

Technical Advice (TA) Connect: *Supporting States to Adopt, Implement and Sustain Group Antenatal Care (G-ANC) as an Alternate Model of Service Delivery*



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Introduction to TAConnect

WHO (We Are)

The Technical Advice Connect (TAConnect) is an innovative platform set up, with support from the Bill and Melinda Gates Foundation (BMGF), to respond to state TA priorities to promote sustainable improvements in state Primary Healthcare (PHC) systems' performance and increase the uptake of Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH+N) services.

Through a partnership with BMGF, **DAI** is responsible for incubating the TAConnect for 18 months after which, the TAConnect will function as an independent indigenous non-profit organisation.

WHAT (We Do)

- ✓ Promote sustainable PHC systems strengthening and enhanced service delivery to states using a tailored and cohesive approach.
- ✓ Interface between donors, state governments' and TA providers to address state specific TA needs.
- ✓ Provide expanded access to dynamic indigenous TA competencies
- ✓ Foster optimal use of donor and government funds to ensure value for money.
- ✓ Maximize the benefits of knowledge and research for learning and iterating

HOW (We do it)

TAConnect operates by matching requests for TA from states to compatible TA supply from donors and TA providers. The enhanced coordination of TA deployments aims to in turn, lead to increased cost efficiency, technical efficacy, more effective system strengthening and ownership by states, long-term sustainability, and increased local capacity.



Overview of TAConnect's Deployments

TA Deployment	Description	Beneficiary States	TA Provider
Strengthening PHC Management Capacity (Kaduna State)	<ul style="list-style-type: none"> Support states to strengthen the management capacity of PHC Managers to build their skills on PHC management for improved service delivery 	Kaduna	HSDF
PHC Management Capacity Assessment	<ul style="list-style-type: none"> TA to conduct an assessment of the PHC Management Capacity to identify gaps and prioritize areas for strengthening capacity 	Kano Nasarawa	SCIDaR TBD
PHC System Diagnostic	<ul style="list-style-type: none"> TA to conduct diagnostics of their PHC systems to identify gaps and prioritize areas for evidence-driven reforms 	Gombe	PACT WA
Supporting States to Adopt G-ANC as an alternate service delivery model	<ul style="list-style-type: none"> Support states to adopt Group ANC (G ANC) as an alternate service delivery model Integrating MiP interventions and Malaria Surveillance in G-ANC 	Kaduna Kano Nasarawa	CIHP CHAI Jhpiego



G-ANC Deployment Overview

Group-ANC (G-ANC) is an alternative way to provide healthcare to pregnant women with similar needs which require ongoing care as a small stable group. It is a proven health systems innovation that improves Antenatal Care (ANC) use and quality among underserved populations in diverse countries. It uses a Human-centered approach to improve time management, teaching and learning, client-client relationship, care provider-client relationship, client satisfaction, and uptake of services leading to better health outcome

The DAI-managed TAConnect has deployed technical assistance (TA) on G-ANC to Kano and Kaduna states working through two TA providers. These TA partners are supporting the respective states to adopt, implement and sustain G-ANC as an alternate service delivery model. TAConnect's G-ANC deployment focuses on improving the uptake of high impact interventions, using Group Antenatal Care (G-ANC) as a health strengthening platform.

The G-ANC model also serves as a platform for improved Malaria in pregnancy (MiP) control, increasing uptake of RMNCH service including PPFP, RI and nutrition and growth monitoring. Both TA partners are also supporting the state to incorporate malaria surveillance into routine PHC delivery of G-ANC services.



Strategic Approach

Key Strategies

At State and LGA levels, TAConnect and its TA Partners engage SMOH & SPHCMB on G-ANC policy development, leadership and institutional support

At facility level TA Partners build capacity of HCWs to provide G-ANC services including MiP and PFP services

At community level TA Partners engage CHIPS/CORPs agents in the community to promote early ANC entry and registration, facilitate community level G-ANC, MiP interventions and facilitate referrals

Implementation Research and Responsive Feedback Mechanisms for learning and iteration

Monitoring and Evaluation to promote data demand and use for decision making and improved service delivery.

Strategic Approach

Intermediate Outcomes

- States adopt and implement G-ANC as an alternate service delivery model
- Increased ANC registration & attendance
- Increased client perception of quality ANC and other RMNCH services
- Increased coverage of IPTp during pregnancy
- Increased facility deliveries
- Increased uptake of routine immunization amongst women attending ANC
- Improved PNC care
- Increased uptake of PFP
- Improved maternal and child nutrition
- Increased malaria surveillance



G-ANC Deployment Objectives

- I. Provide TA to the states to develop and adapt G-ANC policies to ensure operationalization and sustained uptake of G-ANC.
- II. Provide technical assistance (TA) to states to adapt, adopt, implement and sustain the G-ANC model as part of their primary healthcare (PHC) service delivery and systems.
- III. Reinforce G-ANC as the platform for the continuum of RMNCH+N care
 - Incorporate malaria surveillance into routine PHC delivery of G-ANC services,
 - Increase the uptake of RMNCH+N services, such as, MiP, HIV and syphilis screening, PPFP, Routine Immunization, Nutrition and growth monitoring
 - Increase the proportion of pregnant women whose delivery is attended to by skilled birth attendant/increase facility delivery.

Results

TACONnect and its Technical Assistance (TA) partners have supported the Kaduna and Kano State governments to:

- **Update and adapt their policies to include G-ANC as an alternative service delivery model.**
- Include G-ANC service delivery in their annual operational plans and make budgetary allocations for G-ANC equipment and supplies procurement.
- Engage community leaders to mobilize their communities to generate demand for Reproductive Maternal New-born Child Health (RMNCH) services.
- Train 1245 HCWs to facilitate G-ANC sessions and provide ancillary RMNCH services
- Train Community Oriented Resource Persons (CORPs) to create awareness on G-ANC/MiP control and facilitate referrals to health facilities.
- Enrol 7389 pregnant women G-ANC cohorts



Lessons Learned

- I. The G-ANC concepts aligns with the state's felt needs and priorities for optimizing RMNCH service delivery and thus facilitated the ease of acceptance amongst stakeholders
- II. Integrated services cascade approach building on existing services delivery structures to ensure wholistic and sustainable MNCH care
- III. Engagement of key stakeholders in program planning, implementation and monitoring ensured ownership of the program
- IV. The use of volunteer community mobilizers in mobilization and sensitization of community members ensured community participation and increased uptake of RMNCH services at the facilities
- V. Capacity building approach adopted (LDHF) for health care workers ensured sustainability, effectiveness, and efficiency, with continuous mentoring of health care workers being critical for successful program implementation
- VI. To ensure sustainability of the intervention, the state will need to leverage multiple existing funding (including SOML, free MNCH, Global fund malaria and HIV programs, routine immunization etc)



Thank you for listening



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