Learning with Care Groups through Participatory Research in Malawi

Summary

USAID Advancing Nutrition partnered with Akule ndi Thanzi ("Let them grow healthy"), a USAID Malawi-funded nutrition project, to facilitate a participatory, user-centered research and design process to develop and test transferable solutions to improve the quality of peer support groups. The research aimed to contribute to global and national learning on peer support groups. The process engaged care group participants and stakeholders through multiple exploratory workshops to validate existing research on care groups in Malawi, co-create possible solutions, and then revise and iterate solutions.

This brief shares the solutions ("prototypes") developed by group participants and lessons learned from the design process (table 1). The prototypes may be useful to health and nutrition programs and practitioners aiming to strengthen their own programming with peer support groups.

Table 1: Care Group Co-designed Prototypes by Quality Domains

Quality Domains	Prototype(s)
Facilitation Capacity Building	Look-and-Learn Guide Simple Job Aid for Facilitation Skills sessions
Social Support for Action	Look-and-Learn Guide Simple Job Aid for Facilitation Skills sessions
Ownership of Monitoring and Accountability	Look-and-Learn Guide Community Leaders' Aid for Supporting Care Group Quality
Community Linkages and Recognition of Groups	Look-and-Learn Guide Community Leaders' Aid for Supporting Care Group Quality

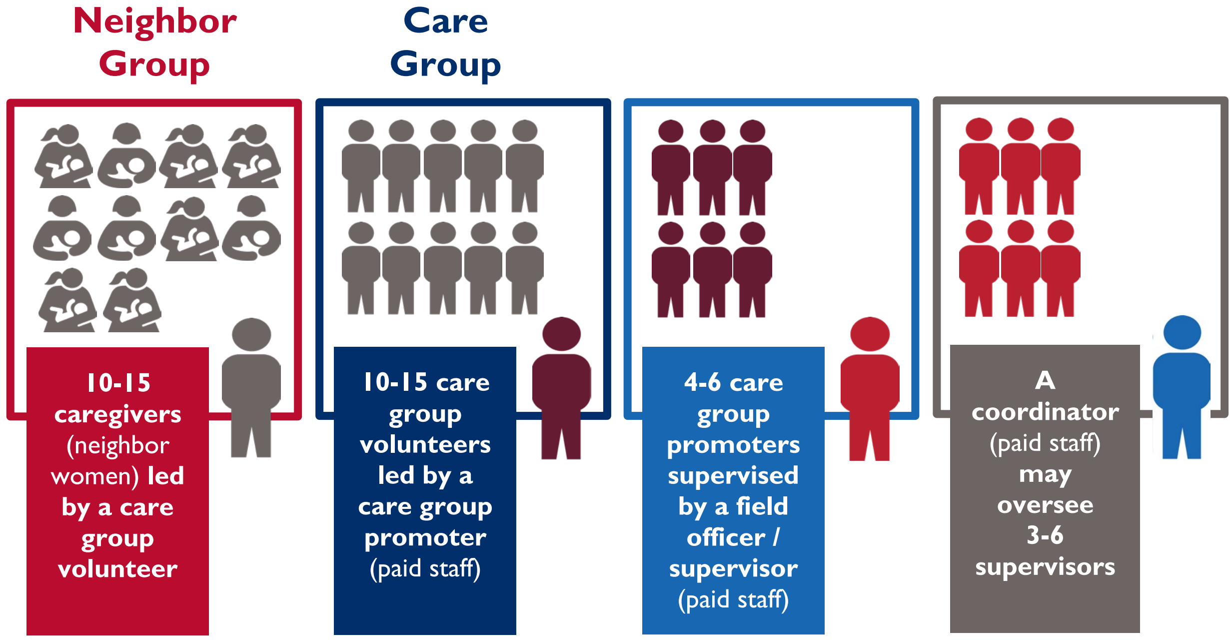
Background

Peer support groups are a common community program platform to support multiple development outcomes including health and nutrition. As programs and studies generate evidence on quality standards, learning from the group participants themselves is critical to ensure high quality design and implementation in local contexts.

This research aimed to contribute to this learning with Akule ndi Thanzi, a five-year project funded by USAID Malawi and implemented by Feed the Children, a non-governmental organization, to support the Malawi National Multi-sectoral Nutrition Policy 2018-2022. The Policy identifies care groups as a core

operational component of community nutrition programming; the partnership aimed to strengthen the quality of these groups in Salima and Dowa districts through a participatory research and design process.

