

Waiting Time, Wasted Time: A pilot study to investigate the effect of reduced waiting time on demand for antenatal care, South region –Mozambique 2016

Authors: Janet Martins¹, Sérgio Chicumbe¹, Amanda Rocha³, Carla Alberto³, Maria Steenland³, Quinhas Fernandes², Sandra Sequeira³, Margaret McConnell³, Eduardo Samo Gudo¹

1-Instituto Nacional de Saúde, Mozambique, 2 –Direcção Nacional de Saúde Publica, Mozambique, 3-Internacional Grow Center

Introduction: Although the coverage of the 1st antenatal care (ANC) visit is high (90%), there is still a significant reduction for subsequent ANC visits (50%) up to 4th visit, which is the minimum recommended by the World Health Organization (DHS, 2011). Women in Mozambique report that long wait times are a barrier to antenatal care use (Biza et al, 2015).

Problem: Concentration of patients in the early hours of the morning results in long queues for patients; and for providers a work overload and pressure.

Consequences: Reduce consultation time, poor quality of routine procedures to detect risks pregnancies and reduction in the demand for maternal and child health services (MCH).

Intervention: to test the effectiveness of the appointment of consultations in prenatal consultations as a low-cost, sustainable and easy-to-use intervention to improve access, use, efficiency and quality of MCH services.

General Objective: Evaluate the impact of appointment scheduling on the demand for MCH services.

Methodology: Experimental study of an appointment scheduling system for antenatal care; intervention carried out in 4 health facilities and 1 health facilities used as control; September 2016 through August 2017.

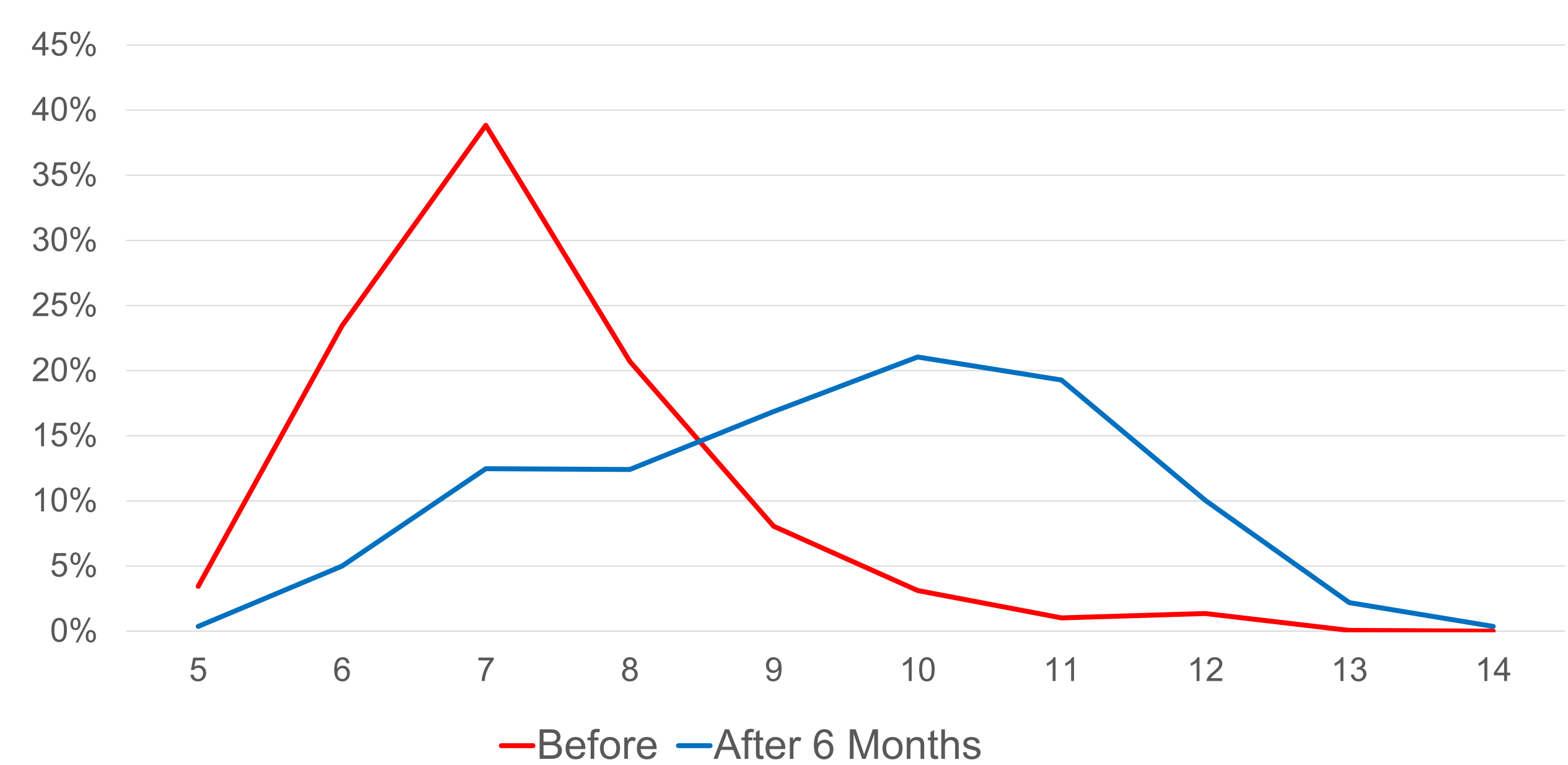
• Outcome: regular waiting time measurement for antenatal consultation.

