Mentoring nurses on the use of WHO *z* scores for clinical staging to increase timely initiation of HIV-infected children on ART

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Track/Category:E14: Effect of training, mentoring, and supervision on HIV processes and outcomes

Background

At Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-supported rural health facilities in Lesotho, lack of confidence among nurses in performing WHO clinical staging of children was believed to be a barrier to timely initiation of eligible HIV-positive children on antiretroviral therapy (ART). In 2011, EGPAF conducted a retrospective review of randomly selected client records of HIV-positive children aged 0-14 years attending four rural health facilities in Lesotho to assess gaps in pediatric HIV service delivery.

Methods

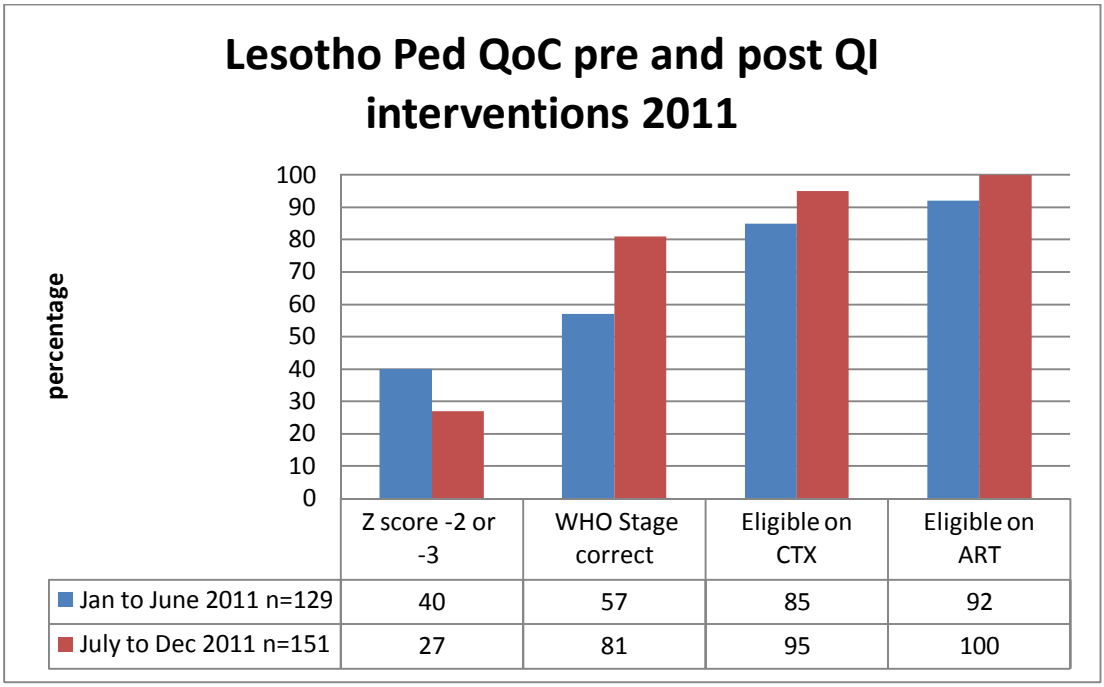
In August 2011, 129 client records of children four rural facilities which are two Hospitals and two Health centresbetween January and June 2011 were reviewed. Pediatric care indicators, such as WHO clinical staging, ART initiation, and growth monitoring were analyzed to assess service delivery gaps. To address gaps revealed during the baseline assessment, EGPAF provided clinical mentorship in August 2011 to12 nurses at the four facilities focused on growth monitoring using WHO weight-for-age *z* score charts, WHO staging, and proper ART initiation and prescription.. In January 2011, a follow-up assessment was conducted of 151 client records of children attending the same four facilities between July and December 2011.

Results

At baseline, 57% of HIV-positive children received correct WHO staging, 92% of eligible children had been initiated on ART, and 40% of children had a low (-2 or -3) WHO weight-for-age *Z* score. The follow-up assessment revealed that 81% of HIV-positive children were correctly staged and 100% of clinically eligible children were initiated on ART. The proportion of children with low (-2 or -3) *z* scores decreased from 40% to 27%.

Conclusion

Quality assessment revealed lack of confidence among nurses in WHO staging resulting in some eligible children not starting ART. Adder on time and it was only discovered during the assessments and nurses acknowledged the gap as result of limited knowledge in WHO staging.Targeted mentoring of nurses led to improved staging and initiation of all eligible children on ART.



	Z score -2 or -3	WHO Stage correct	Eligible on CTX	Eligible on ART
Jan to June 2011 n=129	40	57	85	92
July to Dec 2011 n=151	27	81	95	100