

≥ 4 surveillance visits as compared to those who had received ≤ 3 surveillance visits ($P = 0.000$).

Antenatal complications and treatment: There was a significant increase in the number of respondents reporting at least one antenatal complication in the last pregnancy as compared to the previous one ($P = 0.000$).

Early detection and treatment of antenatal complications increased significantly among those who had a "high" level of exposure to surveillance ($P = 0.048$).

Intranatal care: A significant reduction in home deliveries was observed in the last pregnancy as compared with the previous one, which was significantly associated with the number of surveillance visits. ($P = 0.000$).

Neonatal care: An increase in early treatment for neonatal complications was observed in the last pregnancy as compared to the previous one. There was a significant increase in the proportion of women who sought treatment for neonatal complications within 24 hours of their onset ($P = 0.000$).

Summary/Conclusion: Several developing countries employ community health workers to modify health-seeking behaviors, generate demand for health services, and link beneficiaries with the health system. If community health workers undertake monthly surveillance and monitoring it can result in a significant increase in the utilization of services, effective coverage of pregnant women with standard maternal and neonatal health services, and effective and timely referral for those who need specialist care.

The baby shower initiative: A framework for interventions to promote birth outcomes

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Background: Twenty-two priority countries have been identified by the WHO that account for 90% of pregnant women living with HIV. Nigeria is one of only 4 countries among the 22 with an HIV testing rate of less than 20% for pregnant women. Despite expansions of HIV prevention programs in Nigeria, only 14% of pregnant women were tested for HIV; while 9% of pregnant women living with HIV received WHO recommended antiretroviral (ARV) therapy; and only 11% of HIV-exposed infants received ARV prophylaxis for prevention of mother-to-child HIV transmission (PMTCT) resulting in an estimated 75,000 HIV-infected infants in 2010. Currently, most pregnant women must access a health care facility (HF) to be screened and receive available PMTCT interventions. This clinic-based approach is challenging when only 35% of pregnant women deliver in a HF and only 2.9% of HF have an established PMTCT program. Finding new approaches to translate evidence-based PMTCT programs to community-based setting is necessary if we are to realize the PEPFAR goal of 80% HIV screening rate among pregnant women by 2015

Structure/Method/Design: Cluster randomized trial to evaluate the feasibility and acceptability of a congregation-based Baby Shower Initiative (BSI) delivered by lay health advisors at local churches (Intervention Group; IG), versus a clinic-based approach (Control

Group; CG) on the HIV testing rate and PMTCT completion among pregnant women. Forty churches in Southeast Nigeria were randomly assigned (1:1) to either the IG or the CG. BSI combines a family educational game and integrated on-site laboratory testing (Hepatitis B, HIV, and sickle cell genotype) delivered in the context of a baby shower. Monthly prayer sessions for pregnant women were used for recruitment and baby receptions following infant baptisms were used for follow up after delivery

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): From March 1 to Oct 31, 2013, we recruited 1654 pregnant women in the IG (76% of male partners recruited) and 1371 pregnant women in CG (85% of male partners recruited). Seventy-seven percent of pregnant women in the IG completed testing during baby showers

Summary/Conclusion: BSI was well accepted by pregnant women and communities. BSI successfully recruited pregnant women and their male partners to participate in baby shower programs where interventions were implemented. Further analysis at completion of deliveries will determine the comparative effectiveness of this initiative in improving HIV testing among pregnant women

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Examining GBV programmatic efficiency in Mozambique: An analysis of CDC partnerships

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Background: The Gender-Based Violence (GBV) initiative was launched in 2011 to reduce GBV in Mozambique by building on activities supported by the President's Emergency Plan for AIDS Relief (PEPFAR). The objectives are to: 1. Expand and improve coordination and effectiveness of GBV prevention efforts 2. Improve GBV policy implementation 3. Improve the availability and quality of GBV services. In Mozambique, there is a lack of integrated procedures, guidelines, and trained professionals addressing GBV, as well as challenges with implementation of GBV programs at the community level. 2 Experience elsewhere suggests that community level approaches can be effective in changing gender norms and violence-related attitudes and behaviors, thereby promoting gender equality and the empowerment of women.⁵

Local partnerships with the Centers for Disease Control and Prevention (CDC) in Mozambique were established to achieve this goal. We sought to complete a qualitative evaluation of their experiences, outcomes, and challenges to date.

Structure/Method/Design: After reviewing the GBV Initiative Strategic Plan, the financial structure, and the CDC reports on GBV activities in Mozambique, the 10 CDC partners with GBV activities were assessed. Guided small-group discussions were conducted with five partners to further explore program outputs and actual outcomes.⁴

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): CDC:Mozambique

Summary/Conclusion: Partner GBV prevention activities are innovative and community-based, including theater, debate, concerts, videos,