Results: the intervention had a significant impact on the waiting time for ANC; the caseload was better distributed over the working time within a day; the workload management improved with health facilities being less overwhelmed and crowded in the first hours of a day, allowing for nurses to better manage concurrent tasks; 99% (of 1600) of pregnant women were satisfied with the intervention.

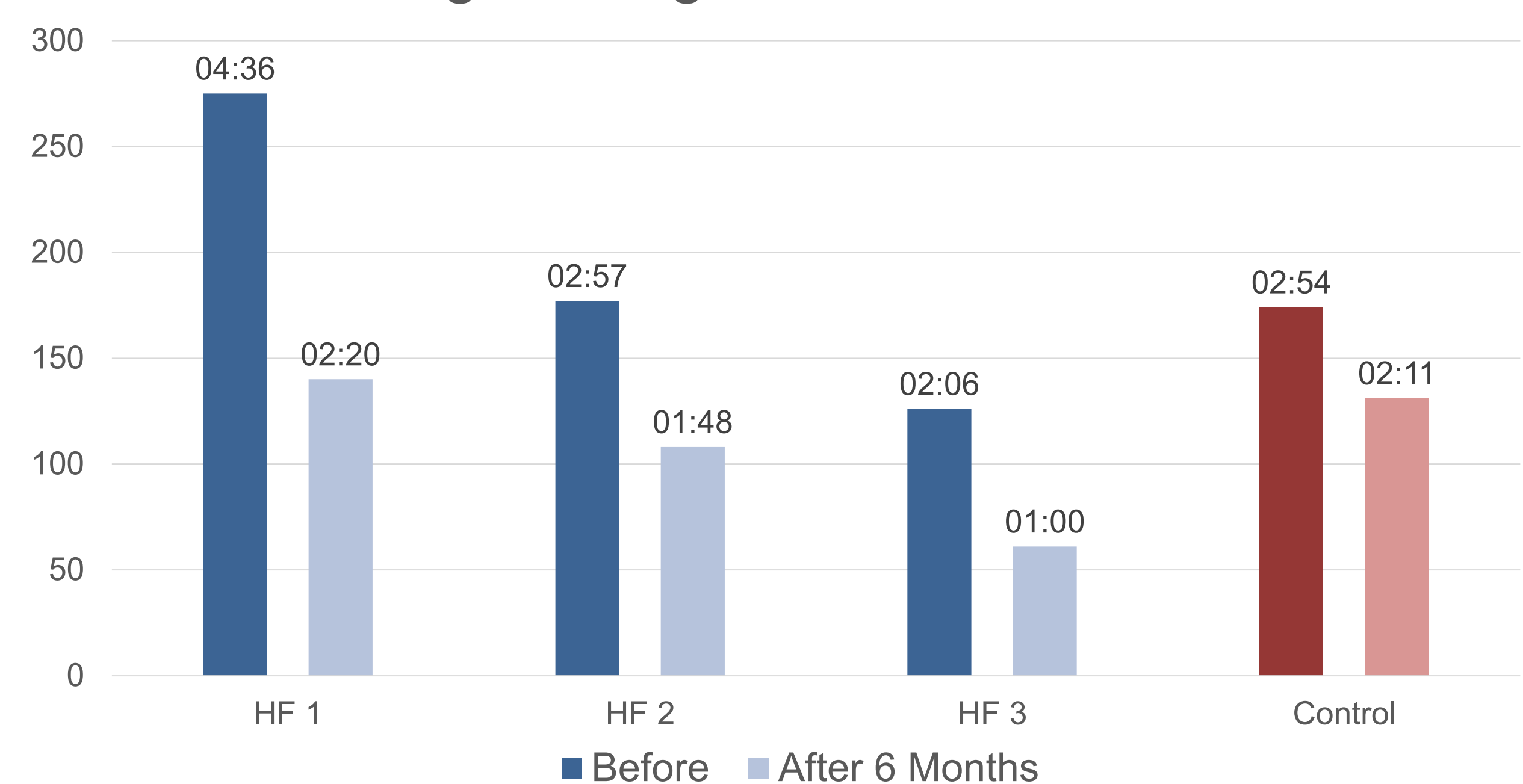
Conclusion:

- The appointment system can work in primary health care in low-income countries
- Acceptance of the intervention by the patients; However, engaging health care providers requires more investment.
- The scale-up of the appointment scheduling system in Mozambique should be based on implementation research results; the present study being an innovative and an excellent evidence-based policymaking experience in the context of Mozambique.

