From Pilot to Scale - Adaptations, and Results from the GANC implementation in Nigeria

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WHAT DID WE DO?

Following the RCT in Nigeria and Kenya, Group Antenatal Care (GANC) has been proven as a transformative model of care that provides a positive pregnancy experience. However, very few LMIC are implementing GANC at scale. TAConnect, with funding from BMGF is currently supporting 7 states in Nigeria to adapt, adopt, implement, and sustain G-ANC as an alternative model for ANC service delivery. This poster highlights the approach, adaptations, and results from the scale up implementation.

We adopted a bottom-up approach with a State-led program design and implementation. This facilitated revision of relevant policies to incorporate G-ANC as an alternative model of care and integration into existing systems and structures to foster sustainability. This was followed by development of manuals and pictorial cards that were adapted to suit context and trainings of service providers and clinical mentors to ensure quality service delivery. Facilities were selected based on service readiness assessment findings while a phased implementation approach was adopted for iteration and to curate lessons for scale. The States also made adaptations to the RCT approach to reflect context and realities of real live implementation. Data management was anchored on existing NHMIS tools and national DHIS2.

Adaptations to the RCT model during Scale-up interventions

ELEMENTS	RCT	SCALE-UP
Enrolment	Enrolment was done by research assistants	Enrolment was done by existing facility healthcare providers
Eligibility	Pregnant women within 16-20 weeks gestational age at ANC1	Initially pregnant women between 16-20 weeks GA, but later extended to preg. women who are more than 20weeks GA at ANC1
Cohort Size	8-15 women in a cohort	Started with enrolment of 8-15 women in a cohort, but later adapted to 5-20 women to navigate the challenge with cohort size in LVFs and HVFs
Cohort Calendar	Not used.	Developed to support correct placement of PW into cohorts of similar GA
Job Aids	Pictorial take-action booklets were given to PW to take home for sensitization of others within the community	Pictorial take-action booklets used during meetings are left at the facility (not to be taken home) for financial sustainability
Training Approach	Residential Didactic Training	Low Dose High Frequency training, Onsite Training, Step down trainings have been used to rapidly scale up

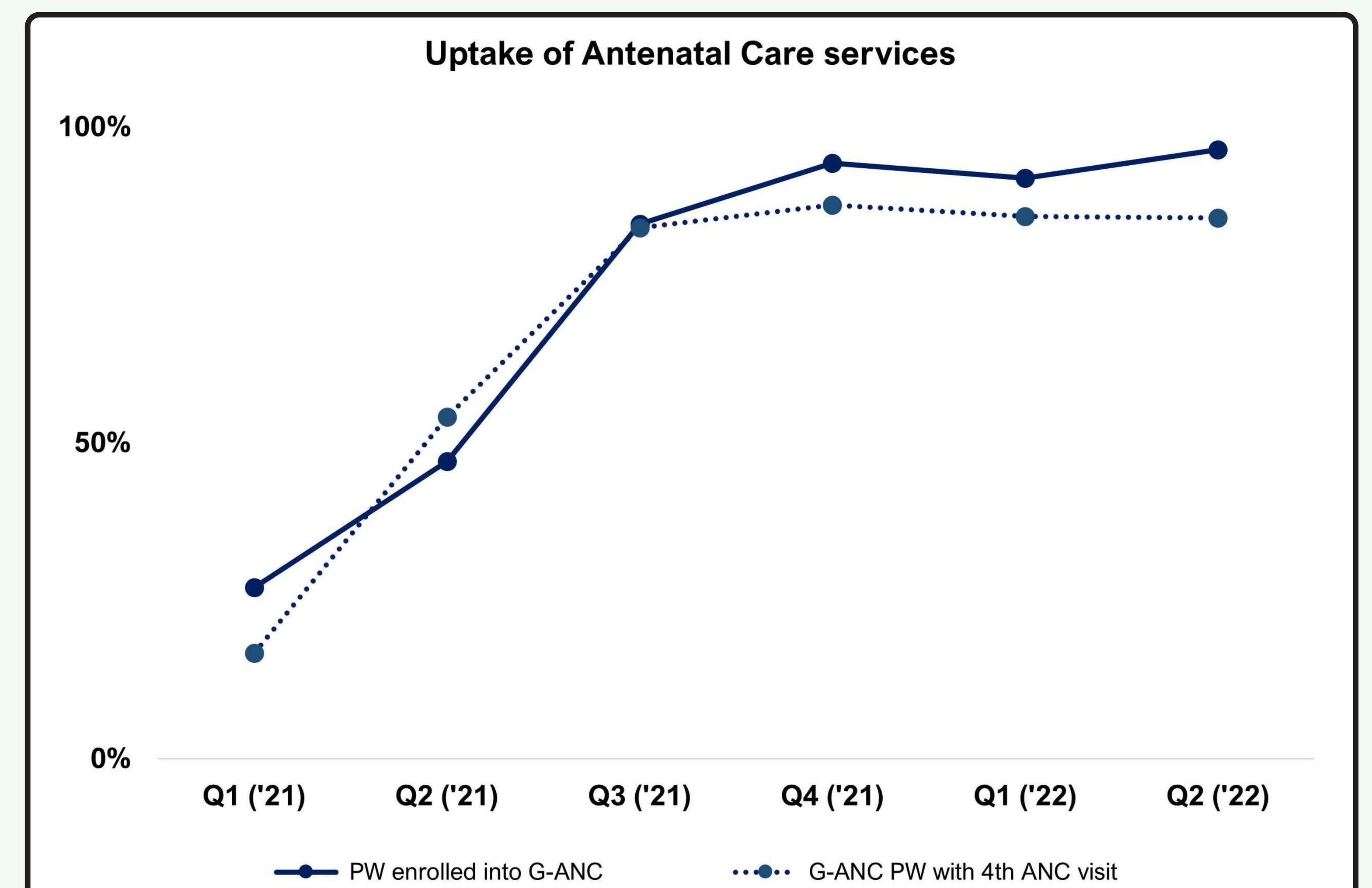
*GA - Gestational Age; PW – Pregnant Women; LVFs - Low Volume Facilities; HVFs - High Volume Facilities;

