

# GROUP CARE FOR THE FIRST 1000 DAYS

### Executive summary

Group Care is a health care model that combines individual medical check-ups with interactive learning and community support for antenatal and postnatal care. It has been shown to enhance satisfaction and overall outcomes for pregnant women and people, families, and young children. Global evidence for the impact of Group Care is growing. Despite this, implementation is confined to pilot projects rather than across entire systems for sustained long-term impact.

The Group Care for the First 1000 Days (GC\_1000) project aimed to support scale-up and sustainability of the Group Care model by implementing antenatal and postnatal Group Care in health systems across seven countries, drawing on

lessons learned from these diverse settings.

The project demonstrated that by focusing on community and support, Group Care enhances women's engagement, fosters proactive attitudes around topics important for families and children during the first 1000 days, and encourages community building and social support.

Through extensive global collaboration, the Group Care project has shown that trained and committed health care professionals are key to the successful adoption and sustainability of this model. With appropriate training and time to adapt, health care professionals become dedicated facilitators, enjoying and supporting this innovative model of care.



### Key lessons learnt

- Tailor the model to fit the local context while retaining its core components.
- Foster stakeholder support and endorsement.
- Ensure management is dedicated to the implementation of Group Care.
- Encourage health care professionals to become committed facilitators.
- Appoint dedicated Group Care champions who can lead sustainable system-level change.
- Establish local and global communities of practice to support implementation.

To support Group Care implementation, resources such as training materials, a toolkit, and country-specific blueprints are available on the [Group Care for the First 1000 Days project website](#) and [Group Care Global](#), as well as through the Implemented Best Practice (IBP) Network's Community of Practice.

**GC\_1000**   
group care in the  
first 1000 days

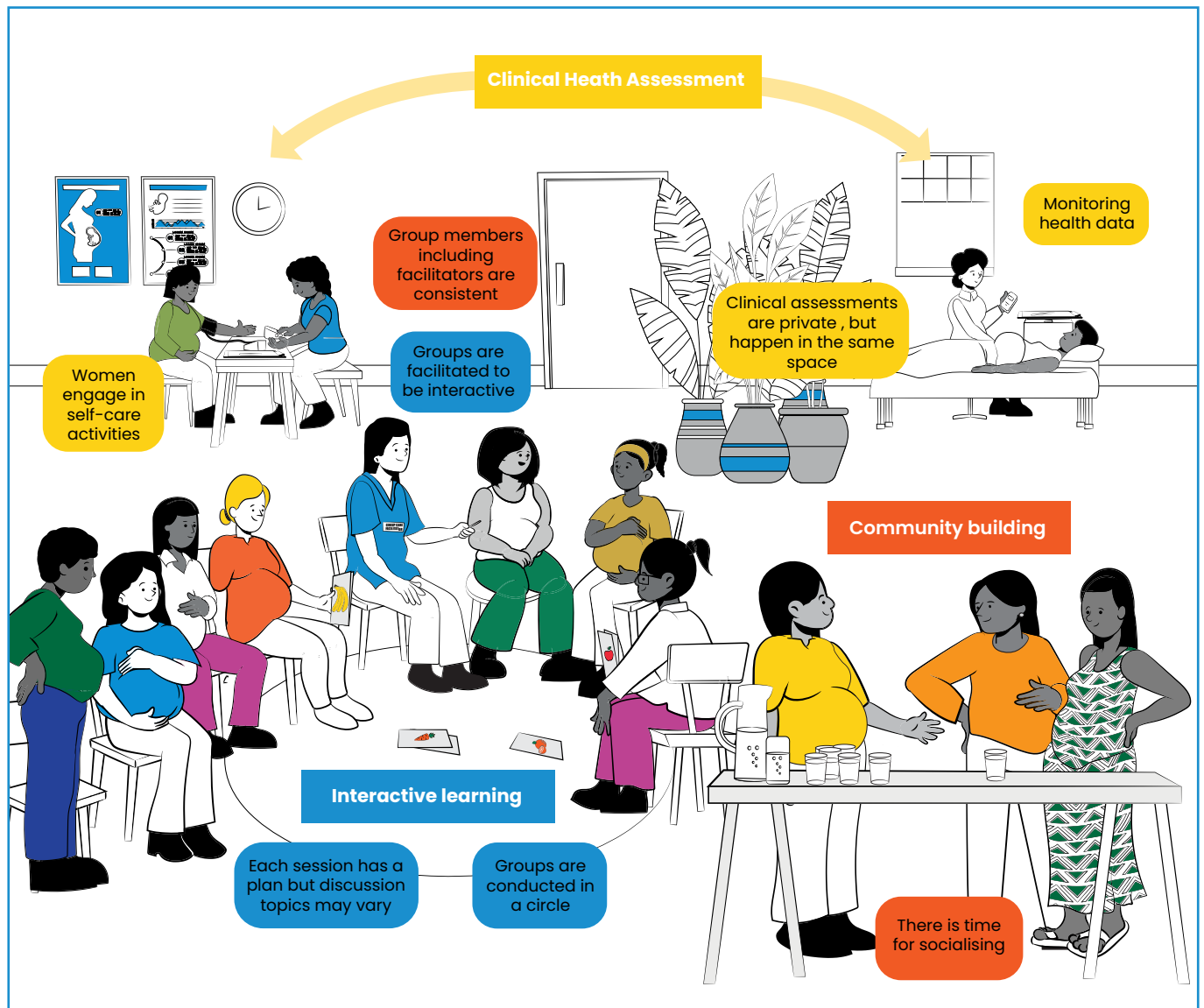
## Introduction

Health care professionals worldwide recognise the challenges in providing person-centred care during the critical first 1000 days of a child's life, especially in under-resourced areas.

