SCOPE: CARE GROUPS

STRENGTHENING COMMUNITY HEALTH OUTCOMES THROUGH POSITIVE ENGAGEMENT

WHAT IS A CARE GROUP?

Global evidence has shown the impact of the Care Group model on improving health outcomes. A Care Group (CG) is composed of 10-12 Care Group Volunteers (CGVs) who meet regularly for social behavior change communication (SBCC) and related skills-building on health education topics. After receiving the lessons, each CGV cascades information to 10-15 neighbor mothers in nearby households through group meetings and home visits.

In 1995, World Relief developed the CG model in Mozambique, and since then, the model has gained global recognition and received significant funding through USAID-funded programs worldwide. Due to the model's effectiveness, nongovernmental organizations working in over 40 countries have implemented the CG model. A CG's unique ability to extend the health system's reach through the multiplication of volunteer effort, peer support, and community mobilization makes the model ideal for many projects and programs.

World Relief, through the USAID-funded SCOPE project, established CGs in Haiti, Kenya, Malawi, and South Sudan, equipping them to implement a SCOPE-developed series of training modules adapted from existing USAID-approved curricula. Promoter manuals and volunteer flipcharts included the latest evidence-based best practices on RMNCH information, each adapted for a particular country and its local communities. Each of the four modules was translated and underwent a contextualization process to ensure the messages, stories, and images were locally relevant. The CG model ensured that social behavior change health information was communicated using vernacular language and practiced through simple exercises performed at the household level.

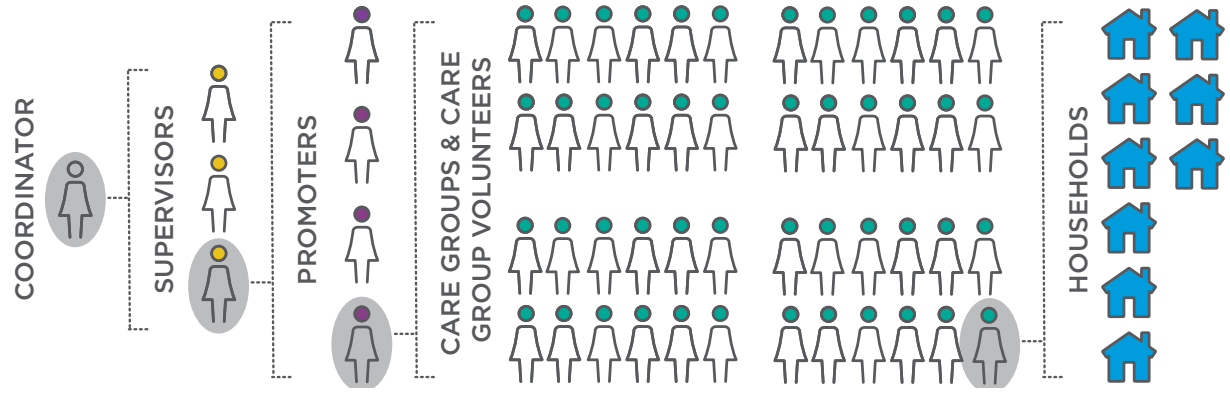
During CG meetings, guided discussions were centered around clear learning objectives. To help facilitate discussions with neighbor women at home or during group meetings, each CGV was equipped with a pictorial flip chart to assist in presenting the lessons in a user-friendly and interactive way.

HOW CARE GROUPS IMPACT SURVIVAL OUTCOMES

Extending the Reach of the Health System

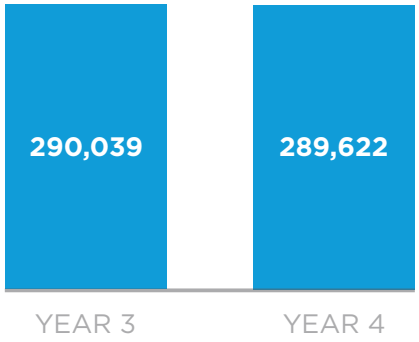
CGs extended the reach of the health system down to the household level, ensuring that those who lived in hard-to-reach areas knew how and when to access health services. SCOPE CGVs complemented the work of overburdened community health workers (CHWs) by supporting case-finding and referrals so that CHWs could maximize their time in providing information and health services to the clients who needed them most. Through 18,910 CGVs, 192,355 women of reproductive age (WRA) were reached with information to improve RMNCH behavior and practices.

