

Findings from this study provide baseline data for monitoring tobacco control policies in Ethiopia, particularly in relation to the promotion of smoke-free homes, and could be used to inform program development.

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Linkage to care, early infant diagnosis and perinatal transmission among infants born to HIV-infected mothers: Evidence from the baby shower trial

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Background: Nigeria accounted for 25% of all new childhood HIV infections that occurred among the twenty-one priority countries in 2013. Additionally, Nigeria has one of the lowest rates of early infant diagnosis (EID) for HIV at only 4%, and only 12% of children living with HIV received antiretroviral therapy (ART). Alternative and complimentary interventions are needed to realize the Nigerian government's goals of: at least 80% of all HIV-exposed infants having access to ART prophylaxis and EID services by 2015. Healthy Beginning Initiative (HBI), a culturally-adapted, family-centered congregation-based approach to HIV testing and linkage to care was developed as an intervention to reduce MTCT of HIV. The purpose of this study is to report the impact of HBI on ARV prophylaxis, EID, HIV status and linkage to care (ART) among infants born to HIV-infected mothers in Southeastern Nigeria. Additionally, we will report our thoughts on how using components of implementation science (IS) throughout the process impacted the intervention.

Results: Seventy-three babies were born to the 72 HIV-infected mothers. Sixty-nine percent of the infants received ARV prophylaxis and 72% completed EID. Six of the infants who did not complete EID had a rapid HIV test. Seven percent of the infants were HIV-infected. Seventy-five percent of the HIV-infected infants were on ART. We believe involving the church community in the implementation process and as implementers, was critical to the success of HBI.

Interpretation: By utilizing the components of IS as characterized by The Alliance, HBI was able to increase participation along the

continuum of care for PMTCT of HIV with increased ART prophylaxis and EID for exposed infants and ART therapy of HIV-infected infants.

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What are the factors effecting utilisation of antenatal and postnatal care services according to mothers and health care workers in the Pwani region, Tanzania?

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Background: In 2014, 289,000 women died in developing countries from causes related to pregnancy and childbirth. Over 60% of these deaths occurred in sub-Saharan Africa, most commonly due to treatable causes such as haemorrhage, hypertensive disorders and obstructed labour. Antenatal care (ANC) and postnatal care (PNC) have been identified as important measures to combat maternal mortality. In Tanzania, only 43% of women attend the four recommended ANC-visits and less than half attend a PNC-visit within two days of birth. As there is a shift from the Millennium Development Goals (MDG), the Tanzanian government have encouraged research in this area.

Methods: The research was done in Pwani across three districts to explore mothers' and health care workers (HCW's) views. A qualitative and deductive design was adopted. Focus group discussions (n=16) and semi-structured interviews were undertaken with mothers (n=14, all females) and HCW's (n=10). Non-probability purposive and convenience sampling was used. The District Medical Officers alongside the research team recruited participants until saturation was achieved. The interviews were translated and transcribed before manual thematic analysis and coding was done. Ethical approval was given by Tanzania and UK.

Findings: No participants attended visits at the recommended time as a result of being uneducated by HCW's on the correct timing or in an attempt to limit the number of visits to avoid travel-expenses. The visits are free of charge however costs for transport, equipment, drugs and bribery rendered the services unaffordable to some women, mothers reported. The most recurrent factor leading to non-utilisation of care was resource-scarcity, making it difficult for HCW's to perform even simple tasks effectively. The facilities would also suffer staff-shortage and lack further training opportunities resulting in demotivation and negative attitudes in HCW's.

Interpretation: The results may be attributed to the government being unable to cope with the demands that come with a free maternal healthcare policy. In order to address these problems and achieve the MDGs of universal reproductive care and lower maternal mortality, the Tanzanian government need to consider