

Beira Operational Research Center

Project: Reducing of loss-to-follow-up among HIV-exposed infants in central Mozambique 2014-2018

- ❑ Diagnosis and care HIV exposed children = challenge in Mozambique.
- ❑ Failure to identify and treat HIV-positive infants = childhood morbidity and mortality.
- ❑ Manica and Sofala, retained < 50% of HIV-exposed infants in care and 46% of HIV Positive child between 0-14 years started ARV's.
- ❑ We conducted formative research in six HF, to identify factors related to lost of follow up of exposed HIV children in order to develop an intervention to reduce LTFU

Reducing of loss-to-follow-up among HIV-exposed infants in central Mozambique

Formative research results & intervention compounds

- Analyses of 3 months (Sept-Nov/2014)
- Maximum wait time 03:39 hr in Manica and 04:57 hr in Sofala (n=246)
- Time with the health worker 1 min.
- Median waiting times for PCR results from lab 25 days, maximum 69 days (n=679) and 67% of HIV + Childs doesn't start ARV's
- Median times from PCR reception at health facility to delivery to mother 15 days _maximum of 110 days.
- 13 % did not receive prophylaxis in maternity
- Poor linkage between CPP and CCR (55%).
- The ARV's pick up reduce significantly every month (30%, 20.5%, 12.5%).

Components of the Interventions



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Methodology & individual intervention research results

Stepped-wedge design

Intervention time in 2016

2 HF for each 3 months

Evaluating process

Intervention sites in HF:

Post partum consultation

Child at risk consultation

HAART

Analyses: R and Stata 14

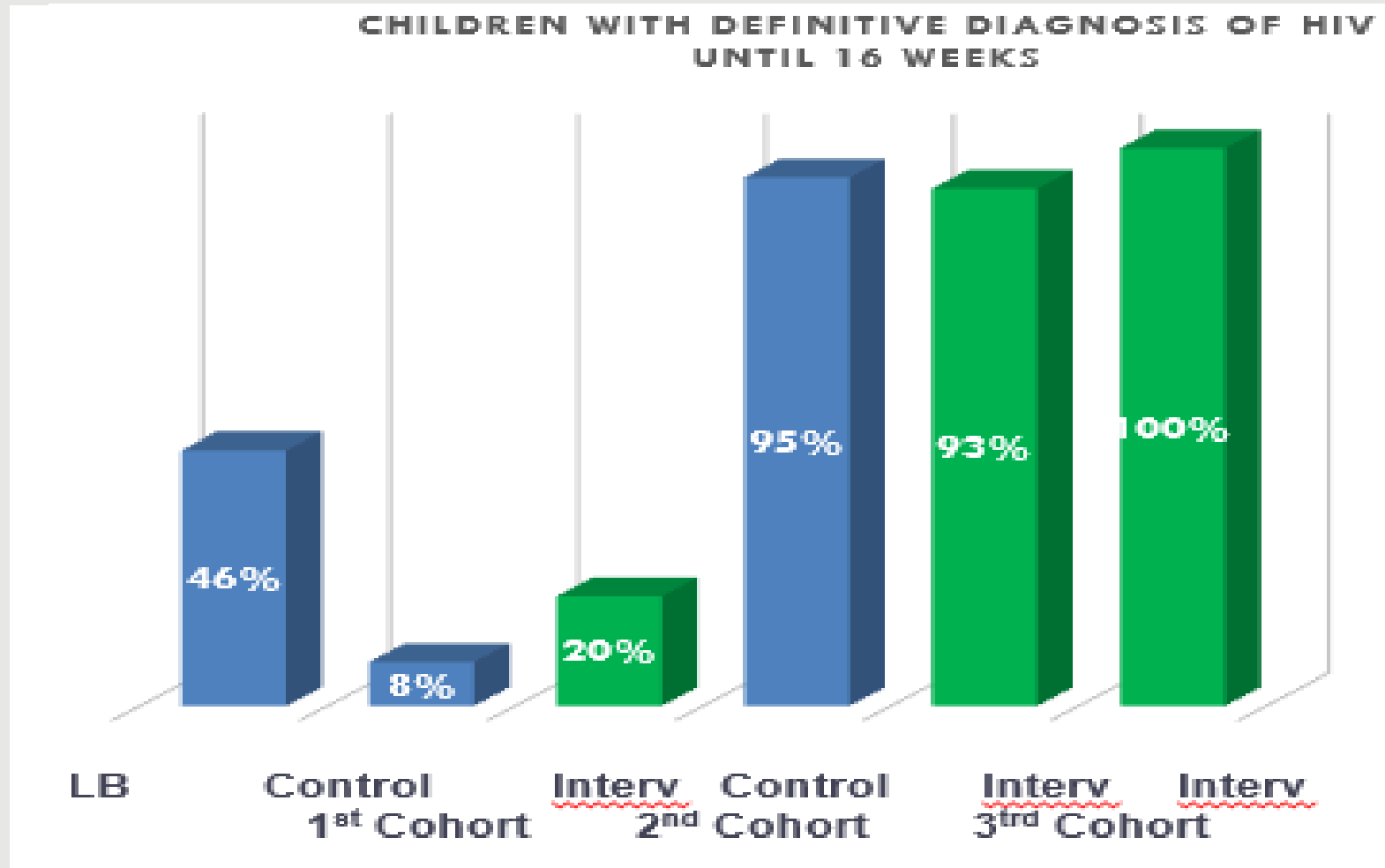
Logistic regression

Negative Binomial model

Indicator	aOR	95% CI	P-VALUE
Time from CPP initiation to CCR initiation	0.517	(0.293 - 0.9)	0.0022
Time from PCR collection to PCR result reception	1.03	(0.7 - 1.8)	0.466
PCR result reception and HAART initiation in the same day n	5.12	(1.63 - 16)	0.0056
4 ARV pickups	2.34	(0.611- 8.99)	0.2145

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Aggregated intervention research results



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Next steps:

Publish scientific paper

How project impact stakeholder decisions and the development problem:

Local NGO's are paying for the community health workers at the CPP and CCR

The new intervention (paired mother /child) file has been adopted by the sites of the study

The study results was presented in MOH and collaborators, we hope to influence the pediatric policies

Challenges in collecting meaningful data:

Low level of education of CHW, (with low performance) in beginning of the study.

Low collaboration of same health professionals

