Essential Elements of the Care Groups Approach

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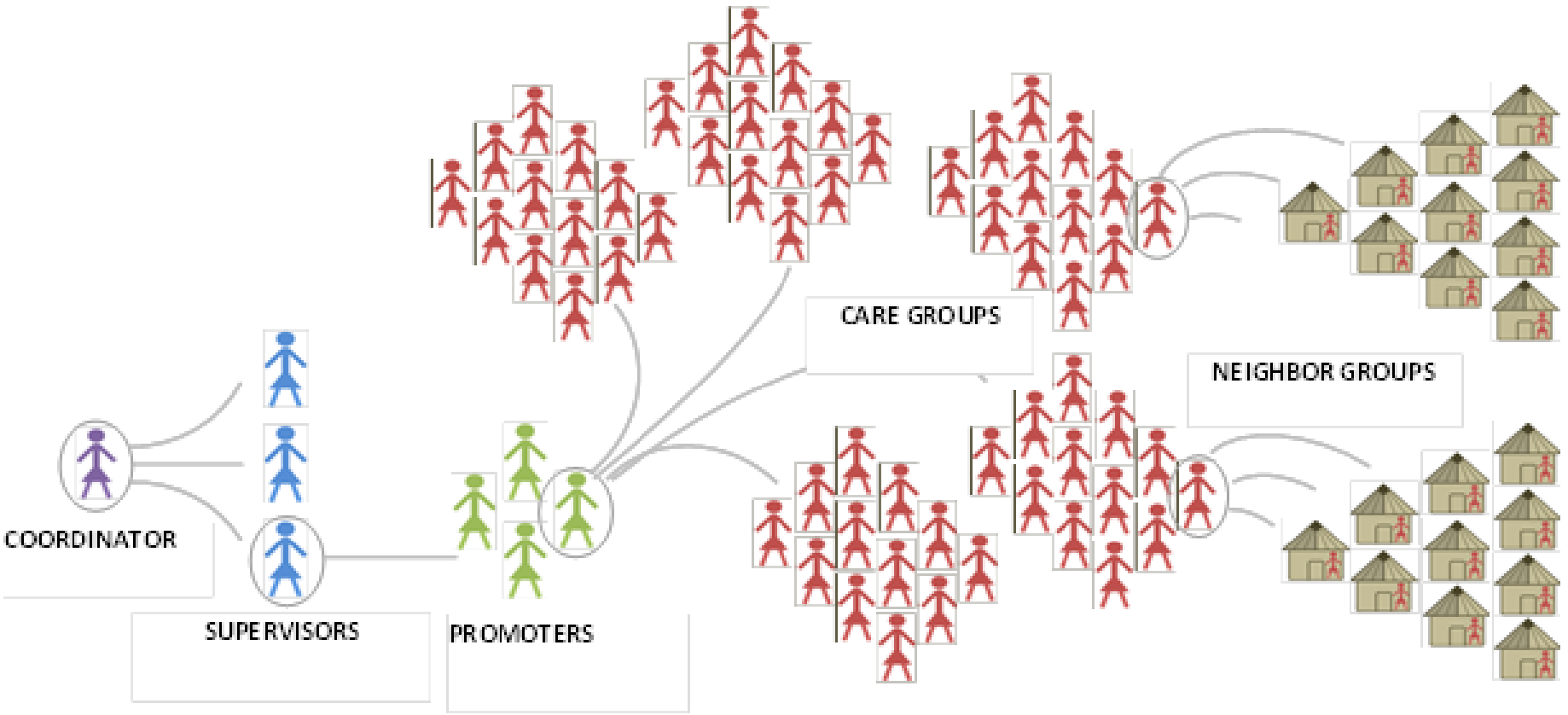
What are Care Groups?

A community based strategy for improving coverage and behavior change, focus is primarily maternal and child health and reducing malnutrition

Care Group Structure



Who is Using Care Groups?

- ACDI/VOCA
- ADRA
- Africare
- American Red Cross
- CARE
- Concern Worldwide
- Catholic Relief Services
- Curamericas
- Emmanuel International
- Feed The Children
- Food for the Hungry
- Future Generations
- GOAL
- International Aid
- International Medical Corps
- International Rescue Committee
- Living Water International
- Medair
- Medical Teams International
- Pathfinder
- PLAN
- Project Concern International
- Salvation Army World Service
- Save the Children
- World Renew
- World Relief
- World Vision

Where are Care Groups being Used?