SCOPE CARE GROUP STRUCTURE

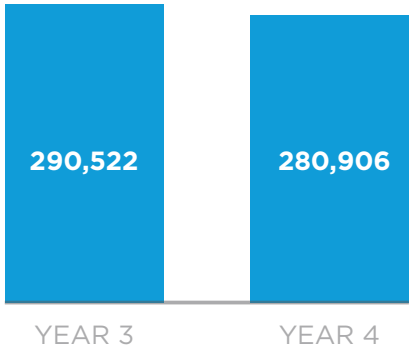


Coordinators (paid staff) are responsible for 3-6 **Supervisors**. **Supervisors** (paid staff) are responsible for 4-6 **Promoters**. **Promoters** support 4-9 **CGs** which are composed of 10-15 **CGVs**. **CGVs** share lessons with 10-15 **Neighbor Groups** (made up of Neighbor Women and their families). Through this cascade process each Promoter reaches approximately 500-1,200 women via CGVs.

CHILDREN UNDER FIVE REACHED BY CARE GROUP VOLUNTEERS



WOMEN REACHED BY CARE GROUP VOLUNTEERS



Care Groups for Improved Family Planning and Maternal Child Health Outcomes

The system of group lesson delivery, home visits, and regular mentoring and supervision of CGs fostered peer-to-peer support, facilitated community-wide interest and improved health-seeking behavior among caregivers.

However, Care Groups were not only focused on diffusing messages, but also building their skills to reflect on what they have learned, issues they face, changing behavior, and solving problems together. As Rehema, a SCOPE Kenya CG Promoter in Kajiado reflected on the role of CGs in her community, *"One transformed woman is the start point for the change to other women of this community."* In several project geographies, SCOPE found that the CG approach significantly facilitated positive behavior at scale within communities. Women took action in their households and communities. For example, it was observed that CGs across the SCOPE countries improved their hand-washing practices, built tippy taps and latrines using local resources, and grew vegetable gardens.

Despite the challenges from COVID-19 and region-specific political and environmental factors, Care Groups contributed to the positive results noted in the Midterm Evaluation. SCOPE teams reported stories of community members turning their knowledge into action, and rallying around women and young children to advocate for their healthcare needs at local facilities.

Serving as Linkages to the Health System Via Referrals

CGVs were a vital link between the community and facility services, in that they became a mechanism of the local referral system. Not only did CGVs provide information to their neighbor group members, but they could also recognize warning signs among pregnant women and children under five, and thus make the necessary referrals to the CHWs and facilities.

CGVs were trained to record and report on key vital events such as childbirth, pregnancy, child illnesses, and deaths, as well as provide timely referrals to CHWs who could feed information into existing health information systems. The Care Group model is particularly useful as it can reach a large population while maintaining cost-efficiency, sustainability, and intensive support to CGVs and beneficiaries.

This referral relationship also highlighted the difference between CHWs and CGVs. CHWs have a health background and training that CGVs do not, so the two should be viewed as an extension of each other rather than parallel entities. Therefore, careful consideration must be made regarding remuneration and incentivization. Many of these volunteers and health workers come from the same communities, and differences in incentives can be a source of conflict.

CARE GROUPS CURRICULUM

- **Module 1: "Introduction to Care Groups and COVID Awareness"** - 9 lessons addressing hygiene routines, and COVID-19 awareness and prevention.
- **Module 2: "Child Health and Integrated Community Case Management"** – 11 lessons addressing various child health topic, such as nutrition, hygiene, and disease prevention.
- **Module 3: "Maternal and Newborn Health"** – 12 lessons teaching prenatal, maternity, and postpartum care essentials and priorities for newborn care.
- **Module 4: "Family Planning"** – 8 lessons covering family spacing and reproductive planning methods.

