

Mother-to-Mother Support Groups in the Dadaab Refugee Camps

Background

Since 2004, CARE USA has implemented an initiative to increase capacity to improve infant and young child feeding in emergency settings. CARE's program sites include three refugee camps outside the town of Dadaab, in northeastern Kenya. The camps, established in mid-1992, are home to refugee communities from throughout the region (e.g., Ethiopia, Burundi, the DRC and Sudan), with Somalis making up the great majority of the population. Due to ongoing insecurity in Somalia, regular influx into the camps has continued throughout the period of the CARE initiative, with the population increasing at an average rate of 5000 per month during 2008 and 6000 in 2009.

Dadaab continues to experience a continuous influx of new arrivals from Somalia. More than 43,000 new arrivals have registered this year with some 39,000 from Somalia. There is a noticeable increase of arrivals in June 2009. The arrivals are mainly from the Lower/Middle Juba regions and also from Mogadishu.

The overall population in Dadaab currently stands at 286,962 persons as of 19 July 2009, an increase of 22% since the beginning of 2009 (from 235,455 persons).

The camp population, which was approximately 134,000 in 2005, now stands at approximately 286,692. Many of the new arrivals are pregnant and lactating mothers, and children.

From 2005 through the present, CARE, UNHCR, GTZ, IRC, NCCK, MSF-SWISS and other partners have worked in an interagency collaboration, the Dadaab IYCF Team, to provide support for infant and young child feeding in the camps. The objective is to integrate IYCF into ongoing, multi-sectoral programming rather than create a stand-alone system. Activities include orientation for all staff to ensure their understanding of their responsibilities in supporting appropriate IYCF practices, including emergency preparedness; on-going training; training of facility and community-based IYCF counselors, and mother-to-mother support group leaders/

facilitators, and provision of on-going support through mentoring activities; implementation of behavior change communications approaches, which include the camp-wide annual celebration of World Breastfeeding Week; tracking program coverage and monitoring program process and results; and advocacy and feedback to the community on progress in improving IYCF practices and child nutritional status.



Mother-to-Mother Support Groups: Capacity-Building

Much of the support among the lower-literacy population is implemented through community-based workers and volunteers. Capacity-building activities in Dadaab include a mother-to-mother support group strategy. Support groups empower women to make better decisions, and build self-confidence.¹ Mother-to-mother support is a powerful strategy for catalyzing change. In a support group a woman moves through all the basic steps of behavior change: awareness, information, intention, trial and begin use, maintenance and advocacy. The mother-to-mother support group is an effective way of harnessing the collective power of women as agents of change in the community.

Facilitators of mother-to-mother support groups come from a cadre of women living in the Dadaab camps. The MtMSG facilitators are peers who speak the same language as other

1. The Johns Hopkins University Population Communication Services Community Mobilization Task Force Bulletin. May 1999. The Mobilizer, Volume 2: Issue 1.

mothers and are known and trusted in the community. They are trained over 4.5 days using a curriculum developed in Dadaab for lower-literacy workers: *Preparation of Trainer's Course: Mother-to-Mother Support Groups (MtMSG) Methodology and Breastfeeding and Complementary Feeding Basics*.

The training methodology, which focuses on enhancing both existing knowledge and skills, addresses listening and facilitation skills, group dynamics, and includes a review of technical content in optimal breastfeeding and young child feeding practices.

Mother-to-Mother Support Groups and IYCF protection, promotion and support

Over the past year, IYCF support activities have targeted the new arrivals, with the objective of quickly reaching pregnant and lactating mothers with information on optimal infant and young child feeding practices, and linking them to IYCF-related resources in the camps.

The support groups provide peer counseling within a supportive group setting. The non-formal education and experiential learning approach allows women to examine their values and attitudes, discover assumptions and patterns of behavior, ask questions, and learn new ways of thinking. IYCF mother-to-mother support groups are designed to encourage women and communities to identify and solve their own problems, and to receive support for their infant feeding decisions.

The support groups also provide information and expose the mothers to global recommendations for optimal infant and young child feeding. Among the topics of discussion may be the recommended pattern of breastfeeding, adequate management of breastfeeding difficulties, how to access practical help, and recommendations for appropriate complementary feeding with local, available, appropriate, and affordable foods. Pregnant women and mothers are supported to practice skin-to-skin contact and timely

initiation of breastfeeding at birth, as well as adequate nutritional behaviors for themselves, including additional food intake during pregnancy and lactation. As pregnant women and mothers do not make decisions in a vacuum; decisions about breastfeeding and infant feeding must involve the whole family, including fathers and mothers-in-law and the community in which the woman lives. These secondary audiences are targeted through behavior change communications activities and are sometimes included in support group activities.

Results

Results are monitored using different strategies that facilitate triangulation to judge the progress of programme activities. IYCF staff oversee the training and support group activities and capture feedback during ongoing mentoring. Progress in achieving coverage is tracked through mapping that tracks the geographic distribution of trained IYCF counselors and mother-to-mother support group facilitators. Mother support group facilitators track their activities and group participation using pictorial monitoring forms. Progress in impacting infant and young child feeding behaviours at a population level have been tracked over the course of the Dadaab IYCF programme during an annual nutrition survey using standard WHO IYCF indicators.

Examples of the types of information tracked are provided below.

