When **Dr. Pieter Ernst**, a native of South Africa, moved to rural, war-torn Mozambique in the early 1990s to offer his clinical services, he saw mothers and children suffering from diseases that were both preventable and treatable. A few years later, in conjunction with the start of a USAID-funded World Relief Child Survival Project, he came up with the idea for training "care groups" of village volunteers as a way for limited numbers of project staff to maximize household contacts for health promotion. In consultation with Dr. Muriel Elmer, a specialist in adult education who was working in World Relief's health technical unit, what was to become the Care Group Model first [took shape](http://www.caregroupinfo.org/blog/).

Pieter's vision was for a model that reached every household with simple life-saving health practices while limiting the burden on any given volunteer, for sustainability. The first child survival project using Care Groups (1995-1999) in Gaza Province, Mozambique, trained 1500 volunteers in 141 Care Groups who reached 34,000 children under five and women of reproductive age in a total population of 91,200 people.  
  
Consistently strong results led to a series of successful projects, covering ever larger populations in new districts within Gaza Province. Pieter's leadership and continual innovation to improve implementation yielded excellent outcomes and documented impact: an independent mortality assessment of the population reached by the second CSP measured infant and under-five mortality reductions of 49% and 42%, respectively.  
  
By then, the Care Group Model had proven to be highly replicable, spreading to other countries and organizations. The Care Group Difference, a guide to the model, was published in 2004 with a Diffusion of Innovation grant from the CORE Group, contributing to increased visibility. It was highlighted in UNICEF's The State of the World's Children, 2008, as an effective method of implementing Community IMCI. Today, the Care Group Model has been implemented by at least 23 other nongovernmental organizations in 21 countries, largely with the support of the US Agency for International Development , a vehicle bringing improved health to some of the poorest and most vulnerable communities in the world, and through which countless thousands of lives have been saved.  
  
Dr. Pieter Ernst was Project Director for World Relief Mozambique's first 2 CSPs (1995-1999 and 1999-2003) and subsequent Expanded Impact Project (2004-2009). For many of those years, he also spent one day per week providing medical and surgical care, including fistula repair, at Chokwe District Hospital. He currently advises World Relief's community-based TB project in Gaza Province (using Care Groups) and a USAID bilateral project in Nampula Province – when not applying his creative energy to improve community approaches to agriculture. Though an infrequent presence in the United States, Pieter's pioneering work with Care Groups has influenced many CORE Group members – and child survival beneficiaries on three continents. Prior to working with Child Survival programs, he served as a medical doctor in Namibia, South Africa, and Mozambique in Community Medicine, Surgery, Obstetrics, Gynecology, Outpatients and Casualty.