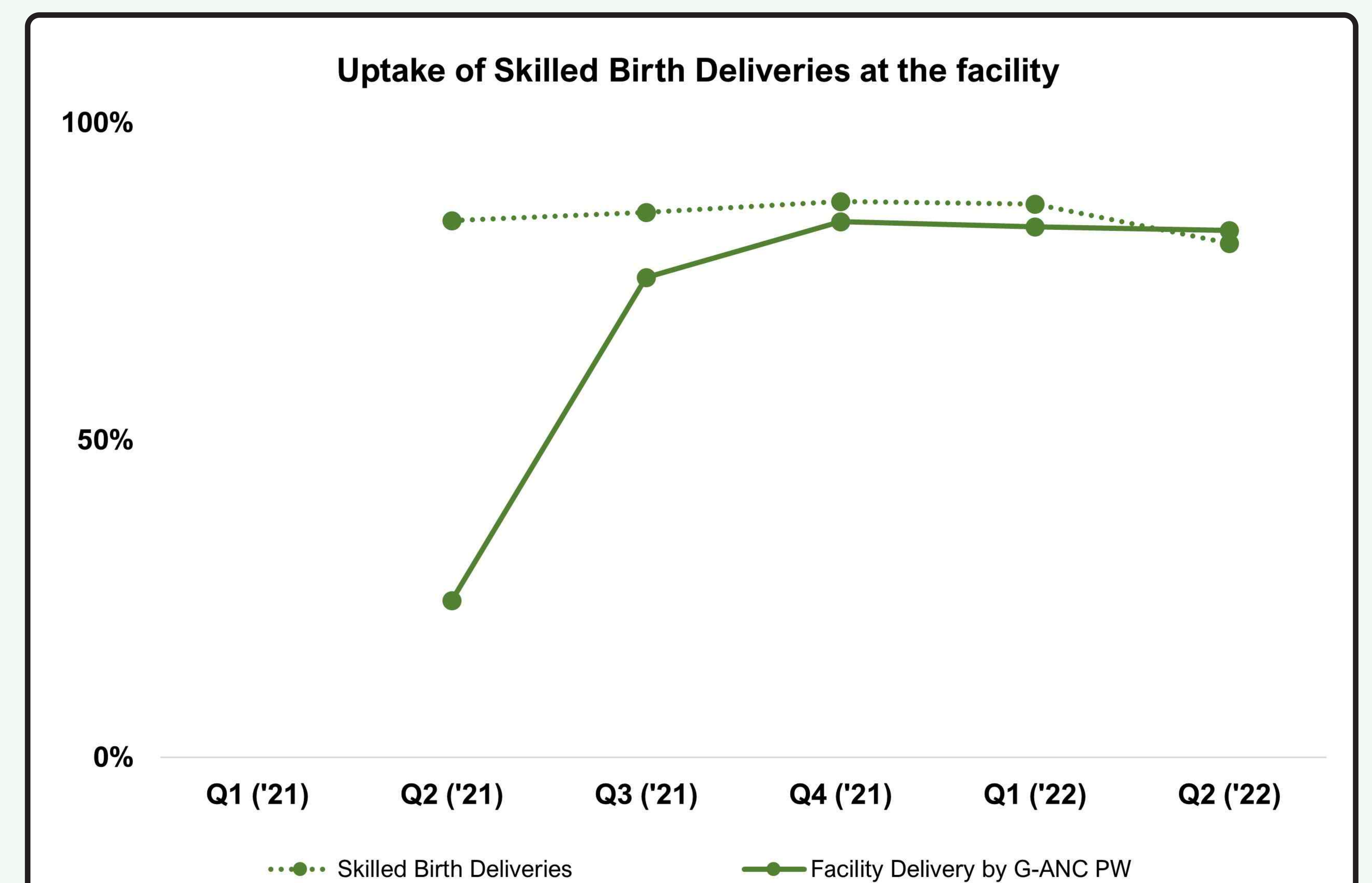
WHY DID WE DO THIS

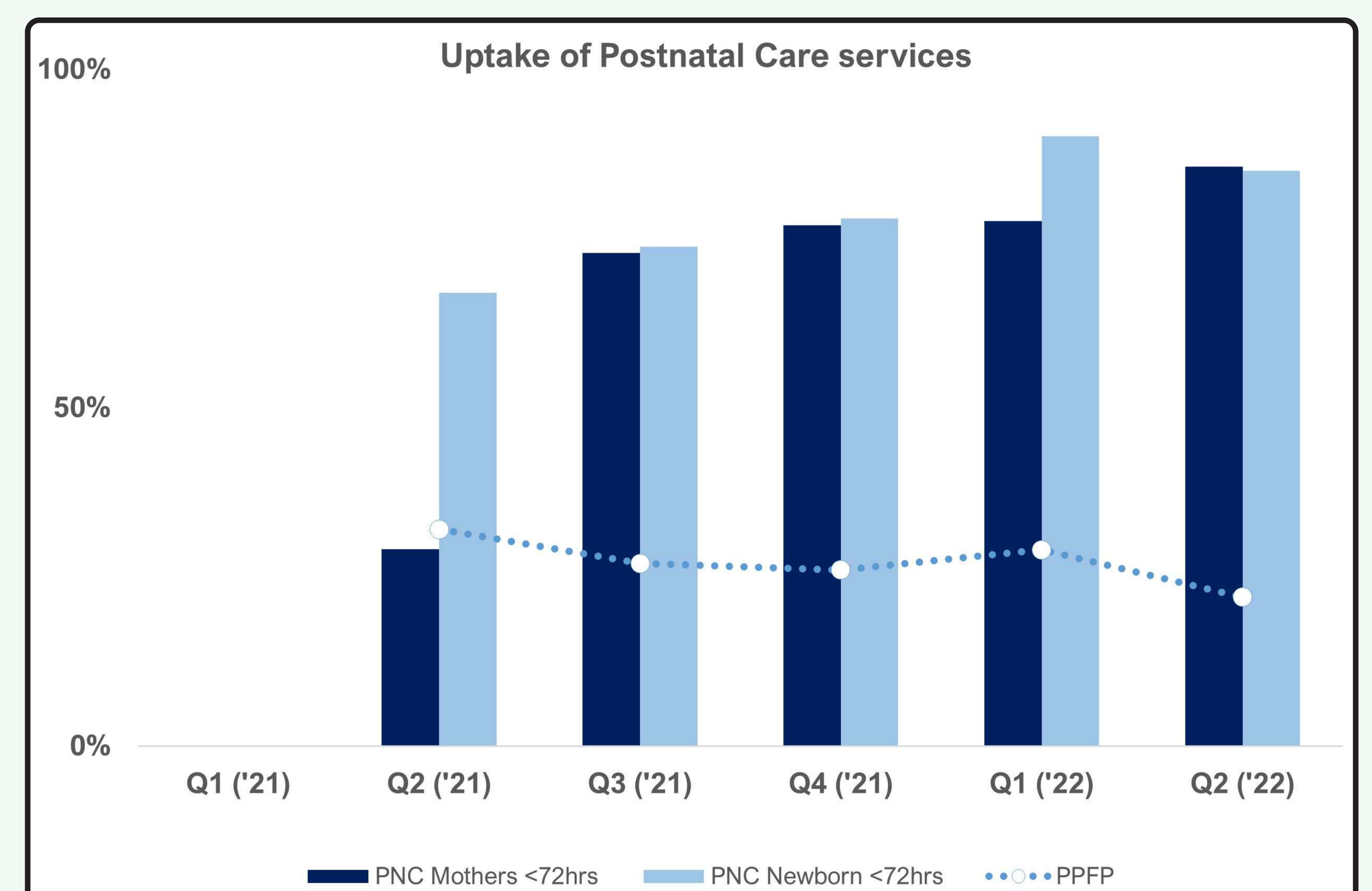
To improve reproductive, maternal, neonatal, and child health (RMNCH) outcomes.

WHAT DID WE FIND?

A total of 3280 HCWs were trained across 1103 Health facilities implementing GANC in 4 supported states. A total of 726,946 pregnant women have been enrolled in 57643 cohorts. Results show improved retention in care and increased uptake of key outcomes such as SBA and PPFP.







TAKE HOME MESSAGE

GANC can be sustainably implemented at scale in LMICs through a government-led approach that leverages existing systems and structures. However, despite the successes, there are challenges impacting the fidelity of the model that require a system strengthening approach to mitigate.

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