Figure 1: The Care Group Model

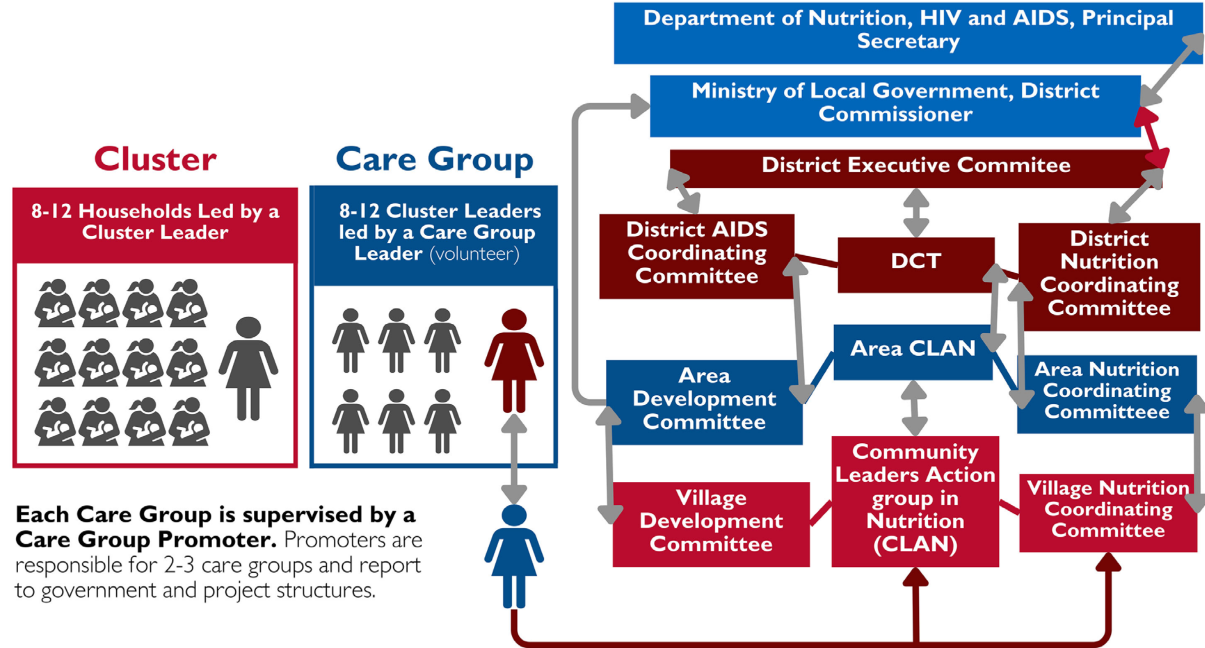


Source: TOPS 2016

Care Group Models

There are many peer support group models used in health and nutrition programs, such as Participatory Learning and Action for Maternal and Newborn Health, mother-to-mother support groups, and care groups. Care groups is a widely used model that has been implemented in more than 40 countries (https://caregroupinfo.fh.org/). A care group consists of 10-15 volunteer, community-based health educators who regularly meet with program staff for training and supervision. 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 (Perry et al 2014; Perry et al 2015; Davis and Moses 2022). An illustration of the Care Group Model can be seen below (figure 1). Under Akule ndi Thanzi, care groups consist of groups of 8 to 10 household cluster leaders which are supervised by a care group promoter and led by an elected cluster leader known as a care group leader (Department of Nutrition, HIV and AIDS n.d.). Care groups typically meet twice per month with variable duration. Each cluster leader supports 8 to 12 households with counseling on prioritized behaviors; these groups irregularly convene for meetings as "clusters" (figure 2).

Figure 2: Malawi National Care Group Cascade



Source: Department of Nutrition, HIV and AIDS, Malawi Ministry of Health

Research Objective

This study facilitated a participatory process to design and test local solutions to improve the quality of peer groups with Akule ndi Thanzi.

The research questions were–

1. What are the challenges to the quality of peer groups as defined by peer group leaders, members and other key stakeholders?
2. What are feasible ways to improve the quality of peer groups as defined by peer group leaders and members (including, but not limited to, the care group model)?