- Bangladesh
- Bolivia
- Burkina Faso
- Burundi
- Cambodia
- DRC
- Ethiopia
- Guatemala
- Haiti
- Indonesia
- Kenya
- Liberia
- Malawi
- Mexico
- Mozambique
- Nicaragua
- Niger
- Peru
- Philippines
- Senegal
- Rwanda
- Sierra Leone
- Somalia
- South Sudan
- Sudan
- Uganda
- Zambia
- Zimbabwe

GAME

ATTENDANCE & TROUBLESHOOTING

ASK ABOUT CURRENT PRACTICES

FACILITATION: behavior change promotion through story and pictures

ACTIVITY

DISCUSSING BARRIERS

PRACTICE AND COACHING

MAKING A COMMITMENT

Sarah Borger

Care Group Criteria and Checklist

Geoffrey Arijole Nyakuni

Care Groups Experience in the Democratic Republic of Congo

Challenges to implementation of CGs in DRC

- Population movement in relation to Agricultural seasons
- Internal displacement of populations due to tribal and/or armed conflicts
- Management of promoter to ML rations in sparsely populated conditions
- Poor infrastructure – roads and health services

Challenges –cont'd

- Low literacy among the mothers and population in general
- Number of languages and dialects in which to prepare materials
- Work load on MLs due to demands placed on them by other NGOs
- Weak or non existent government structure to support CGs
- Absenteeism of MBs thus the need for follow-up thus more work for promoters

Challenges cont’d

- Challenges with motivational/identification material such as t-shirts
- Incentives given by other actors within the same intervention area
- Referral mechanisms for identified children
- Lack of inputs at health facility level for support
- Relief mentality still a great hindrance in the locations

Positives

- Interest and appreciation of their work by government staff
- Results of their work is visible in the community
- Adequate community leadership support
- Flexibility in meeting times/schedules

