

## Care Group Criteria

### Small Group Questions

*Directions: Depending on the time available, assign each small group all the questions or divide them up among the groups. When small groups have finished answering the questions share answers in a large group.*

1. Care Groups are not the same as Mothers Clubs where mothers are simply educated in a group. An essential element is having women serve as role models (early adopters) and to promote adoption of new practices by their neighbors. There is evidence that “block leaders” (like CG volunteers) can be more effective<sup>1</sup> in promoting adoption of behaviors among their neighbors than others who do not know them as well. CG Volunteers should be mothers of young children or other respected women from the community. **How should CG Volunteers be selected?**
2. In the CG model, the number of households per CG volunteer is kept low so that it fits better with the volunteer's available time and allows for fewer financial incentives to be used. **What should be the maximum number of households assigned to each CG volunteer to work with?**
3. CG volunteers regularly meet with a Promoter (a paid staff member who shares with them new lessons). Normally a Promoter will work with several groups of CG volunteers or Care Groups. Each group of CG volunteers is called a Care Group. **What should be the maximum number of CG volunteers in each Care Group?**
4. In order to establish trust and regular rapport with the mothers with which the CG volunteer works, it is necessary that she has consistent contact with them. We believe that overall contact time between the CG volunteer and the mother (and other family members) correlates with behavior change. How often do you recommend that the CG volunteer contact her assigned beneficiary mothers?
5. In order to create a supportive social environment for behavior change, it is important that many mothers adopt the new practices being promoted. Behavior change is much more likely to happen when there is regular, direct contact with all mothers of young children (rather than reaching only a small proportion of mothers), and probably more likely when there is contact with all households in a community (but this approach will probably be more costly). **What should be the minimum percent of households in the target group that are reached by a Care Group project?**
6. Reporting on vital health events should be done during Care Group meetings, so that the data can be recorded by the CG leader (usually using in a register maintained by her) and discussed by the CG members. The point of discussion should be for CG members to draw connections between their work and the health events in the community (e.g. what can we do to prevent this kind of death in the future?). This should be done on at least a monthly basis, so that the information is not forgotten by volunteers over longer periods of time. **What are the essential vital events that Care Group volunteers should monitor on a monthly basis?** (Hint: some examples of vital events are births, deaths, pregnancies, diseases, disasters, etc...)
7. **One of the Care Group criteria is that the** majority of what is promoted through the Care Groups is directed towards reduction of mortality and malnutrition (e.g., Essential Nutrition Actions, Essential Hygiene Actions). Why do you think the creators of the CG criteria did not

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<sup>1</sup> Burn, S.M. (1991). Social psychology and the stimulation of recycling behaviors: The block leader approach. *Journal of Applied Social Psychology*, 21, 611-629.

want projects that use cascade teaching to promote agriculture skills, literacy or other sector topics to be called Care Group projects?

8. One of the Care Group criteria is that volunteers use some sort of visual teaching tool (e.g., flipcharts) to do health promotion at the household level. **What are the benefits to using visual teaching tools to guide health promotion?** (Hint: consider the benefit to the CG volunteer, beneficiary mother and overall project goals.)
9. **What type of teaching methods should be used during Care Group behavior change communication? Please explain your answer.** (Hint: possible teaching methods include didactic, adult, lecture and participatory.)
10. CG members are volunteers, and as such, their time needs to be respected. **What do you think should be the maximum length (in hours) of a Care Group meeting (when a Promoter teaches CG Volunteers)?**
11. For Promoters (who teach CG Volunteers) and CG volunteers to be effective, we believe that regular, supportive supervision and feedback is necessary on a regular basis. **What is the minimum frequency that Promoters should supervise at least one Care Group volunteer?**