Title: Challenges and opportunities for implementing evidence-based antenatal care in Mozambique: a qualitative study

Authors:

Adriano Biza (adrianobiza@gmail.com)
Ingeborg Jille-Traas (ingeborg@jille.org)
Mercedes Colomar (mcolomar@unicem-web.org)
Maria Belizan (mbelizan@iecs.org.ar)
Jennifer Harris Requejo (jharris36@jhu.edu)
Beatrice Crahay (icrh.coord@tdm.co.mz)
Mario Merialdi (merialdim@gmail.com)
My H Nguyen (nguyenh@who.int)
Fernando Althabe (falthabe@iecs.org.ar)
Alicia Aleman (aaleman@unicem-web.org)
Eduardo Bergel (bergel@gmail.com)
Alicia Carbonell (carbonella@who.int)
Leonardo Chavane (leochavane@gmail.com)
Therese Delvaux (TDelvaux@itg.be)
Diederike Geelhoed (geelhoed.d.w@gmail.com)
Metin Gülmezoglu (gulmezoglum@who.int)
Celsa R Malapende (CelsaMalapende@cmam.gov.mz)
Armando Melo (lagicy@yahoo.com.br)
Nafissa B Osman (nafissa.osman@gmail.com)
Mariana Widmer (widmerm@who.int)
Marleen Temmerman (temmermanm@who.int)
Ana P Betrán (betrana@who.int)

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Author’s response to reviews: see over
Dear Editor and Reviewers,

Many thanks for your contribution to the development of this paper. Please see point by point responses below.

Kind regards,

Ana Pilar Betrán

Response to reviewers

REVIEWER 1

Comments

Abstract

Background

Methods: Refer line 61- I have recommended the underlined word:......Cabo Delgado provinces in Mozambique

Edited as suggested

Introduction

Methods

Study setting

Line 127: Suggestion: Study design is missing: The author should have written the sentence as follows: This was a cross-sectional study design conducted between May and July 2011....

The sentence has been rephrased.

Focus groups

Line 150 & 168: The author should specify the location

Edited as suggested

Results and discussion

Line 269: There are also high absentee: the underlined word should be absenteeism

Edited as suggested

Line 370: The author should consider changing the following: nearest hospital or other health centre to nearest health facility

Edited as suggested

Line 427: The author can add to this literature: Mrisho et al. 2008: Factors affecting home delivery in rural Tanzania

REVIEWER 2

General comments
1. The paper has been well written, focusing on an important issue of evidence-based antenatal care in Mozambique
2. The approach is straightforward and easy to comprehend.
3. Some few sentences need grammar checks.
4. The method used is fairly appropriate.
5. The discussion section needs to be presented in the manner the results are presented and authors need to discuss results not opinions.
6. Some words or phrases used in the sections of the paper need to be clarified.
7. In the conclusions, though mixed up with the limitations, the authors recommend further actions on evidence-based antenatal care to improve quality care which seems to be more appropriate for a study of this nature.

We have re-structured these Sections and we have separated the sections “Results” and “Discussion”. Recommendations have been simplified and organized into a Box (Box 2) for clarity. See points below for more detailed answers.

Specific comments:

Abstract
1. Lines 55 - 57 sentence beginning with ‘This study explores the factors influencing provider uptake of ‘‘’ clarify ‘selected facilities ‘’. Which are these selected facilities, just be specific.
2. Line 63, ‘Deductive content analysis was conducted’. The authors need to describe to the readers what is meant by deductive content analysis?
3. Line 73, ‘Most of the components included in the ANC model ‘‘ which are these components, just be specific, quantify them, remember that this is an abstract so it must be clear.

Background
4. Lines 105, 121 – 123, there are phrases such as scientifically proven, recommended package and evidence based which seem to mean the same thing. Can the authors revisit the literature review on this to make the passage clear since there is a lot which is written on this?

We have tried to clarify this part of the introduction. As suggested, we have added the two landmark references regarding the proof of effectiveness of antenatal care: the WHO systematic review of antenatal care models and the WHO antenatal care randomized trial for the evaluation of a new model of routine care (line 106). The WHO trial tested a new model and established the scientific basis for the components (interventions) included in ANC packages.
Methods

5. Line 127, ‘The study was conducted between May and July 2011 ----State the total population covered.

We have added the following sentence: “These health centers were purposively selected from among the 10 centers selected by the Ministry of Health for inclusion in the randomized trial. Among the 10 facilities in the trial, these three health centers, Montepuez (North), Matola (South) and Songo (Central) were the third, fifth and tenth in terms of the number of first ANC visits with 4182, 3276 and 1281 visits in 2011.” (lines 128-132)

In addition, we have added in an Annex (Additional file 1) a Table with the sites of the trial and the pregnancies covered in 2011 by each site, information provided by the Ministry of Health.

6. Line 132 ‘ANC model’ Describe what is contained in the ANC model’ although it is captured elsewhere in this write up.

In line 134 we have added a sentence to refer to Box 1 for the 10 components of the ANC model. To avoid repetition and also for the sake of better visualization, we preferred not to list the 10 components in the text but to refer to the Box.

7. In this section, the authors need to tell the reader, how many focus group discussions were done and this should also be included in the abstract. This information should never be looked for but should automatically be presented at glance.

The section “Focus group” states: “Three focus groups were conducted with women attending ANC at the time of the study, and two were conducted with women living in surrounding communities who had a recent experience with ANC and delivery services.” We have added this in the abstract and it is presented in Table 1.

8. Lines 151 – 153, the composition of the focus group discussions were relatively big; explain how moderation was made to ensure that there was equity in terms of participation.

