



Group Model for Quality Antenatal/Postnatal Care in Fragile States

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INTRODUCTION

According to the Afghanistan Multiple Indicator Cluster Survey 2022–2023, 30.1% of pregnant women in rural areas of the country attended 4 or more antenatal care (ANC) visits, while 59.6% had institutional deliveries and 31.4% attended 2 postnatal care (PNC) visits. Group models of care are a promising approach to providing high-quality, responsive, person-centered health services and improving the care experience. As part of the USAID-funded Assistance for Families and Indigent Afghans to Thrive (AFIAT) Project, MSH is collaborating with the Afghanistan Midwifery Association to introduce group ANC and PNC (GANC-GPNC) in rural Afghanistan. Women **meet with midwives** to seek high-quality care, **learn** essential health information, **discuss** health concerns, **practice** self-care, and **create** a social support network. The group sessions are co-designed to respond to the needs of women, with women directing the conversation, and to **shift the power dynamic between women and health providers**. This is particularly important in Afghanistan, where many women suffer from mental health conditions. Initial results from the initiative indicate high levels of acceptability and satisfaction from women and their families.

AIM

To improve the quality and experience of antenatal and postnatal care for women through a patient-centered health care service, i.e., the group model of care.

METHOD

Implementation sites are selected based on predetermined criteria, including suitable health worker availability and high-volume client load. Two midwives facilitate a group of 9–10 pregnant women to conduct peer self-health measurements, learn essential health information, share personal experiences, and develop a sense of community. Each session ends with individual clinical ANC/PNC and referrals when needed.

Our theory of change suggests that **IF** the service delivery model is optimized for group ANC-PNC, **THEN** the workload of providers and waiting times are reduced, pregnant women receive better information, counseling, and social support from other women, and healthy behaviors are adopted, resulting in improved quality and experience of care for pregnant women and their families. Achievement of these outcomes and implementation experiences are tracked using routine monitoring indicators, supportive supervision tools, a cohort tracker, and a model fidelity checklist.

CONCLUSIONS

- GANC-GPNC early implementation results demonstrate improved coverage and continuity of ANC and PNC, rates of institutional deliveries, knowledge of danger signs, birth preparedness, and care experience.
- Group ANC-PNC is presently being scaled across 14 AFIAT-supported provinces.
- The results support the feasibility of this approach in low-resource, primary-care settings in the fragile context.
- Further research is needed to explore the sustainability of the approach in Afghanistan and similar settings.

RESULTS

A total of **156**  **health providers** in **37**  **primary health facilities** have been trained on the GANC-GPNC approach.

The project has enrolled **409**  in **40**  so far.

