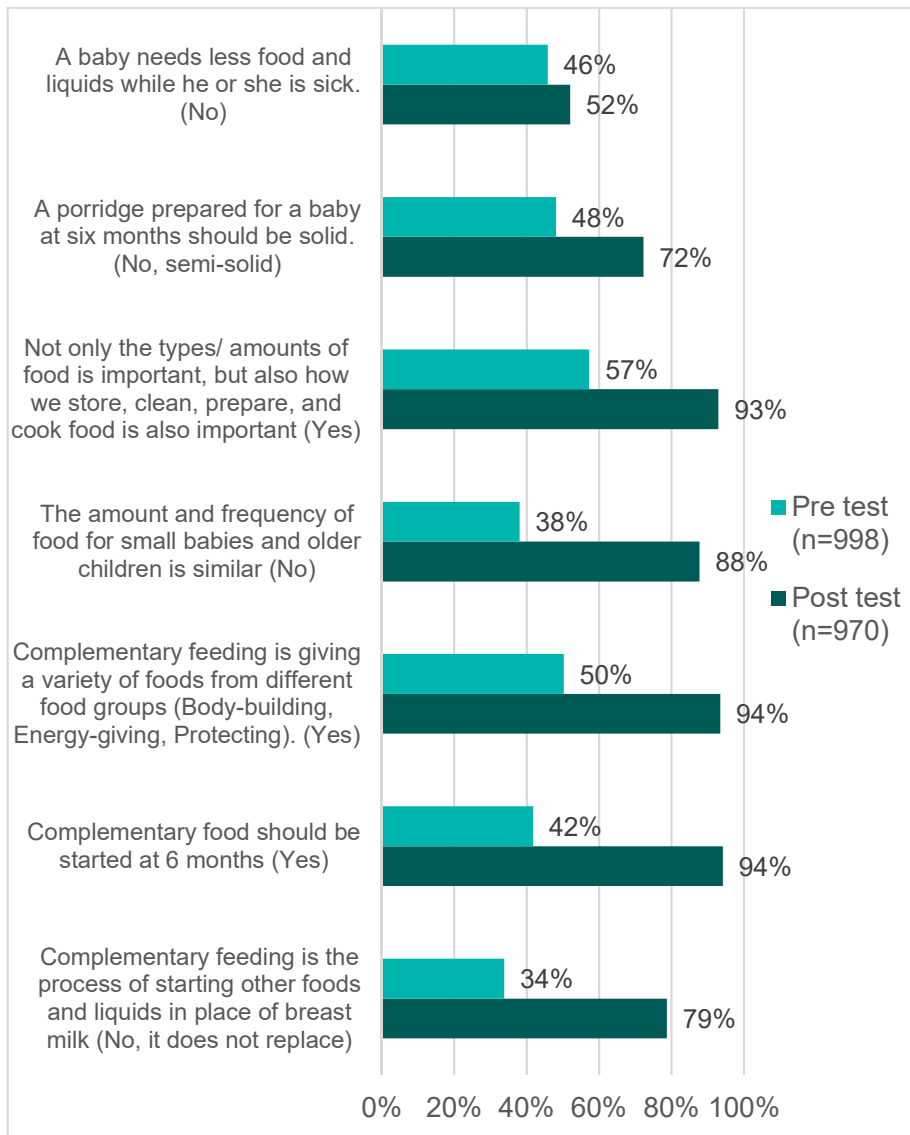


Figure 2: Improvements in complementary feeding knowledge among Mother-to-mother Support Group participants at enrolment (pre-test) vs. graduation (post-test)

Attitudes and practices at home have reportedly improved

Focus Group Discussions (FGDs) with participants suggest that the engagement of fathers in household activities, including child care practice, has increased as a result of their participation in the groups. The gender topics in the curriculum, in particular, were cited as helping fathers to understand the burdens on their wives and inspire them to provide more support. Men reportedly are buying additional food for their wives during pregnancy and breastfeeding; encouraging their wives to attend antenatal and post-natal care visits; performing heavy work (such as fetching water); and are more engaged in child feeding and caring.



Firew Agete - Father-to-Father support group member while feeding his child, Tadesse, Beyeda Woreda, June 2020. Photo: Concern Worldwide

Women reported that they had exclusively breastfed their children under six months, improved complementary feeding practices, and installed hand-washing facilities in their compound as a result of participating in the MtM Support Groups. Also showing improvement are women's decision-making power, the attitudes of men towards family planning and the use of contraceptive methods by women.

Some members of the groups - especially the women - also participated in traditional savings groups (*ekub*) with monthly contributions, which are then used by individual members on a rotational basis. Participants reported that this helped them increase their economic resources enabling them to better prepare for unexpected stresses.

Key learning

The Mother-to-Mother and Father-to-Father Support Group approach is a useful platform to improve knowledge of health and nutrition topics among parents and caretakers and to potentially improve practices

The support groups enable Concern to reach target groups easily, providing a platform to disseminate key messaging and information widely. This approach has improved MIYCN practices of target groups in areas where Concern is operational.

The gender module has reportedly encouraged shifts in attitudes towards chores, child care and household decision making. Focus group discussions with men and women suggest that men’s engagement in household activities has increased and decisions around sensitive topics such as family planning have become more open.

The standardised knowledge assessment tool has offered a means of measuring improvements along the pathway to optimal behaviour – if not the improved practice itself.

While IYCF practices were assessed via one-off population level surveys (for example SMART surveys with standard IYCF questions integrated), it was difficult to measure change in practice over time among the MtMSG members or to attribute it to the groups. The systematic assessment of knowledge, through the standardized tool, proved to be useful to track change and could be used by others implementing similar approaches.

Conclusion

The groups provide a useful platform to promote uptake of positive practices related optimal practices in MIYCN Graduates of the Mother-to-Mother and Father-to-Father Support Groups have demonstrated that they have the skill, commitment and knowledge on proper MIYCN and that they are role models in the community. Concern hopes to leverage this platform and build on the knowledge and skills of the group members to increase the impact and sustainability of the intervention.

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