Ryan Larrance

Care Groups Trios Approach in Bangladesh

CARE GROUP TRIO MODEL ASSESSMENT

January 27,2016

Ryan Larrance,
Consultant

Background

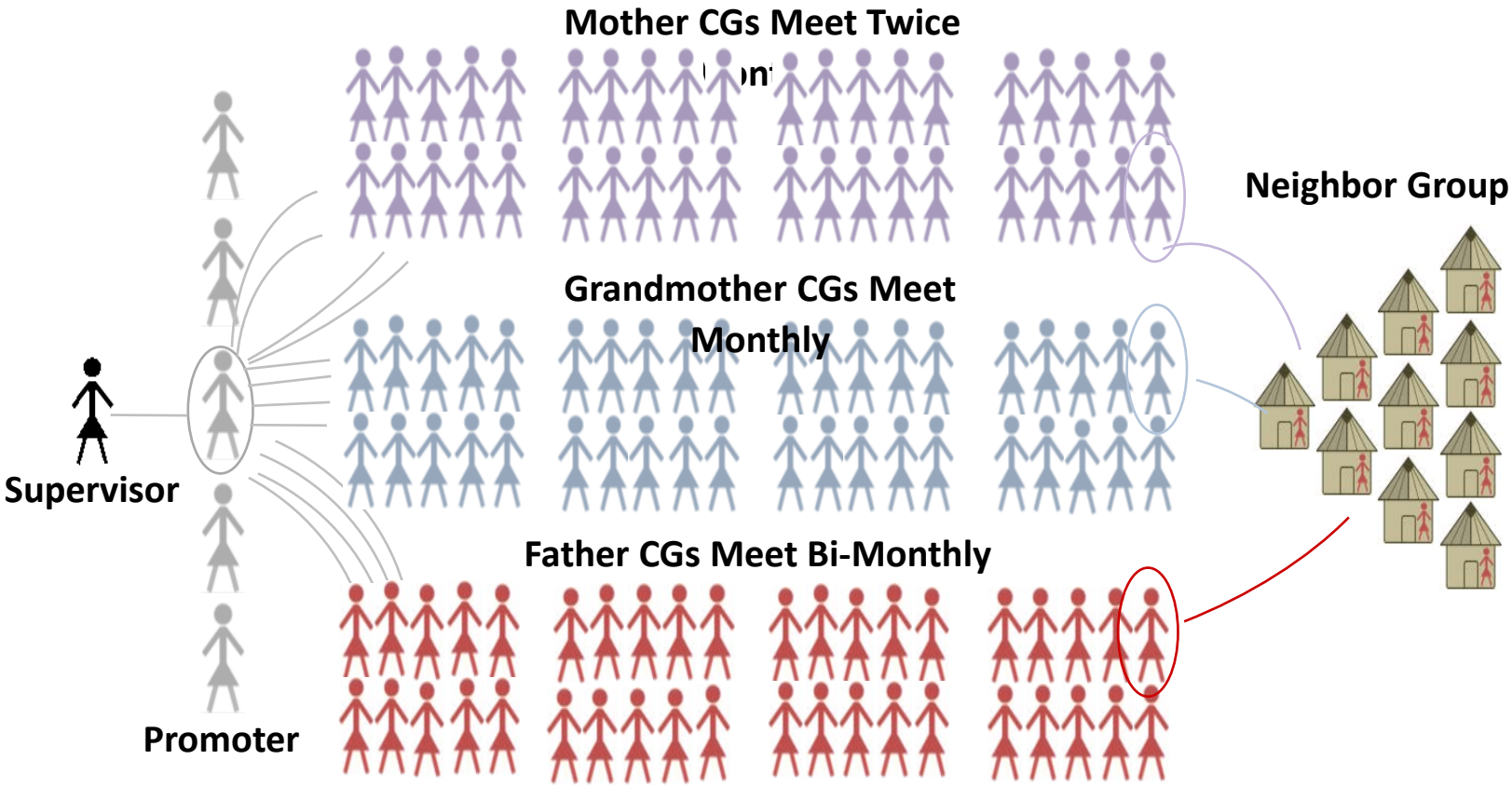
- The Program for Strengthening Household Access to Resources (PROSHAR)
- Multi-Year Assistance Program implemented from 2010-2015 in Southwestern Bangladesh
- Disclosures

