A65709: Implementation of evidence-based antenatal care in Mozambique: a cluster randomized controlled trial

Objectives and Background

Antenatal care (ANC) visits constitute one of the few times when women in many resource-poor settings seek care for their own health. Therefore, they represent an important opportunity for reaching women with a number of interventions that may be vital for their health and the health of their baby. Chronic supply chain deficiencies and stock-outs have been identified as one of the major limiting factors that hinder the implementation of ANC services in these settings. The Ministry of Health in Mozambique, committed to deliver comprehensive services, engaged in innovative research to address these challenges.

The aim of this pragmatic, stepped-wedge, cluster-randomised controlled trial was to determine the effect of an intervention designed to increase the use of the package of evidence-based services included in the ANC package by midwives in prenatal clinics in Mozambique. The intervention, designed after a formative research phase, was multifaceted and included the provision of commodity kits with all necessary medicines and laboratory supplies for ANC, a closet for storage of these commodities in the ANC room, a tracking system, and training sessions for health-care providers at the start of the intervention.

Geographic location

10 antenatal care clinics throughout all three regions in Mozambique

Main deliverables

The trial registered 218,277 ANC visits and found significant improvements in all three primary outcomes. In first visits, 14.6% women were screened for anaemia in the control period, compared with 97.7% in the intervention period (aOR 832.40; 99% CI 666.81–1039.11); 9.9% women were screened for proteinuria in the control period, compared with 97.1% in the intervention period (1875.18; 1447.56–2429.11); and 51.4% received mebendazole in the control period, compared with 88.2% in the intervention period (1.88; 1.70–2.09). The effect was immediate and sustained over time, with negligible heterogeneity between sites. The results were published in *Lancet Global Health* in December 2017.

With the aim of scaling up, HRP has engaged with the Ministry of Health to conduct an assessment of the feasibility, sustainability, requirements, cost-effectiveness and implementation options for scaling-up the use of ANC supply kits in Mozambique. This information will be used to understand whether ANC supply kits (or part of) could be incorporated into the Mozambique supply chain or whether the use of other (private) supply solutions is feasible and cost-effective.

Partners

Flanders International Cooperation Agency (FICA); ICRH-M and ICRH-Global; Ministry of Health and Central de Medicamentos e Artigos Médicos, Maputo, Mozambique; Consultório de Estatística e Serviço de Soluções, CESS, Maputo, Mozambique; Advisory role: IECS, Argentina; UNICEF, Uruguay; Institute of Tropical Medicine, Antwerp, Belgium; WHO Geneva and WHO Mozambique

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