

CARE GROUPS: POTENTIAL OF AN AT SCALE FACE TO FACE INTERVENTION

Impact evaluation in North Eastern Nigeria

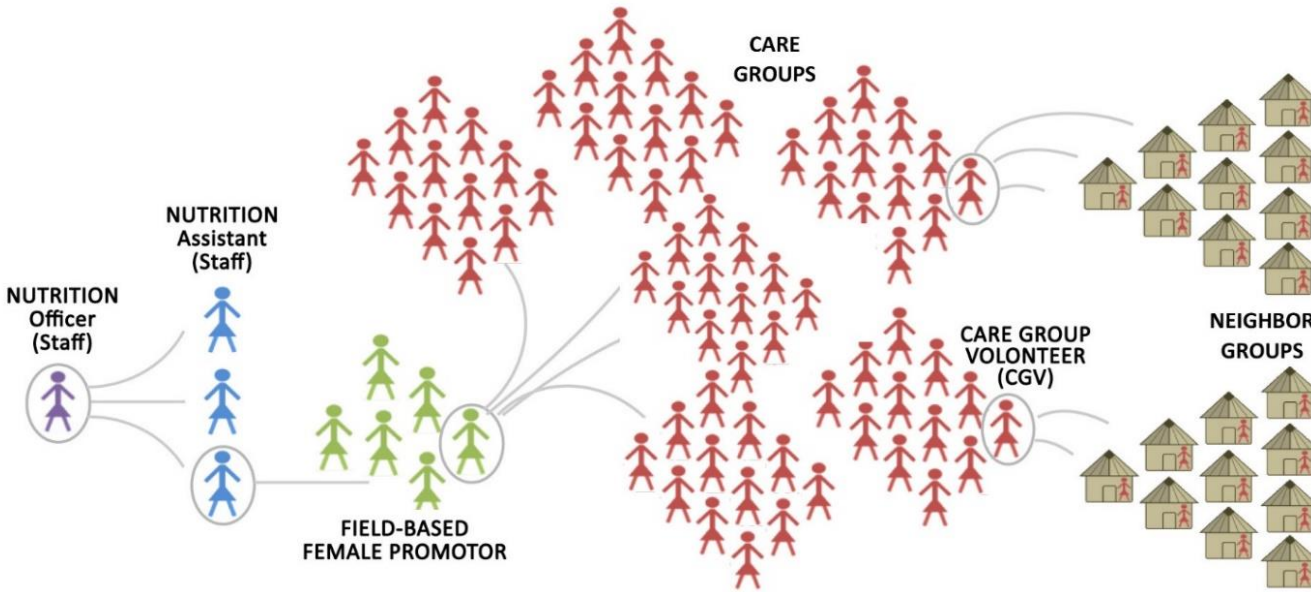


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R4NUT Conference #R4NUT
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BACKGROUND



The Care group cascade used in Nigeria.

Illustration adapted from *Care Groups: A Reference Guide for Practitioners* 2016.

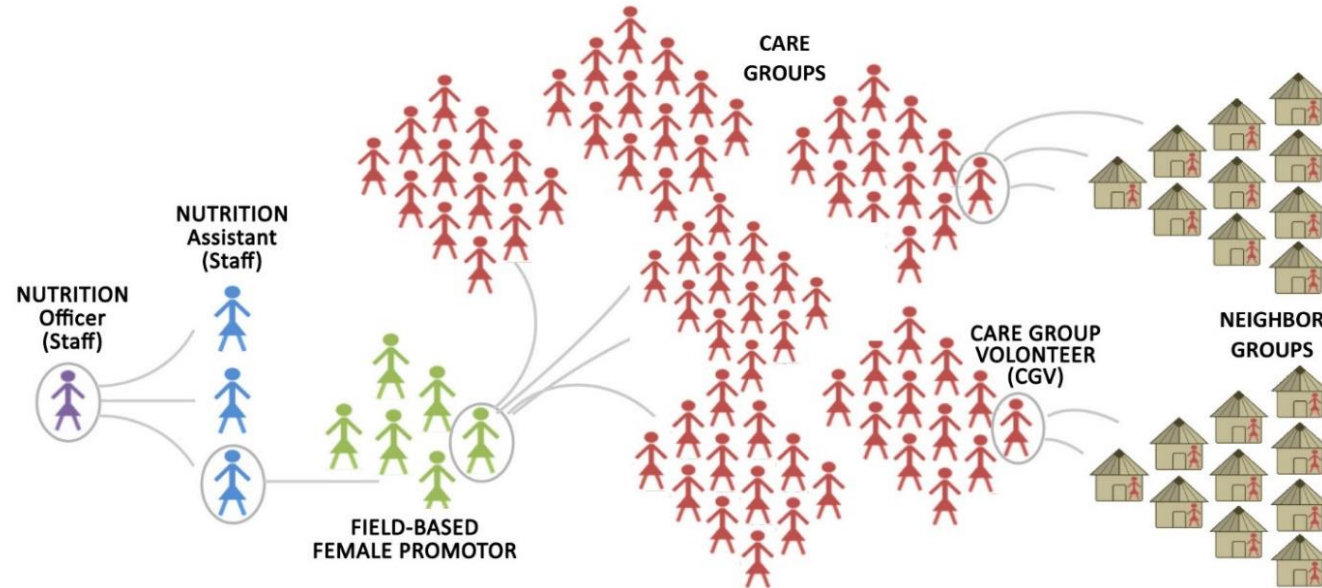
- Improving **maternal and child health** is a priority in Nigeria but effective interventions lack sufficient coverage¹
- Innovative approaches are needed in **resource limited health systems** settings
- The **Care Group model** is a behavior change approach using a cascaded peer education system²

