



# **The Impact of Group Antenatal Care on Provision of Prenatal Services in Geita, Tanzania**

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# Presentation Outline

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# Background

In Tanzania, although (90%) of pregnant women attend at least one Antenatal Care (ANC) visit, only 65% attend four or more visits (1).

Low frequency and quality of ANC services are associated with lower facility-based deliveries—a contributing factor to maternal and neonatal mortality (1). The WHO recommends each woman attend at least eight ANC contacts (2).

As such, various approaches have been taken to ensure high coverage of ANC visits, including implementation of the Group Antenatal Care (G-ANC) model. G-ANC is a service delivery model where women with pregnancies of similar gestational age are brought together for ANC, incorporating information sharing, peer support and individual clinical consultation(2).

This project was named *Mlinde Mama*-a Swahili phrase meaning “protect a woman”. In this presentation, we are sharing the findings on how G-ANC model improved provision of ANC services in low-resource settings in Tanzania.

# Project summary-video



# Materials and Methods

- ❖ This was a mixed method implementation study involving both quantitative and qualitative designs.
- ❖ Six facilities were purposefully selected including hospitals, health centres and dispensaries.
- ❖ Pregnant women with similar gestation age attending ANC at selected facilities are invited to form a group consisting of 8–15 women.
- ❖ Starting from 20 weeks GA, these women engage in a series of five meetings spaced at an interval of 2-4 weeks apart.



# Materials and Methods

- ❖ Meetings are facilitated by 1-2 healthcare providers (HCPs)
- ❖ Use interactive approaches such as small group work, games, songs, and illustration cards that engage women in discussions on pregnancy care.



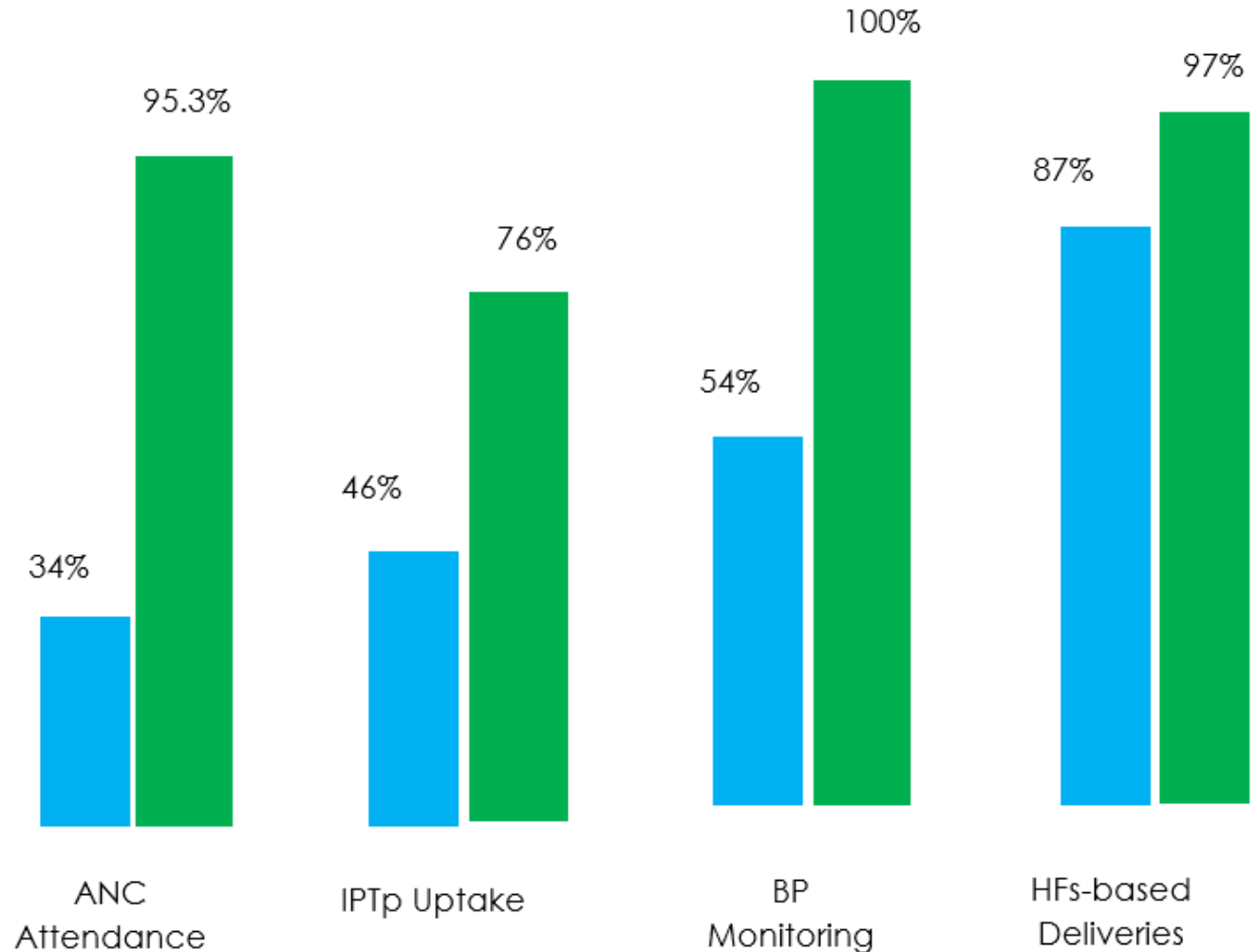
# Materials and Methods

- ❖ Women sister up in small groups to conduct self-assessments using digital devices such as BP machine, thermometers, and weigh scales.
- ❖ A provider keeps the information of each woman for follow up and reminder regarding the next appointments.



# Results

- We recruited about 5,900 women in 521 cohorts.
- Increased proportion of pregnant women attending 4+ ANC visits from 34% to 95.3%
- Uptake of IPTp3+ increased from 46% to 76%.
- Women being monitored for BP as recommended, improved to (100%)
- Health Facility-based deliveries increased from 87% to 97%.





# Lessons Learned

- ❖ **Women empowerment** - Pregnant women reported a preference for G-ANC over the routine ANC, citing its promotion of social connectedness and active engagement in learning about their health as compelling features of the model.
- ❖ **Health Systems Strengthening** - GANC has potential to address the significant challenges faced by healthcare systems in resource-constrained settings by consolidating ANC visits into group sessions and optimizes the use of limited healthcare resources, such as staffing and facilities.
- ❖ **Addressing Maternal Health Challenges** - G-ANC holds great promise for improving maternal and child health outcomes in LMICs through leveraging the advantages of peer support, focused health education, and efficient resource utilization.

# Lesson Learned

- ❖ **Improving Quality Maternal Services Accessibility** - This model has the potential to enhance access to quality ANC services and contribute to healthier pregnancies and childbirth experiences.
- ❖ However, further research and implementation efforts are needed to scale up group ANC initiatives and integrate them into routine maternal healthcare delivery in LMIC settings, with further advocacy on resources availability to support and scale pilot studies like *Mlinde Mama*.

# Acknowledgement

- ❖ BMGF for funding this project and for sponsorship to attend this IDM symposium
- ❖ The Tanzania Ministry of Health, President office and Local governments for offering permission and access to GoT data systems.
- ❖ HCPs and supervisors for facilitating G-ANC implementation.

# References

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**Thank You**

**-----Q&A-----**