The research protocol suggested 8-10 participants for each focus group. We had one group with women from the community with a size above these numbers (13 participants; three more than expected). We found that in this case women had high expectations and interest in this topic. We found that this was for them an opportunity to submit their concerns to people coming from outside. The researchers conducting the interview were aware and careful and the team had two facilitators (the local trained to facilitate in the local language and one of the main researcher) who assisted and supervised the quality of facilitation ensuring that difficulties raised were immediately corrected and safeguarded the correct conduct of the research protocol. Afterwards, researchers reported that the dynamics of the group were smooth with no bias or inequity in participation (Also see response to point 9 below). We have added this explanation in detail in an Annex (Additional file 1) uploaded as supplementary material and referred to this file in line 160-161.

9. Describe what the trained facilitators were trained on and the themes that guided the discussions?

To select the facilitator we used the educational level criteria (minimum 10th class) combined with experience in data collection methods through in-depth individual interviews and conducting focus discussions, or experience in community animation (like activist). We have added a sentence explaining in the Methods under Focus groups.

The training intended to introduce the research assistants to the objectives of the research, data collection procedures, and tasks and responsibilities within the research team. The main focus was to provide the necessary skills and study-specific knowledge related to the procedures and tools to be used in the fieldwork.
Main themes:

• Brief explanation of the qualitative formative research: nature, methodology, techniques, advantages and limitations;

• Interviews and focal group discussion: what it is, features and principles, how to facilitate, advantages and disadvantages. In this second topic the focus was on:
  o Procedures to facilitate focus group discussion;
  o The ethical issues such as: Free acceptance to be interviewed by obtaining informed consent; The importance of informing participants on the objectives of the study; protection of the identity of the participants; negotiating the best place and time to be interviewed;
  o How to pose questions for effective and respectful discussion: type of language to use; body language; Freedom to answer or not to answer; freedom to interrupt the interview if you wish; how to deal with sensitive and embarrassing questions; how to clarify in case of doubt; how to avoid inductive question; how to avoid questions about more ways than one in the same issue; how to avoid ambiguous words and expressions to pose questions;

• Taking notes

• Etc.

We have added this in an Annex (Additional file 1) uploaded as supplementary material and referred to this file in line 160-161.

10. Lines 154 – 156, what were the specific training criteria for the informants?

See response above.

11. Lines 168 – 170, describe the process of coding and transcription and why were the interviews not recorded? Did the authors consider the observer, time keep?

The research envisioned the recording of the interviews. However, this was dependent upon the acceptance of the interviewees and the women in the focus groups. Regarding the interviews with the health professionals, because the topic was directly linked to their profession involving current work-related issues very pertinent in current Mozambique, none of the health professionals accepted to record the interview.

Women in the focus group discussions did not accept to be recorded either. Even if we clearly and unambiguously explained the objectives and circumstances of the research and they were reassured that the recordings and information would be treated confidentially and not be shared, the topics had to do with how women were treated at health centers and women did not trust where and how the recordings would be used. Women felt that if they accepted, they could not talk freely in the discussions and they would give politically correct answers instead of what they really wanted to say.

We have added a sentence in the Methods section under Data collection methods (line 144-145) and we have added a more detailed explanation in an Annex uploaded as supplementary material.

Ethical Issues

12. Lines 182 – 187, it is written that ‘the study received ethical approval from the external bodies besides the local body such as Ministry of Health in Mozambique. Were there reasons for this approach, if so which were these reasons? In addition, this is not conclusive; please state exactly how you went about obtaining the ethical clearance both from the authority and the study participants.
This manuscript refers to the results of a study conducted, coordinated and financially supported by the Department of Reproductive Health at the World Health Organization (WHO). In order to assure the highest scientific and ethical standards in research supported by WHO, it is mandatory that the WHO Research Ethics Review Committee (ERC) (http://www.who.int/rpc/research_ethics/erc/en/) reviews all research projects that involve human participants, and are supported, either financially or technically by WHO. In addition, research projects undertaken by the Department of Reproductive Health and Research at WHO, need to undergo review and obtain approval from the Research Project Review Panel of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. These are the two bodies that reviewed and approved this research project beyond the local relevant authorities.

13. What was contained in the written informed consent and how many declined and why?

We have attached the informed consent form in an Annex (Additional file 1) uploaded as supplementary material.

None of the women declined. In summary, the informed consent contained an introduction on who the researchers were, the objectives and the importance of the research, how the information would be treated confidentially, and the right to interrupt the discussion any time. The second part consisted of the declaration and signature of the participant and the phone numbers for contacting if they had any additional questions.

Data analysis

14. Lines 190 – 201, describe chronologically how the following were analyzed: focus group discussions, Interviews and check list.

The data analysis was performed simultaneously triangulating qualitative data (from discussion groups and individual interviews) with quantitative data (from check list). The protocol prederminated such simultaneous analysis. This has been clarified in Methods section under Data Analysis.

15. Describe what is meant by deductive content analysis.

We have added a sentence referring to what is meant by deductive content analysis (Line 200-204)

16. The authors have reported that all collected data were triangulated, what is this and describe what has been done elsewhere?

To assure the validity of the research, check for consistency in findings across data sources and to capture different dimensions and perspectives of the same phenomenon, data was triangulated. Triangulation was achieved by using different types of sources of information as well as considering and combining different methodologies, quantitative (use of checklists) and qualitative. The underlying principle of this technique lies in the notion that confidence in the results increases if different methods lead to the same results.

We have added in the text the sentence above referring to what is meant by triangulation of methods and sources of information (line 214-219).

Conclusions and recommendations
There is no balance between the discussions and the recommendations.

- We have re-structured this Sections and we have separated the sections “Results” and “Discussion”. Recommendations have been simplified and organized into a Box (Box 2) for clarity.

List of abbreviations. This should come at the begging of the paper.

- The list of abbreviations has been deleted.