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1. Evaluation of the Maternal, newborn and child health week in Nigeria, UNICEF Report, 2016
2. Perry Het al. Care Groups: An Innovative Community-Based Strategy for Improving Maternal, Neonatal, and Child Health in Resource-Constrained Settings. Glob Health Sci Pract. 2015

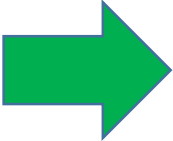
BACKGROUND

- Care group model was introduced in 2016 in Yobe State, Nigeria
- Aimed to increase primary health **CARE SEEKING** and promote health & nutrition behaviors
- Aimed to reach 80-100% coverage of **PREGNANT WOMEN AND MOTHER** of children < 2 years
- Enabled to reach **146,500** households monthly through face-to-face activities



PURPOSE

EVALUATE THE EFFECT



of the Care Group intervention **on health related outcomes** in both the “Integrated Nutrition Program Plus” (INP+) and “ECHO funded projects” (EFP) areas in Yobe state



METHODS

POPULATION AND DATA

- 6 health districts with Care group (> 92,000 pregnant & lactating women of children <2) and 8 without (control)
- Nigerian Federal Ministry of Health 'routine monitoring data (01/2015 - 11/2018)

DIFFERENCE IN DIFFERENCE METHOD

- By comparing health districts with and without care group
- By looking at change across time for each health districts

INDICATORS

- Antenatal care (ANC) visits
- Postnatal care (PNC) visits
- Health facility utilization
- Infant mortality rates and low birth weight rates

RESULTS

STRONG INCREASE

in ANC 1st visit and health facility use

AVERAGE COVERAGE of attendance* to one ANC visit was 91% in the EFP areas and 149% in the INP+ areas vs 58% in those without

POSITIVE BUT UNSUSTAINED change on ANC attendance over the 4 recommended visits

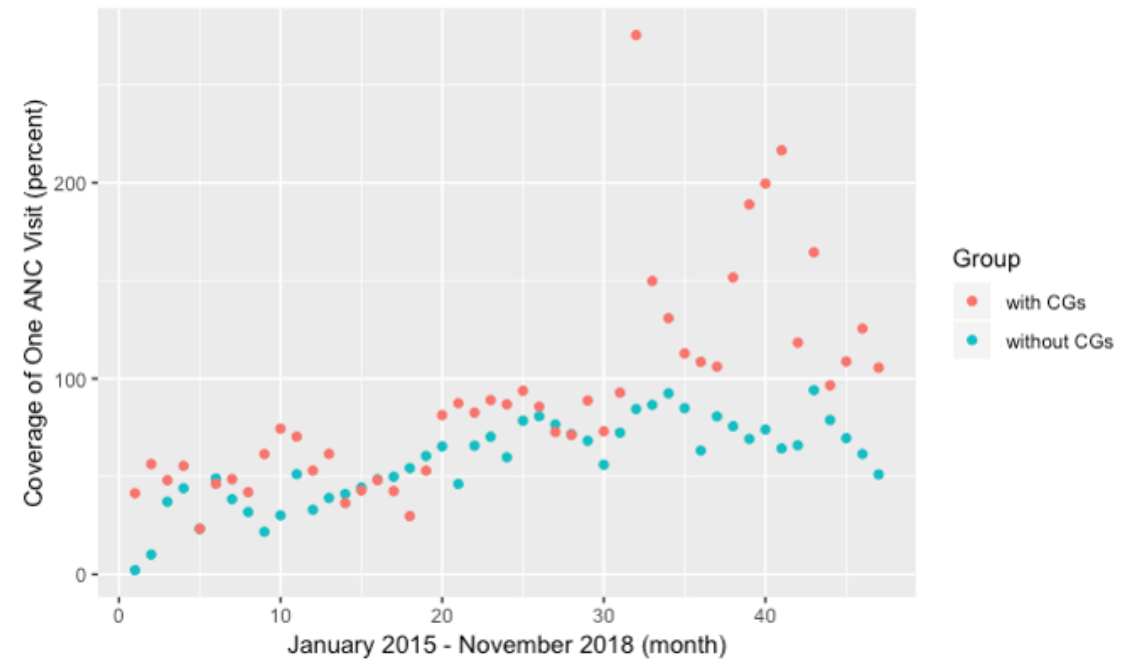


Figure: Mean Coverage of One ANC in the INP+ areas and the control groups

* calculated on the basis of expected pregnancies

RESULTS

INCREASE IN PNC visit following the month of the PNC lesson

Median percentage of **EARLY POSTNATAL VISITS** was 15.5% in the EFP area and 27% in the INP+ area vs 14% without

