

“Will she get better or worse at home?” A qualitative study on caregivers’ and healthcare providers’ perspectives on post-discharge mortality risk in paediatric HIV care in Mozambique



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INTRODUCTION

- **Post-discharge mortality (PDM)** remains a major contributor to childhood deaths in Sub-Saharan Africa, particularly among children living with HIV (CLHIV).
- **CLHIV** face a high **risk of death** following hospital **discharge**.
- **Socio-behavioral** and **structural** factors on **PDM** are **not well understood** and poorly documented.
- This study explores **caregivers and healthcare providers’ perspectives** on PDM and **health-seeking behavior** among CLHIV in Mozambique.

METHODS

Location and type of the Study

- A clinical observational EDCTP3-funded project on PDM (SUPPORT-GA101145811), a **qualitative sub-study** was conducted in Maputo, **Mozambique** from February to June 2026.
- **Interviews** were audio-recorded, transcribed, coded in Nvivo 14, and **analyzed** using iterative **thematic analysis**.



Fig 1. Map of the study site- Maputo-Mozambique

Table 1. Target group and Data Collection activities

Activity	Target group	Number of participants/ Events
Interviews	CLHIV following hospital discharge	9
	Caregivers lost to follow-up but returned to care	4
	Caregivers whose children died after discharge	5
	Healthcare providers	17
	Adolescents	17
Observations	Non-participant observations	10
	Total	62



Fig 2. (A) Interviews with caregiver & (B) observations

RESULTS

- **Female** caregivers carry the **primary responsibility** for CLHIV.
- **Caregivers** often **recognize danger signs** but **delay seeking care** due to referral pathways, transport and Treatment expectations.
- **Trust** in healthcare providers and clear **communication** facilitate timely care-seeking.

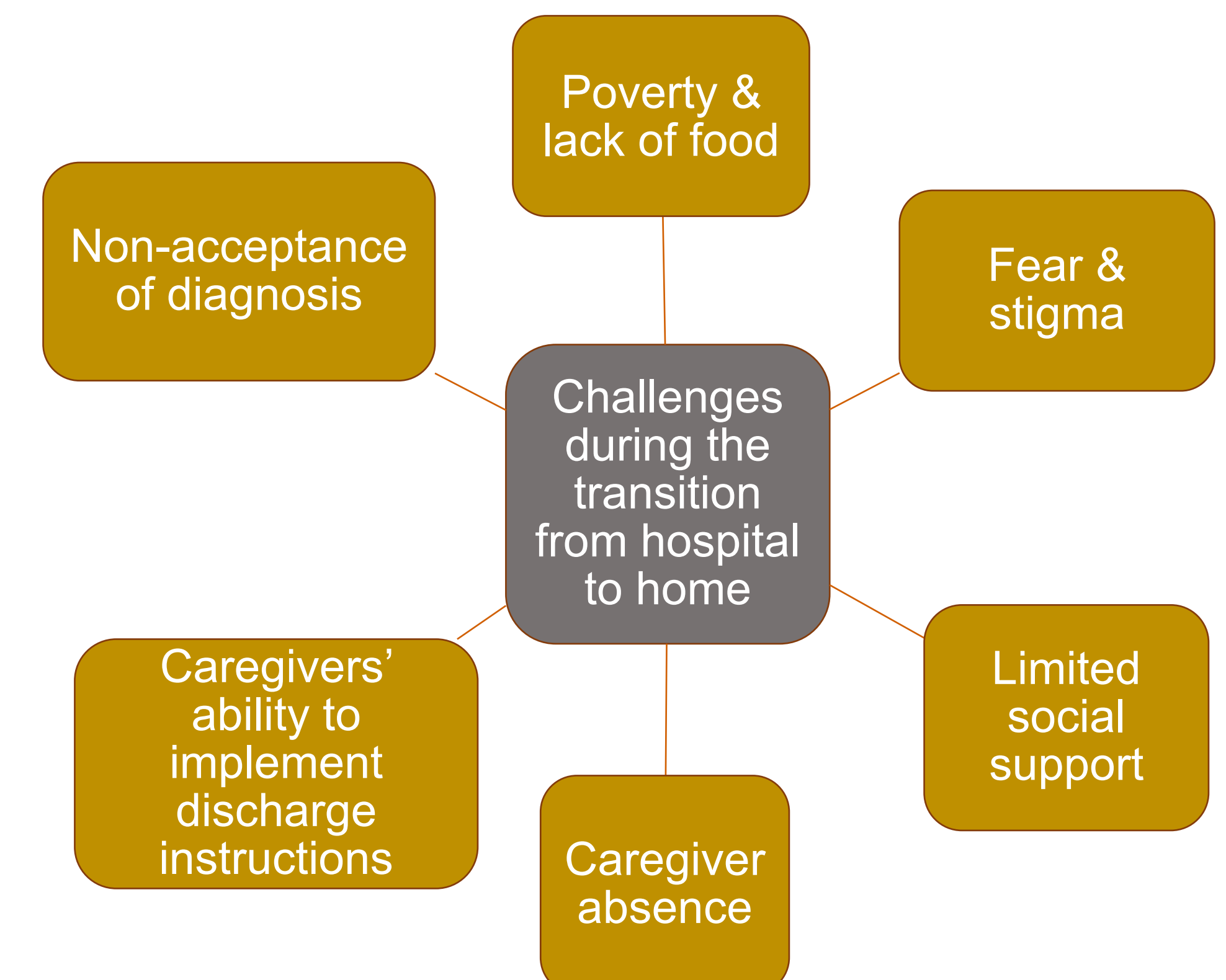
“Then I called the doctor because she had given me her phone number before we left the hospital. I told her what was happening, and she told me to bring my child straight to the hospital”- Caregiver, Mozambique