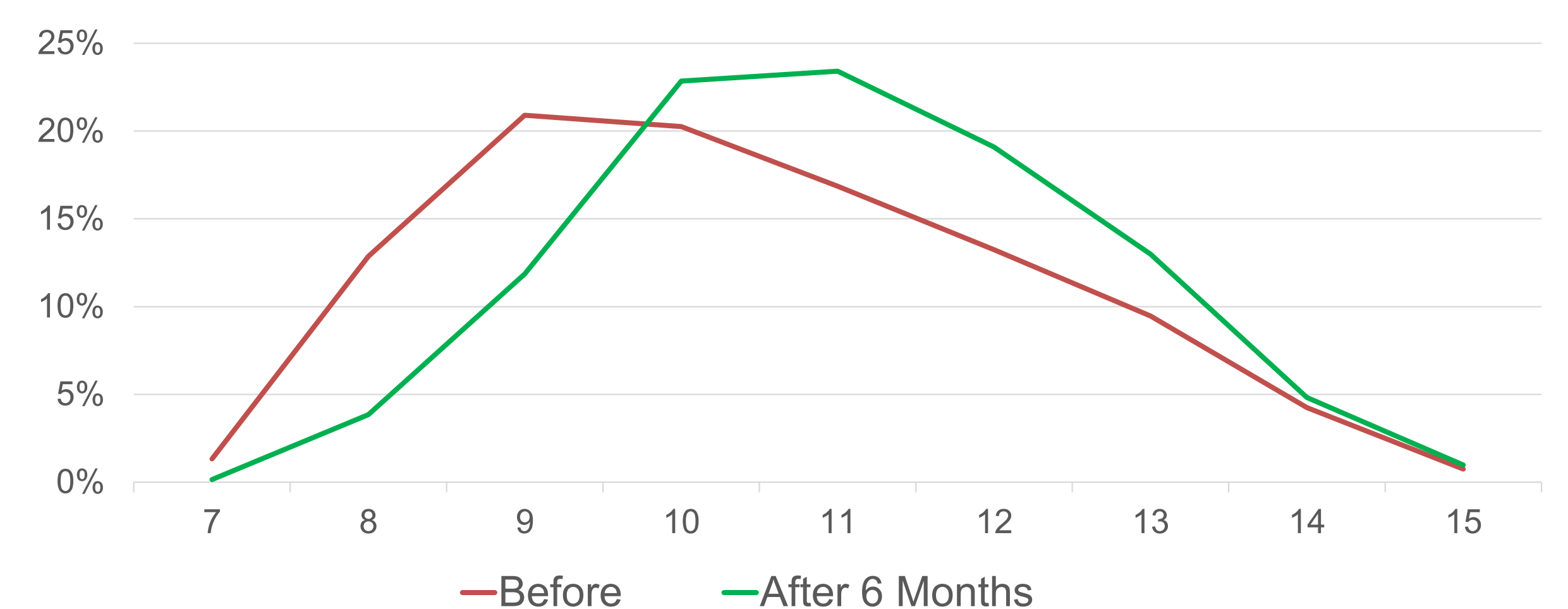
Arrival time at the health facility (%/Hours)



Average Waiting Time on Health Facilities



Appointment Start Time (%/Hour)



Before



After

References:

1. Anderson, Camacho e Balkrishnan. Willing to wait?:The influence of patient wait time on satisfaction with primary care. BMC Health Services Research, Feb-2007
2. Banco Mundial. 2015. World Development Indicators
3. Ministério da Saúde, Instituto Nacional de Estatística e ICF International. Inquérito Demográfico e de Saúde 2011. Calverton, Maryland, USA: MISAU, INE e ICFI
4. Biza A, Jille-Traas I, Colomar M, Belizan M, Requejo Harris J, Crahay B, et al. Challenges and opportunities for implementing evidence-based antenatal care in Mozambique: a qualitative study. BMC pregnancy and childbirth. 2015;15:200. Epub 2015/09/04.

Acknowledgement: This data sharing has been financially supported by International Development Research Center from Canada (IDRC) through the Grant #107278-001. The statements are from the authors and do not necessarily reflect the IDRC, INS and MoH positions.

Corresponding author: Janet Dulá Martins, National Institute of Health INS-MoH Mozambique. dulajaneth@gmail.com; +258 847332063.