DECREASE OF PNC RATE was less dramatic in care group areas despite a general decrease of health care utilization, suggesting a possible protective effect

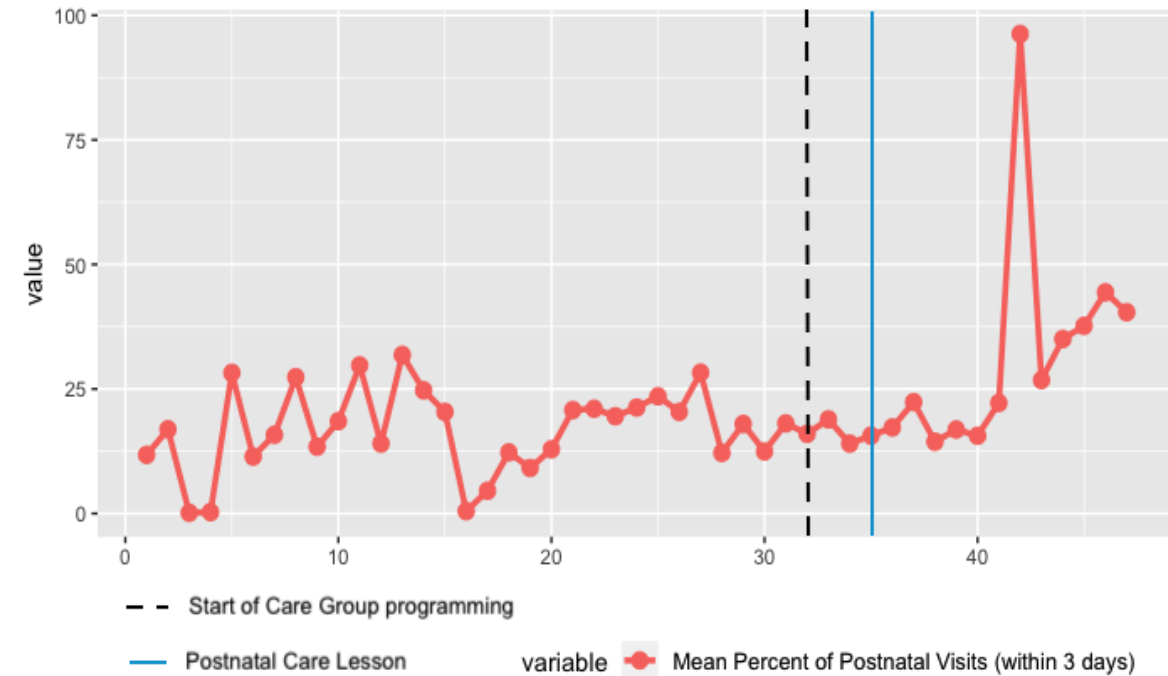

















Figure: Mean Monthly Percent of First Postnatal visits in EFP areas

RESULTS

Table: Summary of Indicator Changes Compared to Control areas

Indicator	INP+	EFP
Coverage of One Antenatal Visit	Increase 	Increase 
Coverage of Four Antenatal Visits	Increase 	Increase 
Percent of Postnatal Visits (within 3 days)	Increase 	Increase 
Facility Utilization Rate	Increase 	Increase 
Infant Mortality Rate	No Change 	Decrease* 
Low Birth Weight Rate	Decrease* 	No Change 

*These changes are not specifically associated with Care Group programming.

Result Reliability Index | Low  Medium  High 

Indicators rated according to significance (5%), power (80%), missing observations, outliers, and adherence to the assumptions of the difference-in-difference model

STRENGTHS AND LIMITATIONS

STRENGTHS

- Robust methodology
- Efficient (value for money)
- Replicable method
- At scale dimension
- Easy to implement

LIMITATIONS

- Poor quality or missing data
- Monitoring data on nutritional status not always adequate
- Short study period
- Some indicators are operational indicators

CONCLUSIONS

- Care Group approach is significantly associated with a **rapid increase in health care utilization**
- More emphasis should be put on the importance of attending all 4 ANC visits and on developing innovative strategies to trigger and **sustain behavior changes**



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RESULTS UPTAKE

Evidence-based recommendations were provided to improve the curriculum design, implementation and monitoring of the on-going care group approaches in both **Nigeria** and **Uganda**.

The **replicable** quantitative methodology used required limited resources and demonstrates how monitoring data can be used for **operational evaluation and research**.



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QUESTIONS AND ANSWERS
AVAILABLE
ON THE R4NUT WEBSITE