

# REPORT

## TRAINING WORKSHOP FOR REGIONAL TRAINERS ON THE COMMUNITY ENGAGEMENT APPROACH THROUGH CARE GROUPS



**Venue:** Souza Socio-Cultural Center,  
**Region:** 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.

The aim of this workshop was 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, seeks to bring about a significant improvement in public health indicators, notably through the promotion of good health practices, community awareness, and household outreach via organized and supervised volunteer structures.

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## **2. PARTICIPATION**

The workshop brought together a diverse range of actors from the health system and civil society. Participants included:

- Health District Chiefs (CDS);
  - District Management Teams (ECD);
  - Central and regional EPI Supervisors;
  - Regional PROVARESSC Coordinators;
  - Communication Focal Points (PFCOM);
  - Representatives of CUCOM;
  - CSOs/CBOs 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 implementing the Care Groups approach in their respective districts.

The specific objectives were to:

- Understand the structure and operating principles of Care Groups;
- Master community diagnosis methods;
- Identify the roles and responsibilities of the various stakeholders in the approach;
- Integrate concepts of behavior change and interpersonal communication;
- Take ownership of formative supervision and quality improvement tools;
- Plan the monitoring and evaluation of activities;
- Prepare for contracting with CSOs.



## 4. CONDUCT OF THE WORKSHOP 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 Care Groups approach, presented as a community-based strategy for promoting behavior change.

This approach is built on a hierarchical structure involving:

- **Care Group Volunteers (CGVs):** women from the communities trained to educate other women;
- **Promoters:** responsible for several CGVs, ensuring their supervision and support;
- **Supervisors:** provide guidance and oversight to promoters;
- **Coordinators:** ensure overall supervision and coordination at the regional or district level.

The strength of this model lies in its multiplier effect and its ability to reach every household at least once a month, thereby promoting equitable dissemination of health messages.

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### 4.2 Community Diagnosis

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

The key steps include:

- Initial community sensitization;
- Identification of leaders and local resources;
- Data collection through observation, interviews, and focus group discussions;
- Community feedback sessions;
- Development of an action plan;
- Participatory evaluation.

Community diagnosis enables the co-creation of solutions with the population, thereby strengthening ownership of interventions.

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### 4.3 Organization and Coding of Care Groups

Participants learned how to organize communities into Neighborhood Groups and Care Groups, with particular attention paid to identifying target women — women of reproductive age, pregnant women, and mothers of children under five years old.



A specific coding system has been introduced to track the performance of each actor:

- **1st element:** Promoter number
- **2nd:** Care Group number
- **3rd:** VCG letter
- **4th:** Neighbor woman number

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

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#### 4.4 Roles of Stakeholders and Motivation

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

- **Coordinator:** Plans and oversees the supervisors;
- **Supervisor:** Monitors and trains the promoters;
- **Promoter:** Oversees 6 to 9 VCGs and organizes CG sessions;
- **VCG:** Conducts awareness-raising activities within neighborhood groups.

Regarding motivation, three key drivers were discussed:

- **Sense of belonging** (feeling useful to one's community);
  - **Recognition** (being valued by peers and leaders);
  - **Perceived effectiveness** (seeing the impact of one's actions in the field).
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#### 4.5 Communication and Behavior Change

Several modules were dedicated to communication techniques for behavior change (CCC). Participants learned how to organize community meetings and home visits, applying participatory and listening-centered approaches.

Role-plays were used to practice techniques for planning, facilitation, and evaluation of messages delivered. The objective was to promote healthy behaviors while taking into account social norms and barriers to adoption.

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#### 4.6 Formative Supervision and Quality Control Tools

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

Three tools were detailed:

- **Supervision Checklist (FSC);**
- **Promoter Checklist;**
- **Quality Improvement Checklist (QIC).**



Participants carried out practical exercises to develop supervision plans, integrating activities, responsible persons, frequency, indicators, and tools to be used. The importance of providing **personalized feedback** was emphasized to ensure the progressive capacity building of VCGs and promoters.

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#### 4.7 Monitoring, Evaluation, and Performance Analysis

The next module focused on evaluating performance through scores derived from the QIC (Quality Improvement Checklist). The calculation steps were presented as follows:

- Calculation of the percentage of scores  $\geq 80\%$ ;
- Calculation of the average of individual scores;
- Comparative analysis between groups to identify weaknesses.

A major point of attention was the distinction between the overall average score and the distribution of individual performances, since a high average may hide individual shortcomings.

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#### 4.8 Information Systems and Record Management

The information system is based on two types of registers:

- **VCG Register:** Data on neighbor women (visits, health events, vaccinations);
- **Promoter Register:** Consolidated data on VCG activities.

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

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#### 4.9 Operational Planning and Contracting with CSOs

The final session, facilitated by the **Permanent Secretary of PROVARESSC**, focused on:

- The **operational activity plan**, including community surveillance and supervision;
- **Contracting with CSOs**, with key clauses related to responsibilities, funding, contract duration, anti-fraud policy, and termination conditions.

It was clarified that funding was in the process of being finalized and that contracts would be validated during the upcoming monitoring workshop.

## 5. RECOMMENDATIONS

| Recommendation                                        | Responsible             | Deadline          |
|-------------------------------------------------------|-------------------------|-------------------|
| Strengthen direct observation during supervisions     | Supervisors / Promoters | Ongoing           |
| Contextualize activities according to local realities | All stakeholders        | Upon deployment   |
| Make visual materials more accessible                 | PROVARESSC / EPI        | Before deployment |
| Monitor the evolution of individual performances      | Supervisors             | Quarterly         |
| Finalize and disseminate CSO contracts                | PROVARESSC              | October 2025      |

## 6. CONCLUSION

This workshop equipped regional trainers with a strong foundation of skills for implementing the **Care Group approach** in their respective districts. The richness of discussions, the quality of presentations, the methodological rigor, and the participants' engagement all contributed significantly to achieving the objectives.

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



## PHOTOS



*Report restitution by Edea Health District*



*Central EPI Supervisors presentation*



*Meeting room*



**Group work – Japoma - Bangue**



**Group Work – Manoka - Boko**



**group Work – Edea - Dibombar**



**VCG Simulation- Neighbour Woman Home visit**  
**Edea Dibombari**



**Central EPI Supervisors presentation**



**VCG Simulation- Neighbour Woman Home visit**  
**Japoma Bangue**