The [Group Care for the First 1000 Days project](#) aimed to tackle these challenges by implementing sustainable antenatal and postnatal Group Care in health systems in seven countries. The main goals were to transform the delivery and experience of antenatal and postnatal health care services to enhance satisfaction among health care providers, women, and their families, thereby making a significant positive impact on their health and wellbeing. The process was documented to systematically outline feasible ways to implement, scale-up, and sustain Group Care.

The Group Care model is composed of three core components to ensure success:

- 1. Health Assessment:** Medical/health care provided according to local protocol.
- 2. Interactive Learning:** Facilitated, non-didactic, discussions.
- 3. Community Building:** Peer support and community outreach.



The GC\_1000 project was carried out from January 2020 to June 2024 by a consortium of 10 partners, each bringing complementary expertise. These partners collaborated with health care providers and health systems across all seven countries involved in the project (see contact information on page 4).

## GC\_1000 in Action

The GC\_1000 implementation project focused on four action areas:

1. **Tailoring to local contexts:** Understanding and adapting to the specific contexts and capacities of local health systems to shift from individual client-provider care to a more collaborative Group Care model.
2. **Capacity building of health care providers:** Training midwives and other health care providers to facilitate group sessions with pregnant women and in some settings with parents of babies, during the first 1000 days. Addressing necessary adjustments in scheduling, care space, and referral processes.
3. **Documenting implementation processes:** Documenting the implementation process and its impact on satisfaction levels among both health providers and participants. Identifying the health system changes required to make Group Care possible and sharing lessons learned across different settings.
4. **Creating and sharing tools:** Co-creating and disseminating tools to support health care providers, policymakers, researchers, and others in implementing Group Care in their settings. Ensuring integration of Group Care into health systems is feasible, sustainable, and scalable.



## Group Care Implementation and lessons learned

The GC\_1000 Consortium successfully implemented Group Care in four middle-income and three high-income countries, focusing on pregnant women, mothers and families with babies living in vulnerable conditions. During the project, 78 antenatal and 15 postnatal groups were established in 28 facilities, adapting the model to both experienced and new settings. The experiences of midwives and other facilitators were critical to the model's success and sustainability.

### Primary lessons learned:

1. Group Care facilitators, mainly midwives, are generally highly satisfied with implementing Group Care, noting that the sessions allow them to have meaningful interactions with women and families, to listen and learn from them, and enhance their ability to offer better quality care.
2. Appointing committed health care providers as Group Care champions is critical for achieving sustainable system-level change. These champions advocate and implement policy changes and ensure resource allocation to support the Group Care model. They need sufficient support and authority within their organisation to advance implementation.
3. Establishing site-specific as well as system-level steering committees that include facilitators (such as midwives), past Group Care participants, health care providers, community members, and other stakeholders is pivotal for maintaining the continuity and stability of the Group Care model and implementation process.
4. Tailoring the implementation of the model to each context is essential. For example, clinic rooms in health facilities are often too small for effective Group Care, forming partnerships with community organisations can secure more suitable spaces. Adaptations such as modifying session content, scheduling, and delivery methods within the core components of the model are crucial to maintain fidelity.
5. To ensure the long-term sustainability and broader acceptance of Group Care, advocacy efforts are necessary to integrate this person-centered model into standard health care protocols and national policies. The voices of midwives, other (health) care professionals and the women and families benefiting from Group Care must be heard and considered in policy-level discussions.



## TOOLS

The GC\_1000 project has developed comprehensive Group Care training, available through [Group Care Global](#) and networks of local trainers. A toolkit was also developed to support implementation and scale-up. To illustrate country-specific implementation journeys, country-specific blueprints were developed. All tools are available through the GC\_1000 website and the IBP Network based Community of Practice, which connects stakeholders and provides further support for health care providers.



## CALL TO ACTION

Since 2008, Group Care has been adapted and implemented in over 50 countries through numerous projects and studies, consistently showing high acceptability and feasibility for both participants and health care providers. These studies highlight positive satisfaction ratings, better service utilisation, a preference for Group Care, and improved clinical outcomes. Notably, these positive outcomes, which emphasise improving the quality of care, provide significant benefits to health care professionals, women, parents, and their children. They also demonstrate that the advantages of

Group Care far exceed the challenges associated with transforming traditional antenatal and post-natal services.

The collaborative efforts of the GC\_1000 Consortium, health care providers, policymakers, and researchers have generated invaluable lessons and insights that support the implementation and scale-up of Group Care. With a wealth of evidence and expertise, both locally and globally, it is time to leverage collective efforts to implement and support the scale-up Group Care for the benefit of families worldwide.

## CONTACT & FURTHER INFORMATION

To find out more, visit the project's website: [GC\\_1000](#) or the Group Care Global website: [www.groupcare.global](http://www.groupcare.global).

To join the community of Practice, send an email to: <https://groupcare.global/cop/>

For country specific information contact:

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