All Care Group resources are available on the Care Group webpage for use by other partners and projects. Resources are also available in Chichewa, Maasai, Kiswahili, Turkana, and Haitian Creole.

LEARNINGS

Improving Program Quality through the Quality Improvement Verification Checklists

The careful and regular monitoring of CGs enabled the Project to adapt to face any reported challenges and provide consistent, quality support for people of reproductive age, pregnant women, and caregivers of children under five. Quality Improvement Verification Checklists (QIVC) identified which CGs needed support and how to target this support in resource-constrained environments.

Supervisors used the QIVC to check CGVs' quality and delivery of messages to neighbor women. The Quality Improvement Verification Checklists was a tool that assessed how promoters were delivering messages to CGVs and, in some countries, how CGVs were delivering messages to women. These supervision tools helped identify areas where the delivery of messages could be improved.

Safe Spaces for Sharing and Promoting Healthy Behaviors

Care Groups, by design, create a space where women feel relaxed and safe and a sense of togetherness and bonding

CARE GROUP SPOTLIGHT

Throughout Kenya, many communities report a low utilization of health services by women and children under age five, as well as inadequate access to health information. CGVs empowered women and children to maintain healthy lifestyles and offer support as they access healthcare treatments.

Each CG meeting had the power to affect significant behavior change. At one meeting, for example, promoter Miriam Sankale taught the concept of child spacing. A volunteer and mother of four named Damaris Mwinya was in attendance and shared this family planning message with her husband. Emboldened by this new knowledge, Damaris was able to choose the family planning methods that allowed her to promote her own health, invest in her current family, and remain active in her community.

with other mothers and women in similar life stages. When women feel safe, they are more likely to share their experiences, talk openly about their common struggles, identify harmful practices, and consider trying new practices at home. Such a space allows women the opportunity to brainstorm solutions to the challenges they face or ways of practicing new behaviors. Modeling and practicing care and respect (from senior staff to volunteers), regular mentorship, and creating an enabling environment for mothers promoted understanding and motivated the women to share lessons learned through their neighborhood groups. In some cases, women moved away from their traditions of home birth delivery and instead chose a facility-based delivery. In Kenya, SCOPE saw this network of mothers holding each other accountable to practice a new, healthy behavior taught in the CG lessons (i.e., immunizations, antenatal care visits, etc.). If a mother missed a prenatal care visit, her group would encourage her to go or call upon the CHW to offer support. This type of accountability is only possible when women feel safe and empowered to make communal changes.

To read more about SCOPE's Care Groups, please see the Care Group webpage, *Blog post: Four Things We've Learned Working with Care Groups*, *Blog Post: Partnering with Women through Health Education: Q&A with SCOPE Senior Technical Advisor*.

ABOUT SCOPE

The SCOPE Project is a five-year (2019-2024) USAID-funded New Partnerships Initiative project whose aims is to reduce preventable maternal and child mortality and morbidity in Haiti, Kenya, Malawi and South Sudan by engaging CHWs, faith leaders and community groups to improve reproductive, maternal, newborn and child health (RMNCH) outcomes.

CONTACT

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KEY RESULTS

Teams reported stories of community members turning their knowledge to action. Below is a snapshot of the project's results of the Care Group model across the SCOPE countries:

1,002 promoters trained to lead CGs

1,998 CGs formed in participating communities

18,910 CGVs participated in group lessons and shared health seeking behavior knowledge with neighbors

192,355 women received family planning/maternal child health information from CGVs

89,614 referrals made for child health (includes illnesses and well-visits such as immunization and growth monitoring)

157,958 referrals made for family planning

43,718 referrals made for maternal health (includes antenatal and postnatal care)

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