Value Health Africa

REPORT

REGIONAL TRAINING OF TRAINERS WORKSHOP ON THE CARE GROUP COMMUNITY ENGAGEMENT APPROACH

Location: Souza Sociocultural Center, Littoral Region
Dates: October 14-17, 2025

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1. GENERAL CONTEXT

As part of the implementation of the FPP GAVI 5.0 Project and under the coordination of the PROVARESSC program, a regional training workshop was held in Souza from October 14 to 17, 2025. This workshop aimed to strengthen the capacities of regional trainers for the implementation of the community engagement approach through**Care Groups** in the health districts of the Littoral region.

This innovative approach, focused on community mobilization, aims to significantly improve public health indicators, particularly through the promotion of good health practices, community awareness, and reaching households via organized and supervised volunteer structures.

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2. PARTICIPATION

The workshop brought together a variety of stakeholders from the healthcare system and civil society. Participants included:

- District Health Heads (CDS); District
- Management Teams (ECD);
- The central and regional PEV supervisors; The
- regional PROVARESSC coordinators; The
- Communication Focal Points (PFCOM); The
- CUCOM representatives;
- CSOs/OBCs from the districts of Bonassama, Bangue, Japoma, Boko, Dibombari, Edea and Manoka;
- GAVI technical partners.

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3. TRAINING OBJECTIVES

The overall objective of the workshop was to train regional trainers capable of deploying the Care Groups approach in their respective districts. The specific objectives were:

- Understand the structure and operating principles of Care Groups; Master
- community diagnostic methods;
- Identify the roles and responsibilities of the different actors in the approach;
- Integrate the concepts of behavior change and interpersonal communication;
- Appropriate formative supervision and quality improvement tools; Plan the
- monitoring and evaluation of activities;
- Prepare the contract with CSOs.

4. WORKSHOP RUN AND MODULE CONTENT

4.1 Presentation of the Care Group approach

The workshop began with a presentation of the program's objectives, followed by an in-depth introduction to the approach**Care Groups**, presented as a community strategy for promoting behavior change. It is based on a hierarchical structure involving:

- **Care Group Volunteers (VCG)**:women from communities trained to raise awareness among other women;
- **Promoters**:responsible for several VCGs, ensuring their supervision;
- **Supervisors**:support promoters;
- **Coordinators**:provide general supervision and regional or district coordination.

The strength of the model lies in its multiplier effect and its ability to reach all households at least once a month, thus promoting equitable dissemination of health messages.

4.2 Community diagnosis

A module was dedicated to the**community diagnosis**, defined as a participatory process aimed at identifying priority problems with the community and developing appropriate solutions. Key steps include:

- Initial community awareness;
- Identification of leaders and resources;
- Data collection through observation, interviews, group discussions;
- Community restitution;
- Development of the action plan;
- Participatory evaluation.

Community diagnosis allows for co-creation of solutions with the population, thus strengthening ownership of interventions.

4.3 Organization of Care Groups and codification

Participants learned how to organize communities into**Neighborhood Groups**And **Care Groups**, with particular attention to the identification of targeted women: women of childbearing age, pregnant women and mothers of children under 5 years old.

A system of**specific codification**was introduced to track the performance of each actor:

- 1st element: Promoter number
- 2nd: Care Group number
- 3rd: Letter from the VCG
- 4th: Number of the neighboring woman

Example :**7.6.A.1**=Promoter No. 7 > CG No. 6 > VCG A > Woman 1

4.4 Actor roles and motivation

The training helped to clarify the roles of the different levels of the structure:

- THE**Coordinator**:plans and supervises supervisors; The
- **Supervisor**:monitors and trains promoters;
- THE**Promoter**:supervises 6 to 9 VCGs and organizes CG sessions;
- The**VCG**:raises awareness within neighborhood groups.

Regarding the**motivation**, three essential levers were discussed:

- The feeling of belonging (feeling useful to one's community);
- Recognition (being valued by one's peers and leaders); Perceived
- effectiveness (seeing the impact of one's actions on the ground).

4.5 Communication and behavior change

Several modules were devoted to the techniques of**behavior change communication (BCC)**. Participants learned how to organize **community meetings** and**home visits**, by applying participatory and listening-centered approaches.

Simulations allowed us to work on planning, animation and**evaluation of transmitted messages**The goal is to promote healthy behaviors while taking into account social norms and barriers to adoption.

4.6 Formative supervision and quality control tools

One of the highlights of the workshop was the presentation of the**formative supervision**, an approach focused on support, continuous improvement and skills transfer.

Three tools were detailed:

- There**Supportive Supervision Checklist (SCCL)**; There
- **Checklist for Promoters**;
- There**LCAQ (Quality Improvement Checklist)**.

Participants carried out exercises to develop**supervision plans**, integrating activities, managers, frequency, indicators and tools to be used. The importance of personalized feedback was emphasized to ensure a gradual increase in the skills of VCGs and promoters.

4.7 Monitoring, evaluation and performance analysis

The next module was about**performance evaluation**via the scores from the LCAQ. The calculation steps were presented:

- Calculation of the percentage of scores ≥ 80%;
- Calculation of the average of individual scores;
- Comparative analysis between groups to detect weaknesses.

A major point of attention was the distinction between**overall average score**And **distribution of individual performances**, because a high average can mask individual shortcomings.

4.8 Information systems and records management

The information system is based on two**types of registers**:

- VCG register: data on neighboring women (visits, health events, vaccinations);
- Promoter Register: Consolidated data on VCG activities.

Participants emphasized the importance of data reliability, simplicity of tools, and ongoing training to ensure optimal use of the information collected.

4.9 Operational planning and contracting with CSOs

The last session was led by the Permanent Secretary of PROVARESSC. It focused on:

- THE**operational activity plan**, including community monitoring and supervision;

- There**contractualization with CSOs**, the main clauses of which relate to responsibilities, financing, duration of the contract, anti-fraud policy, and termination conditions.

It was clarified that the financing was being finalized and that the contracts would be validated during the upcoming monitoring workshop.

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5. RECOMMENDATIONS

Recommendation	Responsible	Due date
Strengthen direct observation during supervisions	Supervisors / Promoters	Continuously
Contextualize activities according to local realities	All actors	Upon deployment
Making visual aids more accessible	PROVARESSC / PEV	Before deployment
Follow evolution of the performances individual	Supervisors	

Quarterly Finalize and disseminate CSO contracts | PROVARESSC | October 2025

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6. CONCLUSION

This workshop provided regional trainers with a solid foundation of skills for implementing the Care Groups approach in their respective districts. The richness of the discussions, the quality of the presentations, the methodological rigor, and the involvement of the participants significantly contributed to achieving the objectives.

The next step will be to support CSOs in field implementation and ensure rigorous monitoring of the quality of community interventions.

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PHOTOS

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