Research Approach and Findings

This study used a participatory approach adapted from the Living Labs model and human-centered design. Like other popularized design approaches, Living Labs was initially developed for and used in the private sector and has increasingly been applied in the public sector, particularly for environmental and health care related challenges (Rădulescu at al. 2021). The approach is characterized by three distinct phases referred to as Exploration, Co-creation, and Evaluation by this research team (figure 3).

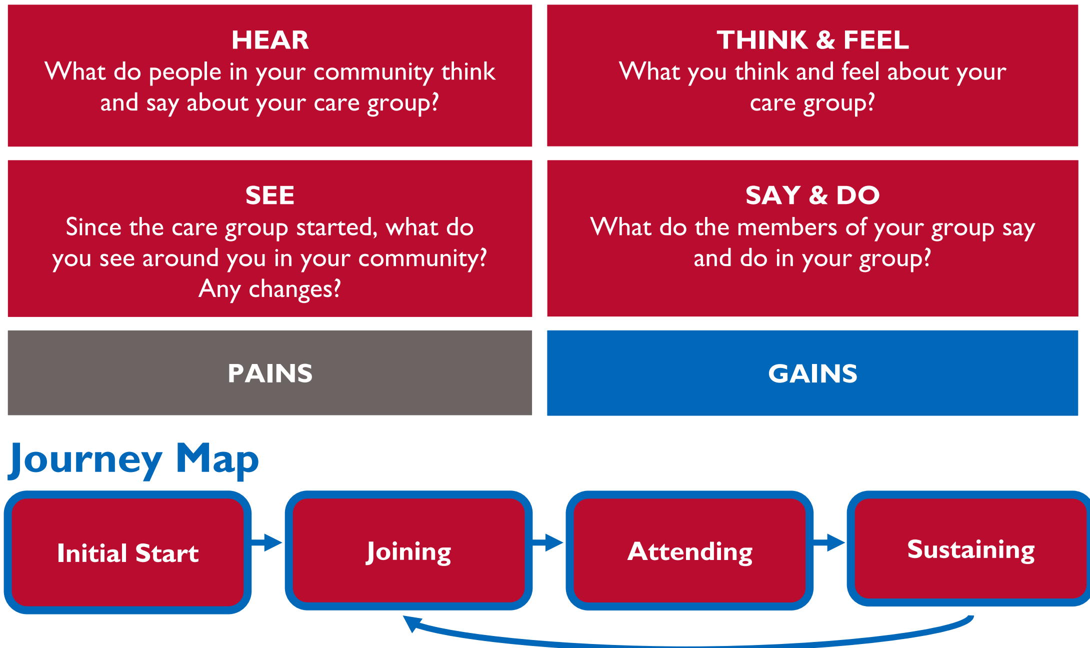
Time constraints and operational challenges in the Exploration and Co-Creation phases resulted in insufficient time and capacity to measure prototypes with care groups in the Evaluate phase. Partners interested in participatory research and design could consider the added benefits of measurement after prototype co-design.

Figure 3: Living Labs-Adapted Approach

Exploration

Phase 1, Exploration, focused on the first research question. The team synthesized findings of a desk review of implementation partner and participant experiences with care groups in Malawi between 2015 and 2023 into two design tools commonly used in the human-centered design methodology: a journey map and empathy map (figure 4). These tools aimed to ease interpretation of the findings by care group participants with variable education levels in rural Malawi.

Figure 4: Empathy and Journey Map Frameworks



The journey map outlined four stages: 1) starting a care group, 2) joining, 3) attending, and 4) sustaining. The empathy map captured what participants hear, see, think, feel, say and do related to care groups with a particular focus on challenges and opportunities to address those challenges. Using these tools and an experiential quality matrix, participants (care group promoter, cluster leaders, and household beneficiaries) validated findings on their perceptions of quality groups (table 2). The exercise took place in April 2023 over 12 workshops, one for each participant category in four traditional authorities.