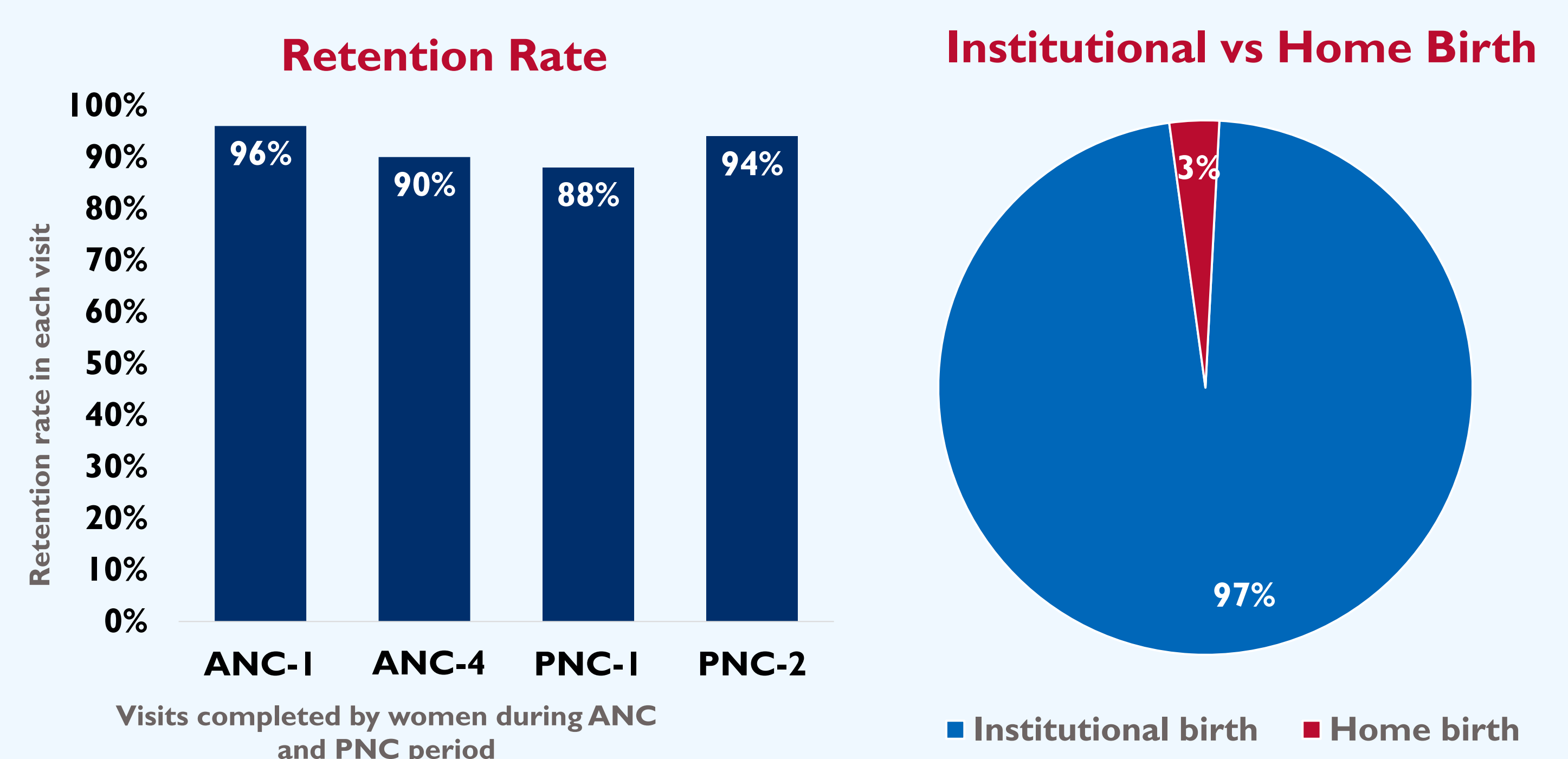
Initial implementation results in 7 provinces are promising:

- **GANC:** Of the women enrolled in the program, 96% attended 1 ANC session (ANC-1) and 90% completed 4 ANC sessions (ANC-4). Of those, 100% received iron folate supplements, 27% were diagnosed with anemia and received 30+ ferrous sulfate tablets, 30% were diagnosed with perinatal depression through the screening form and referred, 90% correctly recalled danger signs in pregnancy, 100% identified the health facility where they planned to deliver, 97% delivered at the identified health facility, and 100% claimed to be satisfied with the GANC.
- **GPNC:** The GPNC retention rate was 88% at the first postnatal visit (PNC-1) and 94% at the second postnatal visit (PNC-2) at six weeks. 100% of GPNC participants were screened for nutritional status, and 100% received routine iron supplements for three months.

From key informant interviews of health facility staff:



**The workload of health providers is reduced,
and the client flow is optimized.**



SCALE-UP



- Long-term advocacy for inclusion of GANC/GPNC in Ministry of Public Health strategy and in donors' contracting mechanism with non-governmental organizations.
- UNICEF, with funding from the Asian Development Bank, is starting to scale up group models of care to 6 additional provinces, for a total of 20 out of 34 provinces in Afghanistan.

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