

Care Groups: The Essential Ingredients

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**Melanie Morrow,
MPH**

Director of MCH
Programs

World Relief

**Thomas P. Davis
Jr., MPH**

Senior Director of
Program Quality

Improvement

Food for the Hungry

**Carolyn Wetzel,
MPH**

Director of Health
Programs

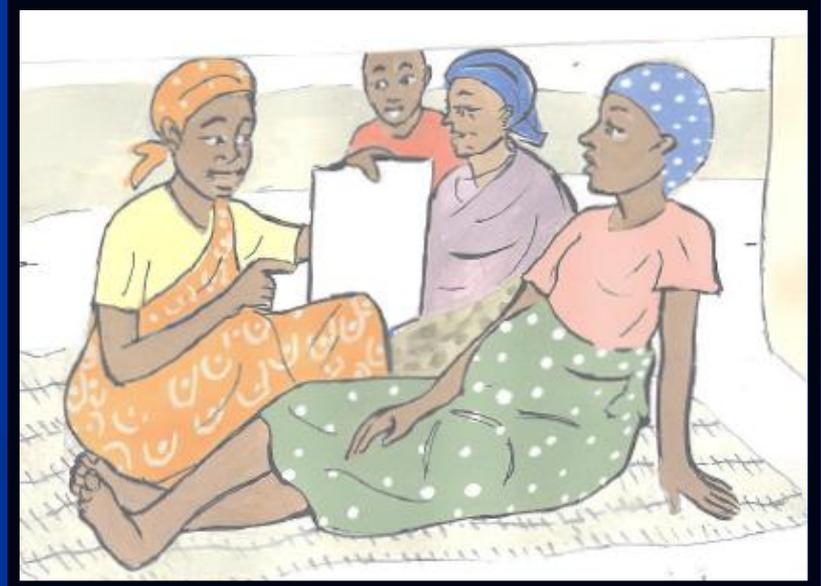
Food for the Hungry

Description of a Care Group



A Care Group is a group of 10-15 volunteer, community-based health educators who regularly meet together with project staff for training and supervision.

They are different from typical mother's groups in that each volunteer is responsible for regularly visiting 10-15 of her neighbors, sharing what she has learned and facilitating behavior change at the household level.



Description (cont.)

- Care Groups create a **multiplying effect** to equitably reach every beneficiary household with interpersonal behavior change communication.
- They also provide the structure for a **community health information system** that reports on new pregnancies, births and deaths detected during home visits

Why Criteria for Care Groups

- Proliferation of organizations using the model since first developed in 1995.
- Increased attention to the model and its effectiveness in lowering child deaths.
- Wide variations in what is called a “Care Group” can lead to the use of less effective strategies that do not fit within the model.
- Fewer opportunities to advocate for the Care Group Model and its role in child survival if the name is applied to less effective strategies.

Why Criteria for Care Groups

- We hope that by informing donors and others about these criteria, they will use the criteria to decide to what degree a proposed implementation strategy is really based on the Care Group model.
- We hope to create a reference point by which implementers will identify explicitly how what they are doing aligns or differs from the model.

Establishment of Criteria

- World Relief and Food for the Hungry staff members met and agreed upon the Care Group criteria on April 23, 2009. (WR having developed the model in 1995 and FH being an early adopter.)
- The list is divided into **required** and **suggested** criteria.
- Edits were made by the two founders of the model, Dr. Pieter Ernst and Dr. Muriel Elmer.
- Criteria were shared at the 2010 CORE Spring Meeting and feedback from other PVOs was incorporated.

The Care Group Criteria

Essential characteristics for a model of community based health promotion to be considered the "Care Group" Model.

- 1 The model is based on peer-to-peer health promotion (Mother-to-mother for MCH and nutrition behaviors.) CG Volunteers should be chosen by the mothers within the group of households that they will serve or by the leadership in the village.
- 2 The workload of CG volunteers is limited: No more than 15 HH per CG volunteer.
- 3 The Care Group size is limited to 16 members and attendance is monitored.

4

CG volunteer contact with her assigned beneficiary mothers is monitored and should be at a minimum once a month, preferably twice monthly.

5

The plan is to reach 100% of households in the targeted group on at least a monthly basis, and the project attains at least 80% monthly coverage of households within the target group. Coverage is monitored.

6

Care Group Volunteers (e.k.a. "Leader Mothers") collect vital events data on pregnancies, births, and deaths.

7

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).

8

The Care Group volunteers use some sort of visual teaching tool (e.g., flipcharts) to do health promotion at the household level.

9

Participatory methods of BCC are used in the Care Group with the CG Volunteers, and by the volunteers when doing health promotion at the household or small-group level.

10

The Care Group instructional time (when a Promoter teaches CG Volunteers) is no more than two hours per meeting.

11

Supervision of Promoters and at least one of the Care Group Volunteers (e.g., data collection, observation of skills) occurs at least monthly.

12 All of a CG volunteer's beneficiaries should live within a distance that facilitates frequent home visitation and all CG volunteers should live <1 hour walk from the Promoter meeting place.

13. The implementing agency needs to successfully create a project/program culture that conveys respect for the population and volunteers, especially women.

An additional four criteria are **suggested** but not required.