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

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Methods:

Cross sectional survey in which three hundred and sixty two urine.

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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.

References:

2. Banco Mundial. 2015. World Development Indicators

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