Fig 3: Caregivers’ motivation to seek healthcare in the hospital

RESULTS

- A **gap** persists between recommendations and **caregivers’ ability** to **implement** them into **home-based care**.
- **PDM risk** among CLHIV was perceived to be shaped by **social** and **household constraints**.



Healthcare providers’ perceptions regarding caregivers’ difficulties in treatment adherence once children return home

Fig 4. Providers perceptions of the challenges after hospital discharge

Table 2. Caregivers’ perceptions of challenges regarding referral within the health facility

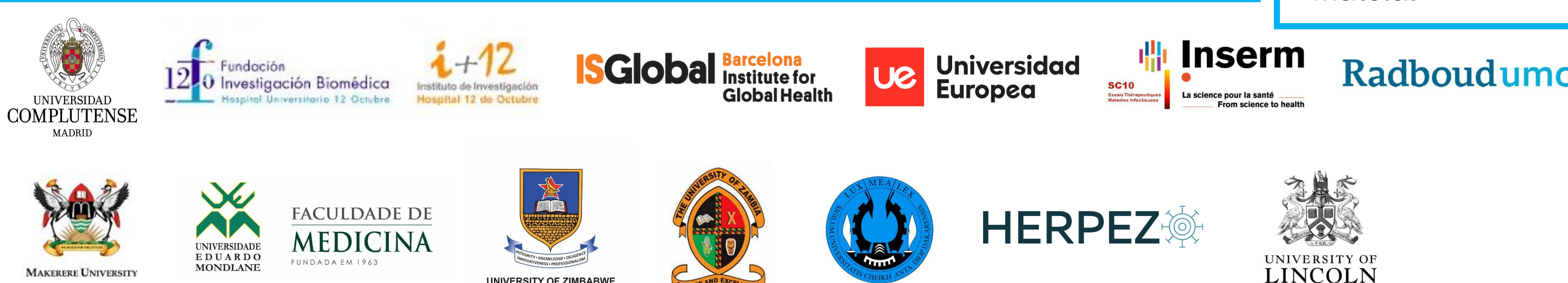
Theme	Caregivers
Delayed referral to health facility	“ When I went to the hospital, they only gave multivitamins, amoxicillin and paracetamol... I returned three times before changing hospitals... They finally tested my child, the result was positive, and they referred us to Mavalane General Hospital, where we were admitted.”
Limited discharge communication and support	“ When I was discharged, they did not give me any instructions. The doctor only said, ‘You are being discharged and you should come back for follow-up.’ She gave me the discharge form and the prescriptions-”
Caregivers’ difficulties in treatment adherence	“Sometimes there is nothing at home for her to eat... there may be no firewood or charcoal to prepare food... Sometimes I simply don’t have any money. ” “ I still haven’t been able to tell the family members I live with because I don’t know how to tell them. ”

CONCLUSION

- Improving **post-discharge** survival requires **strengthening the transition** from hospital to home as a **continuum of care**.
- **Interventions** should **prioritize** structured and **context-responsive discharge** processes, enhanced **caregiver support**, and more consistent **community follow-up** systems.
- **Addressing health system gaps** and **household-level constraints** is essential to reduce preventable PDM among CLHIV in **resource-constrained** and **socially complex** settings.

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