Care Groups: Giving Census-Based Impact-Oriented Extra Power for Community-Based Primary Health Care

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Outline

- Review CBIO
- Development of care groups and basic concepts
- Care group project in Gaza province of Mozambique
- Care group project in Sofala province of Mozambique
- Care group project in Kampong Cham province of Cambodia
- Summary and conclusions
Section A

Introduction to the Care Group Process
Census-Based Impact-Oriented (CBIO)

- Key elements
- Identifying everyone in the geographic area of the program
- Maintaining regular, periodic contact with everyone
- Visiting every home regularly
- Using locally acquired data to guide programming
- Targeting of high-risk groups
- Vital events registration to monitor changes in mortality rates
- Concerns of the Expert Review Panel in 1993
Dr. Pieter Ernst, Pioneer of Care Group Approach

Photo: Henry Perry
The Care Group Strategy

- A multiplication model for health promotion

Each leader mother educates and motivates pregnant mothers and those with children 0-23m. The IMCI-trained mothers help with verification of danger signs and provision of ORS packets.

Each promoter is responsible for five to 10 Care Groups. Each care group has about 12 leader mothers.

Source: Tom Davis, Food for the Hungry.
Cascade Approach

- Care Group volunteers educating neighbors

Source: Tom Davis, Food for the Hungry.
Educational Materials

- For volunteers to use during home visits: nutritional messages

Source: Tom Davis, Food for the Hungry.
Caregivers’ Input

- Individual care groups convert messages into their own songs
- Puppet shows
- Dissemination of messages in churches and in community-wide meetings
Puppet Shows Delight and Teach

Photo: Henry Perry