USAID
FROM THE AMERICAN PEOPLE

PCI

ACDI VOCA
Expanding Opportunities Worldwide

Care Group Trio Model Structure



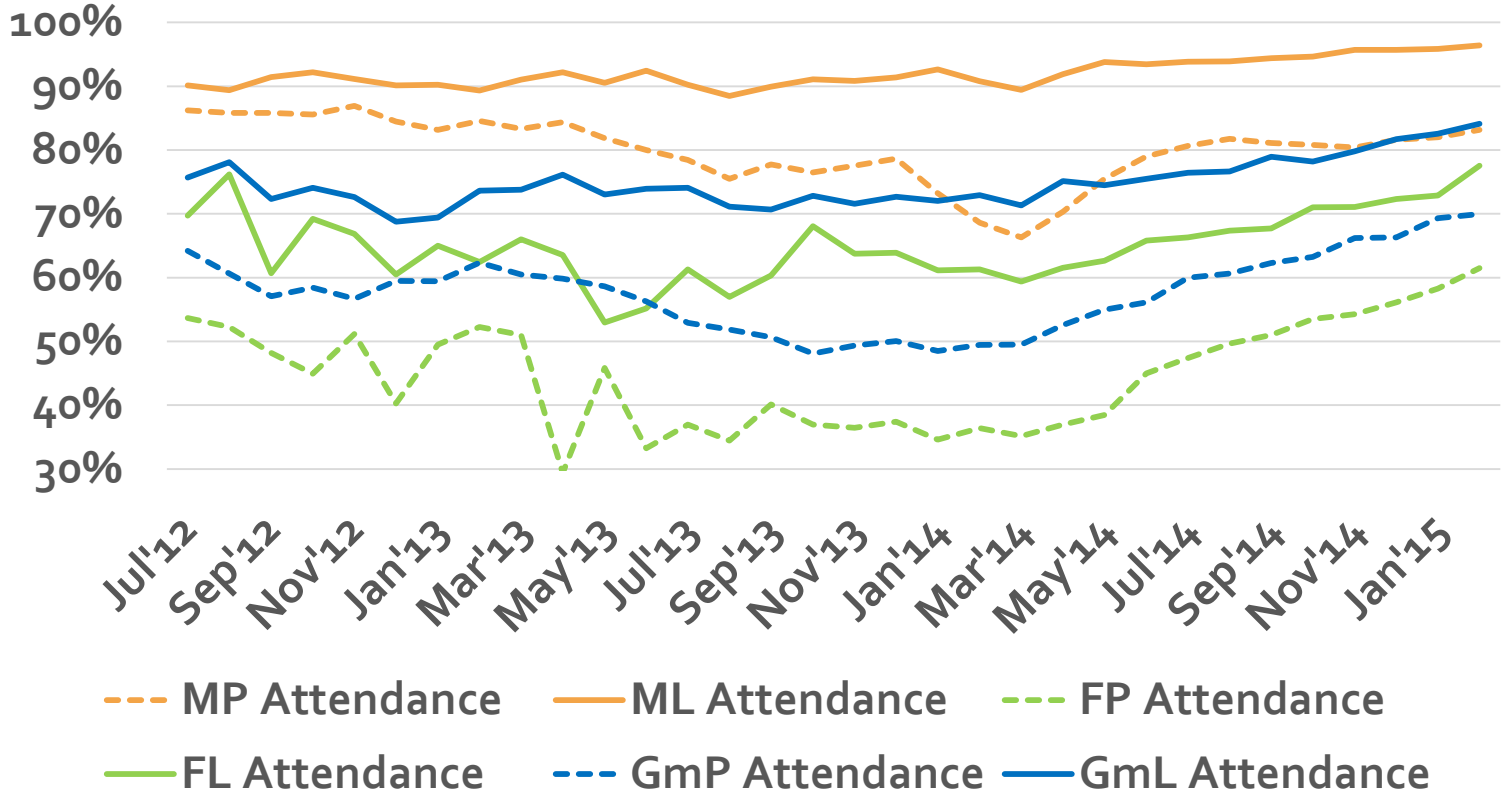
Graphic adapted from- Care Groups: A Training Manual for Program Design and Implementation

Assessment Methodology

Wendy Stone for PCI

- Focus group discussions
  - 15 FGDs, all types of CG Trio Participants
- Key informant interviews
  - 12 KII, PROSHAR staff, MoH staff, others
- Review program data
  - Program baseline and endline survey, program data, BCC assessment, etc.

Program Data: Care Group & Neighbor Group Attendance Rates



Source: PROSHAR program data

Population Based Final Evaluation

Wendy Stone for PCI

- Baseline (Jan. 2011) and endline (January 2015) population based assessments conducted by TANGO International
- TANGO's endline report states: "adoption of recommended MCHN practices…increased substantially from baseline to endline, and…adoption of most practices was significantly higher for participants than non-participants."

Qualitative Data Findings

- Nearly all respondents believe targeting fathers and grandmothers resulted in higher adoption of behaviors
- Age and gender were an important factor in the success of the peer – to – peer communication of messages
- Having multiple people in the household (HH) educated on new behaviors helped with remembering to practice new behaviors
- Several reports of Mother Leaders (MLs), Father Leaders (FLs), and Grandmother Leaders (GmLs), working together to support behavior change in HHs slow to adopt new behaviors

Qualitative Data: Additional Findings

- FLs and GmLs increased the number of indirect program beneficiaries
- Educating the whole HH increased harmony within the HH
- CG Trio Model increased mother's MCHN related decision making power and freedom of movement
- CG Trio Model potentially contributed to reducing domestic violence

Wendy Stone for PCI

Final Points

- The PCI team estimated that the Trio approach cost 50% more compared to the conventional CGs
- Additional cadres (youth, grandfathers) most likely would not have added value
- The majority of respondents felt that all three cadres of CGs were required for the program to see such positive results

Wendy Stone for PCI

Resources

- Care Groups: A Training Manual for Program Design and Implementation http://www.fsnnetwork.org/care-groups-training-manual-program-design-and-implementation
- Caregroupinfo.org for modules and many other resources on Care Groups, including criteria documents
- Join the Care Group Forward online discussion group www.fsnnetwork.org or email me to join the Interest Group listserve mdecoster@fh.org