Table 2: Summary of Care Group Participant Perspectives on Quality Care Groups and Challenges to Quality

	Definition of quality from the perspective of care group participants	Challenges to quality from the perspective of care group participants
Household beneficiaries	• Care groups leveraged as community platforms, increased coordination of community procedures and activities, dissemination of information through care groups • Unified and harmonious groups of household beneficiaries • Regular attendance among members	• Lack of timeliness or absenteeism of cluster leaders • Lack of clear information on responsibilities and benefits of the cadres and project
Cluster leaders	• Unified and harmonious groups of cluster leaders • Well trained cluster leaders with acquired skills and confidence needed for technical content and monitoring responsibilities	• Lack of timeliness from other care group members, and lack of resources and need for additional training for monitoring and reporting • Distrust of higher cadres and project • Lack of clear information on responsibilities and benefits of the cadres and project
Care group promoters	• Involve traditional and religious leaders in the community in the inception, implementation, and sustaining care groups • Regular (at least twice monthly) meetings with cluster leaders to support behavior change and strengthen group unity	• Distrust of project motives and ways of working • Lack of clear information on responsibilities and benefits of the cadres and project

Opportunities identified to address the challenges—

- **Structure with clear roles**—develop a clear communication cascade and protocol as well as a transparent incentive structure
- **Trust**—re-establish and expand trust between communities and the implementing partner to support care group participation

- **Focus for behavior change support**—expand the use of dialogic facilitation and develop social cohesion within clusters
- **Capacity strengthening**—expand technical competencies and dialogic facilitation within care groups, with fun activities and peer-to-peer learning
- **Sustainability**—support to groups to establish themselves as community platforms

Co-Creation

In June 2023, the USAID Advancing Nutrition technical team and the Malawi University of Business and Applied Science research team, with the support of Feed the Children, coordinated workshops with key stakeholders in Kuluunda, Mwanza, Chakhdza, and Nskambewa traditional areas. These stakeholders included village leaders, health surveillance assistants, care group participants, cluster leaders, household beneficiaries, and Feed the Children staff representatives from the national and local levels. The goal was to co-create solutions centered around six design questions that emerged from the Exploration phase:

1. How might we ensure that the incentive structure for care group participants (including promoters, cluster leaders, and household beneficiaries) is clear and transparent?
2. How might we strengthen communication across the care group cascade?
3. How might we support development of social cohesion within the household beneficiary clusters?
4. How might we increase community ownership of care groups to support sustainability between periods of nongovernmental organization implementation?
5. How might we strengthen trust between communities and implementation partners?
6. How might we support activities to increase access to resources required for implementation?

Community stakeholders co-created and then prioritized 10 solutions in a ranking exercise during the workshops. The research team shared findings from the workshops with community stakeholders and project staff in the form of a written brief and continued engagement in phase 2.

The research team decided to focus on a subset of four prioritized solutions for testing (table 2).

Table 2: Solutions Tested with Care Groups Across Iterations

Solution	Kuluunda	Mwanza	Chakadza	Nsakambewa	Total
Simple Job Aid for Facilitation Skills Sessions	4	4	4	4	16 care groups
Look-and-Learn for Care Group Leaders	4	4			8 care groups
Community Leaders' Aid for Supporting Care Group Quality	2	2	2	2	8 community leader groups
• Care Group Community Forums* • Community Leader-led Monitoring of Care Group Quality*					
Job Aid for Monthly Cluster Reflection Sessions**					

*Combined into a single prototype after iteration 1
**Discontinued after iteration 1 due to lack of capacity (i.e., time and staff) for testing

Sensitization The research team shared the solution concepts with care group promoters, cluster leaders, and village leaders during traditional area-level focus group discussions in July 2023. From participants' rankings, the research team advanced the top three highest-ranked solutions in each traditional area. In the end, the research team created prototypes (defined as a tangible guidance, model, or tool) for five solutions:

1. **Simple Job Aid for Facilitation Skills Sessions**
2. **Look-and-Learn for Care Group Leaders**
3. **Care Group Community Forums**
4. **Community Leader's Aid for Supporting Care Group Quality**
5. **Job Aid for Monthly Cluster Reflection Sessions**

Prototype Testing Care groups and communities tested and refined prototypes (including models, samples, or tools for each solution) in four rounds of iterations in August 2023. The research team paired each solution with care groups or community leaders based on the ranking completed during sensitization. The team then hosted focus group discussions with semi-structured interview guides tailored to each prototype, accompanied by detailed observations of the prototypes being used in a care group setting.

