

USING PERSONALISED SUPPORT GROUPS FOR ACTION TO IMPROVE UPTAKE OF HEALTHY BEHAVIOURS

Support groups have the potential to affect a variety of maternal and child health behaviours and outcomes.

What some of the evidence about support groups says: A meta-analysis of nutrition education and counselling (NEC) interventions suggests that mothers' overall mean gestational weight gain was significantly higher amongst individuals participating in NEC, relative to control groups. Similarly, NEC substantially and significantly reduced risk of anaemia in the third trimester of pregnancy. These meta-analyses also indicate that there were significant gains in birthweight when NEC was provided along with nutritional support but not when provided alone. There is also evidence of a positive impact of NEC on intake of proteins and iron-rich foods amongst women but not consumption of energy-dense foods (Webb Girard and Olude, 2012).

While a number of implementing partners, including the Government of Tanzania, international NGOs, and CSOs use support groups regularly, they are often simply vehicles for sharing messages. Specifically, in Tanzania, support groups frequently fail to respond to the needs of the community (for example, CHWs often fix the topic of discussion ahead of time), are not tailored to group members, tell group members what they have to do, and don't commit support group members to changing their practices. These challenges are even more acute amongst CSOs that have limited capacity in behaviour change and programme outreach.

As part of the ASTUTE project, PANITA worked with 50 CSOs to strengthen their capacity in the management of support groups. This included hands-on training by the government and ASTUTE staff members, office-based and on-site mentoring, and the provision of checklists to ensure the quality of support groups (included as part of this toolkit). Additionally, in Geita region and elsewhere, PANITA piloted the use of Personalised Support Groups for Action.

Personalised Support Groups for Action differ from a more traditional support group in a number of ways. Steps to conducting such groups include the following steps:

1. Personalise the group:

- a. Show genuine interest in each group member.
- b. Ask about health issues group members themselves face and tailor the discussion to address the concerns they raise at the beginning of the support group.

2. Discuss and brainstorm solutions:

- a. Ask group members what small practices they can try so that they overcome the health issue they've identified.
- b. If group members struggle to identify practices they can try, refer to your menu of practices and, based on the health issues group members have already reported, choose 3-4 small, doable actions (SDAs). This toolkit contains a list of SDAs you might consider
- c. Present 3-4 SDAs to the group. Explain what each SDA means.

3. Teach back and commit:

- a. Ask group members to identify benefits of practising each of the SDAs.
- b. Have group members teach back what they perceive each SDA to be so that you are sure they understand the 3-4 SDAs.
- c. Have group members commit to practising 2-3 SDAs – either from what group members themselves identify as practices they can try or from your menu of practices. It is likely that group members will commit to different SDAs. This is perfectly fine.
- d. Help group members identify any challenges with the 2-3 SDAs they've committed to try by asking: What makes it hard to practise these new behaviours?



- e. Ask group members: Who can support you as you try these practices?

The SDAs should be specific to relevant group members. For example, if babies' crying is a problem for parents of children less than 6 months old, ask parents of children less than 6 months old to commit to 2-3 SDAs related to crying.

- f. Ask all other group members what they can do to support these parents as they try 2-3 SDAs.
- g. Have all who are willing to raise their hand and/or say aloud what SDAs they're committing to.
- h. Record each group member's new SDA in your counter book.

4. Tell others:

Have everyone who is willing to do so commit to telling others what they have learnt today. Have everyone invite their neighbours to the next meeting.

During the following (subsequent) support group, the group facilitator (in ASTUTE's case, the CSO staff member) follows these 5 steps:

1. Teach back and follow up:

- a. Have group members teach back what they know about the SDAs discussed in the last meeting.
- b. Ask if support group members were able to try the SDAs.

2. Congratulate:

Congratulate support group members as a whole for making an effort to try a new SDA. Avoid congratulating only those individuals who successfully practised SDAs.

3. Resolve barriers:

Resolve barriers for group members who weren't able to adopt the new SDA.

4. Share successes:

- a. Have group members share their experience trying the new SDAs.
- b. Help those who weren't able to adopt the new SDA resolve any challenges they face.

5. Repeat:

Start with a new practice using the same participatory approach, including teach back.

Critical to the success of Personalised Support Groups for Action and support groups more broadly is:

1. Coordination of support groups with councils and wards through CSO participation in District Multisectoral Nutrition Steering Committees and coordination with local (ward and village) leadership.
2. Coordination of support groups with CHWs and their supervisors to ensure that support groups and home visits reinforce each other and are used effectively.
3. Repetition of key messages on maternal, infant, young child, and adolescent nutrition (MIYCAN), early childhood development (ECD), water, sanitation, and hygiene (WASH) WASH, and women's workload that are broadcast via radio or shared using other media. For example, CSO support group facilitators might indicate: "Did you hear the message on the radio this week about how to reduce women's workload during pregnancy and breastfeeding? What do you think of the message? What can you do to reduce your workload?"
4. Use of evidence-based messages, broken down into small, do-able actions (for example, "buy soap in the coming week" rather than "wash hands with soap and water at all five critical moments for handwashing" which is almost certainly too complex to try).

Lessons Learnt and Actions Other Implementing Partners Can Use to Improve Support Groups

- ASTUTE found that community members responded much better to Personalised Support Groups for Action than to traditional support groups that do not respond to the community's priorities. Likewise, community members were motivated to change behaviours when they saw their neighbours publically committing to doing so.
- Some CSOs had limited capacity to carry out support groups in general and Personalised Support Groups for Action specifically.
- Programme reach was limited.
- Personalised Support Groups for Action are a new way of managing a support group. They require time and assistance from PANITA and other umbrella organisations to help CSOs and support group facilitators make changes to how they usually manage support groups.
- Checklists are not used as much as they could be. Consequently, the quality of support groups is not always high nor consistent.

- Help implementing partners use the steps above to make support groups more personal. Mentor implementing partners repeatedly (including through observation of CSO support groups) to ensure that staff are able to respond to the priorities the community sets and commit support group members to trying one or two actions prior to next month's meeting.
- PANITA provided additional one-on-one mentoring and monitoring. PANITA can be consulted regarding how to support CSOs and other implementing partners in the use of group-based behaviour change strategies.
- Pilot test the use of Personalised Support Groups for Action in just a few wards. Provide extra support, as needed. Reflect on successes and challenges. Adjust training and mentoring and repeat the process in other locations.
- PANITA trains CSOs in the use of checklists. The support group checklist is available as part of this toolkit. It should be piloted and adapted to address the needs of a particular implementing partner.

Support groups provide the opportunity to reach more beneficiaries than household visits but their limitations should be acknowledged. In order to improve upon support groups, CSOs and other implementing partners will need to manage support groups more effectively (for example, by using the lessons learnt, above) and modify existing behaviour change strategies to make support groups more responsive to community needs and more action oriented.

Reference: Webb Girard A, Olude O (2012). Paediatric and Perinatal Epidemiology. Nutrition education and counselling provided during pregnancy: effects on maternal, neonatal and child health outcomes.