GC_1000 GROUP CARE FOR THE FIRST 1000 DAYS

IF IT TAKES A VILLAGE TO RAISE A CHILD, GROUP CARE IS THE FIRST STEP

This project focuses on in-depth understanding and a systematic development of acceptable, feasible and sustainable strategies to integrate group care into health systems for antenatal and postnatal care during the first 1000 days. Group care is evidence-based, transforms the delivery of maternal, newborn and child health care, reduces inequities in services utilization, improves the quality of services and makes a significant positive impact on the health and wellbeing of mothers, families and children. No evidence-based guidelines exist for health systems to establish and sustain this transformative model. Care in a group changes the user(s)-provider experience, encourages self-care, is empowering and enables end-users to learn to increase healthy behaviours for themselves and for their children. It breaks the vicious circle of poor quality and inadequate utilization of services by offering comprehensive antenatal and postnatal care that meets the needs of the end users, care providers and health systems by combining quality clinical care with health promotion and health information activities. The European funded project GC_1000 included demonstration sites in 4 low- and middle-income countries, as well as in 3 high-income countries in settings that serve the most vulnerable women and girls. GC_1000 will deliver group antenatal and postnatal care. The three aims of this project are:

1. Implement group antenatal and postnatal care in selected demonstration sites in collaborative ways that set the groundwork for sustained service delivery and possibilities for scaling- up;
2. Analyse within country data that emerge from the implementation process to create country-specific blueprints for scale-up.
3. Use cross-country synthesis to develop a global implementation strategy toolbox for the adaptation, implementation and scale up of facilitated group care within the first 1000 days, particularly to reach the most vulnerable groups of women and girls globally.

WHAT HAPPENED SO FAR?

During the first 18 months of the project all necessary actions were undertaken within the consortium, countries, and the work packages to prepare the achievement of the three aims of the project. Second, the infrastructure for an effective operating, accessible and outreaching consortium was developed and implemented.

To achieve the first aim the country leads of the Netherlands, Belgium, Suriname, Kosovo, Ghana, South Africa and United Kingdom, in collaboration with Work Package (WP) 2 and 3 teams, have set up stakeholders' engagement groups and country teams that will advise, co-create and implement group care, which will support all WP's.

The WP2 team developed a research protocol and carried out rapid qualitative inquiries (RQI) in prenatal settings in six of the seven countries (276 interviews in total) to provide evidence, contextual relevant information, and recommendations for country and site-specific adaptions of the content, delivery, and implementation strategies of existing models of group-based care. This will support the successful implementation of group-based care during the first 1000 days. The WP3 team contributed to the RQI's in the countries. RQI's were structured according to the Consolidated Framework for Implementation Research (CFIR framework). After performing a RQI, a preliminary analysis of the results was conducted and fed back to each country team and the WP4 team. Adaptations will be further structured at the level of surface adaptations, deep structure adaptations and cultural adaptations during an in-depth analysis planned for the next period.

To further prepare implementation and training per site in each country, the WP4 team designed a learning process focussing on 12 online modules. Additionally, Simavi developed training modules for health workers in Ghana to use the Check2Gether diagnostic tool. For the training of healthcare providers at sites both asynchronous materials focusing on model start-up and implementation as well as synchronous materials (live and in real time) focusing on the training curricula (both in-person and virtual options) were developed. At this moment, care providers in 13 sites have been trained.

To achieve the second aim the WP5 team together with the WP2, 3 and 4 teams developed a research protocol for the collection of existing data in the participating countries. Data collection tools were refined and adapted after feedback from all countries - and available for local researchers and the WP5 team to evaluate the implementation in each country and site context. Data collection procedures are designed to match specific country/site ethics requirements and context.

To achieve the third aim the WP6 team focused on the development of a conceptual framework to support and structure the contents of the work package, the country-specific blueprints and an implementation toolbox for implementation and scale-up. For this the literature needed to be reviewed, and three systematic reviews are being undertaken: lessons learnt, clinical outcome effects, and maternal satisfaction of perinatal group care.

In WP1 activities were undertaken to streamline, coordinate and monitor all the activities in the work packages and countries. A kick-off meeting (live), General Assembly (GA) meeting (online) and 2 Board meetings (online) as well as monthly telephone conferences were held. An Advisory Board was installed and members participated in two meetings. To strengthen external contacts an affiliation with the Group Antenatal Care Collaborative was started and a meeting with the other 4 related EU projects was held.
Within WP7 the aim, process, and findings of this project are communicated with the public by setting up a website, and regular feeding into a variety of social media channels initiated by GC-1000. Furthermore, a short, animated video highlighting this project has been finalized and will be launched September 2021.
Overall, it can be concluded that, despite the challenges caused by Covid, most of the planned preparative work during this first 18-month period has been executed. We experienced some delays due to Covid but we still anticipate finalizing the project in time, under the assumption of a status quo or decline of the Covid pandemic.

EXPECTED IMPACT OF GC_1000

Antenatal and postnatal care services need to undergo transformation to provide quality care ensuring that women, babies, and families thrive as well as survive during pregnancy and following childbirth.

Transition from a traditional model of service provision (provider-to-user) to group care has been shown to improve the uptake of services, reducing the inequities in access and appropriate use. The integrated model of clinical health assessment combined with facilitated discussion for health information and promotion addresses good maternal and child health more comprehensively and contributes to short-and-long term health gains for mothers and babies that during the first 1000 days. It adds to quality care and a shift from medical based care to a medical-and-value based model that centres on the recipient of care achieving positive health, wellbeing, and development.

Addressing the specific needs of vulnerable groups of pregnant migrants, ethnic minorities, and adolescents (including burden of disease, social, economic, and educational status and values and norms) tackles the higher threshold to appropriate use of services and poorer health outcomes in these groups.