We thematically analyzed data from each round of testing or iteration; findings were used to refine prototypes for testing in subsequent iterations. The research team then updated prototypes and tested the updates again during August-September 2023. One group tested each prototype from Iteration 1 and one care group who did not participate in Iteration 1 but did prioritize the solution during sensitization.

Evaluation

Data from iteration 4 were analyzed and used to refine the final set of three prototypes and develop recommendations for the Akule ndi Thanzi program. Recommendations included considerations for further adapting and scaling the prototypes as well as to monitor impact of the prototype using existing program monitoring mechanisms.

Final prototypes were—

Simple Job Aid for Facilitation Skills Session provides an adaptable template for facilitating a care group meeting to review and practice key soft skills and technical competencies. The template includes welcome exercises, soft skills and technical competency exercises, illustrative discussion prompts, and facilitation tips. It was designed to be used by care group leaders.

Look-and-Learn for Care Group Leaders Guide shares tips for facilitating a look-and-learn. During a look-and-learn, a hosting care group leader and promoter invite visiting care group leaders to observe a care group session. After the meeting, the care group leaders and promoter debrief to share recommendations and reflections on the session. The guide was designed to be used by a hosting care group leader and/or a promoter.

Community Leaders' Aid for Supporting Care Group Quality includes guidance for facilitating a Village Development Committee forum focused on care groups, and guidance and an adaptable tool for Village Leaders to monitor and support care group quality. The aim of the prototype is to foster ownership and support for care groups among village leaders, to increase linkages between care groups and community governance structures and leaders, and to support community leaders in becoming accountability actors for care groups. The guide was designed for use by village leaders and care group promoters, and the adaptable monitoring tool was designed to be used by village leaders.

Learning

Don't neglect soft skills. Quality counseling requires more than technical knowledge. In an effort to fill a capacity gap, care group participants co-developed a simple job aid that paired soft skills with technical skills for a practice-based learning approach. These included skills for teamwork, problem solving and critical thinking, communication, adaptability, time management, and interpersonal interaction. After trying these new activities, participants generally reported feeling more comfortable and a willingness to try new ways of interacting with household beneficiaries.

"It has given us a chance to practice some of the soft skills in the form of exercises. That's what I like about this guide. … They [the activities within the guide] were clear and easy to understand. For instance, the Cluster Leaders were able to do the exercise on teamwork. That demonstrates how easy it was to understand."

--Care group leader, Chakhadza speaking about the Job Aid for Care Group Skills

"We discussed adult learning. I feel it was a very important topic considering that we deal with adults in the households that we visit, hence the need for us to have skills on how to approach them. I just wish you could keep teaching us on such important topics."

--Cluster Leader, Nsakambewa speaking about the Job Aid for Care Group Skills

"Yes, [I liked the guide], especially the skill on how I can approach the household beneficiaries I serve. I did not know how to successfully teach my households hence this meeting has highlighted some very important areas to consider."

--Cluster leader, Kuluunda speaking about the Job Aid for Care Group Skills

"The most important learning is that which we discussed working together as a group and adult learning. Working together as a group will help us solve some of the problems that we face together despite limitations that we have as a group. This will help in the sustainability of our group. The adult learning will help some of the members when visiting the household beneficiaries."

--Care group leader, Mwanza Job Aid for Care Group Skills

Care groups can learn from and be accountability mechanisms for each other. Care group participants expressed interest in learning from one another and supporting each other with common challenges. The "look-and-learn" prototype, adapted locally from the prototype co-developed in parallel by care group members in Zimbabwe, aimed to facilitate peer-to-peer learning between cluster leaders.

During the testing of the prototype, participants across the cascade appreciated the look-and-learn as a way to introduce new and strengthen existing skills among cluster leaders, boost participation, provide feedback to and discuss common issues with one another, share encouragement, and increase credibility and confidence of care group leadership (care group promoters and care group leaders) through observation and peer-to-peer exchange.

> *"I felt good to be given an opportunity to give feedback. That was recognition that I am also a leader and I can make valuable contributions to how they are conducting their sessions."*
>
> --Visiting care group leader, Kuluunda, speaking about the Look-and-Learn

> *"Presence of visitors boosted the participation of members, they were so active."*
>
> --Visiting care group leader, Kuluunda, speaking about the Look-and-Learn

Additionally, care group participants appreciated the look-and-learn as an opportunity to build unity—a key aspect of participant-defined quality—as care groups.

