

# NURTURING CARE GROUPS (NCGS): A SPIR II NUTRITION INTERVENTION MODEL

This information sheet explains how the SPIR II project used Nurturing Care Groups (NCGs) to share essential nutrition, health, and WASH messages with over 100,000 caregivers, improving family health and nutrition across program areas.

## WHAT IS NCGS?

Nurturing Care Groups (NCGs) are a community-driven behaviour change model aimed at improving infant and young child feeding (IYCF), maternal nutrition, early childhood development, illness prevention, and care-seeking for sick children. Each NCG consists of 10–15 volunteer mothers, known as Nurturing Care Group Volunteers (NCGVs), selected by their peers. Every two weeks, promoters (project staff or government health workers) train these volunteers using lesson plans and picture-based flipcharts. Afterwards, the volunteers share these messages with caregivers in their communities through small-group meetings and home visits.

The NCG curriculum includes topics such as pregnancy care, maternal nutrition and mental health, breastfeeding and complementary feeding, child development, and WASH. Promoters coach volunteer mothers to strengthen facilitation skills, reinforce behaviour change messaging, and model positive caregiving practices. Because volunteers are trusted community members, their guidance helps shift local norms and ensures repeated contact with caregivers, creating a multiplier effect that drives sustained improvements in health and nutrition behaviours.

## WHAT PROBLEMS DO NCGS ADDRESS?

Despite long-standing efforts, child death and malnutrition in Ethiopia remain high. In 2023, 39% of children were stunted, 22% underweight, and 11% wasted. Malnutrition contributed to over half of the under-five deaths in 2019. The drivers are wide-ranging: chronic food insecurity, inadequate healthcare and WASH access, low nutrition knowledge, recurring drought, conflict, disease, and low maternal education. Nearly Half of rural women were illiterate (48%) in 2016. These challenges disproportionately affect the health and nutritional status of rural women and children.

Previous behaviour change approaches, such as Timed and Targeted Counselling, had limited impact due to low literacy among volunteer mothers and insufficient household coverage. Additional SPIR II research highlighted barriers like high food prices, widespread availability of unhealthy foods, limited time for mothers to prepare diverse meals, and low spousal support, issues that restricted improvements in complementary feeding.



## ABOUT SPIR II

Strengthen PSNP Institutions and Resilience (SPIR II) is a five-year Resilience Food Security Activity (RFSA) implemented by a consortium of partners led by World Vision that includes CARE, ORDA Ethiopia, and learning partner IFPRI. It is powered by funding from the U.S government, which focuses on enhancing livelihoods and resilience to shocks and improving food security and nutrition for rural households in Ethiopia's Amhara, Oromia, and Tigray regions through interventions aligned with the government's Productive Safety Net Programme (PSNP).



To address these constraints, SPIR II adopted and adapted the Nurturing Care Group model in 2023, drawing on World Vision International's experience. The revised model fits SPIR II's goals in nutrition and health and aligns with the Ethiopian context. It emphasises maternal, infant, and young child feeding, maternal mental health, early childhood development, care-seeking behaviours, and disease prevention. Sixteen lesson-based flipcharts were adapted to local culture and translated into Afaan Oromo, Amharic, and Tigrigna.

## HOW SPIR II USED NCGS TO IMPROVE HEALTH AND NUTRITION

NCGs became a central strategy for influencing nutrition and health practices among pregnant and lactating women (PLW) and caregivers of children under five. Community Health Facilitators (CHFs) in Amhara, Oromia, and Tigray identified target households, registered caregivers, and supported the formation of Neighbour Groups. Each Neighbour Group selected a volunteer mother to lead NCG activities.

CHFs oriented volunteers on materials, schedules, and facilitation methods. Volunteer mothers then held biweekly group sessions, conducted home visits for those who missed meetings, and documented new pregnancies and relevant health information for Health Extension Workers. Caregivers completed the NCG cycle after going through all 16 lessons twice, ensuring understanding and reinforcement of improved feeding and caregiving practices. After graduation, volunteers identified new pregnant women and formed new groups, continuing the cycle of learning and behavior change.

Many NCG groups organically initiated micro-savings activities to strengthen social ties and help caregivers address financial barriers to dietary improvement.

## REACH AND IMPACT OF NCGS UNDER SPIR II

By the end of Year 4 (Sept 2025), the SPIR II NCG model had been implemented in 21 districts across Oromia, Amhara, and Tigray. More than 6,741 volunteer mothers engaged over 108,000 caregivers throughout the program period. Impact evaluation results showed that households participating in NCGs demonstrated:

- Better health-seeking behaviours
- Increased knowledge of recommended infant feeding practices
- Greater engagement with health workers and community health activities
- More frequent positive caregiving behaviours, including playing, singing, and reading with children
- Reduced open defecation, contributing to improved child health

The greatest improvements were observed among households receiving both NCG nutrition counselling and monthly maternal cash transfers. In these households:

- Children consumed 18% more food groups, signalling improved diet quality.
- The proportion of children meeting the Minimum Acceptable Diet more than doubled, an 11-percentage-point increase.
- Dietary gains were driven by increased intake of eggs, dairy, fruits, and vegetables.

To learn more about NCG results and project research, visit the [SPIR II website](#).

## CONTACT INFORMATION

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