Feedback following facilitator training:

1. How has your idea of mother-to-mother support groups been changed or modified?
 - Facilitator should talk less.
 - Facilitator shares experience and gives confidence to others.
 - Mother-to-mother support groups are not an educational talk, lecture or class.
 - In a mother-to-mother support group there is eye contact, sitting arrangement is in a circle with everyone at the same level.



IYCF Hagadera mapping tool and mapped IYCF counselors and MTMSG leaders in Hagadera camp

2. What did you learn in the practice session of facilitating mother-to-mother support groups in the community?
 - It is difficult to change myths, but can overcome them more in small groups.
 - When facilitator shares own experience the group becomes open.
 - Very easy to manage a small group of 6 – 8, and hard to manage a larger group of 15 .
 - Facilitator has to listen more.
 - Motivating is easier on one-to-one counselling.
3. Do you feel ready to facilitate MtMSGs in infant and young child feeding? Why?
 - We have captured the responsibilities of the facilitator.
 - We have received IYCF training and mother-to-mother support group training – we have knowledge and experience; we have seen how it is done.

Coverage: There are currently 713 mother support groups in the three camps (581 facilitators trained). The geographic coverage of trained facilitators and IYCF counselors is tracked on maps showing each camp block.

MTMSG Participation: The table below show support group participation during the quarter October – December 2008².

MTMSG Meetings Facilitated	Dag	Hag	IFO	Total
Number of Pregnant Women Attending MTMSG Meetings	250	369	378	997
Number of Lactating Women Attending MTMSG Meetings	436	548	385	1368
Number of Grandmothers Attending MTMSG Meetings	100	182	153	435
Total Number of MTMSG Participants	786	1099	916	2801

Nutritional Status: Malnutrition rates, which have been high in the camps (22% global acute malnutrition, 4.5% severe acute malnutrition) in 2006 (GTZ figures), have been nearly halved due to concerted interagency action within the camps. In 2008, the GAM averaged 11% and SAM rate was <1.5%.

IYCF Behaviors: Despite the increase in the program size due to the refugee influx and concomitant increased demand for services, IYCF behaviors continue to show improvement.

- Timely initiation of breastfeeding: the population-level rates increased from 66.2% in 2007 to 76.5% in 2008 for mothers in the three camps who initiated breastfeeding within 1 hour of birth. A program level indicator is due to be introduced in the maternity services during Q2 of 2009.
- Exclusive breastfeeding (EBF): EBF rates have increased from 4.1% in 2005 to an average of 25.6% in 2008. Rates in each of the camps have exceeded 30% during the past two years, but the continued population influx has been a challenge to maintaining those improvements.
- Timely introduction of solid, semi-solid foods: the rates of timely introduction of solid and semi-solid foods (the WHO indicator is measured on infants 6-8 months) increased from 53.6% in 2007 to 68.9% in 2008.
- Continued BF at one year: in 2008, about 54.4% of children aged 12-15 months were still breastfeeding. These rates have decreased since 2007 (perhaps related to the population increase; UNICEF's State of the World's Children 2008 reports a rate of 35% for continued breastfeeding at one year in Somalia).

Breastfeeding Success Story

Barni Ali Mohammed feels that receiving training in infant and young child feeding was very helpful to her. She had home deliveries of seven children who were all given water with sugar until the third day when breastfeeding was initiated. The babies would fall sick often and mostly admitted to the SFP program. In the training, she learnt about the importance of early initiation of breastfeeding, exclusive breastfeeding and timely complementary feeding.

When she got Abdiladif, her 8th child she observed these optimal IYCF practices and there was a great difference in this child compared to other children. She said, "When I was pregnant with Abdiladif, I also joined a mother-to-mother support group in my block from where I learnt a lot on appropriate infant and young child feeding practices. Abdiladif was delivered in the hospital and I breastfed him within 20 minutes after birth. No other foods or drinks were given to Abdi. I gave him only breast milk for the first six months and then introduced him to other foods after six

2. During 2008, the number of monthly births ranged from ~ 180-600 births/month. The camps consistently report about 1500 infants < 6 months of age.

months, he first refused to eat but when a little breast milk was added to the food he ate it comfortably. I can say that he is different from the others as he is very alert and he has never been sick or admitted to the hospital or any feeding programs”.

Other mothers who have seen her previous children and then Abdi believe in adopting the recommended IYCF practices. Barni Ali Mohammed has been able to reinforce these practices through the MTMSG (Mother-to-Mother support group) where she is the group leader.

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First with the LINKAGES Project, and now with CARE, Mary has been a member of the Infant Feeding in Emergencies (IFE) Core Group since its inception. Mary holds a PhD in Nutrition Sciences and a Masters degree in Medical Anthropology.

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Maryanne Stone-Jiménez has over 20 years of experience implementing trainings for health professionals and community health workers in infant and young child feeding, mother-to-mother support group facilitation, interpersonal counseling and negotiation skills, Essential Nutrition Actions (ENA), the Lactational Amenorrhea Method (LAM), and training methodologies and principles of adult education. After a presence in Guatemala and Latin America, she began to work in Africa, Asia and the Middle East with AED/LINKAGES.

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Acronyms in full

UNHCR	United Nations High Commissioner for Refugees
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (German society for technical cooperation)
IRC	International Rescue Committee
NCKK	National Council of Churches of Kenya
MSF-Swiss	The International and Humanitarian Organization which has implemented feeding camps and out patient clinic centers in Somalia
IYCF	Infant and Young Child Feeding
GAM	Global Acute Malnutrition
SAM	Sever Acute Malnutrition