> *"I think it's good and it will increase unity among the care groups and it will equip the care group promoters with skills."*
>
> --Visiting care group leader, Mwanza, speaking about the Look-and-Learn

> *"Yes, we are ready for these sessions because these sessions will improve our facilitation skills and bring about unity among us."*
>
> --Hosting cluster leader, Kuluunda, speaking about the Look-and-Learn

There is also potential for the continued use of the prototypes to generate additional local solutions to rising challenges. While testing the Community Leaders' Aid for Supporting Care Groups Guide with village development committees, a parallel idea to the look-and-learn emerged organically in a suggestion from a village development committee member:

> *"I think we also need "exchange visit" among the care groups that could have care groups from same area visit each other as a part of learning from one another, so that during [village development committee] meetings with the care groups we should have tangible examples."*
>
> --Village leader, Mwanza while testing the Community Leaders' Aid for Monitoring Care Groups Guide

Community ownership is a key enabling factor for care group implementation. Community ownership and linkages are key factors in community support for implementation of care groups as well as key to all conceptualizations of sustainability. This research found that communities in the Akule ndi Thanzi implementation areas had very little ownership of their care groups. Community leaders, including village heads and members of village development committees, reported not being aware of care group purpose or processes. The lack of knowledge persisted even after 15 years of implementation in the area and recent efforts by the Akule ndi Thanzi project to revamp care groups. Community stakeholders also reported that they did not trust the implementing partner, largely due to a series of failed communications and implementation challenges.

Despite these significant concerns, community leaders were willing to engage in the co-development and prototyping process to generate a solution that they feel will strengthen ownership and accountability

for care group implementation. During testing and iteration, community leaders appreciated the participatory approach and showed enthusiasm for their new-found role in supporting care groups.

"We welcome this guide because as [a village development committee] we have the responsibility to oversee all developmental work in our community."

--Village leader, Nsakambewa

"Yes, [the process and tools in the guide are] important because as a [village development committee], we are the bridge of the community with the government. Hence, we need to be tracking any development that is taking place in our community."

--Village leader, Chakhaza

While more research is needed, engagement between village leaders and individual care groups is likely to increase the potential that care groups can be sustained between periods of program implementation, and have greater impact on their communities. This research provides an example of how participatory processes can bring critical stakeholders "back to the table" and possibly motivate sustained action. Community leaders participating in the study were energized to strengthen relationships between the community and care groups; many mentioned the role village development committees could play in sensitizing communities to care groups.

"The [village development committee] can play a role in sensitizing the communities on what the care groups are doing and the need for the communities to take part."

--Village leader, Chakhaza

"Yes, we will use the data [from the monitoring form] to encourage the care groups and sensitize the community about the care groups."

--Village leader, Kuluunda

"We need all the care group leaders and the village leaders to know each other in order to build trust among us."

--Village leader, Nsakambewa

"I have liked the bond that has and is being formed between care groups and [the village development committee] as this has enabled the care groups to know where to report and seek help when they need it regarding the community."

--Village leader, Chakhaza

Implementing partners may consider sustained engagement with community leaders around care groups throughout the program cycle.

Adapting Solutions for Other Care Groups

The collection of prototypes generated aimed to strengthen care group participant-defined quality by addressing the range of challenges they described. While individual prototypes have a specific focus or intended purpose, each prototype addresses a range of crosscutting challenges such that the prototypes could be used individually and still provide an overall value to groups. Programs with care groups experiencing the following focused challenges, could consider testing and adapting these prototypes to local needs (table 1).

Table 1: Care Group Quality Domain by Prototype

Challenge	Prototype(s)
Facilitation Capacity Building	**Look-and-Learn Guide** **Simple Job Aid for Facilitation Skills Sessions**
Social Support for Action	**Look-and-Learn Guide** **Simple Job Aid for Facilitation Skills Sessions**
Ownership of Monitoring and Accountability	**Look-and-Learn Guide** **Community Leaders' Aid for Supporting Care Group Quality**
Community Linkages and Recognition of Groups	**Look-and-learn Guide** **Community Leaders' Aid for Supporting Care Group Quality**

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